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Defending the 'Date Rape' Drug

*Feminist Lobbyist Battles Official Stigma
On Pills Used in Assaults on Women*

BY NAFTALI BENDAVID

Here's a public relations challenge: You sell a product that is popularly called "the date-rape drug," has been used to sedate women in dozens of sexual assaults, and is viewed by many as the next big narcotics threat to America's youth.

And here's a solution: You hire a prominent feminist lobbyist, stress the one women's group that supports your position, and paint your foes as political opportunists.

That's the strategy adopted by the giant Swiss-based pharmaceutical company Hoffman-La Roche in its efforts to fend off what it considers unreasonably harsh regulation of its drug Rohypnol.

To lead its lobbying charge, Hoffman-La Roche has hired Carol Tucker Foreman, a former Carter administration official who is president of the D.C. lobbying firm Foreman & Heidepriem.

Foreman, in turn, is playing the gender card—stressing the sup-

port the company has garnered on the issue from one women's group, even while other women's groups and female lawmakers have taken no position or favor stronger regulation.

The controversy arose because some women activists want the federal government to declare Rohypnol a "Schedule I" drug in the Drug Enforcement Administration's classification scheme, which would put it on a par with heroin and LSD. Authorities, especially in Florida and Texas, are seeing more and more cases of men dropping

Rohypnol into women's drinks at bars or clubs and then taking advantage of their groggy condition.

"Rescheduling the drug would go a long way toward sending a clear message that this drug is dangerous and needs to be taken seriously," says Denise Snyder, executive director of the D.C. Rape Crisis Center.

Foreman disagrees. And she defends her representation of Hoffman-La Roche by arguing that while date rape is horrible, the real problem is male behavior, not any particular sedative.

"If you're a woman, you know that the drug that is most commonly used in date

rape is alcohol," says Foreman. "But I haven't seen anybody wanting to move back to Prohibition."

Changing the classification to Schedule I would carry with it stiffer criminal sanctions. But that's not what Foreman and Hoffman-La Roche say disturbs them. They'd support tougher penalties for Rohypnol, they say—as long as they can avoid the stigma of having the federal government on record deeming the drug extremely dangerous. That could damage the drug's marketability overseas—and domestically, should the company try to introduce it here in years to come.

It was about two years ago that Rohypnol, known on the street as "roofies" or "roaches," began streaming into this country, authorities say.

Considered by pharmacologists to be in the same family as Valium and Halcion, Rohypnol is prescribed legally in 64 countries for insomnia and anxiety. But in the United States, where other tranquilizers abound, Hoffman-La Roche has never sought approval from the Food and Drug Administration, and the drug remains illegal.

But more and more, kids are using it anyway. One Florida official compares the effect of Rohypnol to drinking two six-packs of beer at once. Rohypnol has acquired the aura of sex, drugs, and rock 'n' roll; grunge legend Kurt Cobain, shortly before he blew his brains out last year, fell into a coma partly induced by the drug.

But it is Rohypnol's effectiveness as a weapon of rapists that has exploded into headlines. Rohypnol tablets dissolve easily and quickly. They are odorless, colorless, and tasteless. The victim often blacks out, so she cannot piece together enough details to put a rapist away.

"You've got a drug that makes your partner less capable or willing to resist, and unable to remember afterwards," says Mark Kleiman, a drug policy expert at the University of California at Los Angeles. "It really is the perfect crime."

The hottest import: crime

Thanks to China, Russia and Iraq, it's not your grandfather's Mafia

Crime reporter William Klein-knecht chronicles the influx to America of a new breed of organized criminal in his book *The New Ethnic Mobs* (Free Press).

Who has taken the place of the old-fashioned mob?

The most important of the gangs are the Chinese. Their primary activities are gambling, extortion, alien smuggling, credit card fraud, heroin smuggling, loan sharking — activities that, with the exception of credit card fraud and heroin smuggling, are not too different from what the Italian mob was doing in their neighborhoods at the turn of the century.

Then there is the Russian mob, whose members have been coming to this country since the mid-1970s. They largely concentrate on white-collar crime. A lot of them started as black-market dealers and confidence men in the former Soviet Union, where any type of criminal activity involved a great deal of forgery and manipulation of documents. In this country, they have made millions in fuel-tax scams.

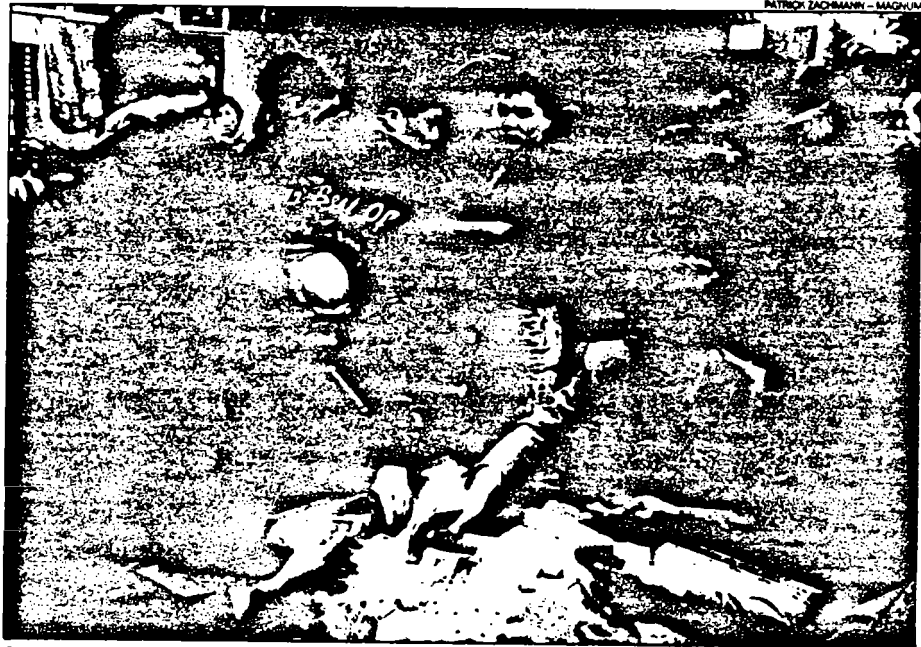
Which of the new mobs have been the most creative in devising new rackets?

There is an Arab mob, which is particularly strong in Detroit, where there's a large population of Christian Iraqis known as Chaldeans. Their biggest racket is grocery coupon fraud. They own lots of little convenience stores and cut grocery coupons out of newspapers, make them look like they have been used by customers by crinkling them up and then send large amounts of them to food manufacturers to redeem them. It sounds like small potatoes, but it amounts to millions of dollars a year.

Vietnamese gangs in Silicon Valley have staged sophisticated armed robberies of high-tech companies with military-like precision, stealing millions of dollars in computer chips.

What about ties to foreign governments?

A number of the crime groups had links to the military in the countries they came from. Cuban organized crime in



A new face. Gambling at headquarters of the Chinese "Red Gang" in New York City

this country, which is heavily involved in illegal numbers, was created by people who had ties to the military in the Batista regime — some were involved in the Bay of Pigs invasion and had been trained by the CIA. The Vietnamese crime groups were created by former members of the South Vietnamese military. So, some have their roots in political upheaval in their home countries; some are what you might call CIA blow-back.

Are there parallels between today's ethnic gangs and earlier generations of gangsters in America?

Organized crime in this country has always been dominated by groups that were on the lowest rung of the socioeconomic ladder. The first gangsters of the New World were the Irish in the mid-19th century, who operated in ghettos in New York and other cities that were every bit as poor and violent as the ghettos we have now. With Italian and Jewish immigration in the latter part of the 19th century and early 20th century, there was an influx of new ethnic gangs. The Jews were dominant in organized

crime at the start of Prohibition, and the Italians became dominant from about the 1930s. But there was a period during Prohibition where Irish, Italian and Jewish gangs were working together. In fact, the national criminal syndicate that is pretty much dominated by Italians today was created as a partnership of Jewish and Italian gangs.

The Italian dominance of organized crime really occurred only because immigration of other groups had stopped. As soon as immigration laws were liberalized in the mid-1960s, new groups started coming in and organized crime again became more diverse.

Will these new ethnic mobs coalesce into a criminal superstructure — just as the Jews and Italians got together to form what today we call the Mafia?

Already, there's a lot of contact among these groups, especially in drugs. You have the Russian mob in Europe cutting deals with the Colombian cartels. So, there is going to be a multiethnic mafia — and it will be global.

In Miami, where the drug washes in from Latin America, the poison control center has logged more than 100 "roofie rapes," with another 200 suspected. The D.C. Rape Crisis Center has seen eight such assaults in the past year. Startled at Rohypnol's sudden popularity, Washington lawmakers and bureaucrats have scrambled to react.

Hoffman-La Roche, though it claims to have no plans for selling Rohypnol in this

country, quakes at the prospect of having a drug with a \$100 million world market declared evil by the United States.

"Many countries, including virtually all those in the [European Union], think this is a perfectly good and legitimate drug," Foreman says. "All of a sudden we've said, 'No, no, no, no, no.'"

If the "date-rape drug" needed its image polished, it's hard to picture a better person for the job than Foreman, a prominent feminist. She is on the steering committee of EMILY's List, which supports female candidates for office. She worked on women's issues for the 1984 Mondale-Ferraro campaign. And as a member of the Clinton transition team, she helped ensure that women got positions in the new administration.

A nationally known health expert, Foreman also was assistant secretary of agriculture in the Carter administration. Her younger brother is Jim Guy Tucker, who was governor of Arkansas until his recent conviction on fraud charges.

Hoffman-La Roche's problem—and Foreman's—is that Rohypnol is a perfect political issue for President Bill Clinton and other Democrats as the campaign enters its final phase. Attacking "the date-rape drug" allows them to be anti-crime, anti-drug, and pro-woman all at once.

The Clinton administration is hardly one to miss such opportunities. In March, the Customs Service announced that it would bar Rohypnol from coming into the United States—even small amounts for medical use, which had previously been allowed.

And the DEA began proceedings to shift Rohypnol from Schedule IV—a relatively mild category that includes Valium and Librium—to Schedule I, which is ostensibly reserved for the most dangerous narcotics and typically carries penalties of up to 20 years in prison, a \$1 million fine, or both.

Not content to wait for the slow DEA process, President Clinton also urged Congress to declare Rohypnol a Schedule I drug on its own. "A critical component of President Clinton's anti-drug strategy is to halt the spread of emerging drugs," says

Rahm Emanuel, White House director of special projects. "We want to get ahead of these drugs before they take off."

