



# SAVE OUR SHROOMS.org

Translated from Dutch to English by [Saveourshrooms.org/](http://Saveourshrooms.org/) Pslowyer

## THE STATE OF AFFAIRS, june 2008

Based on an analysis of the report/overview of the Municipal medical and health service Amsterdam concerning the ambulance rides in 2007 the following can be deduced.

*During the press conference these numbers will be further analyzed and clarified by August de Loor, Drug Consultancy Agency ("Stichting Adviesbureau Drugs"), Amsterdam)*

Even though numbers of the Municipal medical and health service show that there have been 21 extra ambulance rides in 2007 (149) than in 2006 (128) we should notice that there had been a large increase of tourists because of the popularity of 'city trips' and cheap airline tickets. Also, the sales in 2007 were remarkably higher than in 2006. Numbers of the Municipal medical and health service show that 91% of the ambulance rides were for foreign tourists and just 9% for Dutch consumers. Those ambulance rides solely take place in Amsterdam downtown. The Amsterdam ambulance service rides in the region that covers the area between Purmerend to Hilversum. Outside Amsterdam downtown there are not ambulance rides registered by the Municipal medical and health service. The known fact that just downtown Amsterdam causes ambulance rides is confirmed by the other data of ambulance services in the Netherlands that do not report any rides because of magic mushroom use. Therefore magic mushrooms can not be labeled as dangerous (provided they are used in the right dose in the right environment) but the young foreign tourists are a vulnerable group. This group needs regulation. Of the 149 ambulance rides in Amsterdam with 69 cases they provided help on site and returned empty. With 17 cases help was provided in the ambulance after which the user left. With only 9 cases a short hospitalization was needed.

If we look at these numbers in this manner the truth presents itself: 9 short hospitalizations in 2007 against a national turnover that is estimated at about 15 million euro. By far the most cases involved use of multiple drugs and/or alcohol use so the problem cannot be specifically addressed to magic mushrooms. In the remainder of the the Netherlands neither ambulance rides not hospitalizations are known.

Minister Klink already pointed out that he bases his intended ban bases on three assumptions:

1. There is no safe environment and therefore there are unpredictable consequences
2. The consequences are uncontrollable
3. There is no difference between dried and fresh magic mushrooms

Ad 1. If there would not be a safe environment in general, we should have ambulance rides in all of the Netherlands. This is not the case. Outside of downtown Amsterdam the safe setting is present and the consequences are controllable. The National Drugs Monitor 2007 confirms this conclusion and states that outside of Amsterdam in 2007 there have not been reported any incidents involving magic mushrooms.

Ad 2. Because of the lack of 'incidents' the drug care does not register problem involving magic mushrooms separately but are categorized as 'requests for aid on hallucinogens'. These requests mainly concern LSD and similar synthetic drugs. Therefore the way it is uncontrollable is almost solely based on synthetic drugs like LSD. In total there were 430 requests for aid in 2007. Also in the border areas (Maastricht and Breda) no incidents were reported.

Ad 3. The argument that there is no difference between dried (banned) mushrooms and fresh mushrooms (not banned) is not valid because dried mushrooms are manipulated and fresh ones are not, and on top of that there is a big difference in condition and resolvability. Dried mushrooms can easily be ground and transported and also can be mixed in other products. This is not done with fresh mushrooms.

Also, the national association of general practitioners reports that there have been no referrals to hospitals but users are sometimes being referred to special aid/care.

The minister bases his decision on assumptions that appear invalid. Also, a prohibition is obviously disproportional because the problem solely concerns downtown Amsterdam (a very small area in the center of Amsterdam). Concerning regulations, there have been introduced an adequate alternative in the region of Arnhem controlled by Iriszorg (care institution).

The term that is required for detailed research and to answer the questions in the lower chamber can very well be used to actually develop regulations instead of imposing a ban. The mayor and aldermen of Amsterdam have stated that they want to work out their proposals if the minister gives them the time. This situation offers the opportunity to react to request of the parliament to perform detailed research and complete the proposals of the mayor and aldermen of Amsterdam. These proposals congruent with the proposals of the CAM (government drug monitor organization) that the PvdA (the Dutch Labour Party) wants to see in effect.

The proposals include:

- Regulate and reduce the numbers of places that sell magic mushrooms
- Introduce a waiting time of several days to prevent impulsive purchases and purchases made by tourists that are only a couple of days in Amsterdam
- Prohibit advertising concerning magic mushrooms on facades or in window displays of stores selling magic mushrooms
- No sale of magic mushrooms to persons under 18
- Unambiguous information about the effects and risks of magic mushrooms
- Training of the personnel

The already started summer is perfect for such an experimental research. That is why we insist on a quick introduction so that the effect of before mentioned proposals can actually be tested in real life and hopefully will lead to a decrease in the number of ambulance rides for aid in magic mushrooms related problems.

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