Drug Facilitated Sexual Assault

Colleen James, RN, SANE
South Peninsula Hospital
907-235-0287

Katie TePas
Program Coordinator
Alaska State Troopers
907-269-5412
Common Elements of DFSA

- Social or business situation that seems non-threatening
- Victim consumes drink
- “Curtain comes down” on victim’s awareness within a short time
- Loss of consciousness and memory for a period of time
- Moved to another location
- Unsure if sexually assaulted or identify signs they have been
Detectability Before Ingestion

- Most drugs will dissolve or disperse in beverages or food
- Most medications are bitter
  - May not be noticed if beverage is strong
- Tablets and some capsules have inert fillers that will not dissolve
  - May not be noticeable depending on beverage, physical and social circumstances and if victim is intoxicated
Drugs Reportedly Used to Commit DFSA

- Ethanol
- Zolpidem
- Barbiturates
- Benzodiazepines
  - Flunitrazepam
  - Clonazepam (Clonapin, Rivotril)
  - Loranzepam
  - Alprazolam (Xanax)
  - Triazolam (Halcion)
  - Chlordiazepoxide
  - Diazepam
  - Temazepam
- GHB, GBL, and 1,4-BD
- Ketamine
- Opiates
- Antihistamines
- Hallucinogens
- Sedative Antidepressants
- Chlordiazepoxide
- Chloral Hydrate
- Muscle Relaxants
- Scopolamine
- Herbal Sedatives
Challenges With Drugs That Are Used

- Dosages
- Number of Candidates
- Pharmacokinetics - What your body does to the drug
- Pharmacodynamics - What the drug does to your body
ALCOHOL
CLUB/DESIGNER DRUGS

- Commonly associated with rave clubs or dance clubs
- High-volume music, high-tech entertainment and easy access to drugs
- Produce increased stamina and intoxicating highs
- Colorless, odorless, and tasteless
Gamma Hydroxy Butyrate

- Naturally occurring metabolite of GABA
- Central nervous system depressant
- Schedule 4A drug in Alaska
- G, Liquid Ecstasy, GHBeers, Grievous Bodily Harm, Scoop, Jib, GH Buddy, Easy lay, Georgia Home Boy, Salty Water and liquid X
- Detectable <8 hours in blood and <12 in urine*
- GBL
It’s Nothing But Luck
APPEARANCE:

- Clear liquid form, slightly thicker than water and is odorless. Has a salty taste. White powder form similar to cocaine. The powder form becomes a liquid when exposed to the air after a time.
DURATION OF EFFECTS

- Onset: 10 to 20 minutes
- Duration: 1 to 4 hours
- After effects: 2 to 4 hours
EFFECTS—UNPREDICTABLE

- Rapid onset of intoxication, increased energy, anxiety, loss of inhibition, loss of coordination, enhanced sexual experience
- Nausea, impaired judgement, amnesia, dizziness, slow heart rate, muscular fatigue
- Passing out, sedation, respiratory depression
- Coma and death
MORE SIDE EFFECTS

- Extremely dose sensitive
- Quality of the product?
- “Beginners” often vomit, experience body jerking and loss of bowel and bladder control
- May “carpet out” on heavy dose or experience “head snap”. Breaths may slow to six or less per minute.
- Addiction
MDMA
(ECSTACY)

- Methylene dioxy methamphetamine
- Central nervous system stimulant
- Rarely taken with alcohol
- Schedule 2A drug in Alaska
- “E”, Ecstasy, rolls, pills, beans, M&M’s, Adam, clarity, doctor, XTC, X, M, hug drug and love drug.
- May be detectable in blood < 24 hours
APPEARANCE

- Powder form varies in color from white to tan to brown and has the same texture as cocaine.
- Capsule form is either a clear gelatin capsule or capsule filled with powder.
- Pill form varies in color.
- Wafer form is about the size of vitamin C.
DURATION OF EFFECTS

- Onset: 10 to 20 seconds to 20 to 40 minutes
- Duration: 4 to 6 hours
- After effects: hangover 1 to 2 days
EFFECTS

- Euphoria, hyperexcitability, rapid heart rate, teeth grinding, mild hallucinogen
- Nervousness, eye twitching, scratching, panic attacks, dizziness, muscle cramping
- Seizures, loss of consciousness, heat stroke, death
- Cocktailing/bumping (mixing) both to enhance or mask effects.....dangerous
HEALTH HAZARDS

- Addiction, confusion, depression, sleep problems, anxiety and paranoia
- Fatalities from rave parties usually involve the stimulant properties; dancing for extended periods can lead to dehydration, hyperthermia, heart or kidney failure
- Use damages serotonin neurons; mood, memory, sleep and appetite
Para-methoxy-amphetamine, 4-MA
Powerful hallucinogenic stimulant
Cheaper and easier to manufacture than ecstasy and more dangerous
Over a dozen confirmed deaths
White or tan with a Mitsubishi logo and usually thicker
KETAMINE

- Dissociative anesthetic
- Similar to PCP
- Used by veterinarians
- Schedule 4A drug in Alaska
- Special K, “K Wave, “K”, Kat, “K” Hole and “K” Head
- Detectable 24 hours in blood and 48 hours in urine
APPEARANCE

- Clear liquid form contained in 10 ml glass vial with ketamine written on it
- Powder form which is white in color and closely resembles cocaine
DURATION OF EFFECTS

- Onset: 1 to 20 minutes
- Duration: 20 to 30 minutes
- Residual: effects 1 hour after initial dose
EFFECTS