Foreman has quickly gotten to work to head off this crusade. On Sept. 4, she wrote a chatty letter to White House Counsel Jack Quinn, saying, "DEA's desire to reschedule Rohypnol to make it equivalent to heroin and LSD will not address the problem of drug-induced date rape. It will, however, destroy the market for a drug that is used safely and effectively by almost two million people in 64 countries."

Foreman has also met with White House staffers, Justice Department officials, lawmakers, and representatives of the Department of Health and Human Services. Hoffman-La Roche Vice President Rita Norton even raised the matter with Quinn at the Democratic National Convention.

Foreman has also recruited one women's organization to the cause—the D.C.-based Center for Women Policy Studies, a group where Foreman once worked that is now headed by a friend of hers, Leslie Wolfe.

Hoffman-La Roche says it is willing to take its chances with the DEA drug-scheduling process, which it maintains is careful and precise and should not be politicized. Schedule I is reserved for highly addictive drugs with no medicinal purpose, and Rohypnol, the company says, does not fit that description.

"To take a legitimate prescription drug and categorize it with drugs that are known for their abuse and have no medical use is clearly an inappropriate way to use the scheduling process," says Carolyn Glynn, Hoffman-La Roche's vice president of public policy and communications. "We cannot accept it."

Rohypnol's backers also note that Hoffman-La Roche has made various attempts to reduce the abuse—cutting back the number of vendors in Latin America, eliminating the 2-milligram tablet (the most effective dosage for a knockout drink), and providing testing kits to police.

Wolfe says the push for rescheduling is merely a diversion.

"I'm a little scared that we will end up rescheduling this one drug and pretend that we've done something about date rape," Wolfe says. "If all the Rohypnol were removed, date rape would still occur."

The fight came to a head on Sept. 12, when Sen. Joseph Biden Jr. (D-Del.) proposed a measure declaring Rohypnol a Schedule I drug. Supporters of the bill, including the White House, say the matter is too urgent to await DEA action. They note some precedents: Congress rescheduled Quaaludes in 1984 and steroids in

1990 by legislative fiat.

DEA spokeswoman Rogene Waite says the agency has no position on the bill.

Because Rohypnol is a mere Schedule IV drug, Biden told his colleagues, cops and prosecutors don't take it seriously enough. "They are viewed as the least dangerous things out there," Biden said. "Local police don't focus on them, federal resources don't focus on them, parents don't pay attention to them, nobody looks at them."

But Sen. Orrin Hatch (R-Utah), chairman of the Senate Judiciary Committee, rose to attack Biden's idea. He proposed an amendment that, rather than formally rescheduling Rohypnol, would simply penalize harshly those who traffic in it.

"If the United States were to single out this drug and place it in Schedule I, it would send a strong and inappropriate signal to other countries that we find there is no medical use for Rohypnol," Hatch said.

It is perhaps not surprising to see Hatch defend drug makers: He has a long, close relationship with the pharmaceutical industry. For his 1994 Senate re-election campaign, Hatch received \$267,541 from the industry, according to the Center for Responsive Politics. Hoffman-La Roche's political action committee in particular contributed \$3,000 to Hatch's 1994 campaign, and has given him \$1,000 since.

Neither Hatch's Rohypnol proposal nor Biden's has been voted on, so the legislation is still pending in the Senate. In the House,

the Judiciary Committee last week approved a measure to reschedule Rohypnol—but it is unclear when, or if, the provision will reach the floor.

One question for Foreman is why, if her position is the right one for women, more women's groups haven't signed on. The Center for Women Policy Studies has a dozen staffers and is not a membership organization. In contrast, the National Organization for Women, with its 275,000

members, does not have a position on Rohypnol, a spokeswoman says.

Rohypnol apparently has not hit the radar screen of most women's groups. And some of those that have looked into Rohypnol, like the D.C. Rape Crisis Center, have concluded that rescheduling is a good idea.

But Foreman says she's not worried about being cast as a feminist who is taking money to represent the maker of the date-rape drug. She truly believes Hoffman-La Roche's approach makes sense, she says—otherwise she would not have taken the job.

"If I ask somebody to stick their neck out and they find out I've misled them or gotten them into something that isn't worthwhile, you think they'll talk to me next time?" Foreman says. "All I have is my credibility,

and I've created it over 35 years by not misleading people."

One of the most remarkable things about the crime statistics -- I'd just like to say in passing, that I commend all of you -- is the percentage of people who are now killed by people who don't know them. Just 20 years ago about two-thirds of all killings in our country were people who knew their victims -- family members, friends, others who had deep, personal feuds. Then, in 1990, it had dropped to just a little over half. In these latest crime statistics, 55 percent of all the people who were killed in this country were killed by people who did not know them, who were the victims of crimes, drive-by shootings, random acts of violence. We have got to do what we can to continue to change the environment in which our children grow up, as well.

I know we will never eliminate crime completely, but we proved we can turn it around. Four years in a row the crime rate has dropped. It's now at a 10-year low. If we can bring it down for four more years maybe we will create an America which at least when people come home from work and turn on the television news, if the leading story is a report of a violent crime they will be shocked, instead of numb to it, as too many are today. That's the kind of America we can build if we work together.

And, again, let me close with my heartfelt thanks to the law enforcement officials and the other officials from the city and the state and county who are here with me today for the work they do to make our streets safe, our homes safe, our schools safe, our businesses safe and the people they represent all across the United States. We have demonstrated, all of us working together, along with all the citizens who work in these citizens groups around America, that we can lower the crime rate. We need to keep going until we can bear it and feel that we're living in a safe country again.

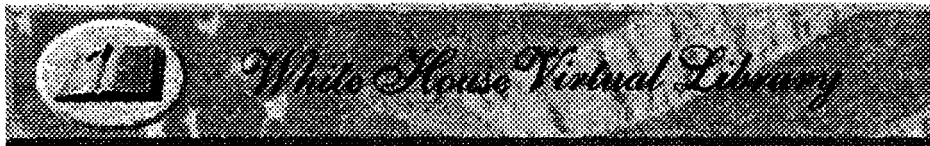
Thank you all very much. (Applause.)

End

11:20 A.M. Mdt



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White House Press Release

Remarks By The President Upon Departure

The White House

Office of the Press Secretary
(Albuquerque, New Mexico)

For Immediate Release
13, 1996

October

Remarks By The President
Upon Departure

Denver International Airport
Denver, Colorado

11:12 A.M. Mdt

The President: Good morning. I'd like to thank Mayor Webb; Chief Mashaw (phonetic); Sheriff Pat Sullivan from Arapahoe County; the Denver Da, Bill Ritter; Pat Arstrom (phonetic); Aries Savarez (phonetic); the members of the Denver Police Department and the Arapahoe County Sheriff's Office for being here with me today.

Today I sign legislation to crack down on criminals who employ illegal drugs in a sick attempt to facilitate their violent crimes. This law will strengthen penalties against anyone who uses the date rape drug, **Rohypnol** in connection with violent crime.

Even though **Rohypnol** is already illegal to produce or prescribe in the United States, sometimes it is illegally obtained by criminals who use it to incapacitate their intended victims. We must do everything we can to stop it.

In March, I ordered Secretary of the Treasury and the Customs Department to seize all **Rohypnol** coming across our borders and we are succeeding in cutting off the supply. Now we'll have the power to come down hard on those who use the date

rape drug in pursuit of their own illegal goals.

This legislation is another example of what we can do in Washington to help law-abiding citizens and local law enforcement officials fight crime in their own communities.

Today we have more evidence that this strategy is working. The FBI reports that America's crime rate is at a 10-year low. Here in Denver, overall crime is down 13 percent since 1993. The murder rate and the overall crime rate -- violent crime rate -- are at their lowest levels in the United States since 1989.

This is good news for Americans. It shows that law-abiding citizens working with our police can take back our streets. It also shows that we can help. After years of Washington finger-pointing and rhetoric over who was to blame for rising crime, we came to Washington and started out with a different question: What can we all do together to help people in their local communities fight crime and lower the crime and violence rates, put more police on the beat, put tougher penalties on the books, get guns off the street and steer our young people away from crime and drugs and gangs in the first place?

Our plan is putting 100,000 police officers on our streets. We've already funded nearly half of those since 1994. I understand that all these who are here with Sheriff Sullivan are among those who have come into law enforcement since the Crime Bill passed with those funds.

We banned deadly assault weapons, but not one hunter in Colorado, Arkansas or any other state lost his hunting or sporting weapon. Sixty thousand felons, fugitives and stalkers were stopped from buying a gun because of the Brady Bill. We made three-strikes-and-you're-out the law of the land. We passed the death penalty for drug kingpins and cop-killers. In the last month we extended the Brady Bill to prevent anyone convicted of beating up a spouse or a child from buying a handgun, and we required drug testing for all parolees and prisoners as a condition of getting federal prison construction funds.

Today's news shows that we are on the right track, but we have so much more to do. Crime and violence in our country are still too high. Even juvenile crime is starting to go down, but it's still too high. We've taken a special, aggressive effort to deal with the problems of domestic violence and violence against women, but there is still too much of it. There is too much killing, too much violence, too much gang-related criminal activity.

We must tackle the violent street gangs that rob too many children of their futures. We must break the vicious cycle of crime and drugs. We have to finish putting those 100,000 police officers on the street. We should ban cop-killer bullets that are designed for one reason only, to pierce the bullet-proof vests that police officers wear and kill them. And we have to work to create an environment for our children to grow up in free of crime, drugs, violence and free from the influences that make them more likely to get involved in those things or less sensitive to violence and crime when they occur.

ROHYPNOL: THE DATE RAPE DRUG

BACKGROUND

Rohypnol, also known as "Roofies", is the brand name of the drug flunitrazepam. It is used in some countries to treat insomnia or anxiety but is illegal to produce or prescribe in the United States. Referred to as the "date rape drug", Rohypnol-- tasteless, odorless and easily dissolved in alcohol-- has increasingly been used by rapists to incapacitate their victims. Its use is also growing in popularity among young people.

WHAT THE CLINTON ADMINISTRATION HAS DONE:

1. Customs Crackdown at the Ports of Entry

On March 5, 1996, Secretary Rubin and Customs Commissioner Weise directed the U.S Department of Customs to seize all Rohypnol coming across the border. The Customs Service is now confiscating any amount of Rohypnol brought into the country by travelers, commercial shipments, or through the mail.

