

The urban epidemic of PCP abuse—laboratory and clinical studies

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A glass-capillary gas chromatography nitrogen detector (GC²-N) method for phencyclidine (PCP, angel dust, wack, etc.) was developed which allows detection of as little as 1–5 pg/ml in the original sample of blood, urine, saliva, or CSF (PITTS *et al. J. Chromatog.* 193, 157, 1980). The sensitivity and specificity of this method was established by GC-MS corroboration of known and unknown sample analysis. Other clinical methods are insensitive and give at least 90% false negatives with intoxication. The GC²-N method was applied to various populations to assess the frequency of use of PCP, the persistence and clearance of PCP, and the relationship of PCP use to clinical manifestations. Of 150 consecutive patients admitted involuntarily to a public psychiatric hospital in Los Angeles, 78.5% had PCP in the admission blood sample (ANILINE *et al. Biol. Psychiat.*, in press, 1980). Forty-four per cent of 163 consecutive patients seen in a Los Angeles public psychiatric hospital emergency room had PCP in the admission blood sample; a record study revealed that all patients with PCP in blood had at least one evidence of toxic psychosis although only about 20% of the PCP-positive patients had the proper clinical diagnosis (40% were called schizophrenic and 40% affective disorder) (YAGO *et al. J. Clin. Psychiat.*, in press, 1980). A prospective clinical study of 200 consecutive patients admitted to Los Angeles public psychiatric beds revealed that 70% had PCB in blood, and all those positive for PCP had evidences of toxic psychosis and/or acute delirium to a systematized minimal-status examination; only a few of the patients manifested the nystagmus, hyperthermia, hypertension, seizures and other manifestations thought to be characteristic of PCP abuse (PITTS *et al.*, in preparation, 1980). Three of four consecutive major burn cases admitted from explosive fires had PCP in blood, although all denied making and using the drug (YAGO *et al., Biol. Psychiat.*, in press, 1980). A 65-yr-old psychotically depressed Chicana complained that she was being poisoned by first floor neighbours putting fumes into her bathroom from below; she was found to have PCP in blood from the fumes and azotropes from the illegal PCP lab in the flat beneath hers (ANILINE *et al., J. Clin. Psychiat.*, in press, 1980). Law enforcement personnel confiscating and handling PCP report clinical intoxication symptoms, and have PCP in blood samples; those not handling PCP have negative blood for PCP; one laboratory officer who had been away for more than 6 months on other duties without PCP contact (after several years' handling of the confiscated materials) had 78 ng/ml in blood which cleared completely into urine with acidification but recurred (presumably from lipid stores) 2 weeks after discontinuance of the NH₄Cl (PITTS *et al.*, to be published). Infants born of mothers who have used PCP, and wives and infant children of "dusters" have been found with PCB in blood; the former receive PCP from cord blood and the latter presumably have inhaled PCP smoke from the air in their households (PITTS *et al.*, to be published). Studies of dusters have revealed variable phenomena indicating multiple compartment transportation-storage of PCP in humans with persistence for periods of at least 6–12 months after last contact (PITTS *et al.*, to be published). There is a specific relationship between PCP in urine and urine pH; no matter what the blood level of PCP (up to 10 mg/ml in our current experience) there is no PCP in urine of pH 6.7–6.8 and above. Below pH 6.7, however, much or nearly all of blood PCP is rapidly excreted into urine (ANILINE *et al.*, to be published). Vast

ABSTRACTS, PSYCHIATRIC RESEARCH SOCIETY

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quantities of PCP are stored in lipids of brain and other organs after PCP use and equilibration, and these stores can provide the source of continued low blood levels for extended periods. Gastric fluid (if acidic) and saliva levels of PCP are always higher than those of blood. Continued use of PCP over extended time can result in a toxic psychosis ("wack attack") in users who have apparently experienced only mild euphoria and dissociation with each prior usage. Alternatively, PCP can infrequently cause toxic psychosis with the first use due to large dosage and/or idiosyncrasy. The half life of PCP in blood after initial dosage is 2–3 hr, and PCP blood levels do not always correlate with the degree or type of clinical manifestations. Then, too, clinical tolerance develops. For these (and other) reasons we have seen patients with "wack attacks" with only picogram/ml blood levels and persons with minimal symptoms with milligram/ml blood levels. Urine PCP is an unreliable method of diagnosis of PCP intoxications since patients with "wack attacks", or even PCP coma, often have alkaline PCP-negative urines. PCP is little metabolized, long stored, and has delayed psychiatric effects in man. It is not biodegraded and is manufactured in bulk (hundreds of kilos) in thousands of illicit sites in this country by unsophisticated persons using few or no precautions to prevent contamination of neighborhoods. The makers and users become extremely violent and dangerous to themselves and others. Chronic users (and non-users who have been exposed) manifest dulling of intellect and function that is semi-permanent or permanent.