- Hallucinations, euphoria, loss of inhibition, quick burst of energy, drunken feeling.
- Confusion, ringing in ears, tunnel vision, numbness of body, out of body experience.
- Mental depression, loss of balance, no sense of time, disassociation from reality
- Shortness of breath, vomiting when mixed with alcohol, and coma.
ROHYPNOL

- Flunitrazepam
- Central nervous system depressant
- Schedule 4A drug in Alaska
- 10 times the potency of Valium
- Detectable in urine 96 hours and in blood 24 hours
APPEARANCE

- White or blue colored tablets, single or double cross score line on back and R.H., Roche or Ruffies on the front of the tablet
New Tablets

- Olive Green Color
- “542” on one side and single score on the other
- Blue dye released when dissolved
- Injectable Rohypnol
DURATION OF EFFECTS

- Onset: 15 to 20 minutes/peak 1 to 2 hours
- Duration: 8 hours
- Residual: hangover 12-24 hours
EFFECTS

- Loss of inhibition, drunken state, dizziness, tranquility, slurred speech, slowed breathing, headaches, confusion, hallucinations, affects judgement, black outs, memory loss, coma and death
Other Benzodiazepines

- **Clonazepam (Clonapin, Rivotril)**
  - Anticonvulsant, identical effects to Rohypnol and LEGAL

- **Alprazolam (Xanax)**
  - Antidepressant and anxiolytic agent
  - This drug is LEGAL and is difficult to test for

- **Triazolam (Halcion)**
  - Used for insomnia
  - out of the body more quickly than Rohypnol
  - detectable in urine 12-24 hours
Difficulties Surrounding Investigations

- Vast number of drugs used to commit the crime
- Reporting of the crime (voluntary or illegal drug use and loss of memory)
- Collection of proper specimens
- Lack of findings in the forensic toxicology laboratory
Difficulties Continued

- Victims lack of resistance, impaired motor skills, reduced inhibition, drowsiness, and memory loss
- No physical symptoms, no ability to “resist” or give consent
- Consent all most always the defense
- “She was really into it. In fact, she was really wasted at the party and was flirting with me all night. We both had a good time”
Drug Facilitated Sexual Assault

- Gaps, omissions and inconsistencies in victim’s statement
- Rapid change in victim’s intoxication level
- Victim self-reporting abnormal behavior
- Relatively low PBT or blood alcohol level
- Under 96 hours-obtain urine sample in sterile container with sealable top (100 ml)
- Blood specimens within 24 hours (10 ml)
Memorandum of Agreement

- DPS Director’s Directive T-2000-23
- State Medical Examiner’s Laboratory Assistance
- Laboratory services not currently available from the Crime Lab
- Questions regarding tests, packaging, and interpretation of lab reports should be directed to one of the doctors
Without Consent
AS 11.41.470 (8) (A) (B)

• with or without resisting, is coerced by the use of force against a person or property, or by the express or implied threat of death, imminent physical injury or kidnapping to be inflicted on anyone or

• is incapacitated as a result of an act of the defendant
Incapacitated AS 11.41.470 (2)

- Temporarily incapable of appraising the nature of one’s own conduct or physically unable to express unwillingness to act.
Charges

May be the difference between sexual assault in the first degree or second degree.
Victim Interview

- Ask open ended questions
- Allow victims to tell the whole story completely
- Assure victim that you do not blame her
- Assure victim that delayed reporting is natural in sexual assault cases
Victim Interview

- Determine the relationship to the suspect
- Location of incident and description
- “Personal” use of drugs
- Amount of alcohol consumed
- How was this experience different
- What symptoms did the victim describe
Victim Interview

- Tolerance level to drugs or alcohol
- Type of normal sexual activity
- Identify any and all drugs prescribed or taken
- Did the victim take the intoxicating substance knowingly, voluntarily or surreptitiously
Victim Interview

- Victim’s last recollection of physical well-being (symptoms before passing out)
- How long was the victim unconscious
- Victim missing any property
- How was the victim dressed before and after
- Any clothing missing, torn or replaced incorrectly on the body
- Number of times the victim has urinated
Victim Interview

- Did the suspect provide the drink or the drug
- Did the suspect use it
- Victim’s perception of suspect’s intoxication level
- Does the victim have any knowledge of other victims or similar circumstances
Establish normal behavior for the victim:

- Roommates
- Friends/Associates
- Activity prior to the incident
Witness Interview

Activity Before the Incident

- Restaurant/Bar Personnel, Patrons, Friends
  - Was there a problem, disturbance, exhibition of sexual activity or undressing?
  - Was the victim walking or being carried?
  - Appearance of the victim (intoxication)
  - Anyone sick or vomiting
Activity After the Incident

- Describe victim’s behavior and appearance
- First person victim told
- Statements made by victim
- Victim’s level of intoxication
What about?

- Setting up a controlled buy
- Is the suspect a dealer or a buyer
- Interview suspect friends, neighbors or local school kids to see who is selling drugs in the area
- Background information on suspect
- Search warrants, scene, suspect forensic exam
  - What are we looking for......
  - Examples of search warrants from Trinka
REMEMBER

- Time line
- Dramatic changes in victim’s behavior
- Urine collection
Internet Resources

- www.dancesafe.org/
- www.clubdrugs.org/
- www.soacor.com/
- www.ashesonthesea.com
- www.usdoj.gov/dea/concern/concern.htm
- www.fbi.gov/hq/lab/fsc/backissu/april1999/lebeau.htm
- www.health.org
- www.drugidbible.com