

Substance Use, Abuse and Dependence

Classification and Information on Substances

Phencyclidine (PCP)

DESCRIPTION	Phencyclidine (PCP) is a synthetic drug developed in the 1950's and is commonly found in tablet, capsule, crystalline powder, drug-soaked paper and liquid form. In large quantities it smells like strong ammonia. It can range in colour depending on the contaminants present.
MODE OF ADMINISTRATION	PCP is usually inhaled by smoking it. But it can also be taken orally, snorted or injected.
PRIMARY EFFECT	Central nervous system sedative.
SHORT-TERM EFFECTS	<p>When snorted, the effects are experienced within 2 – 5 minutes and may last up to 6 hours. When taken orally, the effects are felt between 30 and 60 minutes and may last up to 24 hours. The following effects are usually present:</p> <ul style="list-style-type: none"> • Increased heart rate and blood pressure; • Slight increase in breathing rate, possibly followed by shallow breathing; • Numbness of extremities; • Profuse sweating; • Loss of co-ordination; • Slurred speech; • Blank stare and rapid and involuntary eye movements; • Increase in euphoria and feeling powerful and invulnerable; • Relaxation and drowsiness; • Auditory hallucinations and image distortion; • Unpredictable and severe mood disturbance; • Feeling detached and distant; • Disorientation or amnesia; • Decreased sensitivity to pain; • In some cases, anxiety, paranoia, hostility and psychosis; • Risk of injury and suicidality; • In large doses, there is a sharp drop in blood pressure, heart rate and respiration, as well as nausea, vomiting, blurred vision, flicking up and down of eyes, drooling, loss of balance, dizziness, hallucinations, seizures, coma and death. • Can be lethal when combined with other central nervous system depressants (e.g., alcohol and benzodiazepines).
LONG-TERM EFFECTS	<p>Heavy and continued use can lead to:</p> <ul style="list-style-type: none"> • Cognitive impairments (including dulled thinking, impaired concentration, speech and learning difficulties, loss of memory and loss of impulse control); • Lethargy and decrease in reflexes; • Psychiatric complications (including depression, severe weight loss, unpredictable and severe mood disturbance, depersonalization, hallucinations, paranoia, psychosis); • Flashbacks (including headaches, migraines, seizures, and visual and auditory hallucinations); • Social withdrawal and isolation; • Risk of injury (with increase in violence and impulsivity), and suicidal and homicidal behaviour.
ADDICTION POTENTIAL	High psychological addiction potential. No clear evidence of a physical addiction potential.
TREATMENT OPTIONS	In cases of heavy and prolonged use, inpatient and/or outpatient treatment with the use of multiple therapeutic methods (individual, family and group psychotherapy) is usually necessary to achieve lasting abstinence. Co-morbid conditions are treated if required.