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Pacific Information Service on Street-Drugs March 1972

School of Pharmacy

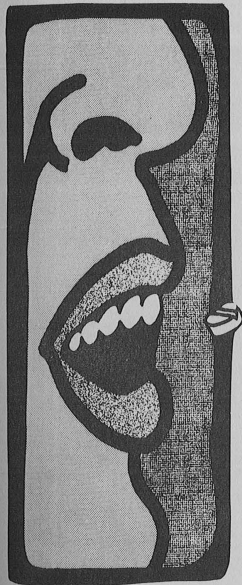
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Pacific

Information

Service

on

Street-Drugs

Sponsored by:

Beta Omega Chapter

Rho Chi

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Bulletin No. 3
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The students will go into schools and meet with small groups of students to discuss the various aspects of the non-medical (and medical) use of drugs.

Do It Now Foundation
6136 Carlos Avenue
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Phone: (213) 463-6851

Director: Victor Pawlak

This group does street-drug analyses and have started to publish their results in the Los Angeles Free Press.

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Pacific Information Service on Street-Drugs
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ANGEL'S DUST -- A TRIP TO HEAVEN?

Phencyclidine (PCP) has been found increasingly as an ingredient of street-drugs since it first appeared in 1967 (1). It is available legitimately as a veterinary anesthetic from Parke, Davis and Co. under the name Sernyl and has various street pseudonyms such as Hog, Peace Pill, Angel Dust, and Animal Tranq. Recent analyses of street-drug samples, in our laboratory, have shown that many dealers are now selling phencyclidine alone or in combination with other drugs as "pure" mescaline, psilocybin or THC (the active constituent of marijuana); see Table 1. Mescaline, psilocybin and THC have considerable sales appeal on the street, since many people have been frightened by the reported bad effects of LSD or by personally experienced bum trips and are looking for new and "better" ways to alter their minds. They are usually also willing to pay a higher price for these agents. It is our contention that this "mislabeling" of psychedelic drugs by street-drug manufacturers and dealers can lead to serious consequences for the user in the form of bad trips and in the irrational medical treatment of overdoses.

General anesthetics have been used to induce hallucinations as early as 1842 when ether parties were in vogue (2). Other anesthetic agents such as ethyl alcohol and nitrous oxide are also capable of producing a distorted perception of the environment during the "induction" and "excitement" phases of anesthesia. It is the intensity and duration of these phases that determines whether or not an anesthetic is a "good" hallucinogen. The central nervous system effects of PCP are generally similar to those of other anesthetics (3,4,5). Low doses produce sedation and general numbness which is followed by analgesia and anesthesia as the amount ingested is increased. The cardiovascular system shows an initial rise in blood pressure and heart rate with a decrease at higher doses. Other signs are muscular incoordination, double vision, dizziness and in some cases severe nausea and vomiting. Unlike the medically used anesthetics, there is a severe state of agitation at high doses and convulsive seizures have been noted (5).

Subjective psychological observations have shown that PCP can cause very unpleasant symptoms. Ban *et al.* (3) studied the effects of Sernyl on psychiatric patients and grouped the effects into three categories:

- a. The experience uniformly was described as unpleasant and extremely frightening with many patients refusing to participate in later studies. This was not especially noted for either LSD-25 or mescaline.

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- b. Preoccupation with death -- many patients expressed fear of what they felt to be imminent death.
- c. Body image disturbances -- feelings of weightlessness and diminishing body size along with estrangement from the immediate environment.

In this study, PCP generally caused an exaggeration of the patients' psychological pathology.

In normal subjects, Davies and Beech (6) also noted extreme disturbances of body image which were frequently described as: "tingling all over" ... "my hands do not seem a part of me"... "I'm getting smaller and smaller" ... "it's odd-- it's horrible". Some subjects felt a lack of empathy with those around them and had the feeling of being alone in the world. The latter symptoms also were experienced after the acute symptoms had worn off.

Luby *et al.* (7) have considered that phencyclidine is an "introceptive sensory blocking agent" and compared its action with the results of extroceptive sensory deprivation.

It would seem that this upsurge in the use of phencyclidine or PCP-combinations poses distinct problems. Most psychedelic users are avid readers on the subject and are usually cognizant of the "expected" effects of drugs such as mescajine or LSD-25. When one undergoes the unexpected phenomena produced by PCP ingestion, it is quite disarming -- consequently resulting in a very nasty trip. This is even more insidious when PCP is used to treat parsley or native-grown marihuana to produce "Superweed". Many users of marihuana have not experienced the stronger psychedelic drugs and expect the usual "mellow mood" on lighting up the "good" weed they have just purchased. Finding oneself on a full blown and completely unexpected trip can cause a great deal of panic, at the very least. The fact that PCP intensifies overt or latent psychotic tendencies (3) is another factor that must also be considered.

The treatment of PCP overdose or bad trips is a real problem. Chlorpromazine and related tranquilizers have been used successfully for the treatment of real LSD and mescaline intoxication (8). It has been shown that the excitation caused by high doses of PCP can be suppressed by chlorpromazine and phenobarbital, but once this excitation has been overcome, the depressant effects of the sedative-tranquilizers are additive with the anesthetic properties of PCP (9). This additive effect can lead to extreme depression and possible resp-

iratory arrest if the doses are not carefully watched. When a patient is brought in with "mescaline" overdose, the actual drug is possibly PCP or PCP + LSD and the treatment must indeed be very judicious. The effects of PCP, unlike those of LSD or mescaline, wear off rather quickly (1 to 4 hours) (6); therefore, a person on a bum trip can usually be placed in a warm, secure atmosphere and "talked down". If convulsions do develop, careful administration of phenobarbital with continuous post-administration observation seems indicated. Gershon and Olariu (10) found that sodium succinate could reverse most of the effects of PCP but these results have been questioned in a later study (4).

