



TRAINING BULLETIN

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PHENCYCLIDINE (PCP) – PART I USE OF PCP

Classified as a controlled substance by the California Health and Safety Code, Phencyclidine (PCP) continues to be used illicitly in the Los Angeles area. Many of the conventional methods for assisting persons under the influence of a narcotic or dangerous drug have proven ineffective in cases of PCP intoxication. Several instances have been recorded where officers sustained serious injuries during contacts with persons under the influence of PCP. Therefore, knowledge of PCP and its effects are essential to the peaceful resolution of incidents in which someone is under the influence of PCP, in keeping with our guiding principle of reverence for human life.

HISTORICAL OVERVIEW

In 1957, a pharmaceutical manufacturing firm synthesized PCP as a non-narcotic, non-barbiturate and intravenously administered anesthetic agent. For several decades, PCP has been legally available only to veterinarians as an anesthetic or tranquilizing agent for animals. Phencyclidine first appeared as an illicit street drug in 1967, primarily in the San Francisco area, as tablets called “PeaCePills.” As illicit use of this drug spread throughout California, PCP began to appear in numerous forms under various street names. Today, PCP is more commonly found in a liquid form, but it may also come in powder or crystal forms. Contemporary street names for PCP include “angel dust,” “dust,” “rocket fuel,” “elephant tranquilizer,” “trank,” “ozone,” and “water.”

EFFECTS AND SYMPTOMS OF PCP INTOXICATION

The effects of PCP on the central nervous system are unique and varied. Phencyclidine may act as a stimulant with low dosages, but higher or cumulative doses of the drug will act as a depressant. It is these diverse reactions that cause PCP to be placed in a class of its own; it is neither a stimulant/depressant nor a hallucinogenic.

The various possible reactions to PCP intoxication preclude a listing of objective symptoms that will occur in all cases; however, the following is a list of indicators of possible PCP intoxication.

Vital Signs

- Respiratory Rate – normal or slightly increased
- Blood Pressure – increased
- Pulse Rate – increased

State of Consciousness

- Responsiveness – unresponsive to verbal stimuli; initially incommunicative, later incomplete verbal responses followed by talkativeness. Unable to feel pain.
- Orientation – disoriented for time and place, appearing confused and fearful.
- Behavior – may be agitated, excited, combative, self-destructive, or bizarre.
- Speech – slow, slurred, groaning, or repetitive. May be mute or intermittently incapable of speaking.

Eyes

- Eye Lids – eyes open with a blank stare.
- Nystagmus – an involuntary, rapid movement of the eyeball when the individual looks to the extreme right or left, up or down.
- Pupil Reaction – sluggish reaction to light in higher dosages.

Motor System

- Coordination – unstable, high stepping.
- Muscle Tone – rigidity may be present.
- Movements – restlessness, repetitive movements, facial grimacing.

Additional Symptoms

- Increased Secretion – salivation, drooling, and tearing.

The symptoms vary with each individual depending on the dosage, frequency of use, and the individual's metabolism. One symptom that will appear in most cases of PCP intoxication is nystagmus, the involuntary rapid movement of the eyeball when the individual looks to the extreme right, left, up, or down.

There are other symptoms that may be displayed by a person under the influence of PCP; most commonly, a person will appear agitated, excited, and/or disoriented. Additionally, the individual may display one or more of the following symptoms: physical strength well beyond normal capabilities; muscle rigidity; the appearance of being in a

stupor or a coma; or psychotic behavior such as paranoia, delusions, bizarre behavior, hallucinations, or self-destructive actions. The user may be noncommunicative, have a “blank stare,” or be unable to feel pain. The individual will often drift in and out of an amnesic state, unable to remember what occurred in the recent past.

Phencyclidine can act as a catalyst in persons who have mental or physical problems. Persons who have, heretofore, successfully suppressed mental disorders often react in a bizarre manner, having the appearance of schizophrenic paranoia behavior. Phencyclidine can also induce epileptic-like seizures.

In a hospital study, 62 percent of the chronic PCP users tested exhibited bizarre, unresponsive, or violent behavior. In certain cases of apparent respiratory failure, medical examiners have found the cause of death to be the result of intoxication. They have discovered that PCP can also cause death by what is termed behavioral toxicity. Behavioral toxicity is defined as intoxication to such a degree that the user becomes disoriented to a point of engaging in behavior that causes self-inflicted serious injury or even death. Examples of this behavior might be an expert swimmer diving into a swimming pool but failing to swim; a person who makes no effort to escape from a burning room; or an individual who inexplicably walks in front of a moving vehicle. While the resulting death or injury, in each instance, may be listed as accidental, behavioral toxicity from PCP is a direct cause.

DURATION OF PCP EFFECTS

The onset of PCP's effects can vary somewhat with the method of ingestion. When PCP is smoked or injected, the onset of effects occurs within 1-5 minutes. When taken intranasally or “snorted,” onset occurs in 2-3 minutes. Onset is considerably slower when PCP is taken orally; 30-60 minutes. The effects reach their peak in about 15-30 minutes assuming the PCP was smoked, injected, or snorted. The effects generally last 4-6 hours but can go somewhat longer. The user usually, but not always, returns to normal within 24-48 hours.

IDENTIFICATION OF PCP

Phencyclidine was originally available in pill form, however, today it is commonly sold in liquid form or in cigarettes dipped in liquid PCP. A substance suspected to be PCP can generally be detected by its distinctive odor. The process of manufacturing PCP requires numerous chemicals, including ether, which is the strongest identifiable odor present. The mere presence of the odor of ether is a preliminary indication that the substance could be PCP.

