



Emerging NPS Trends in Malaysia: Psilocybin Vaping among Individuals with Amphetamine-type Stimulant (ATS) Use Disorder



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Overview

- Introduction/Background
- Summarized Literature Review
- Research aim and objectives
- Materials and Methods
- Conclusion/Future remarking
- References

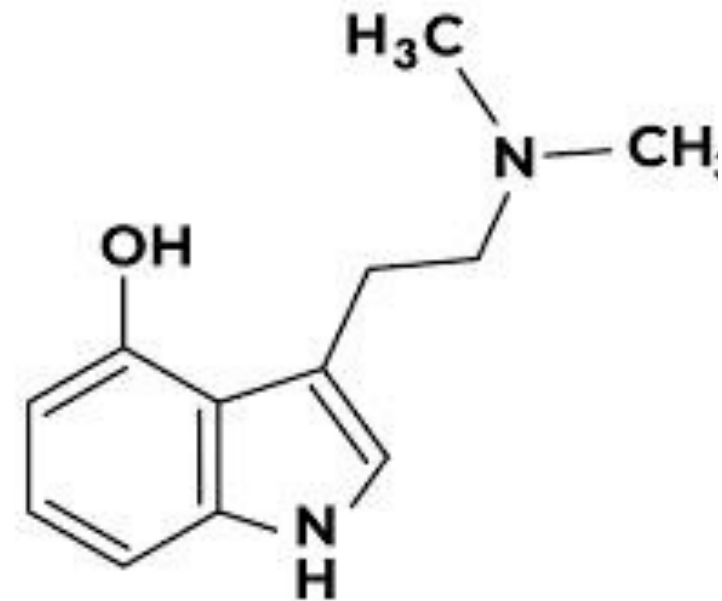


What is Psilocybin?

- Psilocybin, chemically known as 4-phosphoryl oxy-n, n-dimethyltryptamine
- The primary psychoactive, **naturally occurring alkaloid in over 200 species of mushrooms** (*Psilocybe* species) (Solano et al., 2019; Dominuge et al, 2022)
- As the **prodrug of Psilocin** (4-oh-dimethyltryptamine)
- These compounds act simultaneously and are **related to the endogenous neurotransmitter serotonin**



PSILOCIN



Dominuques et al., 2022; An Overview on the Taxonomy, Phylogenetics and Ecology of the Psychedelic Genera *Psilocybe*, *Panaeolus*, *Pluteus* and *Gymnopilus*

Street Names, Acute Effects & Mental Health Concerns

- The most common street names for psilocybin are '**magic mushroom**,' '**shrooms**,' or '**booms**' (Terminology And Information On Drugs Third Edition, 2016)
- Under uncontrolled doses the **psilocybin will cause an increase in heart rate, nausea, changes in mood**, and fluctuations in muscle control (Schlag et al., 2022).
- **Risk of depersonalization, derealization & psychosis in prolonged use** → mental illness & suicidal thought (Bienenmann 2020; Passie 2022)





Psilocybin: Mechanism, Brain Effects & Psychosis

Mechanism of Action:

Psilocybin → metabolized to **psilocin** → **partial agonist at 5-HT2A receptors**.

Disrupts **default mode network (DMN)** → alters sense of self, time, and space (Siegel et al., 2024).

Glutamate link: 5-HT2A activation on cortical pyramidal neurons ↑ glutamate release → sensory overload, cortical hyperexcitability (Vollenweider & Kometer, 2010).

Dopamine link: downstream modulation of mesolimbic dopamine circuits → contributes to euphoria, paranoia, and psychosis-like features (Kim et al., 2025).

Brain Effects:

Causes **functional connectivity (FC) disruption** across cortex, thalamus, hippocampus, cerebellum.

↓ Synchronization **within networks**, ↑ “cross-talk” between normally distinct networks.

Produces **desynchronization and increased entropy** in brain activity → hallucinations, ego dissolution.

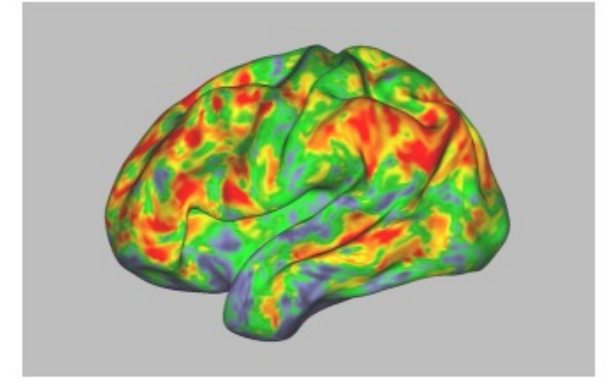
FC changes correlate with **intensity of psychedelic experience**.

