

PREVENTING HARM IN AUSTRALIA

Psilocybin (magic mushrooms)•

What are magic mushrooms?

Psilocybin or magic mushrooms are naturally occurring and are consumed for their hallucinogenic effects. They belong to a group of drugs known as psychedelics, because of the changes experienced to perception, mood and thought. The key ingredient found in magic mushrooms is psilocybin. When psilocybin is taken, it is converted in the body to psilocin, which is the chemical with the psychoactive properties.¹

What do they look like?

Magic mushrooms look much like ordinary mushrooms. There are many different types of magic mushrooms. The most common ones in Australia are called golden tops, blue meanies and liberty caps.² Magic mushrooms look similar to poisonous mushrooms that can cause a person to become very sick and can result in death.

They can also come as dried material in capsules. Synthetic psilocybin appears as a white crystalline powder that can be processed into tablets or capsules, or dissolved in water.³

How are they used?

Magic mushrooms are eaten fresh, cooked or brewed into a tea. The dried version is sometimes smoked, mixed with cannabis or tobacco.

Other names

Also known as shrooms, mushies, blue meanies, golden tops, liberty caps.

Effects of magic mushrooms

There is no safe level of drug use. Use of any drug always carries some risk. It's important to be careful when taking any type of drug.

Magic mushrooms can affect everyone differently, based on:

- size, weight and health
- · whether the person is used to taking it
- whether other drugs are taken around the same time
- the amount taken
- the strength of the mushroom (varies depending on the type of mushroom)

The effects of magic mushrooms usually begin in 30 minutes when eaten, or within 5-10 minutes when taken as a soup or tea, and can last for approximately 4-6 hours.²

During this time, the person may experience:

- euphoria and wellbeing
- change in consciousness, mood, thought and perception (commonly called a trip)
- dilation of pupils
- perceptual changes, such as visual and auditory hallucinations.
- stomach discomfort and nausea
- headaches
- fast or irregular heartbeat
- increased body temperature
- breathing quickly
- vomiting
- facial flushes, sweating and chills.^{1,2}



PREVENTING HARM IN AUSTRALIA

Overdose

The use of magic mushrooms rarely results in any life-threatening symptoms. If a large amount or a strong batch of mushrooms is consumed, the person may experience:

- agitation
- vomiting
- diarrhoea
- muscle weakness
- panic or paranoia
- psychosis
- seizures
- coma.^{3,4}

Bad trips

Sometimes a person may experience the negative effects of magic mushrooms and have what is called a bad trip and may experience the following:

- unpleasant or intense hallucinations
- anxiety
- paranoia
- panic or fear.^{1,3}

Coming down

After ingesting magic mushrooms, delayed headaches may occur, but do not usually last for longer than a day afterward.⁵ After taking mushrooms a person may experience feelings of:

- exhaustion
- depression
- anxiety.²

Long-term effects

Some people who regularly use magic mushrooms may experience flashbacks. A flashback is when a magic mushroom experience reoccurs, they are usually visual distortions that involve perceptual or emotional changes. Flashbacks can occur weeks, months or even years after the drug was last taken. This can be disturbing, especially if a frightening experience or hallucination is recalled. Flashbacks can be brought on by using other drugs, stress, tiredness or exercise and usually last for a minute or two.^{2.3}

Using mushrooms with other drugs

Magic mushrooms + ice, speed or ecstasy: Can increase the chances of a bad trip and can also lead to panic.⁴

Magic mushrooms + some psychiatric

medications: Mushrooms should not be taken by people on psychiatric medications as a relapse or worsening of the condition could occur.¹

Tolerance and dependence

Tolerance develops rapidly with continued use, resulting in the drug having little to no effect with continued use. Discontinuing use for a week or so will return people to their normal tolerance level.²

Health and safety

The main risk involved with taking magic mushrooms is that some of them look very like certain types of poisonous mushrooms. So it is important to know what you are taking – if in doubt, do not take them.²

If you believe you or someone else may have eaten a poisonous mushroom do not wait for symptoms to occur, contact the **Victorian Poisons Information Centre (Tel 13 11 26).**

If the person has collapsed, stopped breathing, is having a fit or is suffering an anaphylactic reaction, **immediately ring triple zero (000) for an ambulance.**

For more information on poisonous fungi, including their identification and symptoms please visit The Better Health Channel at betterhealth.vic.gov.au/health/HealthyLiving/ fungi-poisoning.



PREVENTING HARM IN AUSTRALIA

Withdrawal

Taking mushrooms regularly does not appear to result in physical dependence, those who use them regularly are unlikely to experience difficulty in stopping use.³ There are not many withdrawal effects known, however a person withdrawing from magic mushrooms may experience some psychological effects or fatigue.²

Find out more about withdrawal at adf.org.au/alcohol-drug-use/supporting-a-loved-one/ withdrawal/

Getting help

If your use of psilocybin is affecting your health, family, relationships, work, school, financial or other life situations, you can find help and support.

Help and support services directory: adf.org.au/help-support/support-services-directory/

Information about treatment: adf.org.au/alcohol-drug-use/supporting-a-loved-one/ treatment/

Psilocybin and the law

Federal and state laws provide penalties for possessing, using or selling magic mushrooms, or driving under their influence.

Psilocybin statistics

National

A 2014 Australian survey found that 1% of the sample nominated 'magic mushrooms' as their drug of choice and that use was most common in Victoria and Queensland. Participants also reported that use was sporadic or very occasional and that the majority of all people recently using mushrooms, used them less than monthly.⁶

References

- 1. Drug science. (2012). Psilocybin mushrooms / 'Magic mushrooms'.
- 2. Campbell, A. (2000). The Australian illicit drug guide. Melbourne: Black Inc.
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- 4. Berger, K. J., & Guss, D. A. (2005). Mycotoxins revisited: Part II. Journal of Emergency Medicine, (2). 175.
- 5. Johnson, M. W., Sewell, R. A., & Griffiths, R. R. (2012). Psilocybin dose-dependently causes delayed, transient headaches in healthy volunteers. Drug And Alcohol Dependence, 123(1-3), 132-140.
- Sindicich, N. & Burns, L. (2015). Australian Trends in Ecstasy and related Drug Markets 2014. Findings from the Ecstasy and Related Drugs Reporting System (EDRS). Australian Drug Trends Series No. 136. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

Always call an ambulance on triple zero (000) if an overdose is suspected: tell the paramedic exactly what has been taken. Paramedics are there to help and will not involve the police unless there is a danger to themselves or others.

Other help, support services and resources

Links to further help and support • adf.org.au/help-support/ Information on the potential of psilocybin as therapeutic treatment adf.org.au/insights/psilocybin-therapeutic-treatment/

Further information

DrugInfo • 1300 85 85 84

Free confidential information and advice about alcohol and other drugs (9am - 5pm, Mon-Fri)

Family Drug Help • 1300 660 068 • www.familydrughelp.com.au (Victorian-based)

Services are available to support those around you who may be affected by your drug use. As well as providing understanding, they can provide information about how best to help during treatment.

Family Drug Support • 1300 368 186 • www.fds.org.au (Australia-wide)



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