

**Overview of Drug-Facilitated Crimes and Associated Investigative Challenges**

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**Introduction**

- Increased reports of drug-facilitated crimes (DFCs) in the media, scientific, and medical literature
- Belief that DFCs have increased
  - Rise in commission?
  - Greater awareness?
  - Increased reporting?
- True prevalence of DFCs will never be known
  - Pharmacodynamic effects
  - Delayed reporting
  - Statistically capturing DFCs

**One in nine women say they have had their drink spiked, poll finds**

Excludes: Four in 10 women said they do not think police officers would take them seriously if they reported it.

NEWS | LAW | HEALTH & FITNESS

"Drink spiking" search is up 80% – everything you need to know about the UK spiking surge

**Incapacitated and Forcible Rape of College Women: Prevalence Across the First Year**

Kate B. Carey Ph.D.,\* A. B. Sarah E. Dunne†, Robin L. Sheppard Ph.D.,‡, Michael P. Carey Ph.D.,†

**Date Rape Among Adolescents and Young Adults**

V.L. Robert Ph.D., A. Ch. Wiersma Ph.D.

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**Learning Objectives**

- Define drug-facilitated crimes (DFCs)
- Recognize common signs and symptoms reported by victims of DFCs
- Understand roles of surreptitious and voluntary administration of drugs
- List four major challenges encountered DFC investigations
- Describe why central nervous system (CNS) depressants tend to be used in DFCs
- Explain what is meant by a low-dose CNS depressant
- Define and appreciate the importance of pharmacokinetics of the drugs used in DFCs
- Recognize important pharmacodynamic effects of CNS depressant drugs used in DFCs
- Appreciate the impact these drugs have on the victim's reporting of DFCs
- Explain why specimen collection and laboratory selection can impact DFC investigations

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**Drug-Facilitated Crimes**

- Victim subjected to crime in which the pharmacological effects of a drug or drugs help the perpetrator carry out the crime
- Usually strong, CNS depressants
- Types:
  - Robbery
  - Human trafficking / kidnapping
  - Neglect by caregiver
  - Sexual Assault



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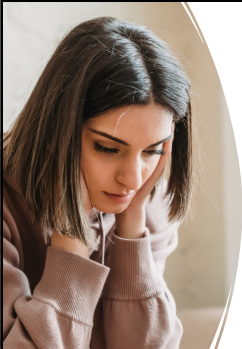
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**Common symptoms and signs heard from victims of DFSA**

- Recalls having drink but cannot recall what happened afterwards
- Suspects someone had sex with them but may not fully remember the incident
- Felt far more intoxicated than their usual response to same amount of alcohol



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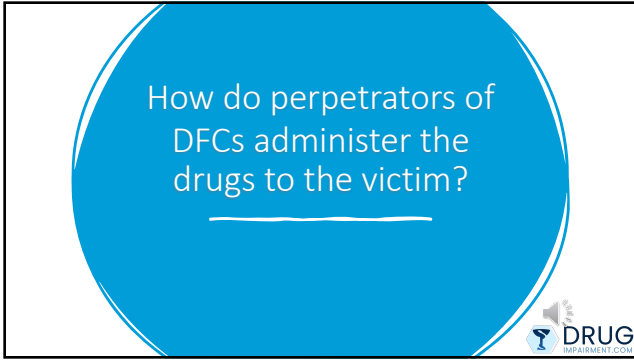
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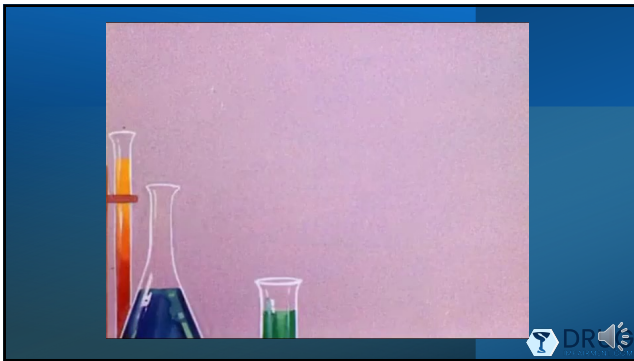
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Bartender / Owner of the Lone Star Saloon and Palm Garden

Located in the "Whiskey Row" section of Chicago's State Street from 1896 to 1903

Finn or one of his employees would slip chloral hydrate concoction into the drink of unsuspecting patrons.

In December of 1903, the bar lost its license

**GAINS.**  
LONE STAR SALOON, 227 State street, managed by "Mickey" Finn, closed by order of Mayor Harrison, revoking the license held in the name of State Street.

SALOONKEEPER A. LEWANDOWSKI, 406 Madison Avenue, indicted for selling "Coke" to minors, and recommendation from the Grand Jury that his license be revoked.

**MICKY FINN**

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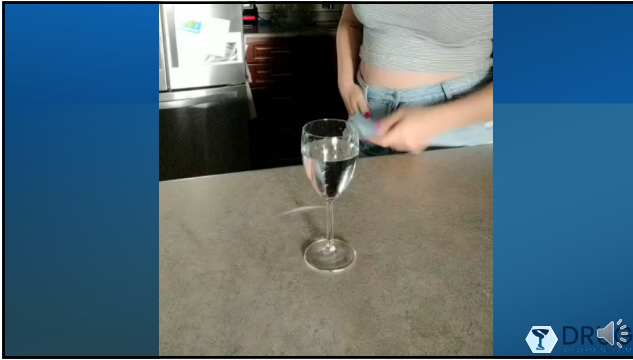
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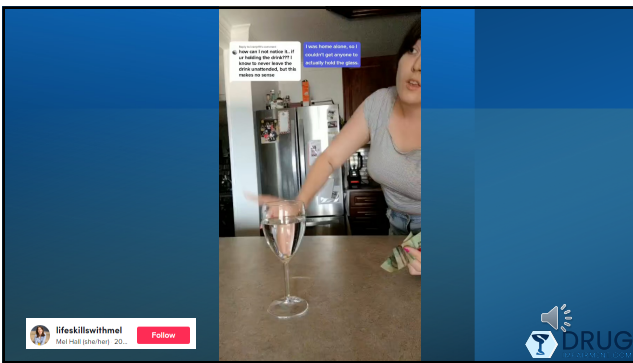
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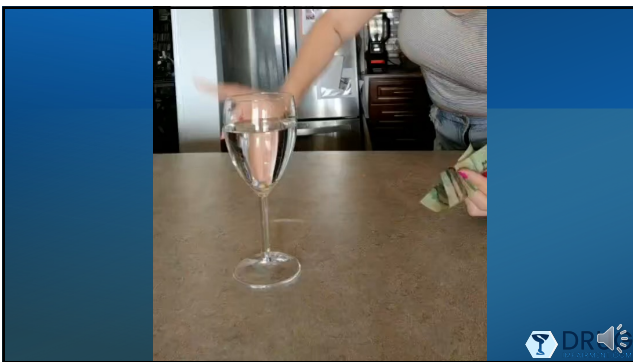
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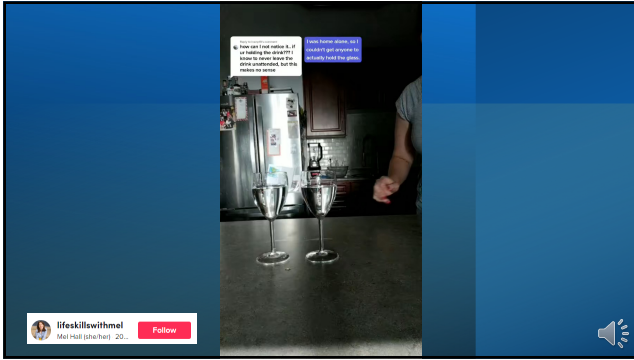
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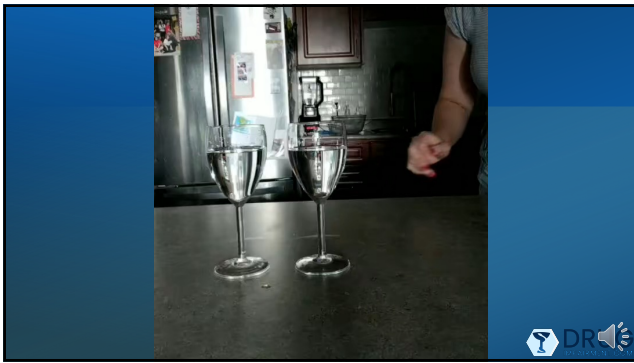
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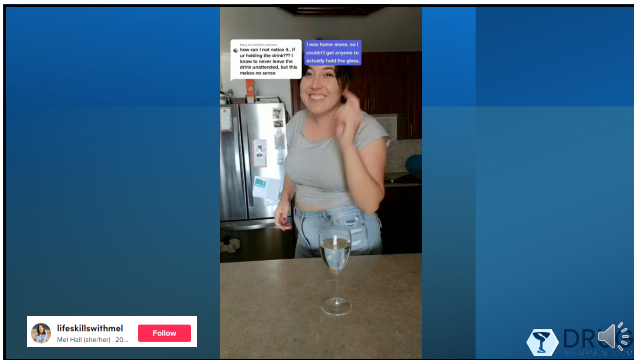
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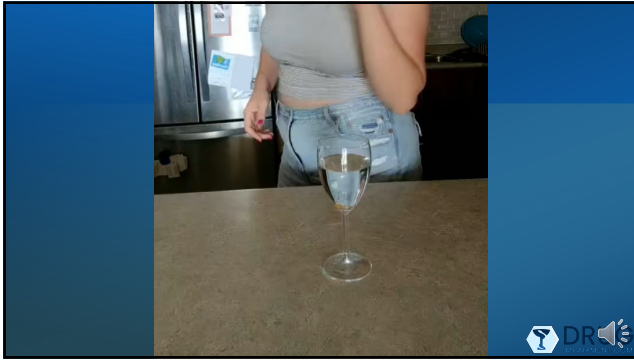
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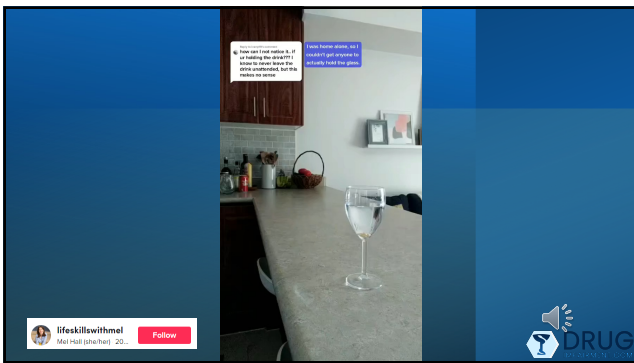
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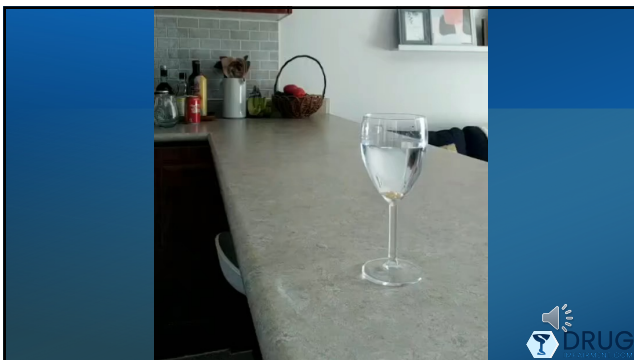
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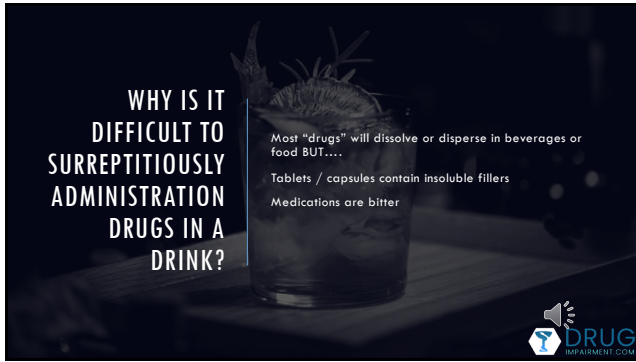
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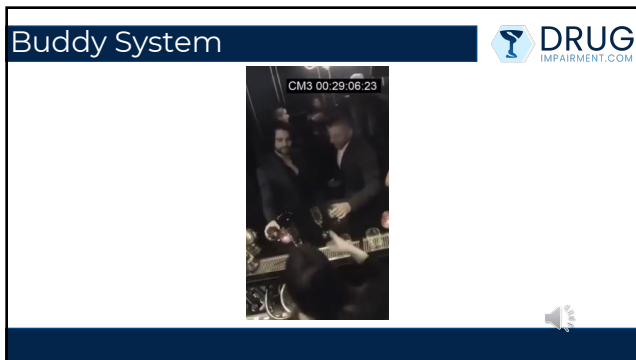
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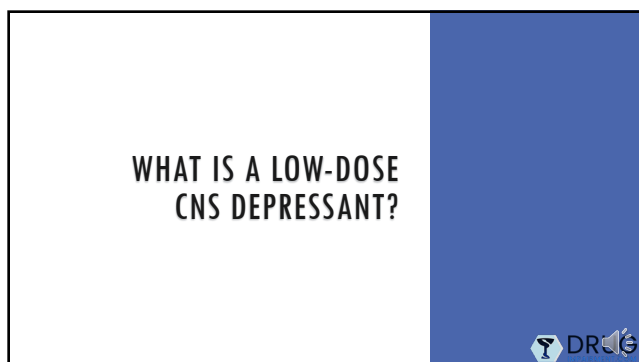
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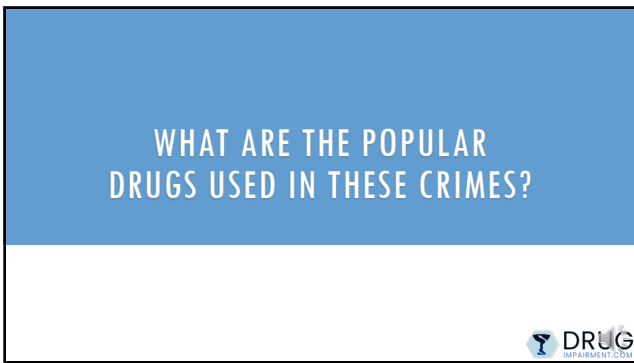
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**DRUGS REPORTEDLY USED TO COMMIT DFSA**