Psychosis Link:

Excessive **5-HT2A–glutamate–dopamine interaction** may mimic **schizophrenia-like**

symptoms: hallucinations, delusions, mania-like features.

Risk ↑ in **vulnerable populations** (polysubstance users, bipolar disorder, family history of schizophrenia).



This heat map of brain activity patterns reveals profound disturbance after a dose of psilocybin. Relatively stable patterns before and after the dose (blue and green) are temporarily scrambled by the dose of psilocybin (red, orange and yellow).

Sara Moser/Washington University

INTRODUCTION: Overview of the study

- The emergence of New Psychoactive Substances (NPS), including synthetic psilocybin & cannabis (UNODC, 2021) & Malaysia (National Poison Centre, 2023 & NADA., 2023)

- The current trend is shifting to the hazardous use of synthetic psilocybin and cannabis in vaping (Adams et al., 2022)

- The use of psilocybin, also known as 'Magic Mushroom,' has gained popularity among Malaysians in regions where ATS and heroin use are prevalent (Hasani et al., 2019)



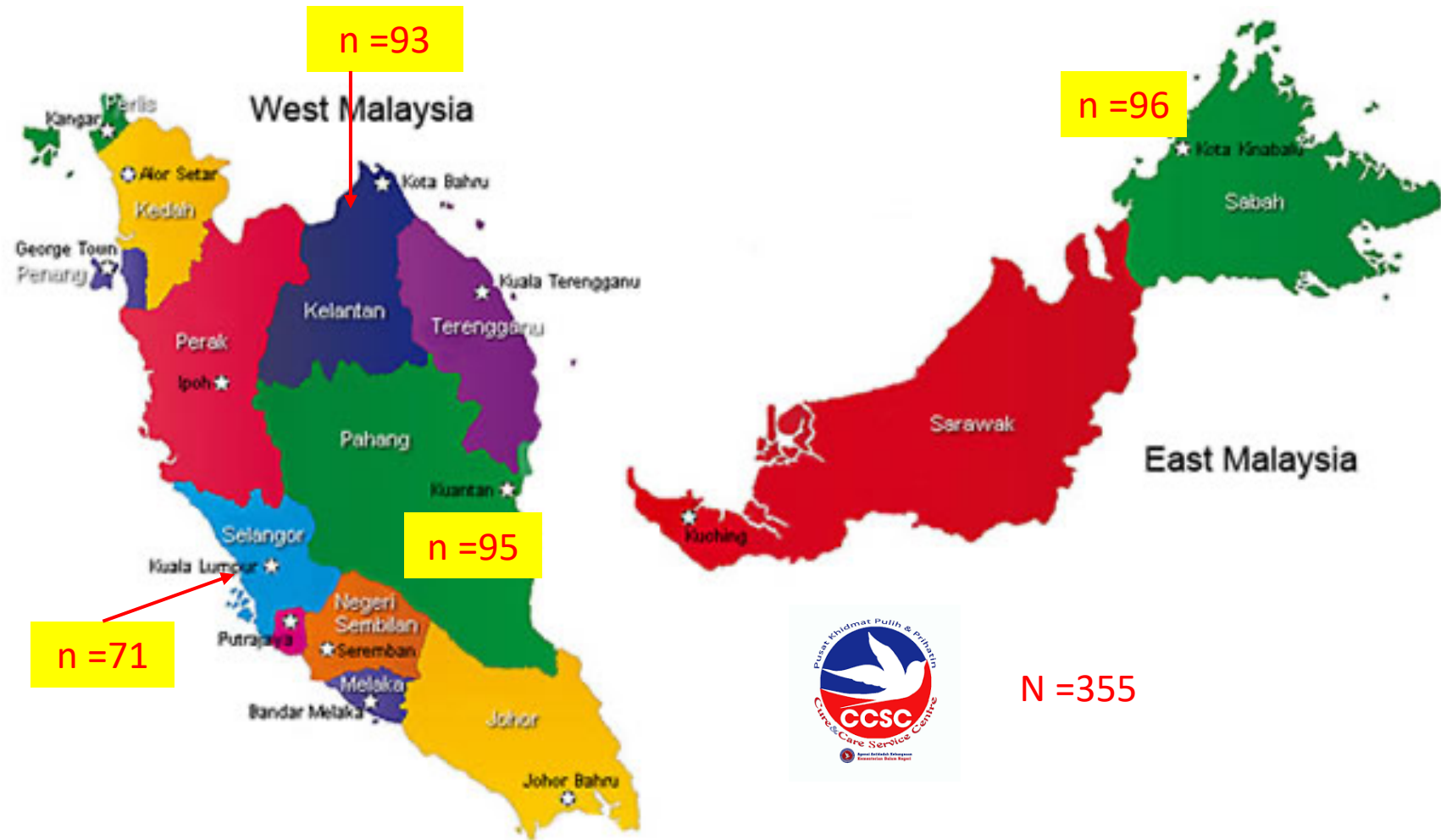
- However, studies on hallucinogen use, including psilocybin in Malaysia, are scarce and poorly documented.

