Drug and Alcohol Services Information System

The DASIS Report

October 28, 2005

Trends in Admissions for PCP: 1993-2003

In Brief

- In 1993, the most common secondary substance of abuse reported by primary PCP admissions was alcohol (41 percent); in 2003, the most common secondary substance was marijuana (42 percent)
- Admissions aged 18 to 24 increased from 28 percent of primary PCP admissions in 1993 to 35 percent in 2003
- The percentage of primary PCP admissions who were Black rose from 24 percent in 1993 to 54 percent in 2003

Phencyclidine (PCP), a hallucinogen, was developed in the 1950s as an anesthetic, but due to its severe side effects, its development for human use was discontinued.[1] PCP is known for inducing violent behavior and for inducing negative physical reactions such as seizures, coma, and death. The most common route of administration is smoking tobacco, marijuana, or herbal cigarettes laced with PCP powder or the liquid form of PCP.

Between 1993 and 2003, the number of admissions in the Treatment Episode Data Set (TEDS) reporting PCP as the primary substance of abuse[2] increased from 3,300 to 4,100, but the proportion of PCP admissions remained constant at about 0.2 percent of all admissions. Similarly, admissions reporting PCP as a secondary substance of abuse[3] increased from 3,200 in 1993 to 3,300 in 2003. TEDS collects data on the approximately 1.8 million annual admissions to substance abuse treatment facilities, primarily those that receive some public funding.

The DASIS Report is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (**SAMHSA**).

For questions about this report please e-mail: shortreports@samhsa.hhs.gov.

Figure 1. Primary PCP Admissions, by Secondary Substance of Abuse: 1993 and 2003

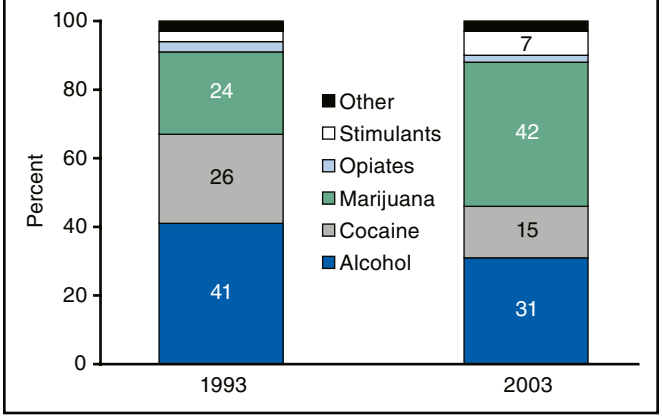
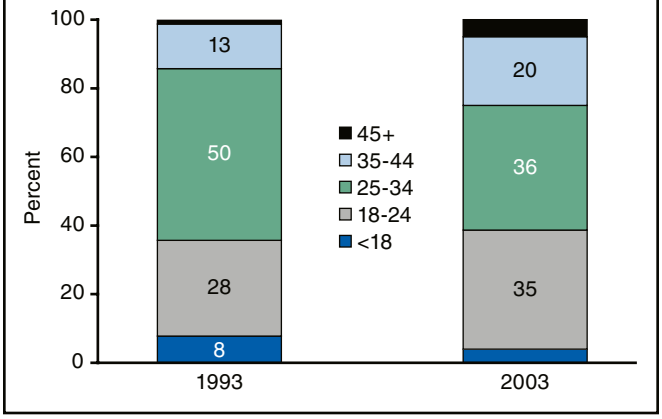


Figure 2. Primary PCP Admissions, by Age at Admission: 1993 and 2003



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

Secondary Substance of Abuse

In 1993, the most common secondary substance of abuse reported by primary PCP admissions was alcohol (41 percent), followed by cocaine (26 percent) and marijuana (24 percent) (Figure 1). By 2003, marijuana was the most common secondary substance (42 percent) among primary PCP admissions, followed by alcohol (31 percent) and cocaine (15 percent). Primary PCP admissions reporting stimulants as a secondary substance rose from 3 to 7 percent during the same time period.

Age

In 1993, half of all primary PCP admissions were aged 25 to 34, but by 2003 this age group accounted for only 36 percent of primary PCP admissions (Figure 2). In the same time period, the percentage of primary PCP admissions aged 18 to 24 increased from 28 to 35 percent, while the percentage of primary PCP admissions younger than 18 years old declined from 8 to 4 percent.

The age at which primary PCP admissions reported starting to use the drug was older in 2003 than in 1993. In 1993, 61 percent of primary PCP admissions reported having started using PCP before the age of 18, but this percentage had declined to 54 percent by 2003. There was a corresponding increase in the percentage of admissions that reported starting to use PCP between the ages of 18 and 24, from 29 percent in 1993 to 36 percent in 2003.

