

HALLUCINOGENS

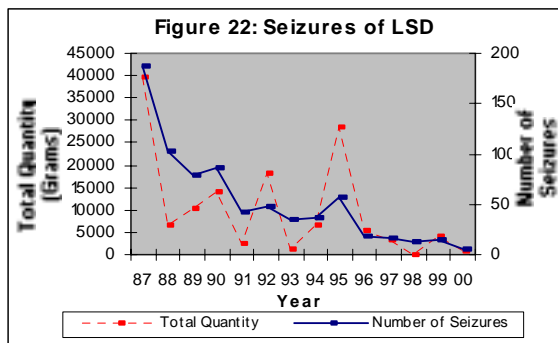
Use

LSD use among Toronto students decreased non-significantly between 1999 and 2001, from 6% to 3% (Table 1, Page T1). PCP use has steadily increased among students since 1993 (from less than 1% to 3% in 2001; data not tabled). See the box at the bottom of the next column for more information on PCP. Past year use of other hallucinogens, such as mescaline and psilocybin, showed a non-significant decrease in 2001 (6%) compared to 1999 (13%) (data not tabled). However, the current rate is still higher than those found in the late 1980s and early 1990s.

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. 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 preceding the study.

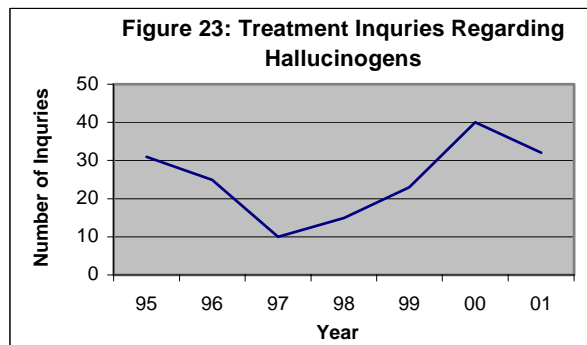
Enforcement Data

Since 1987, there has been a general downward trend in the number of LSD seizures (Table 2, Pages T2-T3, Figure 22 below). There were only 5 LSD seizures in 2000, the lowest number recorded over the fifteen years monitored. The number of micrograms per hit confiscated has also decreased substantially over time (714 in 2000 vs. 39,476 in 1987). There were 60 psilocybin seizures in 2000, with a total of 3 kg seized (data not tabled).



Treatment Data

As noted in earlier reports, hallucinogens are rarely cited as a major problem of abuse (Table 4, Page T7); 1.7% of all new clients in 2000 mentioned hallucinogens as a major problem. Data from DART confirm the relatively low number of treatment requests for hallucinogen use. Only 40 such inquiries, or 1.3% of the total, were received in period 1999-2000, and 32, or 0.9% in 2000-2001. This is consistent with the data from previous years. For the rest of Ontario, 1.3% of inquiries in period 1999-2000 and 1.0% in 2000-2001 regarded hallucinogens, again virtually unchanged from earlier years (Table 10, Pages T14-T15, Figure 23).



Drug-Related Deaths

No hallucinogen-related deaths occurred during 1998. Indeed, such deaths have been infrequent in Toronto, with only two occurring since 1986.

PCP is produced in clandestine labs in the USA and Canada. It was originally developed as a general anaesthetic under the trade name "Sernyl", but was never marketed to the health industry due to unfavourable side effects. PCP was re-introduced for use in veterinary applications under the name Sernylan, but was eventually withdrawn. The only suppliers of PCP currently are illegal labs. The manufacturing process is relatively simple.

PCP, traditionally considered a hallucinogen, also contains properties of stimulants and depressants. It can induce a state of mind-body disassociation. Other common effects include difficulty with logical thinking, anxiety, combative behaviour, an increase in blood pressure, and an inability to feel pain, reactions to higher doses include convulsions, kidney damage and prolonged comas. Deaths have occurred after estimated doses of 150 to 200 mg.