



# TOXTALKS

A BULLETIN FOR HEALTHCARE PROFESSIONALS WHO MANAGE POISONED PATIENTS

Blue Ridge Poison Center

University of Virginia Health

December 2020

## DRUG FACILITATED CRIME (DFC) AND DRUG FACILITATED SEXUAL ASSAULT (DFSA)

Since the time that humans have identified substances that cause sedation and incapacitation, there has been drug facilitated crime (DFC) and drug facilitated sexual assault (DFSA). These crimes occur when a victim is rendered incapacitated due to the effects of a drug or other substance. It can occur due to the involuntary ingestion of an incapacitating substance by the victim, the voluntary and involuntary ingestion of incapacitating substances by the victim, or the voluntary ingestion of incapacitating substances by the victim (Hagan, 2015). When the victim is sexually assaulted, the victim does not have the capacity to give consent. Gee et al describe two typologies for drug facilitated sexual assault (Gee, 2006). There is proactive DFSA, which occurs when the victim is either covertly or with force given by an assailant a substance which produces incapacitating or disinhibiting effects for the purpose of sexual assault. There is also opportunistic DFSA, which is when an assailant engages in sexual activity with a victim who is intoxicated due the victim's own actions.

Many studies have aimed at identifying the substances used in these criminal acts. Certain agents have gained notoriety as “date rape drugs” which include gamma-hydroxybutyrate (GHB) and flunitrazepam (Rohypnol aka “roofies”), but the incident of these drugs in DFSA is hard to quantify due to their short half-lives (Kapitany-Foveny, 2017). Many studies have found that ethanol is the most commonly detected substance in DFSA cases and that the most common illicit substance is marijuana (Anderson, 2017) (Jones, 2008) (Fiorentin, 2019) (Hagemann, 2013). However, most cases involve the use of more than one substance (Anderson, 2017).

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### NEWS AND NOTES:



This year marks the 50th anniversary of the *Poisoning Prevention Packaging Act (PPPA)*, which made it the law to sell medicines and other hazardous household products in child resistant packages to help keep children safe. Passing the PPPA was a milestone in childhood poisoning prevention. In fact, since the PPPA took effect, the numbers of children dying from poisoning each year has dropped by 92 percent.

As effective as child resistant safety caps are at preventing childhood poisoning, they aren't fool-proof. Parents still need to keep all medicines and products stored up high, out of the sight and reach of children. We cover the PPPA in detail in our latest public education newsletter, [\*The Antidote\*](#).

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## **BRPC STAFF**

### **Director**

Christopher Holstege, MD

### **Nursing Director**

Beth Mehring, MSN

### **Medical Toxicologists**

Andy Baer, MD  
Heather Borek, MD  
Nathan Charlton, MD  
Justin Rizer, MD

### **Medical Toxicology Fellows**

Aaron Frey, DO  
Avery Michienzi, DO  
Jennifer Ross, MD, MPH

### **Epidemiologist**

Saumitra V. Rege, MS, PhD

### **Poison Specialists**

Andre Berkin, BSN, CSPI  
Michael Brookshire, BSN, RN  
Jenni Goodwin, BSN, CSPI  
Jennifer Horn, BSN, CSPI  
Teresa Kinzie, RN, CSPI  
Kathy Mayo, RN, CSPI  
Lisa Turner, RN, BSN  
Steven Yoder, BSN, CSPI

### **Public Health Educator**

Kristin Wenger, MA, BS

### **Administrative Specialists**

Heather Collier  
Teresa Dorrier

Numerous substances have been identified, including various types of benzodiazepines, sleep aids, barbiturates, cocaine, opioids, methylenedioxy methamphetamine (MDMA), amphetamines/methamphetamines, ketamine, among others (Bechtel, 2007) (Jones, 2012). As new medications and illicit drugs are introduced into the market, investigators are finding that some are being used as agents in DFSA. In 2015, an article was published that described the use of a novel synthetic cathinone in six cases of DFSA (Hagan, 2015). The substances used in DFSA can cause an assortment of effects, but they all share the common feature of altering the level of consciousness of the victim to the point where the victim does not have the capacity to consent. The toxicokinetics and toxicodynamics of these substances vary. However, many have short half-lives, with some being only several hours. Unfortunately, there is often a delay in sample collection due the patient presenting to a clinician several hours or days after the alleged assault or due to mismanagement by the medical team. Due to this, it is critically important that body fluid and tissues samples be collected as soon as possible after the alleged assault has occurred to maximize the probability of the substance being detected (Jones, 2012) (Costa, 2020) (Bechtel, 2007). Testing conducted at a hospital or clinic laboratory does not serve as a substitution for a forensic-certified laboratory evaluation (Bechtel, 2007). Health care systems do not follow the same chain of custody standards required for criminal investigation and their testing capabilities are limited in what they are able to detect.

DFSA is a crime that all clinicians may encounter. By maintaining a high index of suspicion, taking all accusations seriously, and quickly involving law enforcement and sexual assault nurse examiners, there is a higher probability that a forensic laboratory will be able to detect the substances used in the crime. For further help, clinicians can contact the local poison center by calling 1-800-222-1222 or by calling the dedicated healthcare professional hotline: 1-800-451-1428.

*References available upon request.*

The Blue Ridge Poison Center receives funding from University of Virginia Health, the Virginia Department of Health, and the U.S. Health Resources Services Administration (HRSA). We are accredited by the American Association of Poison Control Centers. We've been proudly serving the Commonwealth since 1978.

Poison safety tips, free materials, & more:

