

PCP and Sexual Dysfunction

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The Substance Abuse and Sexual Concerns Project, a cooperative effort between the Haight-Ashbury Free Medical Clinic and the Institute for the Advanced Study of Human Sexuality, is studying the relationship of drug abuse and sexual dysfunction in both the using substance abuser and the chemically-free ex-substance abuser. Using the drug cycle as it relates to the socio-sexual response cycle as a clinical guide (see Figure 1), the authors have studied the relationship of a variety of drug-use patterns as they relate to sexual dysfunction. The drug-use patterns studied included amphetamine abuse (Smith et al. 1979), heroin abuse (Moser et al. 1980) and phencyclidine (PCP) abuse (Smith, Meyers & Rose 1968). The focus of this paper will be on PCP and sexual dysfunction.

The Haight-Ashbury Free Medical Clinic has been involved in treatment and research activities related to PCP abuse since 1967 (Smith & Luce 1969; Smith, Meyers & Rose 1968). In the process of developing a clinical approach to the diagnosis and treatment of the PCP abuse syndrome, the authors have defined a spectrum of acute and chronic toxic reactions to PCP. However, as with other drugs of abuse, the effects of PCP on sexual functioning have not been adequately studied. The present study consisted of interviews with 20 PCP abusers who sought treatment at the drug detoxification section of the Haight-Ashbury Free Medical Clinic. The authors compared the sex histories

of those interviewed with the sex histories of other substance abusers, particularly amphetamine and heroin abusers who also came to the Haight-Ashbury Free Medical Clinic for treatment. In addition, we consulted other PCP treatment programs and conducted interviews with PCP users who did not present themselves for treatment.

PHARMACOLOGY OF PCP AS IT RELATES TO SEXUAL FUNCTIONING

PCP is a dissociative anesthetic and has a number of complicated psychological and physiological effects. The effect of PCP on sexual response, similar to the effects of other psychoactive drugs we have studied, is a complicated interaction between psychological, physiological, pharmacological and socio-cultural variables. Based on our interviews, the drug effects most related to sexual functioning were disinhibition and perceptual alteration. In addition, with certain sexual practices pain reduction was an important factor.

Based on our interviews, PCP is smoked approximately 70 percent of the time, ingested in pill form 20 percent of the time, inhaled intranasally approximately five percent of the time and injected intravenously approximately five percent of the time. Smoking was the preferred route of administration and was most common when the drug was used to affect sexual functioning. Improved ability to titrate dosage seemed to be the major reason for this preferred route of administration. In episodic low dose usage, the PCP user generally described the effects of the drug as enhancing sexuality.

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Few users described significantly increased sexual desire as seen with low dose amphetamine use (Smith, Buxton & Dammann 1979); rather the disinhibition and perceptual alteration seemed to be the desired effects. Neither erectile or ejaculatory failure was reported with episodic low doses of PCP. However, as the dosage increased or if the drug was used chronically, there were reports of erectile and/or ejaculatory impairment, although not as great as those seen in the amphetamine or heroin studies (Moser et al. 1980; Smith, Buxton & Dammann 1979). Neither the males nor females in our study described enhancement of orgasm with PCP but did report an alteration in the perception of orgasm (e.g., prolonged orgasm with decrease in intensity). The following case example demonstrates the typical PCP-induced sexual dysfunction seen.

Case 1

A 20-year-old, White, homosexual male came to the Haight-Ashbury Free Medical Clinic acutely intoxicated with PCP. He had been smoking the drug three times per day for six months. He found that whenever he tried to discontinue using PCP he developed depression with significant cognitive impairment. He indicated that when he first began using PCP it enhanced his sexual pleasure by producing disinhibition. However, as his dosage of PCP escalated and his usage pattern became daily, he found that he had a decrease in sexual desire with some ejaculatory failure. He retained the ability to get an erection but in the middle of the sex act he would "space out and forget what he was doing." At the time of the interview he had significant depression, cerebral dysfunction and his level of sexual activity approached zero. This was substantially below his level of sexual activity before PCP use.

In analyzing the effect of chronic PCP abuse on sexual dysfunction, it is important to emphasize that the chronic PCP abuser often develops depression and cerebral dysfunction (Smith et al. 1978) which may impair vegetative functions and produce sexual difficulties in addition to the pharmacological effects of the drug itself. Following detoxification with PCP it is important to deal with the sexual concerns which may have been an impetus for the drug use initially.

