

Drug-facilitated rape

Drug-facilitated rape has generated a considerable amount of attention from the media, the public and professionals in the last few years. It is characterised by spiking drinks (alcohol, coffee, tea, hot chocolate or a soft drink) with a stupefying substance leading to amnesia to the extent that the victims have no recollection of events, cannot resist or may not even be aware of the sexual assault. Many report that on waking things do not seem quite right, e.g. their underwear is missing or their vagina feels sore. It is, however, the memory loss that is most disturbing. Immediate questions asked include did any sexual activity take place and with whom?

The majority of drugs associated with sexual assault are central nervous system (CNS) depressants. Many of them are given via alcohol, which is another CNS depressant with synergistic effect.¹ The behaviour of victims in drug rape is not specific and not indicative of the substance used. Effects of drugs and/or alcohol include heightened sexual awareness, lowered inhibition, complete or partial memory loss, flashbacks of memory, out-of-body experience, muscle relaxation, confusion, dizziness and unconsciousness.² Presentation to the police is often delayed due to hangover-type symptoms and uncertainty.

Drug rape has been most commonly linked to administration of flunitrazepam (Rohypnol) and other benzodiazepines, gamma-hydroxybutyrate (GHB) and ecstasy. Detection times for Rohypnol are up to 24 hours in blood and 72 hours in urine, while those for GHB are between 2 and 6 hours in blood and 8 to 12 hours in urine. This highlights the need to collect samples as soon as possible after the assault in order to improve detection rates.³ In addition, standard laboratory screening kits do not routinely test for these agents unless suspected and/or requested by the police.

A study into drug-facilitated sexual assault was recently undertaken in the UK for the Home Office and reported by DCI Sturman.⁴ The primary aim was to find out if the drug rape problem existed and what could be done to solve it. Data was gathered by anonymous questionnaires given to complainants of drug-facilitated sexual assault and also by interviews, seminars and focus groups. The conclusion was that drug rape occurs in this country but is not of epidemic proportions. There has been no prevalence study in the UK on the use of drugs in sexual assault.

Prevalence studies were conducted in the US. ElSohly and Salamone in 1999 analysed 1179 urine samples from victims of sexual assault from 49 states over a period of 29 months. The authors found that the prevalence of alcohol was very high (40.8%) followed by cannabinoids (18.5%), benzoylecgonine (a metabolite of cocaine) (8.2%) and benzodiazepines (8.2%). Much smaller numbers contained amphetamines (4.3%), GHB (4.1%) or opiates (2.1%). Benzodiazepines were represented by diazepam, lorazepam, alprazolam, temazepam and norfludiazem. Flunitrazepam was found only in 0.6% of cases. In addition, 35% of the drug-positive samples contained multiple drugs.⁵

Slaughter⁶ examined the relationship between alcohol and drug usage in 2003 victims of sexual assault. This study supported previous indications that alcohol, cannabis and/or

other drugs were important risk factors for sexual assault. GHB was detected in 3% of the sample and flunitrazepam in 0.4%. The author suggests that public attention should be redirected to the substances most frequently detected in victims of sexual assault.

In response to reports of rape cases facilitated by Rohypnol, Roche Pharmaceuticals released a new formulation. This drug, which dissolves more slowly in liquid, turns clear beverages bright blue, and causes dark beverages to appear murky.⁷ The Home Office has plans to make GHB a Class C drug, which means that anyone possessing it would face 2 years imprisonment while suppliers would face 5 years.⁸ At present the drug is available over the counter and on the Internet.

The occurrence of drug-facilitated rape is worrying. The low level of detection of drugs linked with rape in the UK gives a false sense of security. Results of the US studies may not apply to the UK. In order to know the truth about the extent of drug rape and to develop necessary preventative measures more research needs to be done in this area and the forensic process itself will bear close examination.

It is imperative that the victim presents herself or himself to the police at the earliest opportunity if the ensuing forensic examination is to be both comprehensive and fruitful. The collection of blood and urine samples needs to be carried out as early as possible in view of the limited detection times. This is particularly applicable to GHB, which is available without a prescription (as opposed to Rohypnol) and has shorter detection periods.

The problem of rape facilitated by drugs is one that the public should be more aware of. This would have to be done by way of clear and accurate information disseminated through, for example, the media and schools in a restrained manner so as not to cause undue alarm or lay the facts open to misrepresentation. Education about the dangers of misuse of alcohol should be carried out simultaneously with the campaign about the dangers of recreational drugs.

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References

- 1 Stark MM, Payne-James JJ. *Symptoms and signs of substance misuse*. London: Greenwich Medical Media, 1996.
- 2 Ferner RE. *Ethanol. Forensic pharmacology*. New York, NY: Oxford University Press Inc., 1996; 113–139.
- 3 Deini I, Mahr G, Von Meyer L. Determination of flunitrazepam and its main metabolites in serum and urine by HPLC after mixed-mode solid-phase extraction. *J Anal Toxicol* 1998; **22**: 197–202.
- 4 Sturman P. *Drug assisted sexual assault: a study for the Home Office under the Police Research Award Scheme*. London: Home Office, 2000.
- 5 ElSohly MA, Salamone SJ. Prevalence of drugs used in cases of alleged sexual assault. *J Anal Toxicol* 1999; **23**: 141–146.
- 6 Slaughter L. Involvement of drugs in sexual assault. *J Reprod Med* 2000; **45**: 425–430.
- 7 Press release. Hoffmann-La Roche takes action to stop Rohypnol diversion and misuse. Nutley, NJ: Hoffmann-La Roche, Inc., September 1996.
- 8 Press release. Date rape drug faces ban after '100 attacks'. *Evening Standard*, 10 December 2001.