



Training Key® #509

Drug Facilitated Sexual Assault: Rohypnol and GHB

The use of “date rape drugs” such as Rohypnol and GHB is a recurring problem not only among high school and college-age women but within the general population. Identifying the use of these drugs and effectively investigating these cases present challenges that are not generally evident in other instances of sexual assault.

In 1999, The American Prosecutors Research Institute’s (APRI) Violence Against Women Program issued a report designed to aid in the investigation and prosecution of sexual assault cases suspected of involving the drugs Rohypnol or GHB.¹ Hereafter referred to as the “study,” the APRI report notes that of the 430,000 sexual assaults reported annually in the United States a growing number involve women who believe that they were drugged and raped. But because the drugs commonly used in these attacks produce a loss of consciousness and memory, particularly when mixed with alcohol, many victims fail to report these crimes. In such cases victims may not remember the attack but wake up knowing that something very wrong has transpired.

Therefore, for police personnel - including complaint takers, first responders and investigators - as well as for prosecutors, the identification and arrest of suspects and the prosecution of these cases can be complex and difficult. Dealing effectively with complainants and identifying and ensuring the preservation of critical evidence in these cases presents challenges that are not always evident in other sexual assault cases. Awareness of the effects of Rohypnol and GHB and the investigative approaches necessary to effectively investigate these complaints is essential and will help to ensure that such incidents and the victims involved are given the attention they require and deserve.

Date Rape Drugs

The APRI study recognizes that Rohypnol and GHB are the “drugs of choice” for perpetrators of drug-facilitated sexual assaults although there are numerous other drugs that produce similar effects that cannot be overlooked. These will be discussed in turn.

Rohypnol. Rohypnol is the trade name for flunitrazepam, a central nervous system depressant that is related to Valium although about ten times more potent. It is manufactured by Hoffman-La Roche, Inc., a Swiss pharmaceutical company. While the drug is the most widely prescribed sedative in Europe, it is illegal to manufacture, import and sell Rohypnol in the United States both under federal and many state laws.

For identification purposes, Rohypnol is available in pill form and is usually sold in the manufacture’s bubble packaging. The tablets are white and are single or cross-scored on one side with “ROCHE” and “1” or “2” encircled on the other. According to a report from the White House Office of National Drug Control Policy,² (ONDCP) the drug, when taken as prescribed, results in slowed psychomotor performance, muscle relaxation sleep and amnesia. The product manufacturer warns that “some patients may have no recollection of any awakenings occurring in the six to eight hours during which the drug exerts its actions.” The use of alcohol intensifies these effects to the extent that victims may not have a full recollection or any recollection of events that took place after they were drugged, including a sexual assault.

According to the ONDCP, Rohypnol use appears to be spreading throughout the U.S. among high school and college youth and in some areas is associated with gang involvement. Among high school students it is known as a “cheap drunk” with a pill ranging in price from \$2.50 to \$3.00. College students often mix it with beer or other alcoholic beverage or in combination with marijuana, cocaine or heroin. It is also known as a “club drink” in that it is often used by young adults in nightclubs as a recreational drug or for other purposes to include facilitation of sexual assault. It should be emphasized that Rohypnol, when used independently and particularly with alcohol or other drugs can and has resulted in death.

The effects of the drug can occur within 15 to 30 minutes and last up to eight hours or more depending on the dosage. Effects of the drug include sedation, dizziness, loss of motor skills, muscle relaxation, slurred speech, memory impairment, impaired judgement, loss of inhibition, loss of consciousness, visual disturbances and nausea.

Rohypnol is often sold in quantities by dealers to high school or college-age students who in turn market it for a profit to their friends. Some law enforcement officers in areas where the drug is more prevalent (such as Florida) have encountered drivers who appear to be drunk but who are impaired by Rohypnol. When a motorist is stopped for suspected drunken driving but their blood alcohol or breathalyzer test registers a low quantity of alcohol in their system, officers may consider that Rohypnol or related drugs could be involved.³

GHB. GHB, or gamma hydroxy butyrate acid is an unapproved and potentially dangerous drug that cannot be legally marketed in the United States. While it is not a controlled substance under federal law, at this time 21 states have taken action for its control.

GHB is a chemical that has been promoted as a steroid alternative for body building and related uses for several years.⁴ It is a central nervous system depressant and may be administered only by a physician. But for uncontrolled recreational use, GHB is a street manufactured drug the ingredients of which are widely available and even found on the Internet. Like Rohypnol, it is often found at nightclubs and underground “RAVE” parties but it is not limited in use to teens and college students. It is available for and used by men and women of all ages.

