

Phencyclidine Abuse and Crime: A Psychiatric Perspective

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Phencyclidine (PCP) has been a street drug of waxing and waning popularity since 1965, when investigation into its use as a human preanesthetic agent was discontinued because of severe behavioral side effects.

Phencyclidine is not a hallucinogen nor a psychedelic but rather is described as a dissociative anesthetic. It appears to short-circuit the ability to interpret ordinary external proprioceptive stimuli accurately. To observers, the user may appear blind or drunk because he cannot negotiate an easy hallway or sidewalk. Users describe feeling like they are "walking on clouds." Tragically, they may drown in shallow pools because they literally cannot figure out which way is up. The acute effect on a user is moderated by the dose, setting, and premorbid set.

During the past decade, dramatic crimes,¹⁻⁴ deaths,⁴⁻⁷ and the extensive illegal sale of PCP⁸⁻¹⁰ have led to progressively stiffer federal regulations¹¹ as well as improved techniques for detecting and treating overdoses.¹²⁻¹⁶ The authors' previous studies have investigated the psychiatric aspects of chronic PCP abuse.^{4,17} In a study of long-term PCP users, we observed the users recognized different stages of violent behavior⁴ and different capacities to modify their behavior. These differences were identified according to frequency of violence, predictability, and responsibility for the behavior. The authors separated the types of violence into four classifications based on thought processes, impulsivity, memory of event, and presence or lack of diminished capacity (Table). This classification subsequently has been a useful tool in making recommendations to the courts for forensic determinations of criminal responsibility in cases where there was alleged phencyclidine use.

Type 1 violence occurs often with chronic phencyclidine abuse. The individual reports being violent more frequently while using PCP than when not using drugs or alcohol. To the extent that the user does not feel compelled to use PCP (is not "addicted"), he or she is completely able to control the opportunity for this behavior. Type 2 violence occurs less often and is probably dose related. It may also be enhanced by the addition of a second drug or alcohol. To the extent that the dose may not have been appreciated ahead of time, or that drug interactions were not anticipated, the user is not as able to predict this behavior.

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Table. Violence Associated with PCP Use

	Characteristics of the Violent Behavior	Mental Status	Frequency	Comments
Type 1	Reality oriented, goal directed	Oriented, coherent	Common	Often associated with chronic PCP use.
Type 2	Unexpected, impulsive	Decreased impulse control	Common	Occurs within hours. This is the usual "drug effect."
Type 3	Unexpected, bizarre, often with some element of sadism or stereotyped behavior	Some impairment of reality testing	Very rare	Idiosyncratic, probably not dose related. Occurs often 2-3 days after last drug use.
Type 4	Severe disorganized behavior, usually uncoordinated, chaotic	No impulse control, poor reality testing, usually no memory for event.	Uncommon	Dose related, usually within hours after ingestion. May be related to polydrug use.

Type 3 violence is quite unusual. It is probably most like the prolonged PCP psychosis¹⁸⁻²³ in that it occurs unpredictably in a very small portion of users who probably have a premorbid propensity to psychosis. It is a drug-precipitated psychosis, which may even occur after evidence of the drug is no longer present in the system.

Type 4 violence is similar to the emergence psychoses that first led to the halt in investigations of the use of phencyclidine as an anesthetic agent.^{19,20} It is also similar to that frequently seen in the emergency department and can probably best be characterized as an acute toxic organic brain disorder. It clears as the drug clears. Type 4 behavior is familiar to medical professionals, but it should be stressed that this is an uncommon reaction to PCP.

This article describes features of PCP-related crimes and compares these features with the classification of the types of violence derived from our studies of chronic users of phencyclidine. We describe four cases on which we have been consulted and discuss how we would structure the information from each case into a consultation.

PCP-related Crimes

The defendant in a crime of violence in which PCP is implicated often claims to have no memory of the crime. Thus, his or her mental state at the time of the offense is difficult to determine. Psychiatric interviews usually take place weeks to months after the fact, further complicating the picture. However, certain characteristics commonly are seen in the defendant who has experienced a PCP-related psychosis. He or she has no memory of the crime or may have a very distorted recollection of something that went on at that time. This recollection often has a bizarre quality, with distorted body image and a delusional idea about the victim. Currently, the defendant may be upset or appalled by the crime but, not uncommonly, seems to have no affect about it. Often the victim was a friend or an acquaintance, and the defendant has no history of violent behavior. He or she may be described by friends as passive, non-violent, or quiet.

The nature of the drug use may help determine its impact on the crime. Phencyclidine generally has some enhancing effect on the person's normal behavior.²⁰ Normally quiet people become quieter ("mellowed out"), while people who are active and aggressive tend to become more so. Phencyclidine also appears to enhance the tendency to violence when combined with other drugs or alcohol.^{4,6} "Bad trips" are more likely to come to the attention of medical personnel in the naive user than in a chronic user, and to some extent seem to be dose related. However, tolerance develops, so that a bad trip in a naive user may be precipitated by a comparatively smaller dose than in a chronic user. It is important to bear in mind that "street" doses are not accurately measured and that purity of samples varies widely from one geographic location to another. In general, standard single doses are worth two to three dollars on the street. One can get some sense of the defendant's sophistication with respect to PCP by finding out how much is used, how often, and by what route. More frequent users buy "wholesale" or are, very commonly, sellers themselves. They may be using up to a "dime" (ten dollars worth) and often inject themselves two or three times a day.

When inquiring about drug use around the time of the crime, look for prior "bad trips" or psychotic reactions associated with drug use. If the user had bad reactions to the drug in the past, it is difficult to present to a court that he or she was not responsible for actions. In one particularly brutal murder case, in which one of us was consulted (MAF), the defendant probably jeopardized his defense by using phencyclidine while awaiting trial, even though he did not engage in a second bizarre mutilation.

The crime may not take place on the same day as the phencyclidine use. Numerous studies demonstrate that phencyclidine is slow to clear from the body,^{24,25} and some authors believe it may be sequestered in fat stores for weeks or months.²⁵ It is also believed that a psychotic reaction may be precipitated in a vulnerable individual and last for many weeks, even though no phencyclidine can be detected in body fluids.¹² In our experience, however, when phencyclidine appeared to influence the crime, it was taken within two to three days of the crime.

Frequently witnesses who saw the defendant during or around the time of the crime remark that he or she appeared to be acting strangely, for example, not intimidated by police threats or even by gunshot wounds or other injuries.

Certain types of injuries and crimes seem more typical for Type 3 violence. The behavior is often stereotyped, resulting in multiple injuries. If the victim was murdered, the murder seems particularly bizarre or brutal. The instrument is often what was at hand, rather than a more standard weapon — hammers and ice picks, rather than guns or knives. The defendant not infrequently sustains injuries, which are sometimes self-inflicted. From witnesses or from the defendant, no obvious confrontation or secondary gain can be determined. The crime does not appear to have a motive.

The following four cases were referred to the authors because phencyclidine appeared to be implicated. Case D has been reported previously¹ and Case A was described in a legal journal.²

Case A A 29-year old white male was in custody awaiting trial on bank robbery charges. While in custody, he ingested a drug he had been told was "THC, an animal tranquilizer." Within one hour of consuming the drug, A blacked out and was rushed from jail to the hospital where he received emergency care. Medical records from the hospital reflect no skull fractures; traces of phenothiazines were present in his urine. All other laboratory tests were negative. He was discharged from the hospital four days later. On the day following his discharge from the hospital, A made sexual advances to a female jail guard, including physical contact and, as a result, was charged with assaulting a federal officer, a general intent crime. He asserted he had absolutely no memory of these events and that he did not regain full consciousness until many days after the assault.

Review of the medical records of Defendant's brief hospitalization revealed the following: upon initial examination, A had difficulty attending to the interview, he had lateral nystagmus and slurred speech, and he was unable to respond to simple verbal commands although he seemed alert. No puncture sites, no evidence of trauma, and no unusual odors were noticed.