PCP use is epidemic in urban areas, and its use is spreading to the very young (in elementary and junior high schools). Its use is also spreading to the middle and upper classes from the lower socioeconomic urban centers (and from certain ethnocultural groups to all American society). PCP represents one of the greatest public health threats to human society and deserves careful study so that effective treatments of intoxication and prevention of use-abuse can be developed.

J Clin Psychiatry. 1981 May;42(5):193-6.

The urban epidemic of phencyclidine (PCP) use: clinical and laboratory evidence from a public psychiatric hospital emergency service.

— Yago KB, Pitts FN Jr, Burgoyne RW, Aniline O, Yago LS, Pitts AF.

BLUNT INSTRUMENTS
- *ego is not a dirty word* -
- *except when it is!*

Bonze Blayk

2018.05.19
09:47:32
-04'00'

The Mismeasure of Man (Stephen Jay Gould) - "*psychometrics*"
blinded by "instrumentation" - the MCMI-III

"Not everything that counts can be counted,
and not everything that can be counted counts."

- Sociologist William Bruce Cameron PhD
- via Allen Frances MD; widely misattributed to Albert Einstein

"In my lexicon, it is presumptuous and grandiose to use the terms, instruments and tools, as synonyms not for bench-science apparatus, but for clinical tests. Clinical psychoendocrinology and sexology are reliant for the most part on psychological tests. To call them instruments or tools gives a false sense of mensurational accuracy."
- "Longitudinal Studies in Clinical Psychoendocrinology and Sexology: Methodology"
- p. 100 in *Venuses Penuses* - John Money PhD

This is where the rubber hits the road in the processes of "psychiatric diagnosis," when a New York State Assistant Attorney General grills you about your "narcissistic tendencies" and embeds in the formal legal and clinical record the SOLE MENTION of a computer program involving Network Security applications, and putting both its value and my values in question... COMET/dataComet-Secure.

• "I don't want to think about what would happen if he is told 'We didn't give you that contract, Mr. Saunders, for your Comet program.' I don't want to think about what would happen if that's all it takes, if all it takes is somebody telling you you are going to have to continue on your orders and conditions it starts him into a spiral where he becomes psychotic." - Carol Cocchiola NYS AAG, † [p. 252]

==> *Invoking the "sophisticated" meme in Personality Psychology which "establishes" the inevitable deterioration of the Narcissist into a state of psychic collapse when challenged on their "grandiose delusional systems," and implicitly calling into question the validity of my acquittal on the offense of arson under the M'Naghten Rule stated in CPL 40.15 which applies to criminal offenses in New York State: complete lack of criminal intent.*

Assistant Attorney General Carol Cocchiola Q(uerent)

Q Now you don't accept the diagnosis of Borderline Personality Disorder with narcissistic features?

A That's not what the diagnosis is. It's Personality Disorder Not Otherwise Specified. In fact, I believe first off as I noted I do not qualify for the Borderline Personality Disorder diagnosis. I think that the Not Otherwise Specified diagnosis with borderline features is reasonable.

Q Borderline Personality Disorder with narcissistic features, right?

A Yes.

Q You don't like to think of yourself as narcissistic?

A I think the only feature there which applies which is in the DSM is grandiosity. I'm mildly grandiose, and I am aware of that. But...

