

# Drug Intelligence Brief



DRUG ENFORCEMENT ADMINISTRATION  
INTELLIGENCE DIVISION

May 2003

## ***PCP: THE THREAT REMAINS***

### **Overview**

Since its emergence as a drug of abuse in the late 1960s, phencyclidine (PCP) has been described as one of the most dangerous of all synthetic hallucinogens. Its niche in the drug world is usually one characterized by abusers exhibiting hostile behavior that manifests itself in extremely violent episodes.



PCP in tablet form is commonly sold under the guise of MDMA.

Despite the negative effects associated with PCP, there remains an illicit market for the drug. Illicit organizations producing and distributing PCP are still active in the United States. These organizations, composed primarily of African-Americans operating mainly in Los Angeles, and, to a lesser extent, in Houston, supply most of the PCP available in the nation. The recent emergence of large PCP laboratories in other locations, such as Indiana and Maryland, are cause for concern because this may be an indication that the demand for PCP is on the rise. Lending support to this claim is a Drug Abuse Warning Network (DAWN) survey indicating that the number of PCP-related emergency room (ER) visits has increased 78 percent from 1998 to 2001; however, it is still too early to determine if PCP will return as a significant drug of abuse.

### ***Background***

Although PCP was first synthesized in 1926, it was not until the mid-1950s that the pharmaceutical company Parke-Davis began to investigate PCP's use as a human anesthetic. In 1963, PCP was patented and marketed in the United States as a surgical analgesic and anesthetic under the trade name Sernyl. However, due to adverse collateral symptoms (i.e., severe confusion, agitation, delusion, and irrational behavior), Sernyl was withdrawn from the market in 1965. PCP was subsequently marketed in 1967 as a veterinary anesthetic and tranquilizer under the trade name Sernylan. Also in 1967, the first reported illicit use of PCP occurred in the Haight-Ashbury District in San Francisco. In January 1978, PCP was transferred from Schedule III to Schedule II under the Controlled Substances Act of 1970.

## **Forms, Effects, and Methods of Administration**

PCP is available in powder, crystal, tablet, capsule, and liquid forms, and can be abused by snorting, smoking, or swallowing the drug. Smoking PCP is the most common method of abuse. Abusers typically saturate leafy material, such as mint, parsley, oregano, tobacco, or marijuana, with PCP, and then roll the saturated material into a cigarette called a joint. Another variation on this theme is effected by dipping cigarettes or marijuana joints in liquid PCP. Powder/crystal PCP, also known as Angel Dust, also can be smoked by abusers when it is mixed with marijuana and/or tobacco. However, this is a less favored method because of "hot spots" created by the uneven distribution of powder throughout the joint.



PCP in liquid form

On the street, PCP is commonly referred to as Angel Dust, Hog, Ozone, Rocket Fuel, Shermans, Wack, Crystal, and Embalming Fluid. PCP combined with marijuana is referred to as Killer Joints, Super Grass, Fry, Lovelies, Wets, and Waters. Today, PCP joints are often referred to as "dippers" because users dip the joints into a PCP-laced liquid referred to as "water."

The onset of PCP's effects varies with the route of administration. PCP abusers usually begin to feel the effects of the drug within 2 to 5 minutes after smoking it, and within 30 to 60 minutes after oral ingestion. The "time-to-peak" effect also varies with the route of administration, but the "peak" usually occurs after 15 to 30 minutes for smoking, and from 1½ to 2½ hours after oral ingestion. PCP intoxication may last between 4 and 8 hours when consuming a recreational dose, although some users report subjective effects for between 24 and 48 hours.

PCP is known as a "dissociative anesthetic" because it distorts perceptions of sight and sound and produces feelings of detachment, i.e., dissociation from one's environment and one's self. The effects of PCP also vary depending on the dosage. Low-to-moderate doses—from 1 to 5 milligrams (mg)—often cause the user to feel detached, distant, and estranged from his surroundings. Other effects can include numbness, slurred speech, and loss of coordination that at the same time may be accompanied by a sense of strength and invulnerability. A blank stare, involuntary rapid eye movements, and an exaggerated gait also are observable effects. High doses of PCP (10 mg or more) produce illusions and auditory hallucination. PCP may cause acute anxiety and a feeling of impending doom in some users; in others, paranoia and violent hostility. In addition, in some users the drug may produce effects that mimic symptoms of schizophrenia, such as delusions, paranoia, catatonia, disordered thinking, and a sensation of distance from one's environment.

Individuals on PCP often have been observed committing violent uncontrolled acts toward other people; however, there is no scientific basis that PCP specifically causes violent or criminal behavior.

Chronic abuse of PCP can impair memory and thinking. The user can have persistent speech difficulties, such as slurred speech or stuttering, inability to articulate, and inability to speak. Other symptoms associated with long-term use include suicidal thoughts, anxiety, depression, social withdrawal, and social isolation. PCP has not been proven to be physically addictive, but it can lead to psychological dependence, craving, and compulsive addictive behavior.

### ***Evolution of Abuse***

PCP first appeared on the streets of San Francisco in 1967, mainly in tablet form. Often it was sold under the name of other popular hallucinogens, such as LSD, MDA, mescaline, and THC. The acronym PCP is believed to have been derived from the phrase "Peace Pills" (PeaCe Pills). By 1968, PCP abuse briefly escalated with the drug becoming available in other major cities including Chicago, Miami, New York City, and Philadelphia. It was sold under the names Crystal, Angel Dust, and Hog. PCP abuse subsequently waned throughout the 1970s until the early 1980s, when abuse rose again—particularly among teenagers in the cities of Baltimore, Chicago, Detroit, Los Angeles, New Orleans, New York City, San Diego, San Francisco, St. Louis, and Washington, DC. It is believed that the widespread abuse and availability of crack cocaine in the late 1980s and early 1990s reduced the demand for PCP. Presently, PCP is considered a "club drug" because of its synthetic manufacture and abuse by some individuals involved in the "rave culture." However, it is important to note that PCP abuse at rave events and nightclubs is not widespread.

### ***Abuse Indicators***

Current data from drug abuse surveys provide conflicting information relative to PCP abuse. According to DAWN, the number of PCP-related ER visits has increased 78 percent from 1998 to 2001 (from 3,436 to 6,102 visits). In 2001, ER visits involving PCP significantly increased in Philadelphia, and Washington, DC. Of note, PCP ER mentions in Chicago dropped to 874 in 2001 from its previous 6-year high of 1,003 in 2000.

Preliminary DAWN 2002 data indicate that the number of PCP-related ER visits remained close to those seen in 2001. DAWN estimated that there were 3,257 PCP-related ER visits in the first 6 months of 2002, compared to 3,028 in the last 6 months of 2001. During the first half of 2002, the number of ER visits involving PCP remained stable in Washington, DC., and Los Angeles, but rose by almost 40 percent in Philadelphia, from 407 to 569. PCP ER mentions in Chicago continued to decline, decreasing by approximately 31 percent, from 355 to 244.

### **PCP ER Mentions 1998 - 2001**

1998	1999	2000	2001
3,436	3,663	5,404	6,102

SOURCE: DAWN

On the other hand, data from the National Household Survey on Drug Abuse indicated that past year use of PCP among the U.S. population (persons aged 12 or older) remained stable from 2000 to 2001. There was only a slight increase in past year use among adults aged 18 to 25, from 0.3 to 0.4 percent between 2000 and 2001. Among adults aged 26 and older, there was no measurable past year use. In addition, past year use among youths aged 12 to 17 remained unchanged between 2000 and 2001 at 0.5 percent. In addition, data from the Monitoring the Future Survey indicated that PCP use among high school seniors decreased from 2.3 percent in 2000 to 1.8 percent in 2001. (PCP abuse data are available for high school seniors only.)

Rates of PCP use detected through the urinalysis of male and female arrestees, as reported by the Arrestee Drug Abuse Monitoring Program, were relatively low in 2000 compared to marijuana, cocaine, heroin, and methamphetamine. Cities having the highest positive test results for PCP among male arrestees were Cleveland (8.1%), Oklahoma City (5.2%), Houston (4.8%), and Dallas (3.9%). Cities having the highest positive test results for PCP among female arrestees were Cleveland (4.5%), Oklahoma City (4.5%), Seattle (4.3%), and Philadelphia (3.7%). In most cities, male and female arrestees who tested positive for PCP were primarily African-American. It is important to note that Hispanic male and female arrestees in San Jose and Las Vegas as well as Caucasian male arrestees in Philadelphia tested positive for PCP more frequently than did African-American arrestees.

