



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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HOWARD K. KOH, MD, MPH
COMMISSIONER

October 16, 2002

Dear Colleague,

For a number of years, the Massachusetts Department of Public Health in collaboration with multiple state and community partners has been addressing the serious problem of substance-related sexual assaults in Massachusetts. Since 1998, prevention-oriented materials have been distributed to college campuses, rape crisis centers, and other interested parties throughout Massachusetts and DPH staff has provided training to diverse audiences through entities such as the State Police Academy, Jane Doe, Inc., The Massachusetts Coalition Against Sexual Assault and Domestic Violence, the School Health Institute, and the Massachusetts Association of College and University Public Safety Directors.

In addition, the Department's Sexual Assault Prevention and Survivor Services (SAPSS) and Sexual Assault Nurse Examiner (SANE) Programs have worked closely with the Executive Office of Public Safety and its partners to develop new protocols for voluntary toxicology testing as an optional component of the Massachusetts Sexual Assault Evidence Collection Kits. These kits are distributed to participating hospitals by the Executive Office of Public Safety and are used by medical providers to collect forensic evidence within 5 days of a sexual assault. Toxicology testing is only conducted with these kits when indicated and consented to, and only within 3 days of an assault.

In recognition that new toxicology testing protocols, new legislation and new drugs have emerged in this area since 1997, I am pleased to present the attached updated information to support continued awareness and prevention of substance-related sexual assaults in Massachusetts. For more information, please contact the DPH Sexual Assault Prevention and Survivor Services Program at 617-624-5457 (www.state.ma.us/dph/sapss/sapss.htm) or your local rape crisis center or SANE Program. Programs throughout the Commonwealth are listed in the materials that follow.

Sincerely,

Howard K. Koh, MD, MPH
Commissioner

Substance-Related Sexual Assault

- Recent legislation has been enacted to reclassify as “controlled substances” some of the drugs being used to facilitate sexual assaults.
- Sexual Assault involving “Date Rape Drugs” is not a new phenomena; many drugs have potential to be used as sedatives.
- Benzodiazapines such as Valium, Ativan, and Klonopin have been slipped as “mickeys” into drinks. Other drugs such as Benadryl, Dalmane, and alcohol have also been used by perpetrators to facilitate sexual assaults.
- The media has focused much attention on newer “designer” or “club” drugs such as Rohypnol, GHB, GBL, Ketamine and Burundanga. Descriptions, symptoms, and effects of these drugs are outlined in the following materials.
- The Massachusetts Executive Office of Public Safety and Department of Public Health, together with related state and community agencies, developed a toxicology testing protocol for the MA Sexual Assault Evidence Collection Kit and Sexual Assault Nurse Examiner Program.
- Free support services for survivors of sexual assault are available through local rape crisis centers.

U. S. Drug Induced Rape Prevention and Punishment Act of 1996, Public Law 104-305.

- Amends controlled substance act
- Sets prison terms of up to 20 years if any drug is used in a sexual assault
- Provides up to 20 years in prison for distribution or importation of Rohypnol

**An Act Relative to the Prevention of Drug Induced Rape and Kidnapping
1998 Massachusetts Law Class A Offense
(MGL C.272)**

MGL C.272 Section 1

[Reclassifies]...any material, compound, mixture or preparation that contains any quantity of the following including its salts, isomers,.....Flunitrazepam (Rohypnol), Gamma Hydroxy Butyric Acid (GHB), Ketamine Hydrochloride...

MGL C.272 Section 2

Whoever applies, administers to or causes to be taken by a person a drug, matter or thing with intent to stupefy or overpower such person as to, without lawful authority, forcibly or secretly confine or imprison another person....against his will or to forcibly carry or send such person out of the commonwealth, or to forcibly seize and confine or inveigle or kidnap...shall be punished by imprisonment in the state for life or for any term of years not less than 15 years.

MGL C.272 Section 3

Whoever applies, administers to... With intent to stupefy or overpower such a person as to thereby enable a person to have sexual intercourse or unnatural sexual intercourse with such person shall be punished by imprisonment in the state prison for life or any terms of years not less than ten years.

Rohypnol (Flunitrazepam)

- Manufactured world-wide especially in Europe and Latin America.
- Not approved for medical use in the United States.
- Manufactured by Hoffman-LaRoche, Inc.
- Typically white in color and are single- or cross-scored on one side with “ROCHE” and “1” and “2” encircled on the other (although have been seen with a brownish-pink tint).
- Available in 0.5-2mg scored tablets at \$1.00-\$5.00 per pill.
- A benzodiazepine used for the short-term treatment of insomnia and as an anesthetic medication in other countries.

