How Dangerous is Angel Dust
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Introduction

“Angel Dust”, “Rocket Fuel” – these are only some of the street names used to reference the drug PCP (Phencyclidine), it has ability to create the delusion of supreme strength, euphoria, and enhanced sexual and social abilities.

Mechanism of action
The N-methyl-D-Aspartate (NMDA) receptor, a type of ionotropic receptor, It is a major excitatory receptor in the brain. PCP inhibits depolarization of neurons and cognitive and other functions of the nervous system.

The Effects of PCP

dissociative anesthetic state, which can:
Sight and sound distortion.
Detachment.
Sedation.
Amnesia.

Low to moderate amounts
Feelings of detachment.
Slurred speech.
Numbness.
Loss of coordination,

In higher doses, PCP produces:
Hallucinations.

Chronic PCP use can result in:
Cognitive, memory and Speech impairment.
Depression.
Suicidality.

Deaths resulting from:
Hyperthermia.
Acute renal failure.
Rhabdomyolysis.
Disseminated intravascular coagulation.

Study about number of PCP-related emergency department (ED) visits

Material

Drug Abuse Warning Network (DAWN) estimates for a selection of metropolitan areas indicate that there continues to be geographic variation, with the number of PCP-related emergency department (ED) visits increasing in some areas (New York City, Chicago) and remaining stable in others (Seattle, San Francisco, and Phoenix). Data are collected on numerous illicit drugs, including cocaine, marijuana, heroin, and stimulants (e.g., amphetamines and methamphetamines).

Result

Between 2005 and 2011, PCP-related ED visits by males increased nearly fivefold (from 10,721 to 51,906 visits), and visits by females increased nearly sixfold (from 4,007 to 23,598 visits). Figure 1

The number of PCP-related visits increased 518 percent (from 5,556 visits to 34,329) also, visits by adults aged 18 to 24 increased 289 percent (from 3,643 visits to 14,175). (1)

Table 1. Emergency Department (ED) Visits Involving Phencyclidine (PCP), by Age and Year: 2005 vs. 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of ED Visits, 2005</th>
<th>Number of ED Visits, 2011</th>
<th>Percent Change, 2005 to 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 12 to 17</td>
<td>681</td>
<td>1,965</td>
<td>184%</td>
</tr>
<tr>
<td>Aged 18 to 24**</td>
<td>3,643</td>
<td>14,175</td>
<td>289%</td>
</tr>
<tr>
<td>Aged 25 to 34**</td>
<td>5,556</td>
<td>34,329</td>
<td>518%</td>
</tr>
<tr>
<td>Aged 35 to 44</td>
<td>3,651</td>
<td>14,606</td>
<td>300%</td>
</tr>
<tr>
<td>Aged 45 or Older</td>
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</tbody>
</table>

Increases in PCP-related visits involving young adults were also observed for male patients aged 18 to 24 and 25 to 34.

For females, the increase only occurred among patients aged 25 to 34, although it was substantial (from 1,189 visits in 2005 to 12,570 in 2011) (Figure 3).

Conclusion

1. The recent increase in ED visits involving PCP is reported to be the most dangerous.
2. Based on the DAWN findings, prevention efforts could include warnings about the use of PCP and additional efforts to target adults aged 25 to 34.
3. By recognizing the signs and symptoms of PCP intoxication, health care providers can help to ensure that patients who come into medical facilities receive immediate and appropriate care.

Reference

1. Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits..