Risks Associated with Parental Use of Phencyclidine (PCP)
By Marla Spindel and Jenny Brody

I. INTRODUCTION

The purpose of this paper is to educate the community about the dangers of phencyclidine (PCP), and in particular, the risks faced by children who are in the custody of parents using PCP.

The DC Volunteer Lawyers Project (DCVLP) provides volunteer lawyers to serve as court-appointed Guardians ad litem (GALs) for children in disputed custody cases in DC Superior Court.1 As GALs, we have seen first-hand the threats to children’s safety posed by parents using PCP. In this paper, we examine the unique and troubling effects of PCP upon the user, including violent and psychotic behavior. We urge that these effects be carefully considered in cases involving custody of a child when there are allegations of PCP use by a parent.

II. THE HISTORY OF PCP USE IN THE UNITED STATES

PCP, also known as angel dust, was used in the late 1950s as a "dissociative" anesthetic because it has the effect of separating subjects from sensory experience,2 including the experience of physical pain. Once the medical community realized the problematic side effects of PCP, however, it stopped administering the drug in the mid-1960s.3 These side effects include: “very violent[,] aggressive behavior”; “psychosis that resembles the acute symptoms of schizophrenia”;4 and “post-anesthetic hallucinations often lasting more than 12 hours.”5 The medical community recognized the classic presentation of PCP

1 The DC Volunteer Lawyers Project, a 501(c)(3) charitable organization, was established in 2008 to provide pro bono representation to indigent victims of domestic violence and at-risk children in the District of Columbia. Through our Child Advocacy Practice, we have represented over 350 children as guardians ad litem (“GALs”) in disputed custody cases in D.C. Superior Court. Our attorneys are appointed in these cases because judges are particularly concerned about the risk of harm to these children in their homes when one or both parents are incarcerated, abusing drugs or alcohol, suffering from an untreated mental illness, abusing or neglecting the child, abusing the other parent, or a combination of these factors.
5 Patricia Contreras, Remi Quirion & Thomas O’Donohue, Agonistic and Antagonistic Effects of PCP-Derivatives and Sigma Opioids in PCP Behavioral and Receptor Assays, 64 RES. MONOGRAPH SERIES (Nat’l Inst. Drug Abuse) 80, 80 (1986).
intoxication to also include: nystagmus (rapid involuntary eye movements); tachycardia (rapid heart rate); hypertension (high blood pressure); and the inability to feel pain.6

Contrary to the medical community’s rejection of the drug, PCP became a highly abused street drug sought for its ability to induce a pervasive state of euphoria, omnipotence, superhuman strength, social and sexual prowess, excitation, and hallucinations.7 As a result, as early as the late 1970s, PCP was commonly linked with violent behavior, including homicides, suicides, unprovoked assaults, and self-mutilations.8

Nationwide, the use of PCP declined after the 1980s, but it re-emerged as a drug of abuse in the 2000s.9 Most nonpharmaceutical PCP in the United States is manufactured in the Southern California area.10 By the 1980s, the District of Columbia had the highest per capita use of PCP in the United States.11 A May 2013 study conducted by the White House Office of National Drug Control Policy found that PCP use among male arrestees in the District was at a far higher rate than other major American cities.12

III. THE SCIENTIFIC LITERATURE

It is well established by the scientific literature that PCP can “produce very violent aggressive behavior and a psychosis that resembles the acute symptoms of schizophrenia.”13 Scholars have indicated that “[i]n spite of the similarities described in the behavioral effects of PCP to those of stimulants and depressants, users of PCP describe an intoxication unlike that reported for other drugs of abuse [because] PCP appears to have a unique spectrum of subjective effects.”14 PCP intoxication can be produced within two to five minutes after smoking.15 Though “PCP is known to cause hallucinations similar to MDMA (popularly known as ecstasy) and LSD, unlike those other drugs, PCP can lead to hostile behavior that may result in episodes of extreme violence.”16 At low doses, “PCP users often feel detached or distant from their environment and can experience distorted sights and sounds.”17 At higher doses, PCP can cause “irregular breathing, seizures, and coma,”18 as well as suicidal thoughts and