Q I didn't have a question. † [p. 225-226]

† "2003-05 - Testimony by Kevin Eric Saunders (aka B.A.R.BLAYK) - Recommitment Hearing.pdf"(in the court of Judge Rowley, Tompkins County)



FALSE STATEMENTS

Ithaca Police Department Voluntary Statement

CR#: I18-18251	
State of: New York	County of: Tompkins
Date: 9/7/2018	Place: Ithaca Police Department
Time Started: 04:24 hours	

I, the undersigned, Jessica L. Smith, am 26 years old. I make the following statement on my own free will:

On September 18, 2018 at about 10:30 PM I began work at Denny's Restaurant. At the beginning of my shift, the restaurant assistant manager, Amanda Rojas, informed me about a male that was dressed like a female. Amanda told me that the male had come in, ate his food and left without paying. Amanda also stated the male was loud and disruptive. Amanda advised the subject was banned from the restaurant and showed me a photograph of him that was on her cellphone. PAID 2018-09-18 0745PM - Denny's receipt for \$14.73

At about 3:30 AM on September 19, 2018, a male that resembled the male that Amanda had informed be about came into the restaurant. I then called Amanda and advised her. Amanda told me she would contact police. After awhile, the male's demeanor began to frighten me and I called police. Two police officer arrived a short time later and they attempted to get the male to leave the restaurant. The male began to scream and then attempted to punch one of the officers in the face. At this moment, both officers took the male to the ground attempted to place handcuffs on the him. The male kept resisting officers and one of the officers then tazed him. After the male was tazed, I went outside of the restaurant. I stayed outside until the male had been removed from the restaurant by police.

I have given this statement to Officer G. DuPay of the Ithaca Police Department. I have read it and swear it is true and correct to the best of my knowledge and ability.

FALSIFIED by video and other evidence.
Gmze Payk 4/13/2020

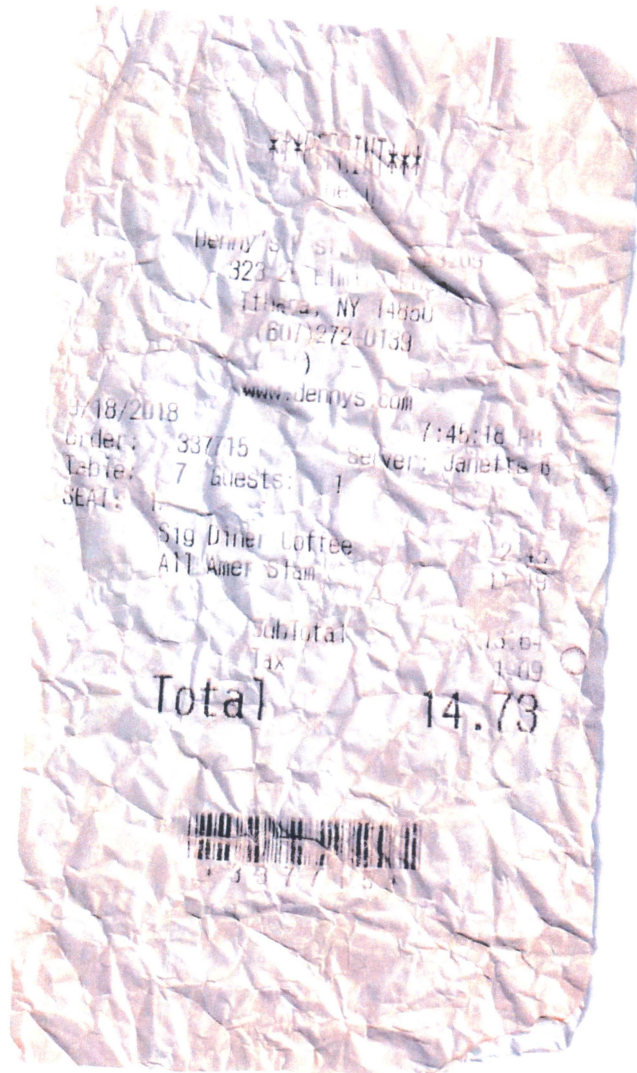
NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

This statement was completed at 04:54 AM on the 19th of September, 2018.

WITNESS: [Signature] #134
WITNESS: _____

Signed this 19th day of September, 2018
Jessica L. Smith
Signature of person giving voluntary statement

Scanned



Contrary to the false witness of Denny's Restaurant
Asst. Mgr. Amanda Rojas, I did NOT skip the bill
on the dinner I had there the night before
Deputy Chief (then Lt) John Joly and Ofc G.I. Herz
of the Ithaca Police Department subjected me
to a savage assault around 3:50 AM on
the morning of September 19 2018.