Sex

The percentage of primary PCP admissions that were male rose from 61 percent in 1993 to 67 percent in 2003.

Race/Ethnicity

Between 1993 and 2003, the relative proportions of racial/ethnic groups among primary PCP admissions changed: the proportion of Whites decreased by half, while the proportion of Blacks doubled. Whites decreased from 44 to 20 percent, Hispanics decreased from 29 to 20 percent, and Blacks increased from 24 to 54 percent (Figure 3).

Referral Source

There was an increase in the percentage of criminal justice system referrals among PCP admissions, from 45 percent in 1993 to 52 percent in 2003. There were no substantial changes among other referral sources.[4]

Service Setting

There was a decrease in the percentage of admissions receiving treatment in ambulatory settings,[5] from 73 percent of primary PCP admissions in 1993 to 64 percent in 2003 (Figure 4). In the same time period, the percentage of PCP admissions receiving detoxification treatment in a hospital or residential setting rose from 5 to 10 percent.

Geography

The regional distribution[6] of primary PCP admissions shifted between 1993 and 2003. In 1993, 33 percent of PCP admissions were in the South, but by 2003 this region accounted for only 23 percent of admissions. In the same time period, the percentage

Figure 3. Primary PCP Admissions, by Race/ Ethnicity: 1993 and 2003

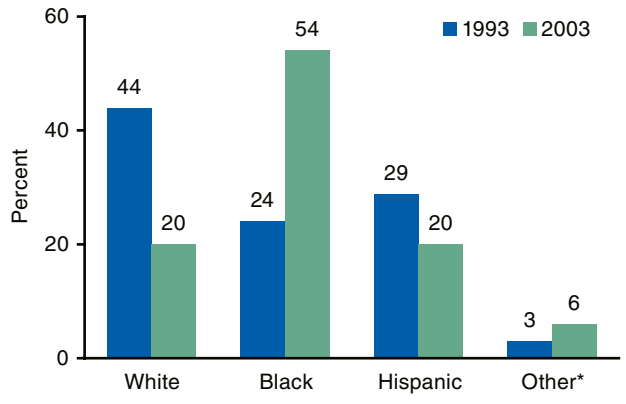
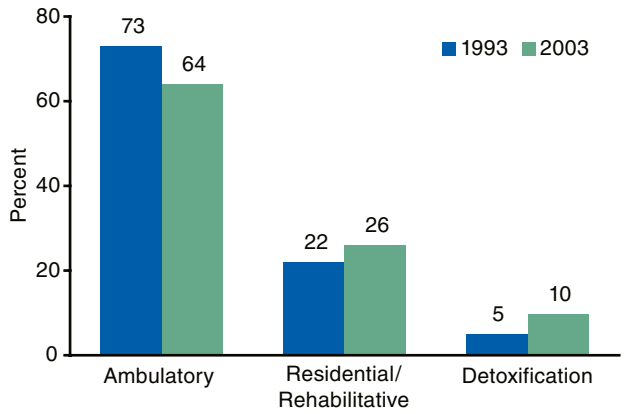


Figure 4. Primary PCP Admissions, by Service Setting: 1993 and 2003



of PCP admissions increased in the Northeast (from 23 to 27 percent) and Midwest (from 7 to 18 percent), while it declined slightly in the West (from 37 to 32 percent).

End Notes

[1] National Institutes of Health, National Institute on Drug Abuse. (March 2005). *NIDA InfoFacts: PCP (Phencyclidine)*. Retrieved August 3, 2005, from http://www.nida.nih.gov/infofacts/pcp.html.

[2] The *primary substance of abuse* is the main substance reported at the time of admission.

[3] *Secondary substances* are other substances of abuse also reported at the time of admission.

[4] Other referral sources include self/individual, alcohol/drug abuse care provider, other health care provider, school, employer/EAP, and other community referrals.

[5] *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

[6] The Northeast region of the United States is composed of nine States: CT, ME, MA, NJ, NY, NH, PA, RI, and VT. The Midwest region of the United States is composed of 12 States: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, and WY. The South region of the United States is composed of 17 States: AL, AR, DC, DE, GA, FL, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.

Figure Note

* Other includes American Indians, Alaska Natives, Asians, Pacific Islanders, and other racial/ethnic groups.

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. See the annual TEDS reports for details. Approximately 1.8 million records are included in TEDS each year.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this issue are based on data reported to TEDS through April 11, 2005.

Access the latest TEDS reports at: http://www.oas.samhsa.gov/dasis.htm
Access the latest TEDS public use files at: http://www.oas.samhsa.gov/SAMHDA.htm
Other substance abuse reports are available at: http://www.oas.samhsa.gov

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