In interviews with defense counsel and psychiatrists, A stated he had obtained a melted-down, brown, gummy tablet, about the size of a nickel, which he dissolved in water and ingested. Within thirty minutes, he felt light-headed and passed out. A's next clear memory was about three weeks following the ingestion of the drug. He was amnesiac for the incidents surrounding his hospitalization, had some bizarre perceptions that could be correlated with events of this period but was not fully alert until approximately three weeks later. Furthermore, defense psychiatrists determined as a result of their examinations that A suffered from a serious chronic neurosis.

Case B A 23-year old white female had used drugs, and particularly PCP, for ten years. On the evening of the crime, she accepted an invitation with several friends to go to a friend's house to "use drugs." After finishing the drugs, they drove to a tavern where Ms. B and a male friend put on masks and, using two guns, held up the bartender. They fled, but Ms. B was arrested by police. She initially denied knowledge of the crime, gave a false name, and demanded a lawyer. She was charged with armed robbery, a specific intent crime in the state in which it occurred.

Case C A 20-year old white male had used illicit drugs periodically over five years following his brother's suicide. He was in federal custody awaiting trial on charges of armed robbery. On mental status examination he was oriented, cooperative, and relaxed. He was distinctly naive and unselfconscious about his ideas of reference and delusions. His history of isolation, persecution, and depression predated his single known use of PCP by several years. He snorted some phencyclidine six months prior to this

interview and believed it changed his life. He now felt he could control the weather. Previous feelings of helplessness or unimportance and fears of going crazy had disappeared. Over the next few months, he thought newspapers and television programs were referring to him personally and finally believed he was compelled to rob a bank to facilitate the SALT talks. He was charged with armed robbery.

Case D A 25-year-old skilled laborer had used PCP for six years. During a holiday weekend he injected approximately 2.5 g of PCP while also drinking beer and wine. Four days later, he stabbed his close friend in the arm, with no provocation, and chased him out of the house. His friend summoned the police, who found the friend's pregnant fiancée lying naked and dead on the floor with multiple stab wounds of the head, neck, and body. Mr. D lay a few feet away from her, stuporous, with multiple wounds (presumably self-inflicted) including deep lacerations of the neck and a deep penetrating stab wound of the abdomen. Pieces of human tissue were seen smeared on the wall.

During an extensive psychiatric interview, D was polite and cooperative, but unable to recall anything of the violent episode. Close friends testified that he was a quiet, non-violent individual.

Discussion

In Case A, the patient had the criteria for acute psychosis, precipitated by PCP, but lasting far longer than drug alone should account for. The behavior was random, unpredictable, and uncontrollable. The defendant had been a model prisoner and had trustee status. The prison guard testified that he seemed like a different person at the time of the assault. Temporary insanity would be a legitimate defense and was accepted in court. We would consider this an example of Type 3 violence.

Case B differs in that there is minimal distortion in perceptions, a clear memory for the events surrounding the crime, and in fact good evidence for planning and premeditation in the crime. Although PCP use is part of the picture, sociopathic personality disturbance is a greater factor. This crime appears to be goal directed and reality oriented. The defendant was advised to plead guilty. This would be an example of a Type 1 act.

Case C had a long history of psychotic ideation. His explanation for the crime had a delusional quality, with ideas of reference. The use of phencyclidine here was incidental, and it was necessary to explain this and something about schizophrenia to a jury, who found the defendant not guilty by reason of insanity.

Case D also had the criteria for an acute psychotic episode (Type 3 violence). As in case A, the behavior was unpredictable and unprovoked. The stab wounds had the character of stereotypy in that they were multiple. Further, the assailant had apparently stabbed himself multiple times. Further typical characteristics of the PCP psychosis were the lack of prior violent history and the amnesia for the violent event. Although the opinion

of the psychiatrist was that this was PCP psychosis, D jeopardized his defense by being arrested for possession of PCP while out on bail. The jury found him guilty of murder.

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