- To assess the prevalence of psilocybin use through vaping and aims to identify the predictors and risk factors of individuals engaged in psilocybin use

WHY WE CONDUCT THIS STUDY?

- A **global increase in illicit substance use in vaping**, such as synthetic cannabis and psilocybin, has been noted in recent years), particularly among youth and young adults (Grant et al., 2019; Vogel et al., 2020; Wu et al., 2006).
- **Increase in drug seizure involving psilocybin in liquid and raw materials.** The Malaysian Royal Police reported tons of mushrooms containing psilocybin were seized between 2020 and 2021 (International Narcotics Control Board United Nations, 2021; Perimbanayagam, 2022
- The **Malaysia National Poison Center also reported cases related to psilocybin poisoning** that had an increase compared to previous years (Samsudin., 2021).

Tabulated demographic for Psilocybin Vaping Study (N=355)



Result & Discussion

Who Are the Psilocybin Vapers?

 **Younger → Mean 23 yrs**

Vapers are significantly younger- early working adult

 **Male-dominant → 85%**

Consistent with ATS use patterns in detention settings

 **Malay → 73.5%**

Higher exposure due to location and accessibility of-> The golden triangle

 **Low income (B40) → 99%**

Socioeconomic vulnerability driving substance use

 **Psych comorbidity → 5.4% schizophrenia**

Mental health and medical vulnerabilities increase risk

Users

 **Psilocybin** → **51.3% (mostly via vaping)**

Rapidly emerging as a NPS, especially through vaping

 **Tobacco** → **95.8%**

Most common baseline substance

 **Alcohol** → **39.6%**

Frequently co-used with hallucinogens

 **Cannabis** → **38.9%**

Strong overlap with psilocybin vaping

 **Kratom** → **23.1%**

Widely available in Malaysia but less preferred among ATS users

 **Opioid** → **7.0%**

Use declining due to substitution therapies and stigma around injecting

Key Predictors: What Drives Psilocybin Vaping?

 **Younger age → OR ≈ 1.9**

Youth more likely to experiment with vaping



Malay ethnicity → OR ≈ 1.6

Cultural and geographic factors increase exposure



Tobacco use → OR ≈ 5.8

Strong gateway association



Alcohol use → OR ≈ 3.1

Social use overlaps with hallucinogens



Cannabis use → OR ≈ 9.2

Strongest predictor — cannabis users are nearly ten times more likely to vape psilocybin

Why Psilocybin Vaping Matters?



New psychoactive substance in Malaysia

Shifting drug landscape beyond ATS and heroin



High prevalence (51.3%) among ATS users

Comparable to alcohol, exceeding cannabis



Linked to psychosis and polysubstance use

Case studies confirm hallucinations, mania, and delusions



Emerges in vaping culture, bypassing controls

Difficult to detect in standard urine drug screens



Urgent clinical & policy relevance

Requires screening in clinics, stronger surveillance, and youth-focused interventions

Case Study 1: Psilocybin Induce Psychosis

Patient Info:

23-year-old male, university student
No past psychiatric illness.
History of occasional recreational substance use

Chief Complaint:

“Seeing melting objects and distorted faces after vaping mushroom liquid for 2 days”

History of Presenting Illnesses:

Claims vaping “mushroom liquid” for 3/7.
2-day history of visual hallucinations, including colorful geometric patterns, distorted faces, and objects appearing to melt.
Mild paranoia but no structured auditory hallucinations.
Associated insomnia and anxiety.