2. President Clinton's Anti-Gang and Youth Violence Act of 1996

In May of this year, President Clinton submitted legislation to Congress to further fight the scourge of Rohypnol. Among the other provisions to keep kids drug-free, the bill would give the Attorney General emergency authority to reclassify certain emerging drugs such as Rohypnol on the list of controlled substances-- thereby stiffening the penalties for their use.

3. President Clinton's Commitment to Sign H.R. 4137 Into Law

President Clinton will sign into law H.R. 4137, the Drug-Induced Rape Prevention and Punishment Act of 1996. The bill will criminalize the use of Rohypnol-- or any illegal drug-- used with the intent to facilitate a violent crime. Enactment of the legislation will mean tougher penalties for such crimes, with criminals who use Rohypnol on their victims particularly targeted. The bill will also commission a six-month Drug Enforcement Agency study to determine whether Rohypnol should be reclassified.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
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LEGISLATIVE REFERRAL MEMORANDUM

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SUBJECT: JUSTICE (DEA) Proposed Testimony on Interdiction of Rohypnol**DEADLINE: 3:00 PM Monday, July 15, 1996**

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President.

Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.

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DOT
(DEA)
Rohypnol

D R A F T
Testimony by Harold D. Wankel
Chief of Operations
Drug Enforcement Administration
Senate Subcommittee on the
Western Hemisphere and Peace Corps Affairs
July 16, 1996

Mr. Chairman and Members of the Subcommittee: it is a pleasure to appear before you today to discuss the significant problems that have emerged in the last few years as a result of the abuse and trafficking of the powerful sedative Rohypnol.

In recent years, the drug flunitrazepam, more popularly known by its trade name Rohypnol, has emerged as a significant abuse and trafficking problem in the United States. In fact, the 1996 National Drug Control Strategy contains a section on Rohypnol. This drug is not approved by the Food and Drug Administration for marketing in this country, and is smuggled into the U.S. from Mexico and various Latin American countries.

Abuse of this drug has created a serious health threat to both the abuser and the community. Untold numbers of unsuspecting young women are being victimized and abused by criminals who spike their drinks with Rohypnol.

As DEA's Director of Operations, I am responsible for enforcing the laws and regulations for drugs scheduled under the Controlled Substances Act. Rohypnol is currently listed in Schedule IV of the Federal Controlled Substances Act, which includes substances with a low potential for abuse and substances that have a currently accepted medical use for treatment in the United States.

Rohypnol meets neither of these requirements, and it has recently become clear that the current level of control is not adequate to combat abuse and trafficking of this drug. As a result, DEA is seeking to move flunitrazepam, the active ingredient in Rohypnol, into Schedule I, which includes drugs with a high potential for abuse and no accepted medical use in the United States. Other drugs currently included in Schedule I are heroin, marijuana and LSD.

What Is Rohypnol?

Flunitrazepam is a tranquilizer developed in the 1960s and early 1970s by Hoffmann-La Roche, Inc., and first marketed under the trade name Rohypnol in Switzerland in 1975. Rohypnol is 10 to 20 times more potent than Valium (diazepam), and is used to treat anxiety, convulsions, muscle tension, sleep disorders and alcohol withdrawal. Its powerful sedative effects can last up to 12

hours, with some residual effects occurring as late as 24 hours later.

Low doses of Rohypnol may cause drowsiness, dizziness, motor incoordination, memory loss, gastrointestinal upsets, headache, reduced blood pressure, visual disturbances, dry mouth and hangover. Higher doses can cause coma, respiratory depression, and even death. In southern Florida, six deaths occurred in which flunitrazepam use was found during autopsy.

Rohypnol impairs mental judgment and reaction time, and individuals who drive under its influence increase their chances of automobile accidents. Law enforcement officers have frequently reported observing severely impaired driving ability in motorists who have used Rohypnol along with small amounts of alcohol.

Today, Rohypnol is sold legally marketed in 63 other countries in Europe, South America, Africa, the Middle East and Asia. Although Rohypnol is the most common trade name product containing flunitrazepam, in many countries there are additional generic and trade name products. Rohypnol is abused in many countries where it is approved for marketing. Much of the abuse in these countries involves heroin addicts, and recently, DEA has

become aware of the abuse of Rohypnol in Mexico and Colombia.

Use and Abuse in the United States

The effects of Rohypnol are similar to alcohol intoxication, and there are three distinct patterns of abuse of this drug—alone for its intoxicating effects; in combination with other drugs; or for the purpose of rape.

Those who abuse Rohypnol include middle school and high school students, college students, rave party attendees, and heroin and cocaine addicts. The middle school, high school and college students either use Rohypnol alone or more commonly in combination with alcohol or marijuana. Those who attend rave parties often take amphetamines to stay awake throughout the night and may take Rohypnol tablets to ease the effects of the amphetamine use.

Sexual predators and street gangs take advantage of the sedative and memory loss effects of Rohypnol to incapacitate women and commit sexual assault. The severe mental incapacitation, along with the amnesia produced by Rohypnol, makes it difficult for the rape victim to recall the circumstances surrounding her sexual assault.

The use of Rohypnol to commit sexual assault has earned it the street names of the "Forget Pill," the "Date-Rape Drug," "Trip-and-Fall," and "Mind-Erasers." In one recent case in Broward County, Florida, a convicted rapist boasted of using Rohypnol to rape as many as 20 different women. In both Texas and Florida, street gangs have been known to administer Rohypnol to females in order to commit gang rape as a part of initiation into the gang. Rohypnol is also referred to as "Rophies," "Roofies," "Ropes," and "Roach-2."

Trafficking of Rohypnol

Since the mid-1980s, Rohypnol has been found in the illicit drug traffic of many countries. Studies completed by the World Health Organization in 1990 and 1994 revealed at least 35 different countries in Europe, Asia, South America, Africa and the Middle East, in which Rohypnol was sold illegally.

On May 4, 1995, near London, England, authorities seized a record 100,000 Rohypnol tablets from the owner of a pharmaceutical distributor. The investigation revealed that the product had been manufactured in Belgium and was intended for distribution in Egypt.

Between 1985 and 1991, DEA had three cases or less each year involving Rohypnol. In 1993, that number climbed to 15, primarily in Texas and Florida. By 1995, DEA had 38 Rohypnol investigations. By March 1996, DEA had initiated 108 cases, and the United States Customs had 271 cases. Nationwide, state and local law enforcement reported 2,067 cases involving the illegal distribution or possession of Rohypnol. The street price for a 2 milligram Rohypnol tablet ranges from \$1.75 to \$5.00.

In Florida, there has been a dramatic increase in the distribution of Rohypnol. Between 1990 and 1992, there were 14 state and local law enforcement cases involving flunitrazepam. By 1995, that number had risen to 480—an increase of over 3,000 percent. Prior to 1994, the cases were located almost exclusively in Dade County, Florida. By 1995, the distribution of Rohypnol had spread throughout the state. Rohypnol is smuggled into Florida from Colombia and other Latin American countries through the use of international mail, courier services, and by passengers on commercial airlines.

Texas has also been the site of large increases in the distribution of Rohypnol. In 1990 and 1991, DEA documented eight cases involving Rohypnol. By 1993, the number of cases increased to 169 cases, and by 1995,

the number of cases had nearly tripled to 483 cases and distribution had spread throughout the state.

Rohypnol enters Texas by two methods: (1) Simple smuggling across the U.S.-Mexico border or (2) the abuse of the provisions of 21 USC 956(a), which exempts from the requirements of the Controlled Substances Act an individual who has a controlled substance for personal medical use.

Rohypnol is a prime example of unapproved drugs which enter the United States under this exemption. Abuse of this provision significantly contributed to the spread of Rohypnol throughout the United States. Quantities of Rohypnol and other controlled drugs were being carried from Mexico across our border after being declared to United States Customs. In mid-1995, during a three-week survey at the Laredo, Texas, footbridge disclosed that Rohypnol tablets (101,700) were declared on 796 of the 1,678 declarations filed with United States Customs and subsequently legally entered the United States.

The Federal Controlled Substances Act allows for this under the personal use exemption of 21 USC 956 and 21 CFR 1311.27. DEA officials have met with officials from U.S. Customs and the Food and Drug Administration.

Based on the provisions of the Food, Drug and Cosmetic Act, which prohibits the introduction of drugs not approved for use in the United States, Customs is now prohibiting the importation of flunitrazepam.

Since mid-1995, DEA laboratory examinations have confirmed that all DEA domestic cases involving Rohypnol has involved the Hoffmann-La Roche brand.

DEA Response and Proposals

In response to the increased threat to our communities and citizens posed by Rohypnol abuse and trafficking, DEA has taken several specific actions.

First of all, DEA has begun the administrative process to move flunitrazepam from Schedule IV to Schedule I of the Controlled Substances Act, which imposes more severe punishment for those trafficking in this illegal drug.

Second, DEA has proposed changes to the regulations which will drastically reduce the amount and number of controlled substances that may enter the United States for personal medical use.

Third, DEA has initiated numerous investigations of major traffickers.

Fourth, to address the problem of individuals abusing the personal use exemption, early this year, DEA, Customs, and the FDA formed a working group to formulate policy governing the entry of pharmaceutical controlled substances into the United States.

Finally, DEA has developed and circulated an information brochure on flunitrazepam which details the distribution and abuse of this drug.

Conclusion

Mr. Chairman and Members of the Committee, DEA considers the abuse and trafficking of Rohypnol to be an extremely important issue with the potential for significant and devastating effects on the people of this country.

We appreciate your support and concern in this matter, and look forward to working with this Committee and the Congress to prevent Rohypnol from reaching epidemic proportions, as we've seen with the abuse of crack cocaine and methamphetamine.

THE WHITE HOUSE
WASHINGTON

Office of Legislative Affairs

House Liaison

Fax Cover Sheet

Date

10 / 11

To:

DENNIS BARKER

Fax number:

6-7028

From:

PETER JACOBY

at (202) 456-6620

Comments:

ROLLINPNO L BILL ANALYSIS

Note: The information contained in this facsimile message is CONFIDENTIAL and intended for the recipient ONLY. If there is a problem with the transmission, please contact the sender as soon as possible.

Number of pages including cover: _____

MEASURE: HR4137

SPONSOR: Solomon (R-NY)

BRIEF TITLE: Drug-Induced Rape Prevention and Punishment Act of 1996.

OFFICIAL TITLE: A bill to combat drug-facilitated crimes of violence, including sexual assaults.