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6 Bey & Patel, supra note 3, at 10.
7 Contreras et al., supra note 4, at 80; Bey & Patel, supra note 3, at 9.
8 Brecher et al., supra note 1, at 397.
9 See Bey & Patel, supra note 3, at 9.
13 Contreras et al., supra note 4, at 80.
14 Balster, supra note 2, at 151.
15 Drug Enforcement Administration, Office of Diversion Control, Drug and Chemical Evaluation Section, Phencyclidine (January 2013).
16 Emergency Department Visits Involving Phencyclidine (PCP), DAWN REP. (Substance Abuse & Mental Health Services Admin.), Nov. 12, 2013, at 1.
17 Id.
18 Id.
“psychological distress, including feelings of extreme panic, fear, anxiety, paranoia, invulnerability, exaggerated strength, and aggression.”¹⁹ Further, scholars have hypothesized a “potential link between PCP use and violent, impulsive crimes against persons…because some users appear to become so disoriented from the drug that they commit extraordinary aggressive acts.”²⁰

One reason why the risk of violence created by PCP use is so significant is that a “hallmark of PCP toxicity” is “the recurring delusion of superhuman strength and invulnerability resulting from both its anesthetic and dissociative properties. There are case reports of patients presenting with trauma either from jumping from high altitudes, fighting large crowds or the police, or self-mutilation.”²¹

The effects of PCP on mind and behavior are even more dangerous when use of the drug is chronic: “Chronic use of PCP has been associated with organic brain damage and psychosis, frequently involving violence to self and others.”²² Such chronic usage has been shown to spawn substantial dysphoria and other distressing psychiatric features.²³ Other effects of long-term use include persistent speech difficulties, suicidal thoughts, anxiety, depression, and social withdrawal.²⁴ PCP has unpredictable pharmacokinetics and its half-life is believed to be three days.²⁵ In fact, the central nervous system effects of PCP may last from seven hours to seven days in chronic users.²⁶

Studies also show that chronic use of PCP may result in gender-based differences in violent behavior. Men show aggression while intoxicated whereas women manifest aggression between periods of intoxication.²⁷ The recovery from a single PCP intoxication episode frequently involves an emergence reaction as the drug is eliminated. This reaction consists of psychosis, bizarre behavior, or depression that may last from days to weeks. In chronic users, the features of depression, anxiety, irritability, restlessness, anergia, and disturbances of thought and sleep are typically more severe and may occur almost immediately upon withdrawal of the drug. Chronic abusers are more likely to experience prolonged psychosis that densely persists into the recovery period.²⁸

In utero PCP exposure is extremely damaging to an infant, according to a study reported in the American Journal of Drug Abuse that followed fifty-seven infants exposed to PCP in utero for the first year of life. Thirty-six (65%) of the 55 for whom birth records were available manifested symptoms of neonatal narcotic withdrawal syndrome. Temperament

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²⁰ Wish, supra note 11, at 174.
²¹ Goldfrank’s TOXICOLOGIC EMERGENCIES 1192, 1196 (Lewis R. Goldfrank et al. eds., 9th ed. 2011).
²³ Id.
²⁴ DEA, Phencyclidine, supra.
²⁵ Bey & Patel, supra note 3.
²⁶ Id.
²⁸ Bey & Patel, supra note 3.
problems were noted in 47% of the babies and sleep problems in 14%. The majority of infants grew normally, but a larger than expected number started out small and remained small. Substance-exposed children are at increased vulnerability for developing learning and behavior disabilities because of prenatal exposure as well as the substance abusing parent’s inability to meet the child’s basic and special needs.