<b>Ethanol</b>	<b>Ketamine</b>
<b>Benzodiazepines</b>	<b>Opiates</b>
• Flunitrazepam	<b>Antihistamines</b>
• Clonazepam	<b>Hallucinogens</b>
• Lorazepam	<b>Sedative Antidepressants</b>
• Alprazolam	<b>Chloral Hydrate</b>
• Triazolam	<b>Muscle Relaxants</b>
• Chlordiazepoxide	<b>Scopolamine</b>
• Diazepam	<b>Herbal Sedatives</b>
• Temazepam	<b>Inhalants</b>
<b>Zolpidem</b>	
<b>Barbiturates</b>	
<b>GHB and analogs</b>	

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**Pharmacokinetics**

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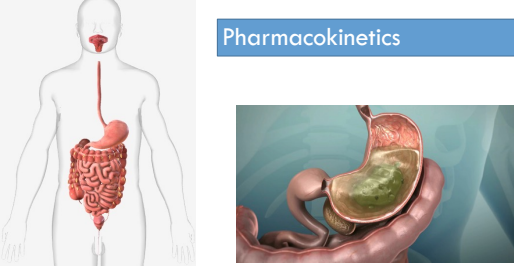
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Pharmacokinetics

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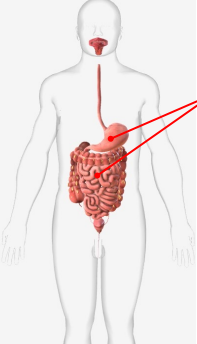
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Pharmacokinetics

**Absorption:** Parent drug passes through membranes in stomach and small intestine to enter the bloodstream

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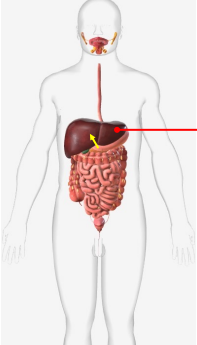
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Pharmacokinetics

**Absorption:** Parent drug passes through membranes in stomach and small intestine to enter the bloodstream

**Metabolism:** Parent drug is modified into a different chemical substance (metabolite) that generally makes it more hydrophilic. Most metabolism occurs via enzymes located in the liver or in the blood.

