



MAGIC MUSHROOMS ,

A plea for a pragmatic policy and a comment on the most important argument of minister Klink for a ban on magic mushrooms

Following an alarming piece of news in the media (March 2007) about a French tourist who supposedly committed suicide under the influence of magic mushrooms in Amsterdam the Dutch government accepted, without verifying the announcement and without considering the possible consequences, within two days a bill that prohibited possession and sales of magic mushrooms.

Even though a special research committee of the Minister of Health, Welfare and Sports twice described the suppression as a disproportionate measure and the ministry advised to roughly take over the proposals from Amsterdam to regulate the sale of magic mushrooms, the minister decided to assent the bill of the Dutch lower house in november 2007.

In February 2007 the Municipal medical and health service Amsterdam and the Drug Consultancy Agency already wrote a statement with an analysis of the steady increase of the number of ambulance rides to provide first aid after the use of magic mushrooms.

When developing a policy to reduce the number of rides they contacted the National Smartshop Association (VLOS). The consult resulted in a number of proposals that, after being approved by the municipality council, were presented by mayor Cohen to the Ministry of Housing, Spatial Planning and the Environment and the lower chamber:

- Regulate and reduce the number of places selling magic mushrooms;
- Launch a waiting time of several days to reduce the number of impulsive purchases and purchases made by tourists who are only a couple of days in Amsterdam;
- Prohibit advertising concerning magic mushrooms on facades or in window displays stores selling magic mushrooms;
- No sale of magic mushrooms to persons under 18;
- Unambiguous information about the effects and risks of magic mushrooms and training of personnel.

These proposals were the results of the report with numbers of the ambulance service, which showed that over 90% of the first aid was needed for tourists who visited Amsterdam for a couple of days.

With these proposals the Amsterdam government expressed the fact that the use of a hallucinogen like magic mushrooms indeed involves risks and that regulation of sales was desirable. On top of that the proposals help to create a more balanced Dutch drug policy. While the sales of softdrugs in coffeeshops is subjected to all sorts of rules and criteria (AHOJ-G Coffeeshop regulations) these totally lack the sale of magic mushrooms, notably a drug with potentially stronger effects than cannabis.

(Already in 1996, when the first smartshops started selling magic mushrooms, the VLOS and the Drug Consultancy Agency (www.adviesburodrugs.nl) on regulating selling magic mushrooms just to prevent souvenir shops and tourist shops from participating in this trade. The unrestrained increase of such, easy accessible sellers of magic mushrooms accompanied by the fierce growth of the urban tourism in Amsterdam undoubtedly contributed to the increase of the number of incidents involving magic mushrooms. It is a bizarre finding that the same ministry that 12 years ago ignored the proposal to regulate the sales of magic mushrooms which led to numerous unnecessary incidents, mainly concerning tourists, now heads to a total suppression on possession and sales of magic mushrooms.)

The decision of the local council of Amsterdam to regulate was partly based on an analysis of the Consultancy on Drugs about the possible consequences of prohibiting magic mushrooms.

- Suppression will not put the use of hallucinogens to a halt. There will be an undesirable shift in the use of illegal hallucinogens that are easily obtainable like LSD, MDA and 2-CB.
- The consumers of magic mushrooms are dependant on means they actually do not want. Above all these means have to be bought illegal where there is no proper informing, no notion of the doses and with the risk that other drugs, like xtc and speed are also available.
- Another disadvantage of these illegal hallucinogens is that they are much harder to dose than fresh magic mushrooms.
- By prohibiting magic mushrooms the production of illegal hallucinogens will increase with the risk that the trade and usage will move to the night clubs. (Merely the size of the shroom boxes prevents trade in the night clubs. MDA-pills and LSD-strips, however, can easily get past the bouncer).
- Another risk is the rise of synthetic psilocybine (the active component of magic mushrooms), that in pills or capsules will enter the illegal trade with the additional risk that they will be sold as party drugs.

For consumers with a aversion for synthetic hallucinogens a ban on magic mushrooms will have different consequences.

- People will go looking for magic mushrooms in the wild while risking finding other mushrooms that are not distinguishable from the desired mushrooms.
- They will turn to natural alternatives like Peyote, San Pedro or extractions of hallucinogenic plants or seeds, products that can lead more quickly to problems than magic mushrooms.

Despite the plea of Amsterdam and the CAM (Coordination Assessment and Monitoring new drugs) to regulate magic mushroom sales and the analysis of the possible consequences on on

prohibiting magic mushrooms a majority of the Dutch lower chamber was in favor of banning possession and sales.

Like described before, in November 2007 the minister expressed also being in favor of banning by saying that the use of magic mushrooms can lead to unpredictable effects and therefore to risky behavior.

This argument is at least remarkable because this risk applies to almost every stimulant, which would mean if the minister was consequent he also had to put a ban on alcohol, a stimulant that in contrary to magic mushrooms also causes risks for the environment (aggression, domestic violence, sexual misconduct, senseless violence etc.).

Also a second argument that made the minister to support the prohibition is questionable.

The argument that it is not possible to guarantee a safe consumer environment and that the consequences of a possible bad trip can be limited the minister imputes such a risk to magic mushrooms that is calls for the question why this drug was not prohibited 40 years ago and why the government not at least took the proposal to regulate magic mushroom sales seriously in 1996.

If magic mushrooms would be risky, there should be since the sixties, when the use of magic mushrooms began, a worrying news flow from ambulance and hospitals (first aid) as well as from general practitioners and drug bureaus (further assistance). Except for some unverified incidents that were picked up by the media there has never been such a thing. For example, the annual National Drugs Monitor has never published numbers of application for aid with use of magic mushrooms in these two levels of assistance.

In the same letter dated in November 2007 addressed to the Dutch lower chamber the minister states that the absence of these numbers does not mean there are not occasions where first aid or other means of aid to mentally confused is being applied. The minister explains the lack of numbers is due to a poor administration and because hospitals and general practitioners consider the anonymity of clients. However, in practice shows that whenever there are substantial changes, especially when it concerns the susceptible subject drugs, these almost always in some way or another are being reported in local meetings of ambulance services, hospitals or general practitioners and are finally being reported to the ministry. Otherwise there would be no use of magic mushrooms in the remaining part of the Netherlands. However, VLOS reports that the 65% of magic mushroom sales is in municipalities other than Amsterdam. This shows that in other parts of the Netherlands magic mushrooms are being consumed, which means the minister would be right if there would be a flow of incidents concerning magic mushrooms. Practice, however, shows otherwise. Even if in the time that magic mushrooms rose to a national concern there still are not any clear signals to the minister for aid in problems, things cannot be that bad. So far there have only been published numbers from Amsterdam, and even more specifically only numbers concerning the ambulance rides for foreign tourists who have been using magic mushrooms. More than 90% (135) concerned foreign tourists. The number of Dutch magic mushroom users the ambulance rode for remained marginal (12 in 2006, 14 in 2007).

In Amsterdam, of the 149 ambulance rides related to magic mushroom incidents in 2007 there would be on site help (reassuring the victim and if needed instructing friends to find a quiet place). With 80 cases the victim was taken away by ambulance, for which 9 cases a short hospitalization was required. This shows that when 9% is Dutch, it only concerns 1 person a year. The numbers published by the Amsterdam ambulance service also show that this is an Amsterdam tourist problem.

The high percentage tourists (92%) as well as the steady increase in ambulance rides (125 in 2006, 149 in 2007) is caused by the strong growth of the urban tourism, and the

fact that magic mushrooms are illegal in the tourists' homecountries so some of these tourists decide to use magic mushrooms in the hectic downtown of Amsterdam during the three or four days of their stay. When there are people within a group that cannot refuse and besides the magic mushrooms also use alcohol and cannabis, the chance it goes wrong strongly increases. If we can relate the risky situations under which the Amsterdam tourists use magic mushrooms to the cause and size of first aid, we can even state that in a *unsafe consumer environment* (term of minister Klink) the risks of magic mushrooms are actually not that bad and that prohibiting magic mushrooms should not be legit.

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