



DRUG FACT SHEET

Hallucinogens & Dissociative Drugs

Some effects of PCP—depression and memory loss—may last six months to a year following prolonged daily use.

Class of drug:	Hallucinogens (most common form is LSD) Dissociative drugs (most commonly form is PCP)
Main active ingredient:	Hallucinogens: Lysergic acid diethylamide, mescaline, psilocybin, ibogaine Dissociative: Phencyclidine
What it looks like:	LSD: Clear, odorless liquid, brightly colored tablets, impregnated blotter paper, thin squares of gelatin PCP: liquid, capsules, white crystalline powder, gum
Street names:	Lysergic acid diethylamide: LSD, Acid, Blotter, Phencyclidine: PCP, Angel Dust, Loveboat, Wack
How it is used:	Both hallucinogens and dissociative drugs can be swallowed, injected or smoked. LSD liquid and gelatin forms can be put in the eyes. PCP is often sprinkled or sprayed on cigarettes, parsley and marijuana.
Duration of high:	Hallucinogens: effects begin within 30 to 90 minutes and last from six to twelve hours PCP: effects begin within minutes and last for hours
Withdrawal symptoms:	Depression, memory loss
Effects:	Physical (both) —increased heart rate and blood pressure, elevated body temperature, loss of appetite, loss of muscle coordination, slurred speech Hallucinogens Mental —hallucinations; intensified senses; distortion of time, reality and environment; confusion; mood swings; panic; suicidal thoughts Long-term —heart and lung failure, flashbacks, coma Dissociative Mental —detachment/disconnection of environment and self, distorted perceptions of sight and sound, violence Long-term —memory loss, speech difficulties, paranoia, convulsions, coma



Forms of LSD and PCP

U.S. information

An estimated 377,000 U.S. residents aged 12 or older used LSD for the first time in 2010. That number has steadily increased since 2003. The number of first time PCP users decreased from 123,000 in 2002 to 45,000 in 2010. 1.2% of those surveyed reported to have used hallucinogens in the past month.

(National Survey on Drug Use and Health, 2010)

Sources: National Institute on Drug Abuse (NIDA) Research Report Series, American Medical Association, Illinois Drug Threat Assessment—National Drug Intelligence Center, NIDA Community Epidemiology Work Group