Indeed, given the long-term cognitive impacts of chronic PCP use, parents who are chronic abusers of PCP are unusually unreliable caregivers. Because chronic PCP use is associated with unaddressed underlying psychiatric issues, some bizarre parental behavior may be expected from the psychiatric concerns alone. However, when that behavior is compounded by a waxing and waning PCP intoxication and withdrawal psychosis, the safety of any child in the presence of a chronic PCP user is a serious concern.

Moreover, children are at risk of PCP ingestion by eating or drinking it when a parent uses or stores the drug in the home. If ingested, children "would have a more severe reaction and might be more frightened [than adults who take the drug], which might affect their overall body function and put extra stress on the heart." Furthermore, one to two milligrams of PCP is capable of poisoning someone who has ingested it. In addition, children can inhale the drug when they are in close proximity to people smoking PCP. Such exposure to PCP could have a substantial impact on a child's brain during developmental stages.

**IV. EXPERIENCIAL FINDINGS**

Police officers, firefighters, doctors, nurses, and other emergency responders fear dealing with adults who are intoxicated with PCP because the drug causes violence, extreme emotionality, insensitivity to pain, and psychosis in users. PCP can turn people into “violent lunatics,” explains New York Times Magazine writer Steve Featherstone. Physicians often sedate, restrain, and even intubate people who are high on PCP in order to prevent injury to hospital staff from PCP-induced attacks.

There are numerous news reports describing people who attacked or killed others, including children, while on PCP. For instance, in 2012, newspapers reported that a Camden, New Jersey man named Osvaldo Rivera smoked PCP and then slit the throats of...
a 6-year-old boy and 12-year-old girl. After Rivera was arrested, he was quoted as asking the police, “How bad did I hurt them?”

Also in 2012, newspapers covered a Camden, New Jersey woman named Chevonne Thomas, who beheaded her two-year-old son while under the influence of PCP and then stabbed herself to death. Perhaps the most notorious story is that of a California-based rapper named “Big Lurch” who got high on PCP, brutally murdered his 21-year-old roommate, cannibalized portions of her body, and then was arrested walking down the street naked and covered in her blood.

Some of the more notorious PCP crimes here in the District include 17-year-old Diedrick Johnson of Southeast who was charged as an adult with shooting nine youths in two incidents, one of which occurred outside Ballou Senior High School. During a search of Johnson's home, police found a bottle containing a liquid, which they said was PCP. Also, Damon D. Taylor had been smoking PCP before he walked into his mother's bedroom and shot her several times in the chest as she lay in bed. Charlese J. Hall tested positive for PCP when she was arrested in the stabbing death of her 7-year-old daughter. These are just a few illustrations of the serious nature of PCP use.

V. CONCLUSION

Compared with other illegal drugs, or with alcohol, the results of PCP use are particularly dangerous, due to the unique effects of PCP on the brain. In particular, PCP use or withdrawal may create psychotic conditions similar to that of a severe mental illness. In addition, PCP use is associated with bizarre, unpredictable and violent behavior. Further, newborns subjected to in utero PCP exposure display neonatal withdrawal syndrome as well as long-term developmental problems. All of the risks of PCP are magnified in the case of chronic PCP use. For all of these reasons, courts making custody decisions should carefully consider any evidence that a child’s parent or caretaker has a history of PCP use.

About the Authors:

Marla Spindel and Jenny Brody are co-founders of the DC Volunteer Lawyers Project. Prior to founding DCVLP, Ms. Spindel and Ms. Brody were selected to serve on the Superior Court’s Attorney Panel for the Counsel for Child Abuse and Neglect (CCAN), which provides attorneys to represent foster children as Guardians ad litem. Ms. Spindel currently serves as Managing Attorney of DCVLP’s Child Advocacy Practice. She

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37 See id.


40 See id.
graduated from Cornell University with a B.A., and George Washington University Law School with honors. Ms. Brody currently serves as Co-Executive Director, and an ex-officio member of the DCVLP Board of Directors. She graduated summa cum laude from the University of Pennsylvania and cum laude from Harvard Law School.

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