



A QUICK GUIDE TO PSYCHEDELICS

There has been a recent wave of interest in the potential benefits of psychedelic drugs for medical purposes, which means more young people may be aware of them than has been the case in the past. This Quick Guide, developed in conjunction with [Tooled Up Education](#), covers information that parents and carers need to know about these drugs, as well as signposting to additional resources.



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WHAT ARE PSYCHEDELICS?

Psychedelic drugs alter sensory perception, which means that the world appears different to normal (for example, someone might experience auditory or visual hallucinations) and this in turn gives rise to unusual feelings and thoughts. There are several substances that fall into this category, including mescaline, 2CB, ayahuasca, DMT and PCP, but this Quick Guide will focus on the two that are best known: LSD and magic mushrooms.

LSD – or, to refer to it by its full name, lysergic acid diethylamide – is a drug that comes in liquid form. It is usually taken in the form of paper squares, sometimes known as blotters or tabs, which have had a tiny quantity of the liquid dropped onto them, or sometimes tiny pills called microdots. Both are taken orally, with effects kicking in after around 30 minutes, and lasting up to 12 hours. Like many drugs, LSD is known by a wide range of different names, including the obvious “acid”, “dots”, “blotters” and “tabs”, and more colloquial names such as “lucy”, and some that nod to the image on the impregnated paper squares such as “stars”, “strawberries”, “smilies” and “rainbows”.



Magic mushrooms are particular varieties of fungi – naturally occurring, but also cultivated – that contain psilocybin. The two most common types are the liberty cap (*Psilocybe semilanceata*; small, tan coloured) and fly agaric (*Amanita muscaria*; red and white spotted), which are usually sold raw or dried. They may be eaten (often cooked into foods to disguise the taste), or drunk in the form of a tea. It usually takes around half an hour for the effects to kick in, and they may last up to nine hours, though this varies according to what has been taken, and how much. Again, magic mushrooms are known by many names from the unimaginative “mushies” and “shrooms” to “liberties”, “agaric” and “philosopher’s stones”.

The effects are similar for both LSD and magic mushrooms, and can include giggling, euphoria, increased empathy, and distortions of sensory information, as well as dissociation (a sense of being outside the body), confusion, anxiety, paranoia and a sense of being overwhelmed. The experience, often referred to as a trip, can be draining – physically, mentally and emotionally – and tiredness for a day or two, a sense of fuzzy headedness or even detachment from reality, are not uncommon.

Tolerance can be quick to develop, meaning someone needs more to repeat the experience. Physical dependence and withdrawal symptoms do not result from regular use, but there is a risk of psychological dependence, which drives people to use, or want to use, psychedelics on a regular basis.

UK government data for the year ending March 2023 showed [an increase in the use of psychedelics](#) with 1% of 16–59 year olds in England and Wales reporting taking LSD or magic mushrooms, up from 0.7% the previous year. [Deaths from psychedelic drug use are rare, but not unknown](#): in the UK in 2019, there was one death citing psilocybin on the death certificate, and two citing LSD in 2020.

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WHAT'S THE PROBLEM?

[Psychedelics have been cited as having beneficial effects](#) for a range of mental health problems, which can seem to legitimise self-medication. However, this is a bad idea, as while someone in a clinical trial setting will be guided and closely monitored to ensure they stay safe, the same cannot be said for someone who is trying to manage the parameters on their own, in an unregulated – and mostly illegal – market.

One of the major risks with psychedelics is that odd behaviour and lack of judgement while under the influence can lead to accidents and injuries. Another significant issue is that the experience tends to be informed by the individual's circumstances at the time of use. This means that someone who starts in a negative frame of mind, for example, feeling anxious or depressed, or is in

an unfamiliar or intense environment, is more likely to suffer unpleasant hallucinations or dissociation, and become frightened, panicky or paranoid.

Another downside is that a trip can last a long time, which, if it is going badly, can be upsetting. There is a risk of flashbacks, which are more likely to be distressing if the initial experience was negative. Some individuals experience "[ego death](#)", in which they lose their sense of self-identity, and there can be physical effects from using psychedelics, including an increase in heart rate and blood pressure, which may be dangerous for some.

In the UK, both LSD and magic mushrooms are Class A drugs, meaning they are illegal to possess or supply.



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WHAT IS THE IMPACT?

As well as the risks already described, there are some circumstances under which the dangers increase:

- Someone with past or current mental health problems is more likely to experience a **psychedelic crisis** (a prolonged and disturbing trip), which can be traumatic, and may precipitate self-harm, a suicide attempt, or a psychotic episode.
- There is a small risk of hallucinogen persisting perception disorder (**HPPD**), where the effects reappear in the absence of the drug. This is more common with LSD than magic mushrooms, particularly if the dose was high or combined with another drug, and appears more likely to affect people with underlying mental health conditions or other vulnerabilities.
- With magic mushrooms, a big danger is mistakenly ingesting poisonous fungi. This becomes apparent quickly, with symptoms usually including dizziness, nausea, vomiting, stomach pains and diarrhoea, and medical help should be sought promptly.
- Dosing can be really difficult, with both LSD and magic mushrooms, so these are not drugs for someone who doesn't cope well with unpredictability or loss of control.
- Mixing is always inadvisable, and particularly so for psychedelics with other drugs that can have similar effects (such as **ketamine**, which is a dissociative) or medication that is being taken for a mental health condition.

