

PHENCYCLIDINE (PCP)

Rimrock
Foundation

FACT SHEET

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Scope of the problem

Phencyclidine (PCP) was developed in the 1950's as an intravenous anesthetic. Use of PCP in humans was discontinued because it was found that patients often became agitated, delusional, and irrational while recovering from its anesthetic effects. **Today, 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 white crystalline powder that is readily soluble in water or alcohol. It has a distinctively 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 used in one of three ways: snorted, smoked, or eaten. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

Medical hazards

PCP is addicting; that is, its use leads to psychological dependence, craving, and compulsive PCP-seeking behavior. After it was first introduced as a street drug in the 1960's, it quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk. **Many people, after using the drug once, will not knowingly use it again. Yet others use it consistently and regularly.** Some persist in using PCP because of its addicting properties. Others cite feelings of strength, power, invulnerability and a numbing effect on the mind as reasons for their continued PCP use.

Many PCP users are brought to emergency rooms because of PCP's unpleasant psychological effects or because of overdoses. In a hospital or detention setting, they often become violent or suicidal, and are very dangerous to themselves and to others. They should be kept in a calm setting and should not

be left alone.

At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, flushing and profuse sweating occurs. Generalized numbness of the extremities and muscular incoordination also may occur. Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Use of PCP among adolescents may interfere with hormones related to normal growth and development as well as with the learning process.

At high doses of PCP, there is a significant drop in blood pressure, pulse rate, and respiration. 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). Psychological effects at high doses include delusions and hallucinations. **PCP can cause effects that mimic the full range of symptoms of schizophrenia, such as delusions, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled.**

People who use 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 cessation of PCP use. 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 or accidental overdose.

Hallucinogens – what is known

Hallucinogens are among the oldest known group of drugs that have been used to alter human perception and mood. For centuries, many of the naturally occurring hallucinogens found in plants and fungi have been used for medical, and religious practices. They include mescaline and psilocybin that come from cactus and mushrooms. LSD is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. In more recent years, synthetic hallucinogens have been produced, such as MDMA (ecstasy). These are much more potent than their naturally occurring counterparts.



mescaline are not.

Although not a true hallucinogen in the pharmacological sense, PCP causes many of the same effects as hallucinogens and so is often included with this group of drugs. Hallucinogens have powerful mind-altering effects. They can change how the brain perceives time, everyday reality, and the surrounding environment. They affect regions and structures in the brain that are responsible for coordination, thought processes, hearing, and sight. They can cause people who use them to hear voices, see images, and feel sensations that do not exist. Researchers are not certain that brain chemistry permanently changes from hallucinogen use, but some people who use them appear to develop chronic mental disorders. PCP and MDMA are both addicting, whereas LSD, psilocybin, and

The biochemical, pharmacological and physiological basis for hallucinogenic activity is not well

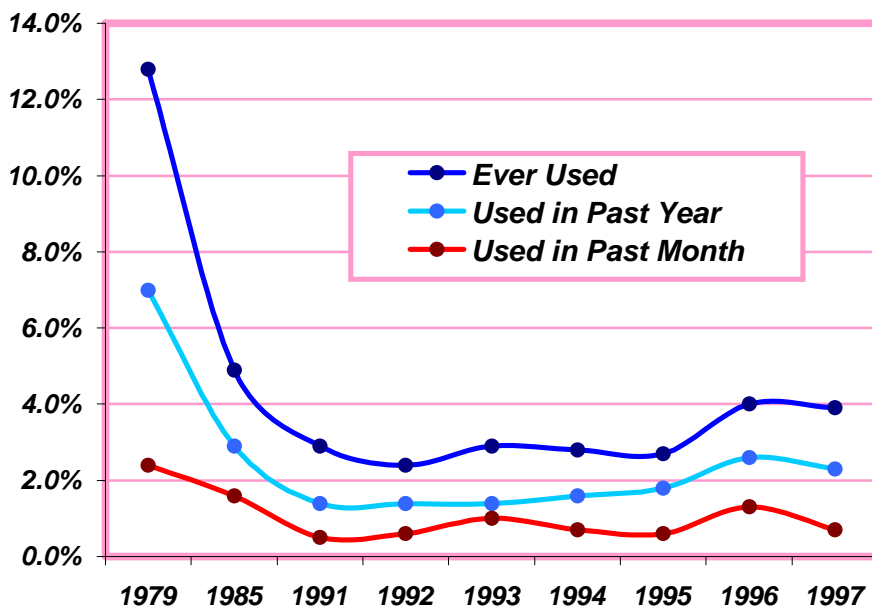
understood. Even the name for this class of drugs is not ideal, since hallucinogens do not always produce hallucinations.