GHB is often mixed with alcoholic and/or fruity drinks to mask its salty taste. When combined with alcohol and/or taken in large doses it can result in death. The APRI study also notes that like Rohypnol its effects are normally felt within 15 to 30 minutes of ingestion and may last three to six hours or longer. Unlike Rohypnol it is commonly found in liquid form in small bottles or vials, mixed in plastic sports bottles or “spring water” bottles and small “Visine” eye-drop containers.

Other Date Rape Drugs. Other drugs used to facilitate sexual assaults include Gamma Butyrolactone (GBL), a substance often sold in liquid or powder form as a dietary supplement at health food stores, gyms, fitness centers and other locations. Products containing GBL are promoted as body building facilitators that also purportedly improve physical performance, enhance sex, reduce stress and induce sleep. GBL goes by such brand names as Renewtrient, Revivarant, Revivarant G, Blue Nitro, Blue Nitro Vitality, GH Revitalizer, Gamma G, and Remforce. These products have been associated with at least fifty cases of adverse health reactions and one death according to sources cited in the APRI study.

The study also notes that the FDA has issued warnings to consumers not to purchase products which contain GBL. Like Rohypnol and GHB, GBL is a central nervous system depressant which acts much like Valium and alcohol and induces deep sleep when taken in sufficient doses.

Gamma Aminobutyric Acid (GABA) is another of the date rape drugs that inhibits and depresses the central nervous system. It has been used by individuals as a stress-reducing agent and by athletes as an agent for release of growth hormones.

1,4-Butanediol is another drug in this classification. Like the others, it causes central nervous system depression and induces sleep that resembles the affects of anesthesia.⁵

Investigations

The impact of rape on a victim’s self-concept or self-perception can be devastating. Consider the following statement:

*Except for homicide, rape is the most serious violation of a person’s body because it deprives the victim of both physical and emotional privacy and autonomy. When rape occurs, the victim’s ego or sense of self as well as her body is penetrated and used without consent. She has lost the most basic human need and right: control of physical and emotional self.*⁶

Whether facilitated by drugs or other means, sexual assault is one of the most devastating crimes that can be committed upon another human being. The lack of control over ones body and its illegal and degrading use by another defies comprehension by most persons who have not been a victim of rape or seen its effects first hand. Add to this the total lack of control and the inability to offer even the least amount of protest or resistance by those who are in a drug-induced state, and the impact can be even more destructive and humiliating. As a result, police personnel who investigate such offenses must be aware of not only the nature of the crime but its immensely traumatic effects on the victim.

This begins with the call taker or complaint taker who may have first contact with the victim. Those who have been the victim of drug-facilitated rape may initially present a peculiar tale that may not be believable to some. The inability to articulate the basic facts of the offense, such as information about the perpetrator or nature of the act, and the general inability of the victim to pull together facts, times and events surrounding the violation may cast initial doubt concerning the validity of the complaint and the mental state of the complainant. Confusion in victims of sexual assault is not uncommon but is even more evident among those who have also been victimized by the debilitating affects of Rohypnol or similar drugs.

While not all complainants are articulate or coherent when first reporting a crime, most want to report a definable crime and many often have an idea of who committed it. In the case of the date rape, the victim may not be able to provide any other details than the fact that she thinks she was raped and she thinks she knows who may have done it. To the untrained complaint taker or emergency operator, such vagueness may be off-putting or even be considered a hoax. Therefore, emergency communications personnel must be among the first to be trained in recognizing the signs and symptoms of the potential drug-facilitated sexual assault victim.

Dispatchers should already be familiar with appropriate instructions to give rape victims pending arrival of first responders, such as not taking a shower, cleaning or otherwise disrupting bed linens or other areas where the crime took place or discarding clothing or related items of potential evidentiary value. In addition, dispatchers and first responders should be aware that Rohypnol and related drugs can dissipate from the body within a few days, so a urine sample should be collected from the victim if the drug was ingested within 96 hours of the reported incident. A blood sample should also be collected if the drug was ingested within 12 hours.