PCP AND SEXUAL PATTERNS

Although a high incidence of pre-existing sexual pathology is found in heroin and amphetamine populations (Moser et al. 1980), the PCP users studied did not appear to have a high incidence of any specific pre-existing sexual dysfunction. In addition, they did

not describe a significant increase in sexual desire or enhanced ability to achieve orgasm. The major sex-enhancing property of PCP, with low dose episodic use, seemed to be its ability to produce disinhibition. Interviews with PCP users indicated that PCP was often used as an agent of seduction. For example, in the heterosexual community PCP was given by the male to the female either for general seduction purposes or as an inducement to participate in sexual activities. Of course, the social use of a drug for this purpose is not new: alcohol has long been used as a chemical seductive agent. We have seen, however, some toxic consequences through the use of such a potent drug as PCP for seduction. Any drug effect is strongly influenced by psychological set and environmental setting. If the male administers PCP to both himself and the female, particularly if the female consumes the drug unknowingly and then becomes frightened, this can often agitate the male leading to violence as illustrated by the following case.

Case 2

A 17-year-old male took a 14-year-old female whom he had just met into the woods promising to smoke some marijuana. In fact, the "superweed" which they both consumed was a combination of PCP and marijuana. He made a sexual advance. She indicated that she was willing to "pet" but did not want to have intercourse. She became quite frightened, both as a result of the mind-altering properties of the PCP and because she viewed the male's advances as threatening and frightening. Although the male's memory became somewhat clouded at this point, he remembers that the female began to resist him. She scratched him in the face and he became very agitated and delusional, believing that he was being attacked by an animal. He remembers defending himself and then running away from what he perceived as an attack by an animal. At a later time he was found with his face scratched and with numerous contusions on his body, probably as a result of his running through the woods. The police found the young girl strangled to death and the boy was charged with first degree murder. A PCP-induced diminished capacity defense (Baxley 1979) was introduced at trial, but the verdict has not been returned at this time.

In our study of PCP use in the homosexual community, our interviews focused primarily on the male homosexual as we had relatively little access to the lesbian community. It is unknown how widespread PCP use is in the lesbian community, but its use among male homosexuals is significant in areas such as San Francisco.

Its primary use appears to be both as a disinhibiting agent for certain sexual practices and to make certain sexual practices easier to tolerate. In particular, we found that PCP was used in anal-manual intercourse (AMI). In this context, the disinhibiting properties of PCP coupled with the anal sphincter relaxation and the pain reduction make AMI easier to participate in. We have case reports of AMI also occurring with both heterosexual and lesbian women. In the cases we interviewed, the insertee would take PCP for disinhibition and pain reduction. The authors found surprisingly few major complications with this potentially dangerous sexual practice. The complications were rare and medical in nature (e.g., anal sphincter tears and rectal bleeding). One unusual complication did come to our attention.

Case 3

Two male partners were participating in AMI after the use of PCP. The insertee requested that the insertor cut off both his testicles. In partial response, while under the influence of PCP and other drugs, including alcohol and methaqualone, the insertor did cut off one testicle with resulting severe inner hemorrhaging requiring medical intervention. In subsequent analysis the insertee indicated that castration was a long time sexual fantasy and it became apparent that both members of this interaction had personality as well as polydrug problems (Smith 1979).¹

In studying sexual practices of PCP abusers in a treatment context, it is obvious that the more unsuccessful users, with major personality and polydrug problems, would tend to present themselves for treatment. Those more successful users of PCP do not present themselves for treatment and, in the general community of users, one sees fewer adverse reactions and sexual complications.

SUMMARY

The use of PCP in a sexual context appears to be fairly widespread in certain segments of the community, particularly in the male homosexual community. When used episodically, in low dosages, its primary sex-

enhancing effects are disinhibition and pain reduction. When dosage is escalated to a higher level and the drug is used chronically, erectile and even ejaculatory failure occur. Relatively little research has been done on the high dose effects of PCP on sexual functioning in a controlled laboratory setting, although with parallel dissociative anesthetics such as ketamine, there are reports of erectile failure at high doses (Buffum et al. 1980). Relative to sexual practices, PCP is used both as a disinhibiting agent for seduction purposes as well as for participating in sexual practices that may be unfamiliar, guilt-producing, threatening or painful. There can be adverse psychological or physical consequences to these sexual practices, although the extent of these adverse effects is not known because of inadequate drug and sexological research. PCP, as well as other drugs, including methaqualone, alcohol and amyl nitrite, has been used to facilitate anal-manual intercourse. The authors were unable to locate any reference to this in the scientific drug or sexological literature. There were, however, numerous references to the use of PCP in association with various sexual practices including AMI in a recent popular book (Kramer 1978).

Our research does indicate that there is a higher incidence of both adverse drug reactions and sexual side effects in high dose chronic abusers of PCP, particularly when those individuals have severe underlying psychopathology and polydrug-abuse patterns. In addition, it appears that many of the acute adverse reactions associated with PCP are influenced by the lack of knowledge the individual has about the effects of the drug. PCP has many complicated physiological and psychological effects; anyone using the drug to effect a change in his/her sexual functioning, particularly if they have pre-existing psychological and drug problems, takes a substantially higher risk relative to potentially severe complications.

NOTE

1. As has been stated previously, most PCP abusers are polydrug abusers. Multiple drug use involving PCP may be the major reason for adverse reactions.

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