Sincerely,

Ruze Jayk July 12 2020

Certes. - Bonze Blayk June 7 2020

"Here: fixed #!" - Rosie-Anne Quvus aka bonze blayk - Digital Executrix - BAD TRIP RECORDS - June 7 2020
"Lying lips are abomination to the Lord *but* those who deal truly *are* his delight!" - Proverbs 12:22

BRAINRAPED AGAIN: Dosed with Ketamine as a sedative on admission 9/19/18 around 4:30 AM :
"Have *you* witnessed the agony of 'The Burning Man'? I DID."

Patient: BLAYK BONZE ANNE ROSE - DOB/Age 05/01/1956 62 - Admission Date: 09/19/18
Provider: Deidre M Blake MD - ORTHOPEDIC CONSULTATION -
DATE OF CONSULT: 09/19/18 - Thank you for this orthopedic consultation
CHIEF COMPLAINT: Left shoulder pain.

HISTORY OF PRESENT ILLNESS: Ms. Blayk is a 62-year-old transgender transsexual [duly diagnosed ICD-10 F64.0 "Transsexualism"] female, who had an altercation with was assaulted by police officers at Denny's in the early morning of 09/19/18. She was brought to Cayuga Medical Center Emergency Room around 4 a.m. She reported that she was hit in the face by one of the police officers and also reported some left arm pain. She was worked up for mandibular fracture and none was found. She was found to have a nondisplaced nasal fracture. She was extremely agitated, irrational, violent, defamed and admitted to the hospital and taken to the ICU. Once in the ICU, was noted that the patient had significant deformity and pain in the left arm.

Radiographs showed dislocation of the left shoulder joint with possible scapula fracture. am consulted for orthopedic care at 3 pm. on 09/19/18. Reviewed the X-rays and immediately ordered a stat CT scan of the right shoulder to evaluate the glenoid for any fracture.

CT of the left shoulder shows no significant glenoid fracture. There is an inferior anterior dislocation of the left shoulder joint with humeral head fracture fragments and avulsion from the rotator cuff and greater tuberosity. The patient reports 10/10 pain in the left shoulder. Any attempt to move the shoulder increases her pain. She can move her hand.

The patient is currently being taken to the radiology department for a stat CT of the abdomen and pelvis because of a decrease in her hematocrit.

PAST MEDICAL HISTORY: Above mentioned nasal fracture, left shoulder dislocation, history of hypertension, history of schizoaffective disorder, possible bipolar disorder psychosis [duly diagnosed ICD-10 F16.950 "Hallucinogen 'use,' unspecified with hallucinogen-induced psychotic disorder with delusions" - POISONED!], personality disorder [duly diagnosed ICD-10 60.4 "Histrionic Personality Disorder" - Millon "Vivacious histrionic" subtype], post traumatic stress disorder [duly diagnosed ICD-10 F43.1 "Post-traumatic Stress Disorder" due to psychiatric abuse], history of violent episodes having been sexually raped, subjected to intense mindfuckings, and brainraped, transgender transsexual.

PAST SURGICAL HISTORY: Left inguinal hernia repair Lipoma repair.

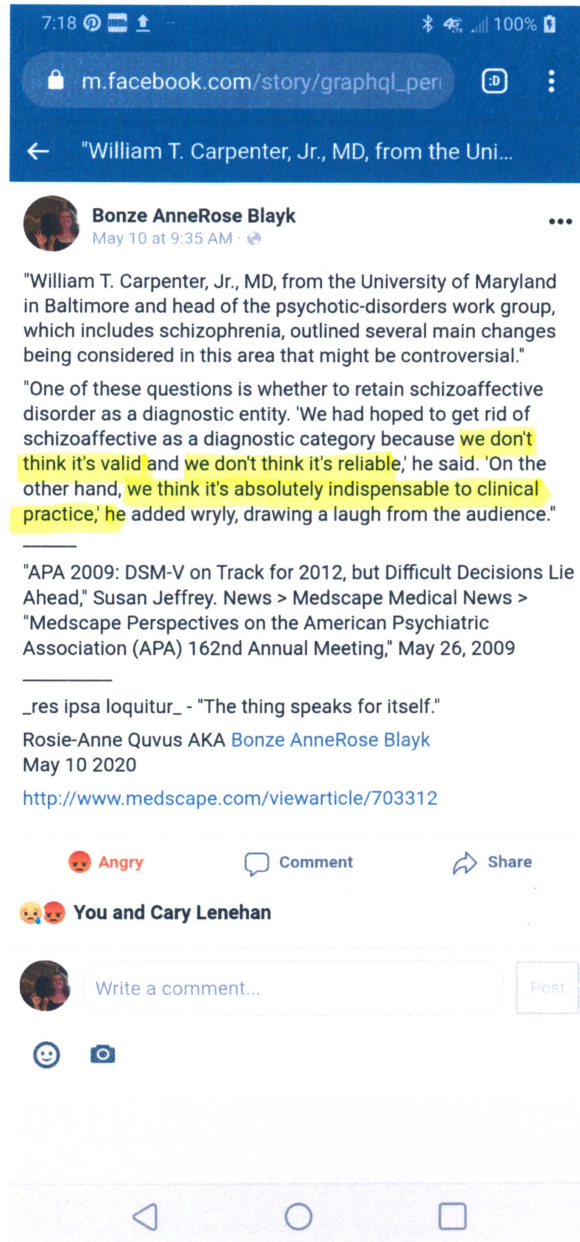
FAMILY HISTORY: Hypertension.