The investigating officer should also be particularly cautious about the nature and direction of victim questioning. As the APRI study explains:

The investigating officer should keep an open mind, listen to the victim and conduct a detailed victim interview as soon as possible. Asking leading or suggestive questions should always be avoided when speaking to victims in all cases. This is even more important in drug-facilitated sexual assault cases where the victim does not have complete memory of the crime and may well try to fill in the gaps of her memory with any information indirectly provided to her. The officer should reassure the victim that what happened to her was not her fault and that even though she does not know exactly what transpired during the sexual assault, if adequate corroborative evidence is secured, her case can still be prosecuted. However, it is very important for the police officer not to give the victim unrealistic hopes of successful prosecution, especially if there is no positive urine sample and the specific drug used has not been identified.

The study suggests that the following types of questions be asked for purposes of getting as much information as possible to complete the factual scenario:

- What general information can she provide as to where she was?
- What does she remember about other individuals present?
- What does she remember before receiving the drink?
- Who gave her the drink and what type of drink was it?
- How much control did she have over her drink?
- What were her symptoms before she passed out or blacked out?
- Where was she when she awakened?
- In the past, when she consumed alcohol, what physical effects did she experience?
- Did she ingest any other prescription or recreational drugs that night, or has she in the past?
- Did she experience any unusual side effects the day after the sexual assault?
- Were any of her belongings stolen?
- How did she get home? Was there anyone home when she arrived? Did they notice anything unusual about her behavior and/or appearance?
- Who was the first person she told about the incident?

Whenever possible during these encounters a victim advocate should be on hand to help officers explain the procedures and actions that will be taken to conduct the investigation.

At the earliest point possible in the case, the local prosecutor's office should be contacted to determine evidentiary needs and problems and to develop a strategy for the follow up investigation to meet those needs.

Interviewing Witnesses

Police investigators should interview any persons who may have associated with or seen the victim prior to attending the party or other event, during the event and following the sexual assault. Witnesses should be questioned about the victim's behavior and appearance during these periods, those with whom she associated, the types of drinks she consumed and whether

she left the party unassisted or with the help of another person. Questions to be asked include, for example: Did the victim exhibit any unusual behavior during those periods? Did anyone see her when she got home and what was her condition at that time? Who was with her at the event and upon leaving the event and did anyone see the suspect(s) leading the victim to his home, car, room or similar location.

The study suggests that officers who are anticipating the use of a pretext phone call delay interviewing suspects in order to avoid arousing their suspicion that they are under investigation. As in other investigations, it is necessary to place the suspect at the scene of the crime. There are several general avenues of investigation that can be taken to accomplish this as discussed in the following sections.

Background Information of Defendant

The general dating history and reputation of the suspect should be included as a starting point in the investigation. The study suggests the following types of questions in this regard:

- What is his "reputation" among his friends/school/office? Is he known as a "ladies man"?
- Does his fraternity/apartment complex/group of male friends have a reputation for sexual conquests?
- Does he boast about his sexual exploits?
- Does he routinely bring different women home?
- Does he have a steady girl friend? If so, does he date other women on the side?
- Has anyone ever accused him of rape or other sexual misconduct? Have roommates or friends seen women leaving his room crying/distraught?
- Does he talk about taking pictures or filming videos during sexual acts? If so, does his sexual partner know of the picture taking or the filming?
- Does he use pornography, e.g., magazines, movies, Internet sites?
- Does he go to adult book stores, adult theaters or to nude bars?
- Had he talked about plans of making a "conquest" that evening, e.g., trying to get his intended "target" drunk? If so, had he made any preparations such as devising a special punch recipe designed to get women drunk?

This type of information can provide prosecutors with the contextual framework and background details of the events surrounding the assault as well as the intent and premeditation of the suspect to commit the offense.

Suspect Forensic Examination

Most police are familiar with a forensic examination conducted on the victim of a sexual assault. A suspect exam is similar in many ways to that used for the victim and depending on the circumstances of the case, should not be overlooked.

In many cases involving drug-facilitated sexual assaults, some time has elapsed since the attack took place and there may be a presumption that a forensic search under these circumstances would be futile. However, this is not always the case, and evidence collected at the scene may necessitate that comparative samples from the suspect be collected. The APRI study recommends that sample collection include "oral and penile swabs; fingernail scrapings; hairs combed from the

pubic region, a blood and urine sample, and hair samples pulled from the head and pubic region.”

The study further recommends that the suspect examination:

Should include blood and saliva samples taken for identification, i.e., DNA purposes. The examiner should look for evidence on the suspect’s body such as scratches and bite marks or blood from the victim on the suspect’s skin and clothing. Such evidence would indicate that force was used, thereby, negating a consent defense. The examiner and investigator should be mindful, though, that in many drug-facilitated sexual assault cases, there may not be any indications of force or defensive injuries on the suspect, e.g. scratches, because the victims are incapacitated and unable to resist the attack.