QUICK REFERENCE: Criminalize use of "date rape" drug to facilitate violent crime

INTRODUCED: 09/24/96

COSPONSORS: 33 (Dems: 6 Reps: 27 Ind: 0)

COMMITTEES: House Judiciary
House Commerce

CQ BILLWATCH BRIEF:

Cleared by Congress, HR4137 would criminalize the use of Rohypnol, or any illegal drug, used with the intent to facilitate a violent crime.

Rohypnol, the brand name of a drug called flunitrazepam and known by the street name "roofies," is used in many countries to treat insomnia or anxiety but is illegal to produce or prescribe in the United States.

Rohypnol recently has become known as the "date rape" pill, because of its increasing use by rapists to incapacitate their victims. The drug is inexpensive, colorless, odorless and tasteless, dissolving quickly in alcohol. According to House Republican Bill McCollum, his home state of Florida witnessed 480 such crimes in 1995, compared with 14 incidents between 1990 and 1992.

The bill would result in higher penalties for people who use any illegal drug to facilitate a violent crime. The maximum penalty for would be set at 20 years if the victim is age 14 or younger and 15 years in all other cases.

But the measure specifically would target Rohypnol, upping the penalties even more for attackers who use the drug and commissioning a six-month study by the Drug Enforcement Administration (DEA) about whether to reclassify "roofies."

Rohypnol currently is listed as a Schedule IV drug in the Controlled Substances Act, which means it has accepted medical uses and low potential for abuse. The DEA study would assess whether Rohypnol should be redesignated as a Schedule I drug -- substances with no currently accepted medical uses in the United States that have a high potential for abuse. Criminal use of Schedule I drugs entails high penalties, similar to those the bill would impose on abusers of Rohypnol.

Although most House members support the bill, some Democrats argue that Rohypnol should be reclassified now. California Democrat Maxine Waters, the only House member to vote against HR4137, called the bill "piecemeal legislating" and said Congress should develop a comprehensive and "well-thought-out" anti-drug policy.

Similar House bills (HR3905, HR3341) were introduced.

CQ BILLWATCH INSIGHT:

The House cleared HR4137 by voice vote Oct. 4, 1996; the Senate passed an amended version by voice vote Oct. 3.

The House passed its original version of the bill on a 421-1 vote Sept. 26.

SHORT TITLE AS INTRODUCED:

Drug-Induced Rape Prevention and Punishment Act of 1996

LEGISLATIVE ACTION:

09/24/96 Referred to Committee on Commerce, Committee on the Judiciary (for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned) (CR p. H11047)

09/24/96 Original Cosponsor(s): 29

Ackerman (D-NY)	Gallegly (R-CA)	Payne, D. (D-NJ)
Baker, R. (R-LA)	Green, G. (D-TX)	Pryce, D. (R-OH)
Barr, B. (R-GA)	Heineman (R-NC)	Seastrand (R-CA)
Bilbray (R-CA)	Johnston, H. (D-FL)	Shaw (R-FL)
Blute (R-MA)	Kelly (R-NY)	Slaughter (D-NY)
Christensen (R-NE)	McCollum (R-FL)	Vucanovich (R-NV)
Clyburn (D-SC)	McIntosh (R-IN)	Walsh (R-NY)
Dunn (R-WA)	Molinari (R-NY)	Watts, J. (R-OK)
Fowler (R-FL)	Nethercutt (R-WA)	Weller (R-IL)
Franks, G. (R-CT)	Oxley (R-OH)	

09/25/96 MCCOLLUM, R-Fla., motion to suspend the rules and pass the bill (vote to occur on Thursday, September 26, 1996). (CR p. H1122-H1126)

09/25/96 Cosponsor(s) added: 4

Castle (R-DE)	Martini (R-NJ)
Goodlatte, R. (R-VA)	Weldon, C. (R-PA)

09/26/96 Measure, passed in House by yea-nay vote: 421-1, under suspension of the rules (two-thirds vote required). (This measure was debated on September 25, 1996.) (House Vote 435) (CR p. H11244) (1996 WR p. 2768)

09/26/96 KENNEDY, D-R.I., House speech: Personal explanation of roll call vote no. 435. (CR p. H11244)

09/28/96 Objection was heard to a LOTT, R-Miss., unanimous consent request to proceed to consideration of the bill. (CR p. S11703)

10/03/96 LOTT, R-Miss. (for HATCH, R-Utah) amendment introduced in Senate: number 5429 (text) (CR p. S12319-S12320)

10/03/96 Considered and amended by the Senate. (CR p. S12376-S12379)

10/03/96 LOTT, R-Miss. (for HATCH, R-Utah; BIDEN, D-Del.; and COVERDELL, R-Ga.), substitute amendment no. 5429, agreed to by unanimous consent. (see CR p. S12379) (CR p. S12376-S12379)

10/03/96 Measure, as amended, passed Senate by unanimous consent. (CR p. S12379)

10/03/96 COVERDELL, R-Ga., Senate speech: On the importance of passing the Drug-Induced Rape Prevention and Punishment Act of 1996. (CR p. S12257)

10/04/96 SOLOMON, R-N.Y., unanimous consent that the House concur in the Senate amendment, agreed to by unanimous consent. (see CR p. H12276) (CR p. H12275-H12276)

10/04/96 Measure has now been cleared for the president's signature. (CR p. H12276) (1996 WR p. 2875)

 Washington

10/13/96 - 02:20 PM ET - Click reload often for latest version

Clinton signs date rape drug bill

DENVER - President Clinton signed a bill Sunday outlawing Rohypnol and other so-called date-rape drugs used by rapists in what he called "a sick attempt to facilitate their violent crimes."

The bill subjects rapists to an additional 20 years in prison if they use a narcotic to incapacitate their victims.

Surrounded by a line of police officers, Clinton declared, "This legislation is another example of what we can do in Washington to help law-abiding citizens and local law enforcement officials to fight crime in their own communities."

For the first time, using a drug as a weapon is illegal under the new law. Supporters argue that dropping a pill in a victim's drink is just as nefarious as putting a knife to her throat.

"Sunday, I signed legislation to crack down on criminals who employ illegal drugs in a sick attempt to facilitate their violent crimes," Clinton said. "... We must do everything we can to stop it."

Clinton made his remarks on a steamy tarmac before boarding Air Force One for Albuquerque, N.M., where he planned three days of mock debates, golf and rest. The second and final debate with rival Bob Dole is Wednesday night.

Increasingly venomous Republican attacks on Clinton's character put his campaign on the defensive Sunday. Swarms of reporters surrounded his spokesmen in front of the president's plane for reaction to GOP attacks on the Sunday morning news shows.

Dole campaign manager Scott Reed said that through Election Day, Dole will be asking, "Do the American people trust Bill Clinton?"

"This is a sign of desperation by the Dole campaign," said Harold Ickes, the chief White House political operative.

The GOP criticism stole some thunder from the Denver event. Still, the bill-signing ceremony underscored Clinton's greatest political advantage over Dole: Incumbency. As president, Clinton can command attention by signing bills, issuing executive orders or responding to international developments.

The new law provides for a 20-year sentence for the use of an illegal drug as a tool of rape or other violent crime, as well as possession, manufacture or distribution of an illegal drug with intent to use it in commission of a violent crime. Simple possession of Rohypnol, with no proven intent, carries up to three years in prison.

The new law follows a sharp increase in reported use of Rohypnol pills, known on the street as "roofies." The odorless, colorless, tasteless tranquilizer - 10 to 20 times more powerful than Valium - can be dropped into unknowing victims' drinks, causing them to pass out and have little memory of what happens next.

Rep. Patricia Schroeder (D-Colo.) has said the tactic is a crisis on the nation's college campuses.

The date-rape bill is particularly appealing to women, a constituency Clinton has wooed from day one in the campaign. Polls show he is overwhelmingly favored by female voters - a gap Dole must narrow to win.

While Clinton signed a bill that could win him political points with a key constituency, Dole was campaigning by bus in New Jersey again - struggling to shake up his underdog campaign.

Although Rohypnol is illegal in the United States, it is used legally in other countries to treat sleeplessness, anxiety, convulsions and muscle tension.

The House and Senate easily passed the bill early this month.

By The Associated Press

- ☐ Go to Washington news
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-

USA TODAY NEWS • SPORTS • MONEY • LIFE • WEATHER • FEEDBACK • SEARCH • INDEX

N Fighting the 'Date Rape' Drug

At least two Texas women have now died after unknowingly ingesting Rohypnol, the so-called "date rape" drug identified in some notorious California cases. The latest episode involved a 15-year-old and a female friend given the drug and then raped by five men in El Paso. Authorities said an overdose of the drug killed the 15-year-old; her friend survived.

These cases cast the use of the colorless, odorless and tasteless drug into an increasingly heinous light. Most often the drug, which is 10 times more potent than Valium, is slipped into a drink. Sedation lasts approximately eight hours and the victim often cannot remember the identity of her assailant.

Rohypnol is not approved for use in this country, but it has become easy to obtain, far too easy. That's one of the reasons why President Clinton is expected to sign federal legislation that will add up to 20 years to the sentences of

convicted rapists who use Rohypnol or similar drugs to seduce their victims. That's an important and welcome step. It follows on the heels of a strong California bill by State Sen. Tom Hayden (D-Los Angeles), passed last month and signed by Gov. Pete Wilson, that criminalizes the possession, sale and transportation of Rohypnol.

There was shocking cause for quick passage. Two Marina Del Rey brothers, for example, had already been charged with the following crimes in connection with their alleged use of Rohypnol on female victims: attempted oral copulation of a drugged victim, rape and sodomy by drugging and kidnapping for the purpose of rape.

The legislation favored by Wilson and Clinton will strengthen and expand the sanctions already available to prosecutors. The cruel violations associated with the use of this drug demanded that kind of response.

"Yesterday I was coming out to meet a ride and I was stopped and frisked," says Jamar Williams, 21. "I was minding my own business."

Sweeney dismisses criticism by saying courts have ruled road checks are "a lawful police activity." And he insists that most Bridgeport residents support the policy.

"It does look like they only go into minority neighborhoods," says Felix Reyes, who sells clothes from a van on East Main. "But crime is a real problem, and I'm glad to see they're doing something."

