

DRUG-FACILITATED SEXUAL ASSAULT

Drug-facilitated crime (DFC) refers to crimes committed against a person who is incapacitated by alcohol and/or drugs. **Drug-facilitated sexual assault (DFSA)** is a type of DFC that occurs when a person is subjected to nonconsensual sexual acts while they are incapacitated or unconscious due to the effects of ethanol, drugs, and/or another intoxicating substance, and are therefore unable to resist or provide consent.

DFSA Scenarios:

Significant intoxication or cognitive impairment may impact an individual's ability to understand and provide consent and may be exploited by a perpetrator. Such impairment may result from:

- The perpetrator administering an intoxicating substance by placing it in the victim's food or beverage without the victim's knowledge.
- The victim voluntarily ingesting a drug (over-the-counter, prescription, or illicit) after being misinformed about the identity of the substance.
- The victim knowingly consuming alcohol and/or a drug (over-the-counter, prescription, or illicit).

Drugs associated with DFSA:

Dozens of substances, including ethanol, may be used to facilitate DFSA. Media reports often identify gamma-hydroxybutyrate (GHB) and Rohypnol as the most common "date rape drugs." However, scientific literature demonstrates that DFSA is associated with a wide range of other substances. Substances associated with DFSA may cause memory impairment and fragmented recall, making it difficult for individuals to reconstruct events or feel confident about what occurred. Drugs associated with DFSA may include over-the-counter, prescription, and illicit drugs, such as:

- Benzodiazepines (i.e., Valium®, Xanax® or Rohypnol®)
- Z-drugs (i.e., Ambien®, Lunesta®)
- Antidepressants (i.e., Elavil® or Zoloff®)
- Muscle relaxants (i.e., Soma® or Flexeril®)
- Antihistamines (i.e., Benadryl®)
- Over-the-counter sleep aids (i.e., Unisom®)
- Opioids (i.e., Vicodin® or Oxycontin®)
- Other psychoactive drugs (i.e., MDMA/Ecstasy, cannabis/marijuana, ketamine)

Typical Symptoms of DFSA:

- Drowsiness
- Dizziness
- Loss of muscle control
- Slurred speech
- Decreased inhibitions
- Memory loss or impairment
- Loss of consciousness
- Vomiting



Toxicological Specimens for DFSA:

Urine and blood are the preferred specimens for DFSA toxicological analysis and should be collected as soon as possible after the incident, as delays may reduce drug levels below detectable limits. Detection of DFSA-related substances requires specialized, highly sensitive toxicology methods and may be missed by routine clinical or impaired-driving panels. A negative toxicology result does not rule out DFSA, particularly when reporting is delayed.

- **Urine:** The preferred specimen within 120 hours of the incident. When possible, collect up to 100 mL in a specimen container, with or without the preservative sodium fluoride, and store under refrigeration.
- **Blood:** Should be collected secondary to urine. Blood may be useful in DFSA cases when collected within 120 hours of the incident, as many drugs become undetectable after this period. Collect approximately 20 mL in gray-top tubes containing sodium fluoride and potassium oxalate, or a tube containing EDTA. Invert tubes multiple times to mix and store under refrigeration.
- All samples should be clearly labeled with the victim's name, the date and time of collection, and the collector's initials. Specimens should be sealed with evidence tape, and all relevant chain-of-custody protocols should be followed.
- Laboratories should consult *Drug-Facilitated Crimes Laboratory Performance Limits in Urine* on the SOFT website (www.soft-tox.org) to ensure analytical methods meet recommended sensitivity thresholds.