Even in cases where the accused claims consent regarding the incident, use of a forensic examination should not be discounted. As the study notes, “the investigation-prosecution team must also be prepared to alter their tactical response in the event the defendant changes his defense from consent to misidentification. Therefore, conducting a suspect examination at the outset of the investigation may enable the investigation-prosecution team to counter effectively either a consent or identification defense argument.”

Search Warrants for Defendant’s Home

Where legal grounds exist to request a search warrant of the suspect’s home or other location where evidence of a crime might be found, this measure should be taken without delay.

The APRI study provides the following suggestions for items to include in the search warrant:

- Packages of Rohypnol and other drugs
- Bubble packages and other packaging that indicate receipt of shipment of drugs
- Cooking utensils (for GHB)
- Precursors/reagents (chemical ingredients of GHB)
- Prescriptions from the U.S. and other countries, especially for sleeping aids, muscle relaxants and sedatives
- Liquor bottles, Margarita salt, mixers, punch bowls (where GHB or other drugs may have been mixed with other liquor)
- Glasses, soda cans and bottles ...any containers - look for any residue of drugs
- Video/camera equipment
- Videotapes, photographs and CD-ROMs of the sexual assault victim
- Pornographic literature containing suggestions of drugging women to facilitate sexual assaults
- Computers and computer discs
- If robbery is suspected, the victim’s possessions and/or the defendant’s pawn shop slips evidencing the sale of the victim’s possessions
- Standard sexual assault crime scene evidence (sheets, etc.)

Offenders sometimes use drugs that are readily available to them so that searches for prescription drugs that could be used to incapacitate a victim should be targeted within the search.

Since the defense in most of these types of cases is based on the allegation that there was consent, securing evidence that the victim was incapacitated by drugs is extremely important.

Evidence that positively identifies the offender is important because of the possibility that the defendant will change his defense to one of mistaken identity. This is also true where there is the possibility of a gang rape situation. Therefore, identification evidence should be gathered in every case even if there is no question about the identity of the offender. That same evidence can also be used in some cases to facilitate the argument that there was lack of consent. For example, the study notes that in certain cases, semen in the victim’s anus has been argued to be inconsistent with consent.

Pretext Phone Calls

Use of pretext phone calls are often effective in eliciting evidence or other incriminating information from a suspect. In these cases, (if permitted by state law) the victim telephones the suspect and engages him in conversation intended to elicit such information while the investigating officer tapes the call. Such calls should be conducted prior to interviews with the suspect’s friends to avoid alerting the suspect that he is under investigation.

Pretext phone calls do not routinely elicit a “confession” and officers should be careful that the victim does not ask questions that are so leading as to alert the suspect to the ruse. Rather, the conversation can be used to place the suspect at the location of the assault, corroborate the victim’s or witnesses’ statements and details of the assault that could only be known by the assailant and “lock in” the defendant to a specific defense.

Pretext phone calls are not appropriate in all cases. Often a victim may be unsuitable or unwilling to perform this action because of the trauma experienced in the attack and the fear that additional emotional trauma may result from the call. A victim advocate can be very helpful in exploring these issues with the victim, determining whether she is suitable for/capable of making the call, preparing the victim for the experience and helping the victim deal with the contact following the telephone call.

Corroborative Evidence

In many drug-facilitated sexual assault cases, a blood or urine sample cannot be obtained in time to provide a positive identification of the drug that was ingested. In these and other cases it is also common to find that the victim, due to her drug induced incapacitation, is unable to provide investigators with details surrounding the assault. In such instances, development of corroborative evidence is essential.

For example, in investigating the crime scene officers should pay close attention to the presence of any of the items listed earlier in this paper with regard to searching the suspects home. In addition, the following items suggested in the APRI study may be of value to the investigation as items of potential corroborative evidence. It is not intended as an exhaustive list of options and opportunities and does not presume to take the place of creative thinking in this area.

- Invitation lists (hard copies and e-mail) which will identify other witnesses
- Standard sexual assault crime scene evidence (sheets, etc.)

- Phone messages indicating witnesses or details of the event
- Objects that may have been used to penetrate the victim
- Semen and blood stains - use an alternate light source to locate stains (a Luma-Lite or Polylight, or Luminol for blood, and a Woods lamp for semen)
- Possible vomit from the victim (may be a source of drug residue)
- Internet information or pamphlets on Rohypnol and GHB and on using these or other drugs in the commission of sexual assaults

If the crime scene is in a group house, get consent to search the entire house.

- Can locate evidence of new witnesses or co-defendants
- You may be able to locate the “supplier” of the drug, if different from the offender

When Victims Voluntarily Ingest Rohypnol or Related Drugs

It is entirely possible that a person who has been the victim of a drug-facilitated sexual assault knowingly ingested one or more of the drugs cited in this paper. As previously mentioned, many persons use Rohypnol and similar substances on a recreational basis just as they do heroin, cocaine or other drugs. But, as the APRI concludes:

They do so for the intoxicating effect and do not expect that they will be sexually assaulted. Voluntary ingestion of a drug does not equal consent to any and all sexual acts. This also applies when a toxicology report states that a victim ingested other recreational drugs, e.g., cocaine, in addition to the rape drug. In both cases, uncovering this evidence should in no way automatically stop the investigation, but should be considered as just another fact in the case.

Endnotes

¹ For the complete report and a video training tape, see: *The Prosecution of Rohypnol and GHB Related Sexual Assaults*, The American Prosecutors Research Institute Violence Against Women Project, 99 Canal Center Plaza, Suite 510, Alexandria, Virginia, 22314. Tel: (703) 836-3195; <http://www.ndaa-apri.org>.

² See *Drug Policy Information Clearinghouse Fact Sheet: Rohypnol*, White House Office of National Drug Control Policy, September, 1996, NCJ-161843.

³ Rohypnol is known by a number of slang terms, to include: Forget pill, the drop drug, La Rocha, Mexican Valium, R-2, Rib, Roachies, Roche (pronounced “row shay”), Roofies, Rope, Ropies, Roples, Ruffies, Ruffles and Wolfies.

⁴ The National Clearinghouse for Alcohol and Drug Information, *NCADI Fact Sheet: FDA Re-issues Warning on GHB*, FDA Talk Paper, T97-10, February 18, 1997. Consumer Hotline: (800) 532-444 .

⁵ For a more complete treatment of the various drugs used in facilitating sexual assault, to include their generic and brand names, effects and DEA status, see the original report by APRI cited at endnote 1.

⁶ *Sexual Assaults, Concepts and Issues Paper*, IACP National Law Enforcement Policy Center, International Association of Chiefs of Police, Alexandria, VA. (1995) p. 2.

questions

The following questions are based on material in this *Training Key*®. Select the best answers.

1. Which of the following statements is false?

- (a) *The effects of Rohypnol and other “date rape drugs” are increased when mixed with alcohol.*
- (b) *Rohypnol is generally prepared in clandestine laboratories.*
- (c) *Rohypnol is a widely prescribed sedative in Europe.*
- (d) *Rohypnol is illegal to manufacture, import or sell in the United States.*

2. Which of the following statements is false?

- (a) *According the Office of National Drug Control Policy, Rohypnol use appears to be spreading throughout the U.S. among high school and college youth.*
- (b) *Rohypnol and many other “date rape drugs” are known as “club drinks.”*
- (c) *GHB, like Rohypnol, is a central nervous system depressant.*
- (d) *GHB, like Rohypnol, is distributed in pill form.*

3. Which of the following statements is false?

- (a) *Rohypnol and related drugs can be detected in blood or urine samples more than a week after they have been ingested.*
- (b) *The general dating history and reputation of the suspect should be included as a starting point in drug-facilitated sexual assault investigations.*
- (c) *Pretext phone calls are often effective in eliciting evidence or other incriminating information from a suspect.*
- (d) *Rohypnol and related “date rape drugs” are commonly used for recreational purposes rather than to facilitate sexual assault.*

answers

- 1. (b) Rohypnol is not normally a product of clandestine laboratories but rather is illegally brought into and sold in the United States from other countries where it is legal.
- 2. (d) GHB is normally distributed in liquid form through “sports bottles” or in smaller quantities through “Visine” droppers or similar means.
- 3. (a) Rohypnol and related drugs may be detected in blood samples if the drug was ingested within 12 hours of the test and in urine samples if ingested within 96 hours of the test.

have you read ... ?

The Prosecution of Rohypnol and GHB Related Sexual Assaults, The American Prosecutors Research Institute Violence Against Women Project Report, 99 Canal Center Plaza, Suite 510, Alexandria, VA.

This report and its accompanying training video examines the full range of issues surrounding the investigation and prosecution of drug-facilitated sexual assault cases. It is designed for use by both police investigators and prosecutors.