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
Washington, D.C. 20503-0001

LRM NO: 4837

FILE NO: 2292

6/20/96

LEGISLATIVE REFERRAL MEMORANDUM

Total Page(s): _____

TO: Legislative Liaison Officer - See Distribution below:

FROM: James JUKES

(for) Assistant Director for Legislative Reference

OMB CONTACT: Ronald JONES 395-3386 Legislative Assistant's Line: 395-3454
C=US, A=TELEMAIL, P=GOV+EOP, O=OMB, OU1=LRD, S=JONES, G=RONALD, I=E
jones_re@a1.eop.gov

SUBJECT: HHS Proposed Report on Draft Bill: Anti-Gang and Youth Violence Control Act

DEADLINE: Monday, June 24, 1996

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President.

Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.

DISTRIBUTION LIST:

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*The attached letter requests
a letter from Sen. Hatch about
the possible effect of including
Recharge.*

FILE NO: 2292

☐ Concur
☐ No Objection
☐ No Comment
☐ See proposed edits on pages _____
☐ Other: _____
☐ FAX RETURN of _____ pages, attached to this response sheet

The Honorable Orrin G. Hatch
Chairman, Committee on the Judiciary
United States Senate
Washington, D.C. 20510-6276

Dear Chairman Hatch:

This is in response to your letter seeking the views of the Department of Health and Human Services (HHS) on the question of rescheduling the drug Rohypnol (flunitrazepam) to a more restrictive schedule under the Controlled Substances Act (CSA).

Flunitrazepam is not approved for medical use under the Federal Food, Drug, and Cosmetic Act, although we are aware that it is approved and available in many countries around the world for the treatment of insomnia and other conditions. However, this Department's Food and Drug Administration (FDA) believes that there are drugs with similar therapeutic uses available in the U.S. for each of the conditions for which flunitrazepam is prescribed elsewhere. Therefore, while we share your concern that the goal of preventing the diversion and illicit sale of drugs in the United States not interfere with legitimate medical treatment, we are reasonably satisfied that this concern is not raised by current or proposed controls on flunitrazepam.

Based on the considerations indicated above, and in light of evidence of abuse of flunitrazepam, notably in connection with alarming numbers of "date rape" cases, FDA has participated in efforts to reduce illicit trafficking in flunitrazepam. FDA worked closely with the U.S. Customs Service to develop the terms of the recent ban on the import of the drug noted in your letter. FDA's guidance included a mechanism whereby individual travelers entering the U.S. may appeal the seizure of small quantities of flunitrazepam carried with them for personal use. The import ban and the appeal procedure were specifically designed to reduce trafficking in large quantities of this potent sedative, while providing a mechanism for permitting them to be retained for medically prescribed use to avoid hardship in individual cases. These procedures could remain in effect even if flunitrazepam were rescheduled under the CSA.

As you are aware, the CSA establishes five schedules of controlled substances, based primarily upon a drug's relative potential for abuse. Drugs listed in schedules I and II are those with the highest potential for abuse. Flunitrazepam is currently controlled domestically in schedule IV pursuant to the temporary control provisions of section 201(d)(4) of the CSA. This control occurred in 1984, following international control of flunitrazepam under the Convention on Psychotropic Substances (Vienna, 1971). In addition to flunitrazepam, more than twenty benzodiazepine substances are controlled in this manner under schedule IV of the CSA. As with flunitrazepam, illicit use of and trafficking in these substances are subject to seizure and detention of the substance, and to criminal prosecution.

Page 2 - The Honorable Orrin G. Hatch

In response to reports of the abusive use of flunitrazepam, the Drug Enforcement Administration (DEA) of the Department of Justice (DOJ) is giving serious consideration to initiating notice and comment rulemaking under section 201 of the CSA to reschedule this drug to a more restrictive schedule, under which it would be subject to increased penalties for illicit use and trafficking. Under section 201(b) of the CSA, a necessary preliminary to initiating such proceedings is a scientific and medical evaluation by HHS. In response to a formal request from DEA on April 11, 1996, FDA is currently conducting such an evaluation in consultation with HHS' National Institute on Drug Abuse (NIDA).

In addition, on June 5, 1996, DOJ sent to the Congress a draft bill, the "Anti-Gang and Youth Violence Control Act of 1996", that includes a proposal to amend the CSA to specifically authorize the Attorney General to reschedule flunitrazepam to schedule II immediately, without going through rulemaking. HHS was asked to review this proposal prior to transmittal, and had no objection to it.

We hope the foregoing is helpful in putting into perspective this Department's recent actions with respect to flunitrazepam. It is a matter of importance to this Department that measures to control substance abuse be implemented in a manner that does not unreasonably impede access to appropriate medical therapies. But in the case of flunitrazepam, which is not approved for sale in the U.S. and for which alternative therapies are readily available, and which we understand is subject to serious and growing abuse which itself raises concerns for public health and safety, we see no objection from the standpoint of individual or public health to the imposition of more stringent controls under the CSA.

The Office of Management and Budget has advised that there is no objection to the transmittal of this letter from the standpoint of the Administration's program.

Sincerely,

Donna E. Shalala

U.S. CUSTOMS ROHYPNOL ACTION PLAN:

BACKGROUND: Rohypnol is a depressant drug that is manufactured outside of the United States and is not approved for use in the United States. Rohypnol has become a drug of abuse nationwide.

In the past, individuals have imported Rohypnol based on the Drug Enforcement Administration (DEA) regulation, 21 CFR 1311.27, which allows personal use quantities of prescription drugs. The U.S. Customs Service has recently conferred with both DEA and the Food and Drug Administration (FDA) to discuss ways to minimize the abuse of this substance.

Section 801 of the Federal Food, Drug, and Cosmetic Act (21 USC 355) prohibits the introduction into the U.S. of any new drug which is unapproved for use in the U.S. Rohypnol falls in the FDA new unapproved drug category and is thereby a prohibited importation under 21 USC 331(d).

The U.S. Customs Service has proposed the following enforcement effort, which will be coordinated with the DEA and FDA.

The following action plan will be initiated:

1. An electronic mail message will be distributed to all appropriate U.S. Customs personnel advising of Customs actions to be taken with respect to Rohypnol. All attempted importations of Rohypnol will be seized by Customs pursuant to 19 USC 1595a(c) (2) (A-B) for violation of 21 USC 331(d) and 355(a).
2. Flyers will be distributed at ports of entry nationwide which will state the U.S. Customs, FDA and DEA policy on the importation of Rohypnol.
3. Travellers declaring Rohypnol at ports of entry or at any U.S. Customs facility with or without a foreign prescription will be advised that the drug is prohibited, and the drug will be seized.
4. All undeclared quantities of Rohypnol will be treated as undeclared/smuggled goods under 19 USC 1497 and 18 USC 545.

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EXECUTIVE OFFICE OF THE PRESIDE
EXECUTIVE OFFICE OF THE PRESIDE

05-Mar-1996 02:44pm

TO: (See Below)
FROM: Margaret M. Suntum
Office of the Press Secretary
SUBJECT: 1996-3-5 McCurry Briefing

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 5, 1996

PRESS BRIEFING
BY MIKE MCCURRY

The Briefing Room

1:20 P.M. EST

MR. MCCURRY: Good afternoon, ladies and gentlemen. Welcome to the White House to our daily briefing, our first daily briefing of the week. A couple of items to begin with today. Mr. Lake, Anthony Lake, the President's National Security Advisor, tomorrow will deliver an address defining missions, setting deadlines, meeting new security challenges in the post-Cold War world. That will be at the Best Theater at the Marvin Center at George Washington University, 11:00 a.m. tomorrow. Mr. Johnson here can give you further details on that illuminating address should you be so interested.

The other thing -- occasionally, I like to call attention to some things going on around about the agencies. I've got two items today of interest, and I want to make sure White House press folks know about. First is that Treasury Secretary Rubin and the Customs Commissioner are announcing today that they're going to bar imports into the United States of the drug Rohypnol, which is

frequently called the date rape drug. It's one that has been associated with increasing use particularly in the South in border states among teenagers. They're going to walk through a lot of the reasons why they believe this is a necessary measure. There are other pharmaceuticals available that get the same medical effect, and this is a drug, apparently, being used for incorrect purposes especially by young people.

At the Transportation Department today Secretary Pena is reviewing some of the progress we've had over the last year with the government of Canada after the Open Skies agreement that the President and the Prime Minister announced last year. The agreement

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has done an extraordinary amount to promote more commerce and more air links between the United States and Canada. There are about 45 new routes back and forth between the United States and Canada. Fourteen cities now have non-stop service in the United States directly to Canada. And in all the agreement has pumped about \$2 billion into our respective economies over the course of the last year. So they are highlighting that measure today. Both departments can provide you more details if you are interested.

That's my list.

Q Do you have any comment on McDougal's lawyer calling the President a hypocrite because he won't testify in person in Little Rock in court?

MR. MCCURRY: Well, I don't believe it's necessary to call the President a name. What the President has done in a brief filed by the Justice Department with the court indicates his willingness to testify in that case pursuant to the precedent that exists for U.S. presidents when they're called to testify in legal matters of this nature. When it's necessary to an adequate defense

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of an individual to compel the testimony of the president, the president testifies in ways that don't pose any undue burden on his constitutional abilities to perform his office. And the Justice Department, in a very well-argued brief has set forth the reasons why the President ought to appear on videotape here in Washington, because it's consistent both with precedent and with the President's discharge of his constitutional obligations.

Q What is the stand in terms of the President's negotiations, or his lawyers' negotiations with the other lawyers in court as far as the deposition?

MR. MCCURRY: Well, Mr. McDougal, if my understanding is correct, has filed a motion in the court that would compel the President's testimony in person. The response brief has been submitted today to the court by the Justice Department arguing on behalf of the President in his official capacity, and the matter now lays before the court.

Q Are you expecting any problem as China begin its maneuvers -- it supposed to be later this week on the Taiwan Straits?

MR. MCCURRY: Not everyone has been following this -- they have announced that they are going to conduct missile exercises in the Taiwan Straits. We have long felt that military exercises of that nature, specifically these types of missile tests, don't do anything to contribute to peace and stability in the region. We've suggested to the People's Republic -- in fact, we've also suggested to Taiwan, that provocative steps, provocative military exercises are not the best way to resolve the differences that exist across the Taiwan Straits, and indeed, the best way for them to address their concerns is in direct dialogue, direct cross-straits dialogue. That's the peaceful way to resolve issues of dispute. So in that sense, these missile tests are certainly not going to be helpful, and they are not going to do anything in our view to contribute to stability in the region.

Q Mike, yesterday we were told that sharing of intelligence was like a key thing that we could do for Israel. Is there any reason why that wasn't on the --

MR. MCCURRY: I don't know that I would make the assumption that that's not part of the steps that were announced earlier today.

