

## PCP (Phencyclidine)

PCP (phencyclidine) was developed in the 1950s as an intravenous anesthetic. Its use in humans was discontinued in 1965, because patients often became agitated, delusional, and irrational while recovering from its anesthetic effects. PCP is illegally manufactured in laboratories and is sold on the street by such names as *angel dust*, *ozone*, *wack*, and *rocket fuel*. *Killer joints* and *crystal supergrass* are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects.

PCP is a “dissociative drug,” meaning that it distorts perceptions of sight and sound and produces feelings of detachment (dissociation) from the environment and self. Dissociative drugs act by altering distribution of the neurotransmitter glutamate throughout the brain. Glutamate is involved in a person’s perception of pain, responses to the environment, and memory.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets, capsules, and colored powders. It is normally abused in one of three ways: snorted, smoked, or ingested.

For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

### **Health Hazards** ———

PCP is addictive—its repeated abuse can lead to craving and compulsive PCP-seeking behavior. First introduced as a street drug in the 1960s, PCP quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk. After abusing PCP once, many people will not knowingly abuse it again. Others attribute their continued abuse to feelings of strength, power, invulnerability, and a numbing effect on the mind.

Many PCP abusers are brought to emergency rooms because of PCP overdose or because of the drug’s unpleasant psychological effects. In a hospital or detention setting, these people often become violent or suicidal and are very dangerous to themselves and others. They should be kept in a calm setting and not be left alone.

At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a pronounced rise in blood pressure and pulse rate. Breathing becomes shallow, and flushing

and profuse sweating occur. Generalized numbness of the extremities and loss of muscular coordination also may occur.

At high doses of PCP, blood pressure, pulse rate, and respiration drop. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses of PCP can also cause seizures, coma, and death (though death more often results from accidental injury or suicide during PCP intoxication). High doses can cause symptoms that mimic schizophrenia, such as delusions, hallucinations, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled.

People who abuse PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after stopping PCP abuse. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma.

## **Extent of Use** —————

### **Monitoring the Future (MTF) Survey\***

MTF data show that in 2005, 2.4 percent of high school seniors reported lifetime\*\* use of PCP; annual use was reported by 1.3 percent of seniors, and 30-day use was reported by 0.7 percent. Data on PCP use by 8th- and 10th-graders are not available.

### **Drug Abuse Warning Network (DAWN)\*\*\***

PCP mentions in emergency departments for the third and fourth quarters of 2003 were estimated at 4,581; most of these mentions involved males. Approximately 51 percent were Black, 31 percent were White, and 12 percent were Hispanic.

### **National Survey on Drug Use and Health (NSDUH)\*\*\*\***

According to the 2004 NSDUH, lifetime use of PCP went down for those aged 18 to 25. Males in this age group showed significant decreases in lifetime use from 2003. Females in this age group showed significant declines in past year use. Lifetime use among 12- or 13-year-olds, however, was up significantly in 2004, from 0.1 percent in 2003 to 0.3 percent.

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\* These data are from the 2005 Monitoring the Future Survey, funded by the National Institute on Drug Abuse, National Institutes of Health, DHHS, and conducted annually by the University of Michigan's Institute for Social Research. The survey has tracked 12th-graders' illicit drug use and related attitudes since 1975; in 1991, 8th- and 10th-graders were added to the study. The latest data are online at [www.drugabuse.gov](http://www.drugabuse.gov).

\*\* "Lifetime" refers to use at least once during a respondent's lifetime. "Annual" refers to use at least once during the year preceding an individual's response to the survey. "30-day" refers to use at least once during the 30 days preceding an individual's response to the survey.

\*\*\* These data are from the annual Drug Abuse Warning Network, funded by the Substance Abuse and Mental Health Services Administration, DHHS. The survey provides information about emergency department visits that are induced by or related to the use of an illicit drug or the nonmedical use of a legal drug. The latest data are available at 800-729-6686 or online at [www.samhsa.gov](http://www.samhsa.gov).

\*\*\*\* NSDUH (formerly known as the National Household Survey on Drug Abuse) is an annual survey of Americans age 12 and older conducted by the Substance Abuse and Mental Health Services Administration. Copies of the latest survey are available at [www.samhsa.gov](http://www.samhsa.gov) and from the National Clearinghouse for Alcohol and Drug Information at 800-729-6686.