

# PCP

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.

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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.

## Appearance

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.

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## 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.