Investigations:

Urine drug screen: negative for ATS, opioids, cannabis, benzodiazepines.
Routine labs: normal.

Management in Ward:

T. Olanzapine Zydys 10 mg ON x 3/7 -> switch T. Risperidone 1mg BD
Clonazepam 1 mg PRN X 5/7
Visual symptoms reduced by day 5.
Simplify to **T. Risperidone 2 mg ON** for maintenance.

Discharge Plan:

T. Risperidone 2 mg ON
Psychoeducation on hallucinogen risks.
OPD follow-up in 2 weeks.

Case Study 2: Psilocybin Induce Psychosis

Patient Info:

28-year-old female, Grab Driver
1st psychiatric admission
Family history: schizophrenia (maternal uncle)
History of methamphetamine use for 4 years,
abstinent × 1 year

Chief Complaint:

“Hearing voices of angels and seeing mystical figures for 1 week.”

History of Presenting Illness:

Claims vaping “mushroom liquid” repeatedly for 1 week

Visual hallucinations: bright lights, mystical figures

Auditory hallucinations: voices of angels
commenting

Developed **grandiose delusions** (“I have a special mission”)

Poor sleep, irritability, absent insight

Investigations:

Urine drug screen: negative for ATS, opioids,
cannabis, benzodiazepines
Blood tests: normal

Management in Ward:

Started on **T. Olanzapine Zydis 5 mg OM +
10 mg ON** with **Clonazepam 0.5 mg BD (3/7)**

Switched to **T. Risperidone 1 mg OM, 2 mg
ON**

Marked improvement in hallucinations and
delusions by day 7

Simplified to **T. Risperidone 3 mg ON** for
long-term stabilization

Discharge Plan:

T. Risperidone 3 mg ON

Psychoeducation for patient and family,
counseling on relapse risk

Psychiatric outpatient follow-up arranged



QUICK RECAP

- 1 Psilocybin is a potent hallucinogen → produces vivid visual hallucinations (patterns, distorted faces, colors).
- 2 High risk of psychosis → especially among substance users, polysubstance users, or those with a family history of schizophrenia.
- 3 Manic-like or psychotic features may emerge → euphoria, grandiosity, poor sleep, auditory hallucinations.
- 4 Clinical management is critical → antipsychotics (olanzapine, risperidone) stabilize symptoms; relapse prevention and follow-up are essential.
- 5 Emerging trend → Psilocybin use through vaping is increasing in Malaysia and worldwide, raising new public health and clinical concerns



STUDY IMPLICATION

- 1 Emerging NPS trend → Psilocybin use via vaping is now common among Malaysian ATS users (51.3%), highlighting a shift from traditional drugs to new psychoactive substances.
- 2 Psychiatric risk → Psilocybin shows high potential to induce psychosis, particularly in those with substance use history, polysubstance use, or genetic vulnerability (e.g., family history of schizophrenia).
- 3 Polysubstance link → Concomitant use of cannabis, alcohol, kratom, and tobacco significantly increases risk, underscoring the need for integrated prevention strategies.
- 4 Younger population at risk → Younger ATS users are more likely to experiment with psilocybin vaping, making them a priority group for intervention.
- 5 Clinical relevance → Psychiatrists and addiction specialists should screen for hallucinogen use, even when routine urine drug tests are negative



STUDY SUGGESTION



Clinical Practice:

Incorporate **hallucinogen use screening** (including psilocybin) into routine addiction assessments.
Enhance training of clinicians to recognize **psilocybin-induced psychosis presentations**.



Policy & Public Health:

Develop **targeted prevention campaigns** for youth and polysubstance users.
Strengthen enforcement on **illicit vaping products** containing psilocybin.
Collaborate with the **National Poison Centre & Royal Malaysia Police** to improve surveillance.



Research & Future Directions:

Conduct **longitudinal studies** to clarify causal links between psilocybin and psychosis.
Explore **genetic and psychosocial risk factors** (e.g., ATS dependence, family history).
Expand studies to **female populations** and underrepresented groups.
Apply metabolomic approaches to identify **psilocybin metabolites** in biofluids, enabling improved detection, monitoring, and early intervention



Thank You...

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