SOCIAL HISTORY: The patient reports marijuana none recent and synthetic drug use. Smokes 2 pack of cigarettes per day Vapes e-cigarettes. Unsure where she lives Place of residence 1668 Trumansburg Rd Ithaca 14850 since May 1994; "staying" at the Hampton Inn as a "trial run" for a long-anticipated journey to Dallas to have my facial hair eradicated by experts at Electrolysis 3000. Right-hand dominant. Normally an independent ambulatory retiree.

"He describes his ideological background as Right Wing Conservative, the Unitarian [sic], and reports that doing logic for a living is a strange business." I have been a Right Wing *Libertarian* since the age of 14. As regards my religious beliefs, I strongly identify with traditional Unitarianism, which upholds Christian values expressed within a framework of tolerance and reliance on scientific methods for verifying our beliefs about the world.

Doing logic for a living is indeed a strange business, because it subjects a person to higher standards of logical consistency and objectively provable factual accuracy than many other occupations; at the same time systems analysis and application design work offer great opportunities for implementing creative ideas within this framework of restraint.

- "1997-10-23 - 2003-09-21 RRFU Core History and KES-bb Corrections 2-UP.pdf" - Core History Notes 7/9
<http://badtriprecords.biz/bonzeblayk/testify/therapyness/rrfu/1997-10-23%20-%202003-09-21%20RRFU%20Core%20History%20and%20KES-bb%20Corrections%202-UP.pdf>



"Valid" - a valid psychiatric construct describes a genuine Mental illness.
"Reliable" - a reliable psychiatric construct yields "Inter-rater Reliability," so experienced clinicians will agree on the diagnosis given a certain fact-pattern.
"Absolutely Indispensable" - THE SMEAR MACHINE.
Sincerely,
Smee Blayk July 12 2020

← 2019-03-22 BARB - Complete History of Charts from Cayuga Medical Ass...



Date	Identification Numbers	Payment Provider	Subscriber
	Policy Number: AN33246W	Molina/Totalcare Medicaid	Bonzeanne Blayk
	PayID: 16146	PO Box 22615	
		Long Beach, CA 90801	

Problems

Date	Description	Provider	Status
Onset: 08/18/2016	Nervous system examination NAD	Jody M. Stackman, M.D.	Active
Onset: 09/19/2018	Personality disorder	Frederick Ryan Caballes, MD	Active
Onset: 09/19/2018	Leukocytosis	Frederick Ryan Caballes, MD	Active
Onset: 09/19/2018	Closed fracture of nasal bones	Frederick Ryan Caballes, MD	Active
Onset: 09/20/2018	Gender identity disorder	Frederick Ryan Caballes, MD	Active
Onset: 09/21/2018	Unspecified dementia without behavioral disturbance	Frederick Ryan Caballes, MD	Active
Onset: 09/21/2018	Fever	Frederick Ryan Caballes, MD	Active
Onset: 09/24/2018	Essential hypertension	Frederick Ryan Caballes, MD	Active
Onset: 09/24/2018	Noncompliance with treatment	Frederick Ryan Caballes, MD	Active

Family History

Description
No Information Available

Social History

Type	Date	Description	Comments
Birth Sex		Unknown	