Rohypnol (continued)

- Physiological effects are similar to Valium, but approximately 10x more potent.
- Usually sold in pre-sealed bubble packs, which may lead individuals to believe the drug is “safe”.
- Most often seen in the southern states although becoming more popular in the rest of the country.
- Referred to on the street as “Roofies”, “Rope” “Forget Pill”, “Mexican Valium”, “rib”, “roach-2”, “R-2”, “roopies”, “ruffies”.
- Usually odorless, tasteless, and colorless, often slipped in a person’s drink (some varieties may foam blue in liquid or leave a gritty residue).

Effects of Rohypnol

- Effects begin within 30 minutes, peak in 2 hours and may last for 8 or more hours depending on the dosage.
- Adverse effects may include:
 - decreased blood pressure
 - memory impairment
 - death
 - visual disturbances
 - amnesia
 - dizziness, confusion

GHB (Gamma Hydroxy Butyrate)

- Discovered in the early 1960's.
- GHB has been used in Europe, the United States and other countries as a treatment for ETOH (alcohol) and opiate withdrawal, narcolepsy, and to treat anxiety and depression.
- Available in a white crystalline powder; if homemade it is usually a clear liquid.
- Alcohol greatly increases the effects of GHB and can cause respiratory depression and death.
- Doses of GHB are weight dependent: average dose ranges from 1-8 grams, 4-8 grams is considered a high dose and will induce a deep sleep lasting more than 4 hours.

GHB (continued)

- May have a salty taste (sometimes masked by strongly flavored liquors).
- Most often not found in blood after 4-5 hours.
- Rapidly secreted in the urine, may be gone within 12 hours.
- Only about 5% of the drug is eliminated in urine.
- GHB is also known as: Liquid X, Liquid ecstasy, G, scoop, Somatomax, Grievous bodily harm.

Effects of GHB may include:

- lack of coordination
- increased sociability, decreased inhibitions
- muscle relaxation
- sexual awareness
- coma-like sleep
- death
- decreased blood pressure, respiratory depression
- memory loss
- drowsiness, dizziness

GBL (Gamma Butyrol Lactone)

- Sometimes obtained through health foods stores and gyms, with claims that it can “build muscle, reduce stress, improve sex”.
- Breaks down in body into GHB.
- Also know as revivarant, revitalizer, ram force, renutrient, and Blue Nitro.
- FDA has issued an alert to consumers not to buy or consume and has asked for a recall.

Ketamine (Ketamine Hydrochloride)

- A rapidly acting general anesthetic primarily used by veterinarians.
- It is now a felony to distribute Ketamine.
- Popular in bars and clubs, Ketamine has been used for euphoric effect and as a date rape drug.
- Produced in liquid, tablet and powder form.
- Ketamine street names include: Special K, Kit Kat, Cat Valium, Vitamin K, K, K-Land, K-Hole.

Effects of ketamine may include

Symptoms last for up to 48 hours and may include:

- paranoia, impaired judgment
- numbness, inability to move
- convulsions
- hypoxia, breathing problems, death
- dizziness
- state of intoxication

Burundanga (scopolamine)

- Drug from Columbia with increasing popularity in North America.
- Tasteless and highly soluble in liquids.
- Effects may include:
 - Disorientation
 - Trance-like state
 - Retrograde amnesia

Drug Related Sexual Assault
Victim Impact May Include:

- Potential for immediate medical impact
- Loss of control
- Self-blame and Self-doubt
- Undirected anger
- Frustration
- Anxiety
- Mistrust

Risk Reduction Tips for the Public

- Be alert to the behavior of friends. Let them know that using drugs to manipulate someone into sexual activity is criminal behavior that hurts everyone.
- Anyone can be at risk, so use the “buddy system”. Look out for your friends and ask them to do the same for you.
- Don’t leave drinks unattended and don’t accept open container drinks from anyone. Don’t drink anything that has an unusual taste or appearance.
- If you suddenly become ill (i.e. dizzy, uncoordinated etc.), or notice someone who has become ill, seek medical help immediately. Call 911.
- For more information or help, contact your local rape crisis center. Contact information is listed at **www.state.ma.us/sapss/sites.htm**

Executive Office of Public Safety and DPH Sexual Assault Nurse Examiner (SANE) Program Comprehensive Toxicology Testing Protocol and Guidelines For Authorized Medical Personnel

Guidelines and criteria for testing have been established in collaboration with the Boston Area Rape Crisis Center, Jane Doe, Inc., the Suffolk County District Attorney's office, Lawrence General Hospital, the Massachusetts State Police Sexual Assault Unit, Beth Israel Deaconess Medical Center, MA Department of Public Health SANE Program and Sexual Assault Prevention and Survivor Services, Boston and State Police Crime Laboratories, Massachusetts State Laboratory Institute and Massachusetts College of Emergency Physicians.