The problem of unknown psychedelic combinations and the substitution of psychedelic constituents in street-drugs, points out that rapid and accurate detection systems are needed. These would allow the drug community to be warned and would allow physicians and other drug-treatment personnel to treat bad trips and overdoses logically.

In legitimate medicine, rational drug use and overdose treatments are only possible when the identity and the amounts of the drug constituents are known. This principle is equally true when dealing with street-drugs.

Louis DeCato, Jr.
March 15, 1972

References

1. Davis, F. and Munoz, L. J. Health Soc. Behav., 9:156-164 (1968).
2. Sollman, T. A Manual of Pharmacology, Philadelphia. W.B. Saunders Company (1957).
3. Ban, T. A., Lohrenz, J. J., and Lehman, H. E. Canad. Psychiat. Assoc. J., 6:150-156 (1961).
4. Nebauer, H., Sundland, D.M., and Gershon, S. Int. J. Neuro-psychiat., 2:216-222 (1966).
5. Grifenstein, F. E., Yoshitake, J., DeVault, M., and Gajewski, J. E. Anesth. Analg., 37:283-294 (1958).
6. Davies, B. M. and Beech, H. R. J. Mental Sci., 106:912-924 (1960).
7. Luby, E. D., Cohen, B. D., Rosenbaum, G., and Gottlieb, J. S. A. M. A. Arch. Neuro. Psychiat., 81:363-368 (1959).
8. Schwarz, B. E., Bickford, R. G., and Rone, H. P. Proc. Staff Meet. Mayo Clinic, 30:407 (1955).
9. Chen, G., Ensor, C. R., Russell, D., and Bohner, B. Brit. J. Pharmacol., 127:241-250 (1959).
10. Gershon, S. and Olariu, J. J. Neuropsychiat., 1:283-292 (1960).

Table I A Sampling of "Bummer" Trips Found to Contain PCP

Alleged Content	Actual Content	Description	Origin *
Psilocybin	PCP, LSD	Clear capsule with brown powder	Stockton, CA
THC	PCP	Clear capsule with purple powder	Stockton, CA
THC	PCP	White crystals	Stockton, CA
"T"	PCP	White crystals	Stockton, CA
"Superweed"	PCP	Green plant material	Stockton, CA
"Amoeba"	PCP	White powder to be smoked	Ventura County, CA
PCP	Librium	Green and black capsule	Stockton, CA

* Origin refers to the area where the drug was purchased not to area of manufacture.

Comment

Recently it has come to our attention that a "Drug Atlas" is now available from the Midwest Research Institute of Kansas City, Mo. I would like to quote Dr. Woodhouse (1):

"Specific information in each report includes full-color, actual size illustrations of drug specimens with data on alleged and actual active ingredients, dates; sources, street names, prices, symptoms of usage, and antidotes for "normal" and excessive doses."

It is suggested that these descriptions would be useful to hospitals, mental health centers, community treatment facilities and others that would be involved in the identification and subsequent treatment of possible "drug intoxications" by largely unknown agents.

The idea is wonderful BUT - if you rely on the physical description of street-drugs for the identity of the active

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constituent(s) you are going to blow the (chemical) treatment. In our experience (18 months) we have found that a particular dosage form will be around for a couple of weeks (maximum) and then a new supply will arrive - physical characteristics completely different. The only way to be certain of the identity of the drug is to analyze EVERY sample. We do not think that the "Drug Atlas" is a useful guide to the identification of street-drugs.

Dr. Woodhouse states (1) that strychnine and scopolamine are typical examples of "strong and dangerous substances sold in small doses to imitate other less powerful drugs". The results of more than 2,200 street-drug analyses are available (2,3,4,5,6). Not once is scopolamine mentioned and the only time strychnine was detected was in a sample of heroin purchased in Amsterdam, The Netherlands (4). Strychnine does not seem to be a contaminant or ingredient of street-drugs.

The samples that we have received where strychnine was alleged to be an ingredient contained relatively large amounts of LSD (300-500 mcg.). See Pacific Information Service on Street-Drugs, Bulletin No. 2, January 1972.

References

- (1) Woodhouse, E. J. 1972. A Street Drug Identification Program, Can. Pharm. J., 105:36-40.
- (2) Marshman, J. A. and R. J. Gibbons. 1970. A Note on the Composition of Illicit Drugs, Ont. Med. Rev., 37:430,441.
- (3) Cheek, F. E., S. Newell, and M. Joffe. 1970. Deceptions in the Illicit Drug Market, Science, 167:1276.
- (4) Van Der Helm, H. J. 1972. Analysis of Illicit Drugs, Biochemical and Pharmacological Aspects of Dependence and Reports on Marihuana Research. Erven Bohn n.v., Haarlem, The Netherlands. pp. 119-122.
- (5) Annon. 1972. NewsLetter, 1(1,2):January, February, Pharm-Chem Laboratories, 1848 Bay Road, Palo Alto, California.
- (6) Pawlak, V. 1972. The Dope Scoreboard, Los Angeles Free Press, 9(1-11):Usually page 2, first section each issue.

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