Q Okay, but there wasn't anything in the five steps that mentioned intelligence.

MR. MCCURRY: That's not necessarily true.

Q Can you help us out with that? Can you tell us what the deal is?

MR. MCCURRY: The type of technology that exists, the type of personnel that are available who can provide some of the technical assistance referred to today are certainly people who are

familiar with intelligence.

Q This equipment that's going over there today, why would that not have gone last year or the year before?

MR. MCCURRY: Well, the Israeli government has got fairly extensive antiterrorism procedures and mechanisms in place that they, for good reason, have some confidence in. Very unusual, outrageous incidents of the last week and a half accelerate their concern about their ability to combat terrorism, and this type of

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equipment, which had been under discussion at various points between the United States government and the government of Israel, took on, I think, a new sense of importance in light of the incidents that have occurred. That's why the President responded very quickly to the suggestion that we provide this type of assistance.

Q Could you tell us specifically what the equipment that was aboard the C-141 was this morning?

MR. MCCURRY: I can tell you it was very highly sophisticated bomb detection technology. Beyond that, I think it's best not to describe in any elaborate detail what type of capacity the system has.

Q Is this equipment owned by the United States, or is it from a private contractor?

MR. MCCURRY: It is U.S. government hardware produced here in the United States by a private company.

Q Could you give us the agency it comes from and what the cost is?

MR. MCCURRY: That's the United States government.

Q And the cost.

Q Is this only in government use, or is this in private use anywhere?

MR. MCCURRY: I'm not sure exactly for what private sector use is made for this type of technology, Brit. I'd have to check on that. We can probably get you --

Q Would it be unlikely that it be much -- is this sufficiently specialized that it --

MR. MCCURRY: They sufficiently specialize them, and my guess is -- I don't know this for a fact -- my guess is sufficiently expensive. It's probably not widely available, but it is available to our government.

Q Was it on loan, is it a gift, did they buy it?

MR. MCCURRY: We are providing it given the urgency of the President's concern that we do everything possible as Americans to assist both the Palestinian Authority and the government of Israel as they combat terrorism. This is being provided right now just to get the job done.

Q As a gift?

MR. MCCURRY: Well, we have an extensive bilateral assistance program to Israel, and this can fall either within that framework or we can sort that out later. The important thing in the President's view is to get the technology to Israel as quickly as

value of the package?

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MR. MCCURRY: I can't in light of the fact that we most

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likely will provide additional forms of assistance and training and it would be sort of a misleading figure in any event.

New ALL-IN-1 mail from ROBINSON_C

Q Mike, since you're only sending six pieces of equipment now, isn't this largely --

MR. MCCURRY: I believe it's seven palettes that are on the plane that's on its way to Israel.

Q But isn't this largely psychological and symbolic as a support measure?

MR. MCCURRY: Well, it will presumably have some practical use to the government of Israel. The government of Israel wanted this equipment. But it certainly will have, we hope, some symbolic value in that the people of Israel know the people of the United States stand with them as they deal with this extraordinary threat of terror.

Q Contact with foreign governments -- which governments, what are they being asked for?

MR. MCCURRY: The President, as I've already told some of you, has contacted President Assad of Syria. He's had correspondence with Chairman Arafat; expects to see King Hussein later this week. We have corresponded with other governments in the region to communicate our concerns about these new incidents, to -- I can't identify all of them, I don't have a full list, but there Arab governments within the region that we routinely communicate with on matters related to the peace process because many of them have been making their tentative steps forward in that process, which we have strongly encouraged.

We'll also be communicating at various diplomatic levels with the G-7 countries related to economic support for the Palestinians as they endure what we hope is a bump in the road in the progress forward towards peace. And we will certainly do everything necessary to work with other members of the international community to combat the threat of outrageous terror.

Q Are these countries being asked to do directly

anything -- directly against Hamas?

MR. MCCURRY: We are encouraging all countries to take those steps that would be helpful in breaking down the infrastructure of support that exists for this well-known terrorist organization.

Q One thing that the Israelis seem to think is that if Iran is further isolated because of its support for Hamas that that would make a difference. But they say countries like Japan and Germany have not really been willing to isolate Iran. What's the U.S. doing about those countries?

MR. MCCURRY: Well, it has been for years now a central tenet of our arguments to those countries that there is no way that economic contacts with the government of Iran can moderate the behavior of a state that is so clearly outlandish in its support of terrorism. We make the argument frequently to those who suggest that somehow or other economic contact with Iran will moderate behavior that there's just no proof at all that that is the case; indeed, we've seen some evidence that their support for terrorist activities worldwide has accelerated during the period in which some nations have had those types of economic contacts with Iran.

So that is why a central objective of our foreign policy
MORE #191/03-05

has been to try to discourage that type of contact, try to further contain and isolate Iran so that it is clear that it remains an outlaw in the international community.

Q It sounds like you're just going to do more of the same that hasn't worked.

MR. MCCURRY: Well, I believe there's been a pretty tragic and awful series of arguments now coming from Israel that underscore the importance of our case and dramatically prove our proposition that there's no way that this support for terrorism should stand.

Q Would any of this bomb detection equipment help with the bombs that keep going off in Great Britain, and is there any thought of sending similar stuff?

MR. MCCURRY: I don't know the answer to that. I don't know whether this type of technology is available to the United Kingdom, or not.

Q Are you talking about technology similar to that in use in some U.S. airports to detect explosives?

MR. MCCURRY: It's similar in the sense that it's aimed at the same effect, to see if they can detect explosives. But it's more sophisticated than that that routine commercial air passengers might encounter at a U.S. airport.

Q Is it something that bags, objects go through on a conveyor belt type thing at a checkpoint?

MR. MCCURRY: It's something that helps scan those that might be going into or coming out of checkpoints, and it might be useful in other applications as well.

Q The G-7 countries -- are you talking about trying to get them to give more aid to the Palestinian Authority or speeding up existing promises?

MR. MCCURRY: Well, many of them are already supporters dating back to the October, 1993 support conference here in Washington for the Middle East peace process. Many of them have made their pledges and their own donations to that peace process. We're encouraging them to be steadfast in their support, to recognize that the Palestinian Authority itself is now going to encounter more difficulty in trying to promote and stimulate economic growth within the territories of necessity, obviously, and we believe that the international community, working together, can help further stimulate economic growth, reconstruction, some of the types of development activities that we have supported with our own financial resources in the territories.

Q Did the President get any response yet from countries like Syria that allow Hamas and other groups to have offices in their capitals? Has he gotten any promises that these

countries are going to actually do something to break down the infrastructure?

MR. MCCURRY: None that I'm aware of, but I believe it's safe to say that those governments understand the importance the President attaches to the suggestion that they reexamine those types of associations.

Q For those who weren't there when you mentioned it, what was the nature of the President's contact with Assad? Was it
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direct phone call today, or what?

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MR. MCCURRY: No, he corresponded with President Assad over the weekend; on Sunday, specifically.

Q Getting back to the intelligence question, I was a little unclear as to what you were saying. The people who are involved, the personnel who are going over you said are familiar in some fashion with intelligence. Are they, themselves, intelligence operatives, or is there some --

MR. MCCURRY: They work for the United States government. That's where I'm going to leave it.

Q And is there an overall attempt, or will there be an overall method of giving Israel intelligence information separate from those people?

MR. MCCURRY: Well, we have a good, cooperative arrangement with the government of Israel when it comes to sharing intelligence data, and we'll look and see if there are other things we can do in that context that will support the fight against terror.

Q Is it about to get better?

MR. MCCURRY: Say again?

Q Cooperative intelligence-sharing -- is it about to get better?

MR. MCCURRY: It's good already. The question is whether there is something that can specifically be useful when it comes to combating terrorism.

Q Mike, are we looking at anything else to do, long-range?

MR. MCCURRY: Well, long-range, we just have to -- you know, I think the most important thing is understanding the extraordinary change that has occurred in that region as a result of the peace process itself. Israel now enjoys better contact with governments in the region, including those that are Arab governments. There's been extraordinary change for the people of Israel as they've seen some of their contacts deepen with Jordan, with -- as they've seen the initial, tentative development of relations with other governments in the region. We want to encourage that type of progress because that's what makes a difference, that's the antidote to terror in the long run, where people see that there is a dividend for peace, that the quality of life has improved and that they can live their lives in greater security.

Q But I mean in terms of more technical assistance, long-range.

MR. MCCURRY: We are looking at anything that can be helpful. And there will be, as you know, now within Israel an extraordinary effort to protect the citizens of Israel. They may require types of -- we were talking earlier about more routine types of devices like X rays or magnetometers, the types of things that

U.S. citizens are more familiar with. We might look at excess inventory that's available to us that we could share with them in these extraordinary circumstances. So all of those things will be actively in the review in coming days.

Q Mike, do you have anything further on the efforts to keep the Israel-Syria contacts going at a different level now that the talks have been called off for the moment?

MR. MCCURRY: Well, Ambassador Rabinovich suggested
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yesterday that in the long-term, a just, comprehensive peace throughout the region is still the goal that all must seek -- those who are pledged to seek the peace, who, even if there is a temporary suspension of the dialogue at the Wye Plantation that we have been encouraging, we continue to believe in the long-term that the best interests of security for the people of Israel are dependent upon achieving the type of progress on the Israel-Syria track that we've done so much to foster.

There likely will be a period now where that will have to be in suspended animation, but suspended animation doesn't necessarily mean that everything has ground to a halt. We'll continue an active contact with the parties to make sure that they don't move backwards even at a time when they can't realistically make much progress.

Q Is anybody from the White House attending the memorial service at the Israeli Embassy tonight?

MR. MCCURRY: I suspect that a number of members of our government, some well-known to you, but mostly in their private capacities, will be going.

Q What was Syria's response to the President's approach over the weekend? Were they noncommittal or positive, or what?

MR. MCCURRY: They've taken note of our views, and they very often express their views in their own public-controlled media.

Q So Assad hasn't responded directly to the President?

MR. MCCURRY: I'm not aware that there's been a direct response from President Assad.

Q Has there been a response in their own directly-controlled media?

MR. MCCURRY: They have, in response to the incident nine days -- ten days ago, had one of the first ever implicit criticisms of an event of this nature, and I believe there's been some additional editorial comment in the Syrian Times today. But I'd want to go back and check that.

Q Mike, you've been critical of Senator Dole for suggesting that --

MR. MCCURRY: When?