## **Manufacture**

The Los Angeles area is the primary source for the majority of PCP found in the United States. According to the El Paso Intelligence Center (EPIC) Clandestine Laboratory Database, 17 of the 24 PCP laboratories seized throughout the United States from 1998 to 2002 were located in California. As they have for decades, African-American organizations and street gangs, operating primarily in Los Angeles and San Bernardino County, produce most of the PCP available nationwide. These groups typically produce PCP in liquid form and subsequently handle the wholesale distribution of the drug to mid-level distributors in Chicago, Houston, Los Angeles, Milwaukee, New Orleans, Newark, New York City, Philadelphia, and Washington, DC. It has been determined that some of the individuals involved with these organizations were formerly part of PCP trafficking groups and street gangs that have operated in the Los Angeles area since the late 1980s and early 1990s. In July 2002, and, more

## **Methodology**

PCP is relatively easy to manufacture and is commonly produced in liquid form via the "bucket method." This method, in which chemicals are mixed in either a bucket or trash bin to produce liquid PCP, requires approximately eight to ten hours to complete. Although easy to manufacture, it is extremely dangerous to produce PCP because most of the chemicals are toxic as well as highly flammable.

recently, in February 2003, the DEA and the Southern California High Intensity Drug Trafficking Area (HIDTA) seized two operational PCP laboratories in the Los Angeles area. These laboratories were operated by African-American members of a Los Angeles-based PCP trafficking organization.

PCP is also produced by Mexican drug trafficking organizations operating in the United States. These organizations typically produce PCP in powder or crystal form versus the liquid form normally produced by African-American organizations. In addition, these organizations are suspected of distributing wholesale quantities of PCP powder to Hispanic street gangs and other distributors in San Jose, New York City, and various locations in Oklahoma. In 2001, a clandestine laboratory that produced PCP in powder and crystal form was seized in San Jose. A Mexican national serving as a laboratory operator in San Jose was recently released from prison, having served time for prior PCP-related offenses.



PCP production via the bucket method

In California, independent operators have, for many years, been suspected of producing PCP. Because these operators normally produce small amounts of PCP for personal use and/or localized distribution, they are usually of little significance. However, in 2001, a large clandestine laboratory that produced crystal PCP was seized in California's Mariposa County. The Caucasian operators of this laboratory, described as "biker-types," appeared to be operating independently from other PCP trafficking organizations. As in the case of the San Jose laboratory, one of the operators of this laboratory was recently released from prison for prior drug-related offenses.

Despite California being the primary production area, significant PCP production operations recently have been found in Baltimore, Maryland, and Gary, Indiana. In November 2002, an operational PCP laboratory was seized at a residence in Baltimore. It was one of the largest PCP laboratories ever seized on the East Coast, as it contained an enormous amount of chemicals consistent with the manufacture of PCP and approximately 4 gallons of finished product. The African-American

### PCP Laboratory Seizures 1998 - 2002

1998	1999	2000	2001	2002
5	5	4	4	6

SOURCE: EPIC



operators of the laboratory apparently intended to lace marijuana with PCP to increase its marketability and profit margin. In December 2001, federal, state, and local law enforcement authorities disrupted an organization, responsible for the manufacture and wholesale distribution of PCP in Gary, and arrested many of its African-Americans members. This organization had been producing PCP for several years—primarily supplying a Chicago-based street gang.

### ***Chemical Sources***

Precursors, reagents, and solvents used to manufacture PCP are obtained primarily from sources in California. Other sources of supply have been identified in Connecticut, Indiana, Maryland, Nevada, Oklahoma, and Texas. In most cases, the precursors are obtained from legitimate commercial and bulk chemical companies under false pretenses. The use of falsified information is a popular method of deception. For example, one illicit organization alleged that the chemicals were to be used for industrial cleaning purposes. PCP traffickers are known for establishing "front" companies for the sole purpose of obtaining chemicals necessary for the production of PCP as well as other illicit synthetic drugs. The PCP laboratory seized recently in Baltimore had obtained chemicals from a company in Maryland that had been set up by the laboratory operators.

### ***Distribution***

New York City is one of the largest mid-level distribution hubs for PCP, usually obtained from wholesale producers and distributors in the Los Angeles area. Much of the PCP seized from retail distributors in Philadelphia, Newark, and New England is obtained from mid-level distributors operating in New York City. Belizean, and to a lesser extent, African-American organizations appear to control much of the PCP distribution in New York City. In addition, the New York City Police Department reports that many members of local street gangs are actively involved in the retail distribution of PCP as well as other illicit drugs, such as heroin and cocaine.

