

The DASIS Report

May 7, 2004

Characteristics of Primary Phencyclidine (PCP) Admissions: 2001

Phencyclidine (PCP) was originally developed as an anesthetic in the 1950s. Its medical use was discontinued in 1965 because of its dangerous psychological side effects, but illicit use of

this addictive drug has remained a problem. Even at low doses, PCP users experience numbness and loss of muscular coordination. High doses can cause psychological effects that “mimic the full range of symptoms of schizophrenia, such as delusions, hallucinations, paranoia, disordered thinking, a sensation of distance from one’s environment, and catatonia.”¹ High doses can also result in seizures, coma, or death.

In 2001, PCP was reported as the primary substance of abuse² for about 3,100 substance abuse treatment admissions and as a secondary substance of abuse for another 5,100 admissions. The primary PCP admissions constituted less than 1 percent of the 1.7 million admissions in the Treatment Episode Data Set (TEDS). This report examines primary PCP admissions and compares their characteristics with those of all other admissions reported to TEDS in 2001.

In Brief

- In 2001, phencyclidine (PCP) was reported as the primary substance of abuse for about 3,100 substance abuse treatment admissions
- Alcohol or marijuana were secondary substances of abuse in 62 percent of primary PCP admissions
- Primary PCP admissions were 49 percent Black, 26 percent Hispanic, and 19 percent White

Figure 1. Secondary Substances Reported for Primary PCP Admissions: 2001

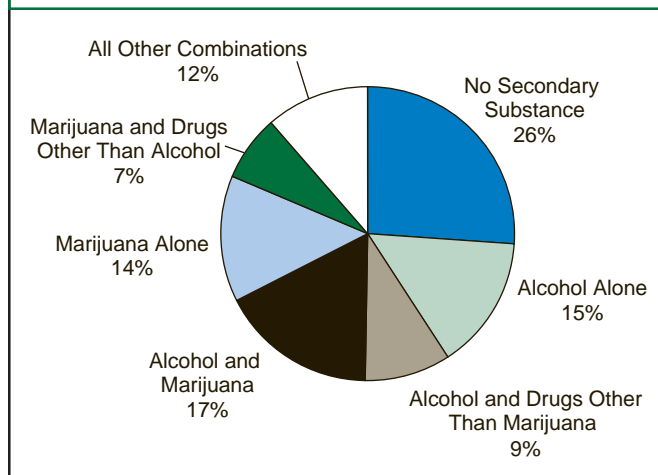
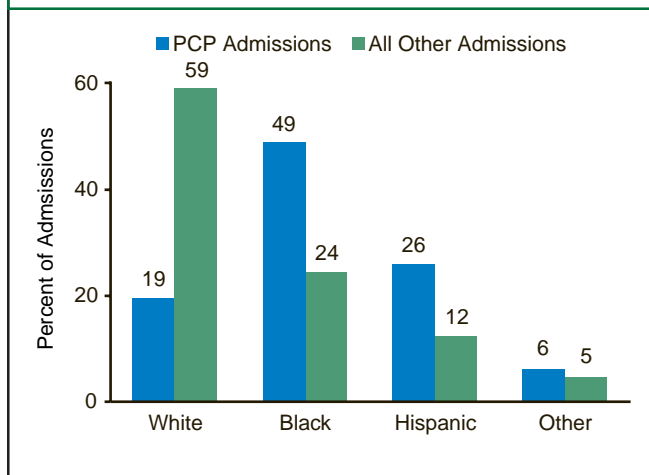


Figure 2. Primary PCP Admissions, by Race/Ethnicity: 2001



Source: 2001 SAMHSA Treatment Episode Data Set (TEDS).

Other Substances of Abuse

Of those admissions with PCP as a primary substance, 74 percent reported using other substances of abuse at the time of admission (Figure 1). The most frequently reported secondary substances were alcohol and marijuana, which appeared in a total of 62 percent of primary PCP admissions. Alcohol was the sole secondary substance in 15 percent of admissions, while marijuana was the sole secondary substance in 14 percent of admissions, and the two were reported together as secondary substances in 17 percent of primary PCP admissions.

Demographics

The average age of primary PCP admissions was younger than that of all other admissions (28 vs. 34 years). However, the age at first use for PCP admissions was 18, about the same as for all other admissions.

Phencyclidine admissions were more likely than all other admissions to be Black (49 vs. 24 percent) or Hispanic (26 vs. 12 percent). Nineteen percent of PCP admissions were White compared with 59 percent of all other admissions (Figure 2).

Primary PCP admissions were more prevalent in the West (36 percent) and in the Northeast (27 percent) than in the Midwest (22 percent) or the South (15 percent) (Figure 3).³

Socioeconomic Characteristics

Primary PCP admissions reported a lower level of education than all other admissions. They were more likely than all other admissions to have dropped out before completing high school (53 vs. 35 percent) and less likely to have some college education (8 vs. 21 percent) (Figure 4). They were also less likely than all other admissions to be employed full-time (17 vs. 26 percent).