Indications for Offering Testing:

1. Amnesia or confused state with suspicions that she/he was sexually assaulted
2. Amnesia or confused state after minimal consumption of alcohol, or with no known consumption of mind-altering substances
3. Suspected ingestion of sexual assault-facilitating drugs within 72 hours of emergency department visit

Contraindications for Offering Testing:

1. Patient presents to emergency department within after 72 hours of suspected ingestion
2. No signs or symptoms consistent with ingestion of sexual assault-facilitating drugs, i.e., no report of amnesia/loss of consciousness
3. If testing is contraindicated, but patient still requests testing, the patient should be encouraged to discuss concerns with a rape crisis counselor.

Source: MDPH Sexual Assault Nurse Examiner Program Protocols. Complete protocols available from the SANE Program: 617-624-5432.

Additional information regarding toxicology testing:

If toxicology testing is indicated, it can be performed only with informed patient consent. The authorized medical professional needs to thoroughly review the official, standard "Consent for Comprehensive Toxicology Testing" form contained in the Sexual Assault Evidence Collection Kit with the patient prior to obtaining patient signature and test sample. The Kit form (distributed by the Executive Office of Public Safety, 617-727-6300) is designed to collect the following information:

- Date and time of evidence collection
- Has the assault been reported to law enforcement?
- Is the patient a smoker?
- Is the patient taking any prescription medication?
- Is the patient taking any over the counter drugs?

The form also asks the patient to acknowledge and initial the following items, in order to ensure informed consent:

- consent and authorization for the provider to obtain urine and blood samples for the purpose of detecting the presence of substances that may have caused sedation and/or amnesia in the setting of a suspected sexual assault
- samples must be obtained within 72 hours of ingestion
- samples will be transferred to the State Police Crime Laboratory and information regarding the results of the testing may be released to the defense, prosecution, and other law enforcement officials
- the drug test will include a full toxicology panel which may detect any substances, medications or drugs, both legal and/or illegal that may have been taken in the weeks prior to the assault
- once the assault is reported to law enforcement, officials will have access to the test results even if patient changes his/her mind about voluntary participation in prosecution of assailant(s)
- blood and urine samples will be tested and will be discarded if the assault is not reported to law enforcement within 6 months of evidence collection
- if assault has been reported to the police, results will be available to law enforcement officials within approximately 6 weeks of testing; patient can contact victim-witness advocate from DA's office working on the case if patient wants to find out the test results
- for testing performed after April, 2003 only: if assault has not been reported to the police, results will be available to a confidential service approximately 6 weeks after testing; patient can contact the confidential test results phone number listed in hospital aftercare instructions and provide his/her kit number to find out test results**
- the patient has discussed toxicology testing with the medical provider and had an opportunity to ask questions and discuss concerns

Statewide Sexual Assault Nurse Examiner Program (SANE) Designated Sites and Regional Coordinators

January 2004

Boston Regional SANE Coordinator: Patricia Duggan, 617-624-5448; patricia.duggan@state.ma.us

Designated Boston Area SANE sites: Massachusetts General Hospital, Boston Medical Center, Brigham and Women's Hospital, Beth Israel Deaconess Hospital, Newton Wellesley Hospital, Cambridge Hospital

Northeastern Regional SANE Coordinator: Linda Molchan, 978-683-4000 x2627; Lmolchan@comcast.net

Designated Northeastern Area SANE sites: Lawrence General Hospital

Southeastern Regional SANE Coordinators: Collen Dube, CnewtRN@aol.com , Lori Banning, 508-326-9973; imsaneru@hotmail.com

Designated Southeastern Area SANE sites: Brockton Hospital, Charlton Memorial Hospital, St. Luke's Hospital, Morton Medical Center, Tobey Hospital, Jordan Hospital

Central Regional SANE Coordinator: June Ellis, 508-334-8230; ellisj@ummhc.org, Joan West, 508-334-8686; Westj@ummhc.org

Designated Central Area SANE sites: Harrington Memorial Hospital, Worcester Medical Center, University of Massachusetts Memorial Hospital, University of Massachusetts University Hospital

Western Regional SANE Coordinator: Kathryn Jolin, 413-245-0469; sanewest@fiam.net

Designated Western Area SANE sites: University of Massachusetts Amherst Health Center, Baystate Medical Center

Cape Cod and Islands Regional SANE Coordinator: Kathleen Ecker, 508-237-1202; eckerd@aol.com

Designated Cape Cod and Islands SANE sites: Falmouth Hospital, Cape Cod Hospital, Nantucket Hospital

Statewide SANE Director: Lucia Zuniga, 617-624-6085, lucia.zuniga@state.ma.us

Statewide SANE Program Coordinator: Ginhee Sohn, 617-624-5432, ginhee.sohn@state.ma.us