Since the early 1990s, groups of Belizean nationals operating in the United States have been acting as the PCP distribution middlemen between Los Angeles-based street gangs and African-American distribution organizations in New York City. Evidence indicates that Belizean nationals have expanded their operations by establishing their own mid-level distribution organizations in New York City. These distribution organizations still obtain and transport PCP from wholesale distributors in the Los Angeles area. Since 2001, several Belizean nationals have been arrested while transporting PCP from sources in Los Angeles to the New York area. In March 2001, there were two significant PCP seizures involving Belizean nationals who were transporting multikilogram quantities at the Los Angeles and Phoenix International Airports. In February and March 2002, Belizean nationals arrested at train stations in Albuquerque and Los Angeles also were in possession of multikilogram quantities of PCP.

Street gangs control much of the mid-level and retail distribution of PCP in Los Angeles, Las Vegas, and Chicago. Since the early 1980s, Los Angeles-based street gangs, such as the Crips, have been responsible for both the production and

distribution of PCP. In fact, these gangs are the primary suppliers of PCP and other drugs to smaller local gangs operating throughout Los Angeles. DEA reporting indicates that some of these Los Angeles-based gangs currently are sending multiounce quantities of PCP by courier and/or mail services to distributors in Cleveland, Dallas, and Las Vegas. In Chicago, most of the PCP distribution is controlled by a local street gang, which was formed in the 1960s. In December 2001, the laboratory responsible for supplying this gang was seized in Indiana. In May 2002, the DEA Chicago Field Division subsequently arrested several individuals in Chicago who were connected to this laboratory.



PCP is commonly transported in plastic beverage containers.

Many PCP distributors in Houston, Omaha, Kansas City, and Washington, DC, have links to major PCP trafficking organizations operating in the Los Angeles area. In Houston, some distributors are supplied directly with PCP while others are supplied with PCP-related products that must be further converted to an ingestible form of PCP. In Washington State, mid-level and retail distributors of PCP maintain connections to sources of supply in southern California. However, other user groups, such as those affiliated with Outlaw Motorcycle Gang activity or the rave scene, tend to have local and/or East Coast sources of supply in New York City, Newark, and Philadelphia.

Distribution of PCP also is an emerging problem in Omaha and Kansas City. In December 2001, authorities arrested a PCP and marijuana distributor and seized 20 ounces of PCP in Omaha. Authorities believe that the PCP was obtained from West Coast suppliers, and was going to be used to soak marijuana cigarettes. In Kansas City, authorities arrested two individuals following the seizure of approximately 32 kilograms of PCP from their residences.

### ***Transportation and Seizures***

Since 2000, seizures of PCP and related products while in transit have occurred in Arizona, California, Kansas, Maryland, Missouri, New Mexico, Oklahoma, Texas, and Washington, DC. Most of the PCP seized originated in the Los Angeles area and was destined for the major metropolitan areas of Chicago, Dallas, Oklahoma City, St. Louis, New York City, and Washington, DC. As with other illicit drugs, PCP is shipped via mail services and by couriers aboard trains, buses, airplanes, and automobiles. PCP commonly is transported in plastic and glass beverage containers that are typically used for fruit, herbal, and sports-related drinks. Seizures of liquid PCP from both couriers and mail parcels usually are less than 2 gallons; however, larger seizures are not uncommon. In October 2002, law enforcement authorities in both Texas and Oklahoma made 4-gallon PCP seizures of PCP from individuals traveling by vehicle from California.

## **Prices**

PCP-laced cigarettes and joints reportedly sell between \$5 and \$30 each. PCP is available in tablet form costing from \$20 to \$30, although availability is limited. Usually the tablet form is sold as MDMA, also known as Ecstasy. PCP also is available in powder and liquid forms, selling for between \$20 and \$30 per gram, and for between \$125 and \$1,000 per liquid ounce. At the wholesale level, gallon quantities of liquid PCP sell for between \$6,500 and \$8,000 in Los Angeles, and between \$12,000 and \$20,000 in New York City.

## **Conclusion**

At this point, it is still too early to determine if PCP is going to reemerge as a significant drug of abuse. However, there are indications of a PCP resurgence. Recent large seizures of the drug, coupled with the discovery of clandestine laboratories operating outside of traditional source areas, may be an indication that demand for PCP is increasing. Even though the trafficking and abuse of PCP is not as widespread as with other illicit drugs, the violent consequences of its abuse are always causes for concern.

This report was prepared by the DEA Intelligence Division, Office of Strategic Intelligence, Domestic Strategic Intelligence Unit and the Dangerous Drugs Strategic Intelligence Unit. This report reflects information received prior to February 2003. Comments and requests for copies are welcome and may be faxed to the Intelligence Production Unit, Intelligence Division, DEA Headquarters, at (202) 307-8726.