Q Today.

MR. MCCURRY: Today?

Q Yes -- with regard to his suggestion that Congress might hold off economic aid to the Palestinian Authority until they

really show that they are willing, able, and ready to crack down on terrorism. What's wrong with asking, first, better performance from Arafat before further is delivered?

MR. MCCURRY: Well, the President has already urged Chairman Arafat everything possible needs to be -- already suggested to him everything possible needs to be done to combat terror. I was not speaking specifically with respect to Senator Dole today, but I did suggest that those who say we should just cut off all forms of assistance to the Palestinian Authority now are missing a very

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important point: A, Chairman Arafat is working as an ally to the government of Israel in trying to fight this war against terrorism; and, B, he needs to demonstrate to his constituency, to his people, that there is a reward for taking the risk associated with moving towards peace. And the whole premise of our policy of support for the Palestinian Authority has been that we need to encourage the kind of changes that people see on the ground that will give them confidence in the process. That's the way people resist the siren call of those who espouse terrorism.

So, anyhow, so we -- that's the context in which we believe we've got to continue to move this process forward and continue to help the Palestinian Authority engender changes in the life of the Palestinian people.

Q My question goes to what comes first, or what should come first.

MR. MCCURRY: What is coming first already is a determined effort by Chairman Arafat to fight terror. And he's taking steps already --

Q But the President himself has said that he expects Arafat to do more. That implies that he hasn't done enough. And Arafat has had a mixed record with regard to perfunctory arrests of suspected terrorists who are then let go a few days later. He went to pay his condolences to the family of the engineer. Your own administration is urging Arafat to do more. My question is why not wait until he does more to resume economic aid to the PA?

MR. MCCURRY: We have suggested to Chairman Arafat that like our own government, that the strenuous efforts that have been made to fight terrorism need to be intensified. And we believe that's exactly what he is going to do now and he is -- most importantly, the assistance that we are in a position to provide to the Palestinian Authority will be there to help combat terror, which is important.

By the way, on another matter --

Q So your bottom line, then, is that you're generally satisfied with his record to date?

MR. MCCURRY: Nobody can be satisfied with the events that have transpired in the Middle East over the last 10 days. There has to be an intensified effort by all parties to combat terrorism.

On another matter, you should know the President did talk to the Speaker earlier today for about 10 minutes to brief him on some of the steps he's taking today. And he does intend to speak later today with Senator Dole, if he hasn't reached him already.

Q Can I just get an answer to the question as to whether the President is satisfied generally with what Arafat has done to date in regard to terrorism?

MR. MCCURRY: I just answered that -- nobody can be satisfied with the events that have transpired there and we all have to do more. With respect to Chairman Arafat, the President believes that everybody -- the United States, the government of Israel and the Palestinian Authority needs to do more to combat terror.

Q Are any of the antiterrorism experts being supplied by the CIA?

MR. MCCURRY: I already answered that. I said they
MORE #191/03-05

worked for the United States government.

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#191/03-05

Q New subject?

Q No, no, no.

Q Mike, is any of this equipment going to Arafat or the Palestinian Authority, or is it going to Israel?

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MR. MCCURRY: My understanding is the government of New ALL-Israam and the KERRA VANNES Authority and their law enforcement entities are working together to see what they can cooperatively do to combat terror. Then, part of a technical assistance package that we are making available are things like communications gear and others that will allow the law enforcement personnel of both sides to work together more closely. So some of it will go -- this package is being provided to the government of Israel, but it will -- some if it, at least, will end up in a position to help the cooperative efforts that the Authority and the government are making together to combat terror.

Q If the President does reach Dole later today, is he going to ask him to clarify the remarks that you said you considered a mistake?

MR. MCCURRY: No, I think he's going to make -- he will make the case, or is prepared to make the case to Senator Dole, look, this is not the time to suspend our assistance to Chairman Arafat when he's going to do more to fight terror and when he's doing a lot already to try to protect the economic gains that he wants his people to make as a result of the peace process. It's a time in which we ought to demonstrate our support for the peace process and not to call it into question.

Q But there were earlier reports today that the military wing of Hamas was going to listen to the political wing and stop the bombing. Does the U.S. put any credence to this?

MR. MCCURRY: Some of those same sources said almost the identical thing Sunday, and it didn't end up to have much truth associated with it. So we don't attach much truth to the announcement that they are going to suspend all such activity. I think that, prudently, the government of Israel is prepared to deal with any resumption of terror.

Q Speaking of that, when Israel declared war on Hamas did the U.S. seek any kind of explanation, understanding of what it is exactly they're talking about, and whether some of the steps that may be taken to combat terrorism could, in fact, violate the peace

accord that's in effect?

MR. MCCURRY: Well, the Oslo Accords and within the framework of the Declaration of Principles there are provisions that address the failure of parties to do everything necessary to combat terror, or the extraordinary measures that might have to occur in order to deal with terror. Some of those are foreseen in the Declaration and certainly were discussed directly by the parties.

Now, we've had extensive contact with the government of Israel. We've not explored, necessarily, every step that they propose to take as they fight terror. But as the President said last night, we well understand their need to hold accountable those who are conducting this type of outrageous activity.

Q New subject? When the President talked to the Speaker this morning did they discuss anything else like the budget or appropriations --

MORE

#191/03-05

MR. MCCURRY: My understanding was that conversation was confined just to the steps related to Israel, to sharing information about what we know at this point.

Q Do you see anything happening on appropriations from the White House today?

MR. MCCURRY: I forgot to check with Mr. Panetta's staff -- he's been having conversations with folks on the Hill. I'll check with him later. You might want to check with him later to see if he's having any additional conversations to follow up those that he had with Chairman Livingston yesterday. I'm not aware of any, but we clearly are anticipating no action on some type of omnibus continuing measure that will be before both the House and the Senate in the course of the coming week.

Q Is it your understanding that the legislation that they're thinking about moving would attach the contingency plan? Is that where they're going; is that your understanding?

MR. MCCURRY: I'm sorry, say again?

Q Contingency of the add-backs would be available only if it's in the context of a broader -- for appropriations?

MR. MCCURRY: I'm not even sure I understand the question. Do you mean the offsets to our proposed -- the President's got a series of priorities in the area of education, technology investment, things like the national service that we want to see added back into a continuing measure. We've actually proposed ways in which that spending could be offset elsewhere in the federal budget. It's important to note that we would dispute any contention that it results in additional federal spending because we do propose offsets.

Now, we've gone forward and presented some of our concerns both to Chairman Hatfield and Chairman Livingston. They're well aware of what the President needs to see in that continuing resolution to find it an acceptable measure. But whether or not they produce a measure that is acceptable is far from clear at this point. We hear things that are not very encouraging on the House side. We hear things that are somewhat more encouraging on the Senate side. But we know that one way or another there is likely going to be a conference committee to resolve differences, and we'll continue to press the President's argument that we need to invest in those areas that he's identified as priorities because they result in economic growth for all Americans.

Is that it? Thank you.

THE PRESS: Thank you.

END

1:45 P.M. EST

FACSIMILE COVER SHEET
DEPARTMENT OF THE TREASURY
OFFICE OF POLICY DEVELOPMENT
(ENFORCEMENT)

Phone: (202) 662-0300

Fax: (202) 622-7301

Date: 10/11/96

Page 1 of 5

TO: Dennis Burke / Lee Ann Shindusbu Kuro

FAX: 202-55-7028 / 456-5581

FROM: David Medina

SUBJECT: Rohypnol

3/15/96
MESSAGE: This pertains to the announcement and seizures since then. DEA/Torture would have the info re. the scheduling of the drug and any recent occurrences (including legislation).

DEPARTMENT OF THE TREASURY

TREASURY



NEWS

OFFICE OF PUBLIC AFFAIRS • 1500 PENNSYLVANIA AVENUE, N.W. • WASHINGTON, D.C. • 20220 • (202) 622-2960

ADV NOON EDT

Remarks as prepared for delivery

March 5, 1996

REMARKS OF TREASURY SECRETARY ROBERT E. RUBIN
PRESS CONFERENCE ON ROHYPNOL SEIZURES

Today, we are announcing an action that results from the detection of a disturbing trend in the importation of a new, unapproved drug, and a clear pattern of abuse of this drug. This is a case of government doing what it ought to do – attacking a problem before it gets worse. We are taking a step we believe can prevent this drug from being more widely abused in the future and prevent it from endangering more teenagers.

The Customs Service is now confiscating any amount of the drug rohypnol brought into the country by travelers or in commercial shipments or in the mail. There have been investigations involving this drug in 32 states, and the abuse problem is most prevalent in Florida and Texas. In just three weeks, more than 100,000 tablets of this drug were declared and brought into the country through Laredo alone.

Rohypnol is a powerful sedative, 10-times more powerful than valium. It goes by a number of names, such as "roofie" or "the date-rape drug." It has no medicinal value that cannot be met with existing approved pharmaceuticals in the United States.

Rohypnol is clearly an emerging threat. We will no longer permit this drug to enter the country. We are taking this action on behalf of the Food and Drug Administration, whose regulations Customs enforces at the border. And this is being done in coordination with the Drug Enforcement Administration.

I want to congratulate the Customs Service for working proactively with other agencies in the government to resolve questions regarding the importation of this drug. I'm going to be speaking at the President's White House Leadership Conference on Youth, Drug Abuse and Violence later this week, and I intend to bring this up as an example of how a forward-looking, proactive government agency is working to address an important societal problem.

RR-920
<http://www.ustreas.gov/>

(more)

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2

As you are aware, one of the primary roles of the Customs Service is to fight drug smuggling, and they also are charged with acting for other government agencies at the border. Under the excellent leadership of George Weise, Customs is effectively marshalling its resources for this mission, and in particular it is employing some very innovative programs on our southwest border. In the first year of Operation Hard Line, cocaine seizures at the border are up 19 percent, marijuana seizures are up 25 percent, and heroin seizures are up 108 percent. And Customs has put a major dent in the Cali drug cartel. So today's announcement is part of a larger effort in Customs to protect our borders and protect Americans from drugs.

DEPARTMENT OF THE TREASURY

TREASURY



NEWS

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FOR IMMEDIATE RELEASE
March 5, 1996

Contact: Darren McKinney
(202) 622-2960

CUSTOMS ACTS TO BAN "DATE RAPE" DRUG

Treasury Secretary Robert Rubin and U.S. Customs Service Commissioner George Weise announced Tuesday that importation of the so-called "date rape" drug, Rohypnol, into the United States will be halted.