Psychiatric Problem

Primary PCP admissions were less likely than all other admissions to have a psychiatric problem in addition to substance abuse (9 to 16 percent).⁴

Source of Referral

Primary PCP admissions were more likely than all other admissions to be referred by the criminal justice system (47 vs. 34 percent) (Figure 5). They were somewhat less likely than all other admissions to be self- or individually referred (29 vs. 37 percent) or to be referred by a health provider (12 vs. 18 percent).

Figure 3. Primary PCP Admissions, by Region: 2001

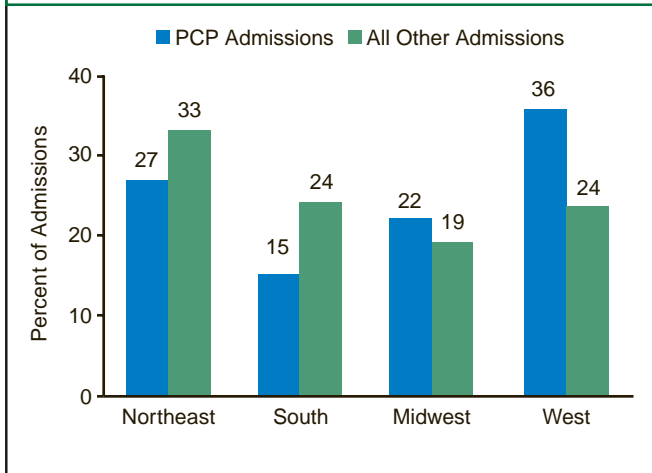
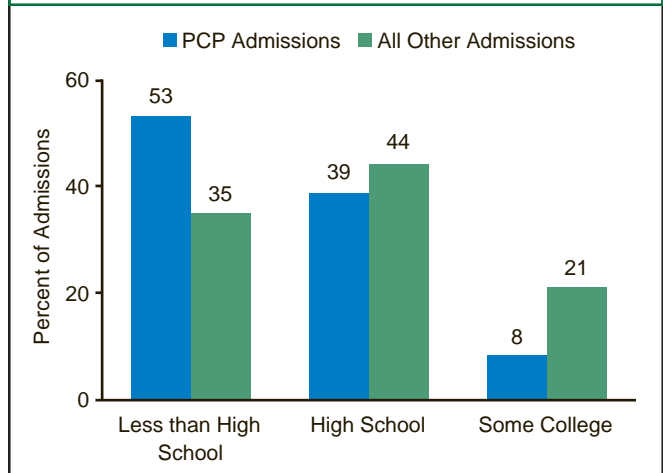


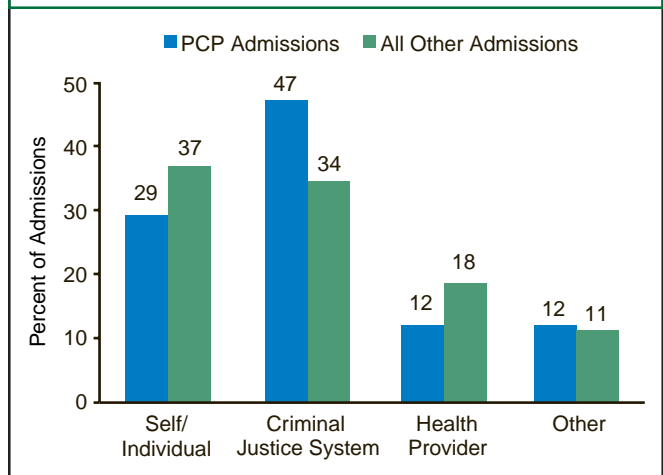
Figure 4. Primary PCP Admissions, by Education: 2001



End Notes

- ¹ NIDA InfoFacts "PCP (Phencyclidine)," September 2003, <http://www.nida.nih.gov/Infofax/pcp.html>.
- ² The primary substance of abuse is the main substance reported at the time of admission. Secondary substances are other substances of abuse also reported at the time of admission.
- ³ The Northeast region of the United States is composed of 9 States: CT, MA, ME, NJ, NY, NH, PA, RI, and VT. The South region of the United States is composed of 17 States: AL, AR, DC, DE, GA, FL, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. The Midwest region of the United States is composed of 12 States: IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.
- ⁴ "Psychiatric problem in addition to the substance abuse problem" is a Supplemental Data Set item reported at the 75 percent response level in 2001 by 28 States and jurisdictions: AL, CA, CO, DC, DE, GA, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NH, NJ, NM, NV, OH, OK, RI, SC, and TN.

Figure 5. Primary PCP Admissions, by Source of Referral: 2001



The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. Approximately 1.7 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

Information and data for this issue are based on data reported to TEDS through May 31, 2003.

Access the latest TEDS reports at: <http://www.oas.samhsha.gov/dasis.htm>

Access the latest TEDS public use files at: <http://www.oas.samhsha.gov/SAMHDA.htm>

Other substance abuse reports are available at: <http://www.oas.samhsha.gov>



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