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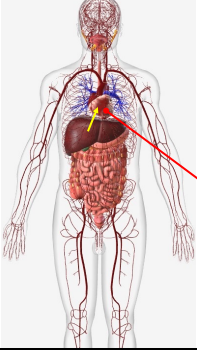
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**Distribution:** Drug is transported throughout the body to different organs where it can move into the tissues to have an effect



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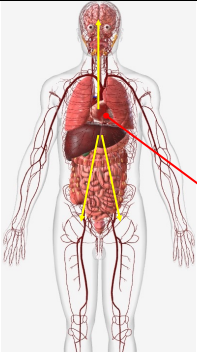
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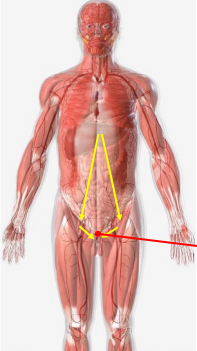
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**Excretion:** Parent drug and metabolites are leave the body, most often through urine



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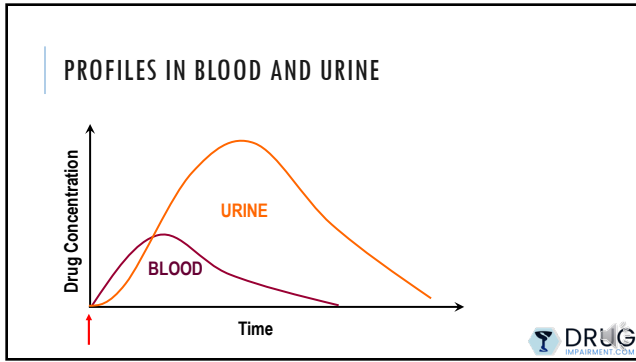
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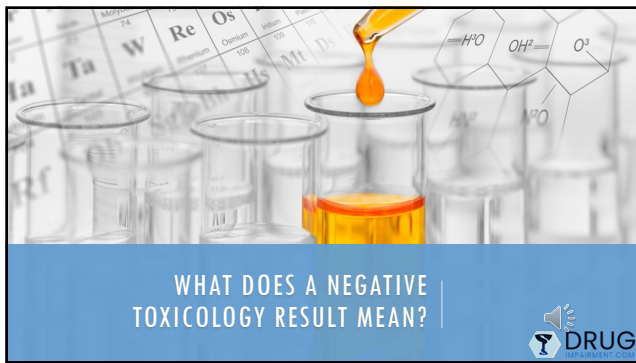
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-  Variation in speed DFSA drugs are absorbed, metabolized, and eliminated
-  Wide window of time after ingestion drugs detected in samples Presence may only be detectable 4 hours  
For others, the drug is detectable for weeks
-  Not knowing drugs used makes it very difficult to interpret a negative toxicological finding

### PHARMACOKINETICS OF DFSA DRUGS

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HOW DOES A PERSON UNDER THE INFLUENCE OF A CNS DEPRESSANT APPEAR?



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PHARMACODYNAMIC EFFECTS

-  Most DFSA drugs are strong, fast-acting CNS depressants
-  Effects mimic severe intoxication or general anesthetics
 Includes amnesia and unresponsiveness
-  DFSA cases less likely to be reported compared to forcible rape
-  Some victims may not even know they were assaulted



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**CHALLENGES SURROUNDING DFC INVESTIGATIONS**

**Drugs**

- Dosages
- Number of Candidates
- Pharmacokinetics
- Pharmacodynamics



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**CHALLENGES SURROUNDING DFC INVESTIGATIONS**

**Reporting**

- Reported?



