PCP, HOW TO MAKE/USE

What is phencyclidine (PCP)?

Phencyclidine ("angel dust") is a drug which was developed as a surgical anesthetic for humans in the late l950s. Because of its unusual and unpleasant side effects in human patients--delirium, extreme excitement, and visual disturbances--PCP was soon restricted to its only current legal use as a veterinary anesthetic and tranquilizer.

What are PCP's effects?

Effects of the drug vary according to dosage levels. Low doses may provide the usual releasing effects of many psychoactive drugs. A floaty euphoria is described, sometimes associated with a feeling of numbness (part of the drug's anesthetic effects). Increased doses produce an excited, confused intoxication, which may include any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, convulsions, speech impairment, violent behavior, fear of death, and changes in users' perceptions of their bodies.
Research shows that PCP seems to scramble the brain's internal stimuli, altering how users perceive and deal with their environment. Everyday activities like driving and even walking can be a task for PCP users.

What makes PCP so dangerous?

One danger of PCP intoxication is that it can produce violent and bizarre behavior even in people not otherwise prone to such behavior. Violent actions may be directed at themselves or others and often account for serious injuries or death. Bizarre behavior can lead to death through drownings, burns, falls from high places, and automobile accidents. More people die from accidents caused by the erratic and unpredictable behavior produced by the drug than from the drug's direct effect on the body.
A temporary, schizophrenic-like psychosis, which and last for days or weeks, has also occurred in users of moderate or higher doses of the drug. During these episodes, users are excited, incoherent, and aggressive; or they may be quite the opposite: uncommunicative, depressed, and withdrawn. Paranoia, a state in which the user feels persecuted, often accompanies this condition.

How do users get PCP?

Nearly all PCP in today's drug culture is made illicitly since it is easily synthesized in bootleg laboratories. Because of its bad reputation on the street, dealers often sell it as mescaline or other drugs more attractive to users. Users can never be sure what they're buying. Street PCP comes in various forms:

1. as the powdered "angel dust",

2. as tablets, as crystals,

3. and in pills named "hogs" or "Peace Pills".

Smoking the dust, usually mixed with marijuana, parsley, and mint leaves, has become the preferred method of PCP use. The smoker can control the drug's effects better than the pill taker can.

Is PCP a big problem?

Statistics tell us the PCP use is on the rise. In the l960s and early l970s PCP was not very popular with the drug community because of its unpleasant effects, but now it is becoming a drug of choice. More and more hospital emergency rooms and drug crisis centers are seeing cases of PCP-induced panic and overdoses.

PHENCYCLIDINE HYDROCHLORIDE

Phencyclidine and Other l-Phenylcyclohexylamines. Phencyclidine (PCP or angel dust) and its analogs create many different types of effects, dependent mainly on the individual user. It was first used to immobilize primates and is still used as an analgesic and/or anesthetic agent. It has been used on humans for the same purpose with limited success. I chose to put PCP into the hallucinogens chapter instead of the analgesics chapter because of the hallucinations the drug produces.

As stated above, the effects are mainly determined by the user. Some people experience paranoia, others have fits of rage, and others have great euphoria. Mood alterations are always accompanied with time, perception and visual hallucinations. Some people have tried the drug and do not agree with it, so I do not approve of the practice of telling people that your PCP is THC or some other hallucinogen. These drugs are quite potent, so use them with a great deal of respect (I think that overdoses have CP the bad reputation that follows it today) as bummers from this drug have occurred often.

The way that ethylamine, diethylamine, methylamine, piperidine, etc., can be used as analogs of one or another reminds me of the synthesis of LSD or DMTs. The formula is quite easy to carry out and it gives good yields in large quantities. Note: Given are several different methods. You may use any way that you feel will suit your needs and you may substitute any of the amines with an equimolar amount of amine analog to produce the desired l-phenylcyclohexylamine. However, the formulas stated give the best yields obtainable with that particular amine.

These drugs are active orally, intermuscularly, and also by smoking. They should be kept in a dark, well stoppered bottle, in a freezer as much as possible. CA, 13881 (1963).

METHOD 1. A mixture of 100 g of anhydrous ethylamine and 220 g of cyclohexanone is kept 16 hours, shaken with solid KOH, and the oil layer is removed by decantation. Distill the oil layer in vacuo to get the intermediate N-cyclohexylidenethylamine. Prepare a mixture of phenyllithium by mixing 11 g of lithium and 76 ml PhBr in 500 ml of Et20. Add the phenyllithium dropwise to a solution of 51 g of the N-cyclohexylidenethylamine in 500 ml of Et20, with stirring and cooling, to keep the temp at 0¡. Stir for one hour and then decompose by adding water. Separate the Et20 layer, wash with H20 and distill to get 1-phenylcyclohexylethylamine or analog. The hydrochloride form is obtained in the usual way, as given below.

METHOD 2. A mixture of 170 g of piperidine, 220 g of cyclohexylamine, and 750 ml of benzene is azeotropically distilled until the evolution of H20 stops, then vacuum distill to get cyclohexenyl-piperidine. p-toluenesulfonic acid monohydrate (190 g) in 250 ml of PhMe is heated under a water trap until all the H20 is removed, then add a solution of 165 g of cyclohexyl-piperidine in 500 ml of Et20, with cooling, to keep temp at 0¡. A solution of I mole of PhMgBr (made from 157 g of PhBr and 24 g of Mg) in 750 ml of Et20 is added (still holding the temp at 0¡ to 5¡). The mixture is stirred for an additional 30 min after the dropwise addition is complete. Decompose the mixture by adding an excess saturated NH4Cl and NH40H. The Et20 layer is removed, dried over K2CO3, and distilled to give phenylcyclohexylpiperidine. Convert to

the hydrochloride form by dissolving the free base in an excess of iso-PrOH-HC1 and then precipitate the salt (the hydrochloride) with Et20 and crystallize from Et20-iso-PrOH (this is a mixture).