Phencyclidine in liquid form is generally a clear or amber colored solution in closed containers. It is commonly used to adulterate commercially manufactured cigarettes, usually by dipping the cigarette in the liquid PCP. Cigarettes such as “Kools,” “More,” and “Sherman” are the brands most commonly used.

METHODS OF PACKAGING

Phencyclidine is commonly found in ½ or 1-ounce glass jars, 1-quart glass jars, 2-liter plastic soda bottles, commercial gas cans, or any closed container. When searching locations for PCP, officers should pay particular attention to refrigerators, freezers, storage chests, and other areas where the temperature would remain cool and constant. This method of storage reduces evaporation loss.

Note: All other non-narcotics related discoveries involving unknown chemicals or laboratories should be directed to the Department Operations Center (DOC) and the Hazardous Materials Unit, Emergency Services Division.

Gang and Narcotics Division, Clandestine Lab Squad shall be contacted via the DOC for large, multi-gallon seizures of PCP.

ANALOGS OF PCP

An analog of PCP is a compound that has a chemical composition and structure similar to that of PCP. A few of the many possible analogs of PCP are PHP, methyl-PCP, morpholine, ketamine, ketalar, ketaject, and vetalar. Officers should be aware that the handling of analogs is as dangerous as PCP itself. Forensic Science Division (FSD) shall be contacted whenever a possible dangerous chemical has been discovered. Experts from FSD will be able to identify the chemical and determine if it is a controlled substance under the provisions of the California Health and Safety Code.

Note: Due to the risks associated with accidental or dangerous contamination and the threat of potential fentanyl exposure, officers shall not conduct field testing or screening on items suspected of being controlled substances, including cannabis as delineated in current Department policies and procedures.

CONCLUSION

Phencyclidine is a drug that produces unique and varied effects. The user's individual metabolism, amount of dosage, and frequency of use will cause reactions normally associated with stimulants or depressants. Phencyclidine can produce changes in an individual's vital signs, as well as bring about unusual and bizarre behavior. Persons ingesting the drug may display physical strength well beyond normal capabilities and it

is linked with possible psychotic behavior such as paranoia, delusions, hallucinations, or self-destructive action, compounding abnormal physical behavior and irrational mental processes into potentially dangerous consequences.

This Bulletin cancels and supersedes Volume XXVIII, Issue 1, Phencyclidine (PCP) - Part I, Use of PCP, January 1996

Field Training Services Unit
Police Training and Education

DISTRIBUTION "A"

Attachment: Suspected Fentanyl Handling Protocol

LOS ANGELES POLICE DEPARTMENT

Suspected Fentanyl Handling Protocol

Fentanyl and its analogues can present a significant hazard to Department personnel, particularly if inhaled. Personnel are most susceptible to inhalation when the drug particles are airborne. This is most likely to occur during the opening of containers or packages containing a fentanyl-based product, manipulating a fentanyl-based substance, or brushing/dusting fentanyl-based powders off clothing, gloves, or other surfaces. Due to this inhalation hazard, the NARK II screening tests on all suspected controlled substances has been discontinued. Officers encountering suspected fentanyl, or its analogues, shall adhere to the following guidelines:

- If the material is sealed or contained, officers shall follow existing protocols for booking evidence into Property Division without performing the preliminary NARK II testing.
 - Officers shall don the recommended personal protective equipment as follows:
 - Nitrile or latex gloves
 - Dusk mask: (N95 rated or above)
 - Eye protection
 - When possible, wear long sleeves
 - Avoid actions that may cause the material to become airborne. Officers shall not open a sealed container suspected to be fentanyl.
 - Describe the substance on the Property or Combined Evidence Report. Collect and package without agitating the substance or producing airborne particles. Write the words "Suspected Fentanyl" on the outside of the sealed plastic bag, and on the Analyzed Evidence envelope.
 - Determine the gross weight of the sample (including packaging) and include the information on the Property Report, Form 10.01.00 or Combined Evidence Report, Form 5.02.00.
 - Once the materials are collected and packaged, they should be secured in the trunk or rear cargo area of the officer's vehicle prior to transportation.
 - After the evidence has been booked, contact Forensic Sciences Division as soon as possible and request laboratory analysis.
 - Following completion of the evidence booking process, officers should wash hands with soap and copious amounts of water only. Alcohol-based wipes or hand sanitizers shall not be used.
- If any of the following occur, the involved personnel shall contact the Department Operations Center, at (213) 484-6700, and notify both the Gang and Narcotics Division Clandestine Lab Squad as well as the Hazardous Materials Unit for guidance:
 - If the material has breached its container and needs to be collected for evidence, the involved officers shall immediately exit and secure the location.

LOS ANGELES POLICE DEPARTMENT

Suspected Fentanyl Handling Protocol

- If the scene involves large quantities of suspected fentanyl (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill, or release) or an overdose resulting in a death.

Note: If a Department employee or any other person believes they have been contaminated, officers shall monitor the exposed individual(s) for signs/symptoms of opioid intoxication and request a rescue ambulance or ensure other appropriate medical treatment is immediately provided. If a Department employee is trained, equipped, and authorized to administer Naloxone or NARCAN, it can be administered (if needed).

- Contaminated employees should not enter non-contaminated vehicles.
- If a Department vehicle is believed to be contaminated with fentanyl or one of its analogues, officers shall immediately remove the vehicle from service.
- If officers encounter suspected fentanyl combined with a threat, or other terrorism nexus.

Involved officers shall immediately notify a Department supervisor of any adverse incident involving fentanyl or its analogues (spilled material, contamination, inadvertent inhalation, or other means of accidental absorption, etc.).