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**SEXUAL ASSAULT REPORTING**

Estimated 20 million of women in the US (18%) may have been raped in their lifetime

18 million forcibly raped  
6 million drug-facilitated and/or incapacitated rape

Only 10% reported to law enforcement

Victims of drug-facilitated or incapacitated rape less likely to report than victims of forcible rape

Not wanting others to know, fear of retaliation, perception of insufficient evidence, uncertainty about how to report, and uncertainty about whether a crime was committed or whether harm was intended

**Drug-facilitated, Incapacitated, and Forcible Rape: A National Study**

Dean G. Kilpatrick, Ph.D.  
Heidi S. Resnick, Ph.D.  
Kenneth J. Ruggiero, Ph.D.  
Lauren M. Conoscenti, M. A.  
Jenna McCauley, M. S.

February 1, 2007

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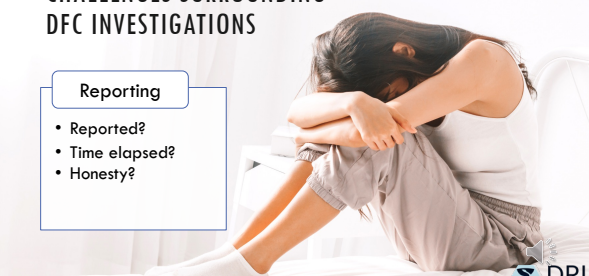
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## CHALLENGES SURROUNDING DFC INVESTIGATIONS

**Reporting**

- Reported?
- Time elapsed?
- Honesty?



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**VICTIM REENGAGEMENT**

- Attempt to reclaim lost dignity
- Denial that the rape happened
- Foggy memories



### Understanding the Non-Stranger Rapist

*BY VERONICA V. FALSBEL, PhD*

The following hypothetical scenario is used by the author to provide concrete examples of several points made about offenders throughout the article. Readers should understand that while it is a hypothetical, it is based on the author's professional experience and research. It is not intended to be a blueprint for any specific case. The author's intent is to provide a general overview of the challenges surrounding non-stranger rape investigations. The author's intent is to provide a general overview of the challenges surrounding non-stranger rape investigations. The author's intent is to provide a general overview of the challenges surrounding non-stranger rape investigations.

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## CHALLENGES SURROUNDING DFC INVESTIGATIONS

**Specimens**

- Right one(s)?
- Enough?
- Preservation?



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### CHALLENGES SURROUNDING DFC INVESTIGATIONS

**Labs**

- Many tests
- Sensitivity
- Right lab?



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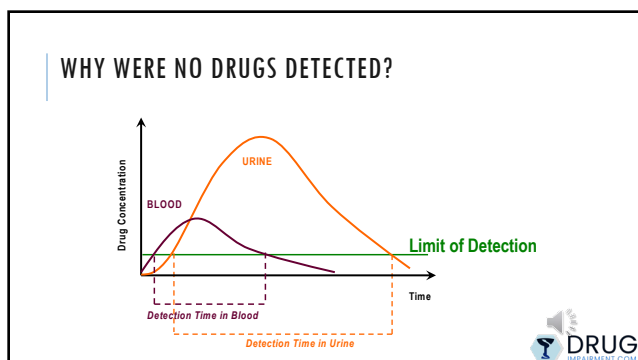
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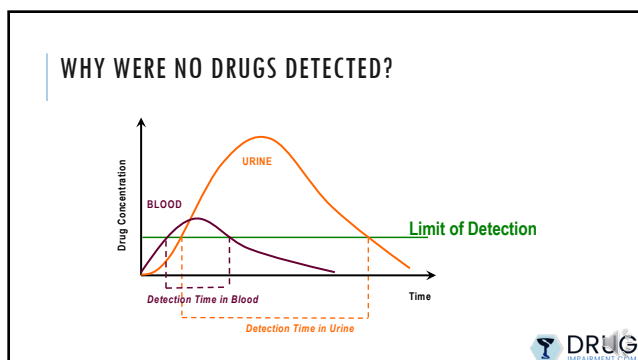
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**Other Lessons**

- The Alcohol Connection in DFCs
- Other Common Drugs Seen in DFCs
- “Off the Radar” Drugs to be Aware of in DFC
- Improving DFC Investigations

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**Overview of Drug-Facilitated Crimes and Associated Investigative Challenges**

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