HALLUCINOGENS

The hallucinogens discussed in this section may be considered the more 'traditional' substances from this category; these include LSD, PCP, psilocybin and mescaline. These are differentiated from those so called designer drugs which are engineered to produce hallucinogenic effects.

Use

About 2% of Toronto students used LSD in 2003. LSD use has significantly decreased in recent years compared to the early 1980s when it was 6% to 8%. PCP use has been low among Toronto students, usually hovering between 1% and 3%. About 1% reported use in 2003.

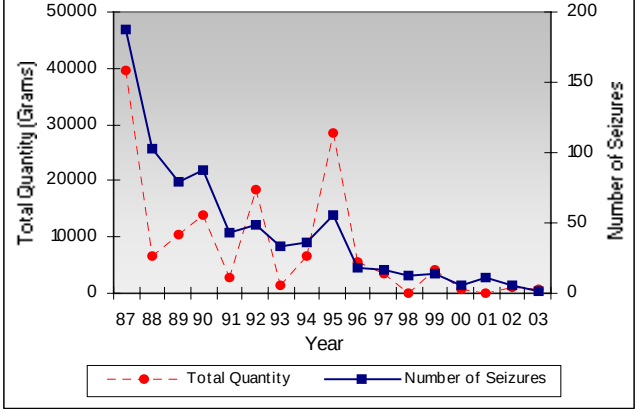
Use of other hallucinogens, such as mescaline and psilocybin, was about 5% in 2003, not significantly different from the 6% found in 2001. However, the current rate of hallucinogen use among Toronto students remains higher than rates seen in the late 1980s and early 1990s. See the next page for more information on these drugs.

Recent surveys of street youth have not focussed on hallucinogens. The SHOUT survey queried the use of only one hallucinogen, LSD. Among those responding, 2% noted daily LSD use, 1% reported use several times weekly, 3% reported use once per week, 7% said they used LSD once or twice per month, and 14% noted use less than once per month. Seventy-three percent of respondents said they never used this drug.[78] These results indicate less use of LSD than among those interviewed by the ARF in 1992; according to this earlier survey, 81% reported using LSD at some point in their lives, with 59% using it in the year before the study.[80]

Enforcement Data

Since 1987, there has been a general downward trend in the number of LSD seizures in Toronto. There were only 2 LSD seizures in 2003, the lowest number recorded over the seventeen years monitored. The number of micrograms per hit confiscated has also decreased substantially over time (39,476 in 1987 vs. 560 in 2000). There were 41 psilocybin seizures in 2003, with a total of 11 kg seized.

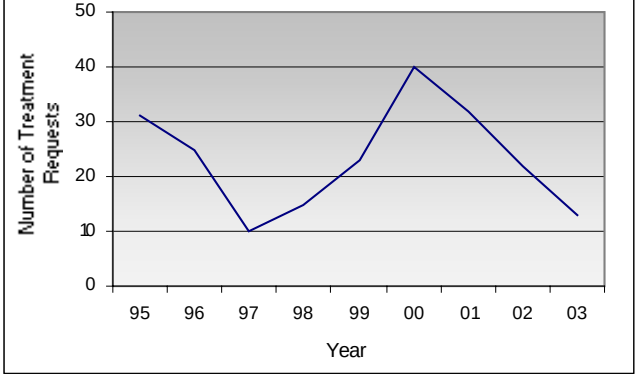
Figure 22: Seizures of LSD



Treatment Data

As noted in earlier reports, hallucinogens are rarely cited as a major problem of abuse locally. According to the Drug and Alcohol Registry of Treatment, only 22 inquiries regarding the use of hallucinogens were received from Toronto during the 2001-2002 reporting interval, representing .6% of all inquiries during that period. The corresponding figures for 2002-2003 were even lower, with 13 calls received, representing .3% of the total. For the rest of Ontario, the numbers are also low although slightly higher; in 2001-2002, 111 hallucinogen-related inquiries, or .8% of the total for the period, were received, while in the following year, the 99 hallucinogen-related inquiries represented .7% of the annual total.

Figure 23: Treatment Requests Regarding Hallucinogens



Drug-Related Deaths

No hallucinogen-related deaths occurred in Toronto the period during 1999 - 2001. Indeed, such deaths have been infrequent in Toronto, with only two occurring since 1986

Common Hallucinogens

- **LSD**(lysergic acid diethylamide) is a synthetic drug, usually sold as a liquid, or applied to blotter paper. The effects of the drug are unpredictable, depending on the quantity consumed as well as the individual user. Flashbacks of an LSD "trip" can occur long after taking the drug.

- **PCP** is produced in clandestine labs in the USA and Canada. Originally developed as a general anaesthetic, it was never marketed to the health industry due to its side effects. Unlike most other hallucinogens, PCP is physically addictive; moreover users may become violent or suicidal.

- **Mescaline** is a hallucinogenic compound found in several species of cactus. Users may chew the top of the cactus plant, or soak it in water, to produce an intoxicating liquid. Mescaline can also produced synthetically in underground labs.

- **Psilocybin**, another hallucinogen, is derived from certain types of mushrooms found in tropical and sub-tropical areas of the Western Hemisphere. These mushrooms are generally brewed as a tea or added to other foods. Unfortunately, poison mushrooms may be mistaken for those containing psilocybin.

Hallucinogens can induce nausea, vomiting, muscle weakness, and lack of co-ordination. In addition, the psychological consequences can be quite serious, including panic reactions and psychoses.[108]