WHAT CAN PARENTS DO?

Parents and carers have a significant role to play in helping their children make decisions about drug use, including psychedelics. Here are some tips:



First aid awareness.

Having first aid skills or a **phone app** that provides easy to follow advice (with no internet access required) is not only useful but could be lifesaving.



Set and setting

Drugs tend to take someone's head in the direction it is already pointed, so the experience while under the influence depends on **mindset as well as the environment/setting**.



Focus on friendships...

Being the sober friend who makes sure others are OK is particularly important with psychedelics, as someone who gets frightened will benefit hugely from calm reassurance. This is sometimes known as **tripsitting**.



... but build in boundaries.

Equally, nobody should ever be put into a situation in which they feel uncomfortable, so it is **important to be clear** about what others who are engaging in drug use can expect from someone who isn't.



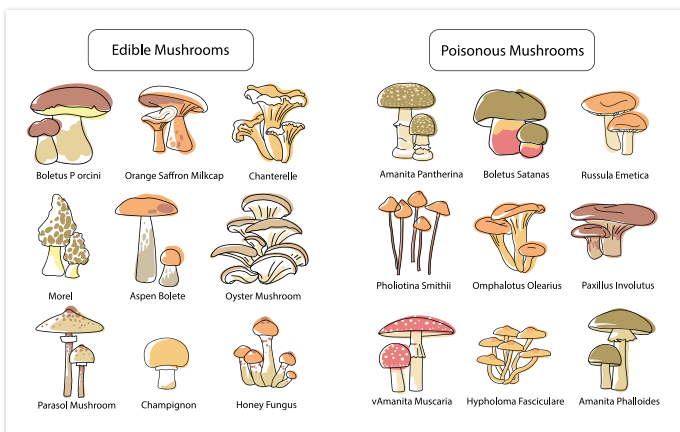
Natural doesn't mean safe.

There is a common misunderstanding that something **natural is harmless** and possibly even beneficial, but magic mushrooms – and indeed, the venom from a snake – emphatically prove this to be incorrect.



Start low, go slow.

With both LSD and magic mushrooms, dosing can be very tricky, so starting with a tiny amount and allowing plenty of time is – as with all drug taking – the core of **harm reduction** messaging.



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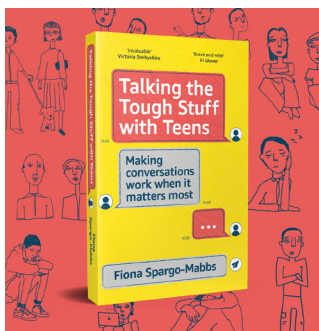
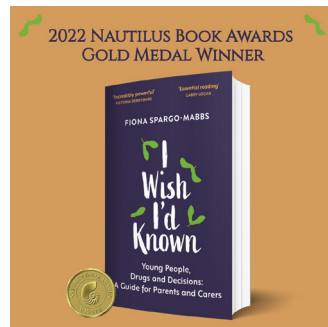
WHERE CAN I GO FOR MORE INFORMATION?

Healthy, open, non-judgemental conversations with young people can be – literally – life-saving.

Fiona Spargo Mabbs OBE, founder and director of the **DSM Foundation** has written two books that are packed with advice and information.

Award-winner, [I Wish I'd Known](#)

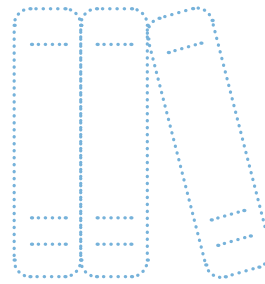
interweaves the story of one family's terrible loss with calm, measured and practical suggestions for parents about young people, drugs and decisions.



[Talking the Tough Stuff with Teens](#)

draws extensively on hundreds of conversations with young people and parents in

focus groups and school and college workshops, to give a warm and compassionate framework for tackling tough conversations about difficult things, without judgement or anger. It covers everything from curfews and screen time, to sex, self-harm and suicide.



Resources to check out

[The DSM Foundation](#), our drugs education charity, has a number of resources to support parents and carers in their conversations with young people including a [video on psychedelics](#) made by Head of Education and Engagement Asha Fowells, and information about the [risks of illegal drugs and harm reduction](#).

The following organisations have useful information on psychedelics:

Talk to Frank: [LSD](#), [magic mushrooms](#)

Drug Science: [LSD](#), [magic mushrooms](#)

Drug Wise: [LSD](#), [magic mushrooms](#)

Crew (harm reduction advice): [LSD](#), [magic mushrooms](#)

Remember that none of the resources listed here are a substitute for clinical advice and if you are worried about your child, your first port of call should always be your GP (or other relevant medical professional).

[Tooled Up Education](#) is thrilled to be collaborating with the DSM Foundation. Tooled Up brings evidence-based resources to school communities and enjoys strong relationships with some of the most respected researchers and organisations in the world. The Tooled Up Team dedicates its time to studying thousands of hours of research evidence and turning this into easy to use resources, in the form of videos, articles, podcasts, activities and tips to try.