Weeks or even months after some hallucinogens have been taken, the user may experience flashbacks—fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. There is a considerable body of literature that links the use of some of the hallucinogen substances to neuronal damage in animals.

Extent of use

The National Institute on Drug Abuse's 1997 Monitoring the Future Study shows that use of PCP by high school seniors has declined steadily since 1979, when 7.0 percent of seniors had used PCP in the year preceding the survey. In 1997, however, 2.3 percent of seniors used PCP at least once in the past year, up from a low of 1.2 percent in 1990. Past month use among seniors decreased from 1.3 percent in 1996 to 0.7 percent in 1997.

Monitoring the Future Study
Percentage of 12th graders who have used PCP



According to the 1996 National Household Survey on Drug Abuse, 3.2 percent of the population aged 12 and older have used PCP at least once. Lifetime use of PCP was higher among those aged 26 through 34 (4.2 percent) than for those 18 through 25 (2.3 percent) and those 12 through 17 (1.2 percent).

The path to healing

Reaping the benefits of treatment begins by recognizing the signs of PCP addiction. This step is best facilitated by having a comprehensive evaluation by one of our qualified

healthcare professionals. Although PCP addiction can be diagnosed by primary care physicians, most often the physician will refer a patient to a treatment center, such as Rimrock Foundation, which specializes in addictions.

With treatment, people develop new core beliefs and conclusions about themselves. They now can truly believe they are worthwhile human beings who deserve respect, acceptance and love. They can believe they are able to change and grow, and then discover joy in changing and growing. They can believe their needs can be met through normal human relationships, and they can go on to develop and sustain healthy relationships. In short, treatment is a unique experience, offering a process of self-discovery where patients can begin finding healthy new ways of coping and enjoying life.

PCP addiction represents a challenge to treatment professionals. PCP abusers are prone to relapse and are often the most difficult clients to treat effectively because of their many problems. These patients require a comprehensive treatment approach that recognizes their special needs and provides integrated care for their addiction.

Treatment model

Rimrock Foundation is a total care facility for treating the whole person. We directly address the physical and psychological elements of dependency disorders, as well as the defeating beliefs that accompany addiction. Thirty years of experience has provided us with an expertise to treat patients who are suffering from addictions and those complicated by a psychiatric disorder.

A key element of Rimrock's Treatment Model is the active involvement of patients in the management of their own illness. Empowerment is achieved through the use of patient education, skills training, and a strong emphasis on encouraging the individual patient to accept responsibility in managing their own condition.

Another component of the Rimrock model is the integration of a broad spectrum of community health and human services to address the patient's physical, psychological and social needs. By addressing these needs holistically, the likelihood of successful treatment is greatly enhanced. Application of recovery management principles to addiction treatment is characterized by the mobilization and integration of personal, family, professional and community resources toward the goal of enhancing the duration and quality of life of those we serve.

For further information on Rimrock Foundation's treatment of PCP addiction, call Jen Porter, Admissions Supervisor, at 1-800-227-3953 or 1-406-248-3175, or visit our website at www.rimrock.org. For more educational information on PCP addiction, contact the Rimrock Foundation Library at the above numbers.

Disclaimer: This Fact Sheet is designed for educational purposes only. The information contained herein is not intended to substitute for informed medical advice or training. This information should not be used to diagnose or treat a health problem without consulting a qualified healthcare provider.