Rohypnol, also known as "Roofies," "Rophies" or the "forget pill" on the street, has been gaining popularity among teenagers and young adults -- especially in Texas and Florida. A recently completed Drug Enforcement Agency study revealed that 101,000 tablets were declared and brought into the country at the border crossing in Laredo, Texas, during a three-week period in July 1995.

Rohypnol is a sedative 10 times more powerful than Valium. It can have a hypnotic effect, creating an intoxication followed by a sleepy feeling that lasts up to eight hours.

"This is a case of government doing what it ought to do -- attacking a problem before it gets worse," said Secretary Rubin. "We are taking a step we believe can prevent this drug from being more widely abused in the future and prevent it from endangering more teenagers. This drug has no place in the United States."

Commissioner Weise called the drug "another nightmare for every parent in America. The world is dangerous enough without a so-called 'party drug' that can have terrible consequences."

The Food and Drug Administration has stated that Rohypnol meets no legitimate therapeutic need in the U.S. not already met by legal and approved drugs.

Numerous news reports have chronicled cases in which women claim to have been assaulted after their drinks had been spiked with the drug. Increasing usage has alarmed law enforcement agencies, particularly along the Southwest border.

RR-923

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FACSIMILE COVER SHEET
DEPARTMENT OF THE TREASURY
OFFICE OF POLICY DEVELOPMENT
(ENFORCEMENT)

Phone: (202) 662-0300

Fax: (202) 622-7301

Date: 10/11/98

Page 1 of 5

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Dennis Burke / Lectura Shimebuko

FAX:

255-7028 / 456-5581

FROM:

David Medina

SUBJECT:

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MESSAGE:

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RR-920
<http://www.ustreas.gov/>

(more)

2

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RR-923

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ROHYPNOL

VIOLATOR STATE of RESIDENCE	via Parcel Express or Mail		via Person or Cargo Conveyance		TOTAL		95-96
	FY 1995	FY1996	FY 1995	FY1996	FY 1995	FY1996	Percent Change
	(Number of Dosage Units)		(Number of Dosage Units)		(Number of Dosage Units)		
Total	69,391	90,714	114,744	114,308	174,135	205,022	17.7%
Alabama	-	-	360	1,217	360	1,217	230.1%
Arizona	-	120	1,592	277	1,592	387	-75.1%
California	620	151	-	295	620	446	-28.1%
Colorado	150	-	6	290	156	290	85.9%
Florida	54,577	77,718	92,249	28,983	146,826	106,700	-27.3%
Georgia	-	-	360	-	360	-	-
Hawaii	730	253	-	22	730	275	-62.3%
Illinois	333	-	-	20	333	20	-94.0%
Indiana	499	-	150	-	649	-	-
Kansas	-	-	710	-	710	-	-
Louisiana	-	-	1,620	1,339	1,620	1,339	-17.3%
Maryland	-	-	-	2	-	2	-
Massachusetts	168	60	-	5	166	65	-60.8%
Michigan	200	-	-	-	200	-	-
Minnesota	-	100	-	-	-	100	-
Mississippi	-	-	1,553	180	1,553	180	-88.4%
New Hampshire	-	-	71	-	71	-	-
New Jersey	1,036	100	-	70	1,036	170	-83.6%
New Mexico	400	-	-	-	400	-	-
New York	680	970	-	392	680	1,362	100.3%
Ohio	-	-	7	-	7	-	-
Oklahoma	-	-	209	220	209	220	5.3%
Pennsylvania	-	-	-	10	-	10	-
South Carolina	-	-	90	-	90	-	-
Tennessee	-	-	30	-	30	-	-
Texas	-	10,348	15,625	3,837	15,625	4,183	-73.2%
Washington	-	176	-	90	-	266	-
Puerto Rico	-	720	-	-	-	720	-
Outside United States	-	-	112	84	202	65	-67.8%
Unidentified	-	-	-	76,975	-	76,975	-

HERRERA.XLS

ROHYPNOL

		via Parcel Express or Mail		via Person or Cargo Conveyance		TOTAL		95-96
		FY 1995	FY1996	FY 1995	FY1996	FY 1995	FY1996	Percent
VIOLATOR STATE of RESIDENCE		(Number of Dosage Units)		(Number of Dosage Units)		(Number of Dosage Units)		Change
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Arizona		-	120	1,592	277	1,592	397	-75.1%
California		620	151	-	295	620	448	-28.1%
Colorado		150	-	6	290	156	290	85.9%
Florida		54,577	77,718	92,249	28,983	146,826	106,700	-27.3%
Georgia		-	-	360	-	360	-	-
Hawaii		730	253	-	22	730	276	-62.3%
Illinois		333	-	-	20	333	20	-94.0%
Indiana		499	-	150	-	549	-	-
Kansas		-	-	710	-	710	-	-
Louisiana		-	-	1,620	1,339	1,620	1,339	-17.3%
Maryland		-	-	-	2	-	2	-
Massachusetts		166	60	-	5	166	65	-60.8%
Michigan		200	-	-	-	200	-	-
Minnesota		-	100	-	-	-	100	-
Mississippi		-	-	1,553	180	1,553	180	-88.4%
New Hampshire		-	-	71	-	71	-	-
New Jersey		1,036	100	-	70	1,036	170	-83.6%
New Mexico		400	-	-	-	400	-	-
New York		680	970	-	392	680	1,362	100.3%
Ohio		-	-	7	-	7	-	-
Oklahoma		-	-	209	220	209	220	5.3%
Pennsylvania		-	-	-	10	-	10	-
South Carolina		-	-	90	-	90	-	-
Tennessee		-	-	30	-	30	-	-
Texas		-	10,346	15,625	3,837	15,625	4,183	-73.2%
Washington		-	176	-	90	-	266	-
Puerto Rico		-	720	-	-	-	720	-
Outside United States		-	-	112	84	202	65	-67.8%
Unidentified		-	-	-	76,975	-	76,975	-

GENERAL INFORMATION ON FLUNITRAZEPAM

Prepared by

James M. Tolliver, Ph.D.
Pharmacologist
Office of Diversion Control
Drug and Chemical Evaluation Section
Drug Enforcement Administration
January 26, 1996

(FOR LAW ENFORCEMENT USE ONLY)

General Pharmacology

Flunitrazepam belongs to the class of drugs called benzodiazepines. It produces a spectrum of pharmacological effects similar to that of other classical benzodiazepines such as diazepam. These effects include skeletal muscle relaxation, sedation, reductions in anxiety and prevention of seizures. Of these various effects, the sedative/hypnotic effects are most important. With respect to sedative effects flunitrazepam is considered to be approximately 7 to 10 times more potent than diazepam (i.e. Valium) and 4 to 8 times less potent than triazolam (i.e. Halcion).

Flunitrazepam is rapidly and almost entirely absorbed following oral administration. Peak blood levels usually occur between 1 and 2 hours. Entry into the central nervous system also is rapid. The effects produced by flunitrazepam appear with an onset of approximately 15 to 20 minutes. Flunitrazepam is extensively metabolized primarily to the active metabolites, 7-aminoflunitrazepam and N-desmethyflunitrazepam. Both of these metabolites are glucuronadated and eliminated via the kidney. Due to the comparatively long half-life of flunitrazepam ($T_{1/2} = 16 - 30$ hours) and its two metabolites ($T_{1/2}$ of 7-aminoflunitrazepam = 10 to 16 hours, and $T_{1/2}$ of N-desmethyflunitrazepam = 23 to 33 hours), residual effects of the drug may be experienced at 24 hours or later after the last dose.

Flunitrazepam is extensively marketed worldwide (60 to 80 countries) but is not available for medical use in the United States. Flunitrazepam is marketed under a variety of trade names with "Rohypnol" by Roche Pharmaceuticals being the most widely used name. Other trade names include Absint, Bibittoace, Darkene, Fluninoc, Fluni OPT, Flunipam, Flunita, Flunitrazepam-Ratiopharm, Flunizep V.CT, Flupam, Hypnocalm, Hypnodorm, Hypnor, Hypnosedon, Inervon, Metopram N, Narcozep, Nitam, Parnox, Primum, Psiconeurin, Rohipnol, Roipnol, Ronal, Somnubene, Somnubene F, and Valsera. It is normally supplied as 0.5, 1 or 2 mg tablets and a 2 mg/ml injectable solution.

Where available, flunitrazepam is used primarily as a sedative/hypnotic. For the treatment of insomnia the usual dose is 0.5 to 2 mg taken at bedtime. Flunitrazepam is used either in the tablet or injectable form as a preanesthetic medication prior to surgery. The injectable form is also used as part of a dosage regimen for the induction of anesthesia.

Adverse Effects

Adverse effects associated with the use of flunitrazepam include drowsiness, light-headedness, dizziness, confusion, vertigo, gastrointestinal disturbances, decreased blood pressure, visual disturbances and urinary retention. One or more of these effects may be experienced at doses as low as 1 to 2 mgs of flunitrazepam. Considering that flunitrazepam is long acting, these adverse effects may last for 12 or more hours. It is not uncommon for individuals who have taken a 2 mg dose of flunitrazepam the night before to experience prolonged drowsiness the following morning. Following the administration of very high doses, coma and/or respiratory depression may occur. It is important to note that the sedation and other adverse effects of flunitrazepam can be potentiated by the coadministration of other depressants, particularly alcohol. In the reverse manner, flunitrazepam potentiates the intoxicating effects of alcohol and other depressants. With these effects in mind, it is apparent that the abuse of flunitrazepam in combination with alcohol or other depressants (i.e. heroin) represents a potentially serious public health problem.

Death directly attributed to flunitrazepam has been observed in some countries but not the United States. There has been documented in the medical literature a limited number of cases of coma induction and/or death resulting from the use of either flunitrazepam alone or, more commonly in combination with other drugs, most notably alcohol. Death has occurred as a result of either completed suicides or unintentional intoxication. Death is usually do to depressing and ultimately stopping respiration. To date, in Florida, flunitrazepam (more accurately its metabolite, 7-aminoflunitrazepam) has been detected in the biological fluids of three deceased individuals. There is no evidence, however, that flunitrazepam was the direct cause of any of these deaths.

Flunitrazepam causes anterograde amnesia in which there is significant impairment in the ability to retain in memory information that one is exposed to while under the influence of flunitrazepam. Following use of flunitrazepam, individuals may not remember certain events that they experienced while under the effects of the drug. This effect is quite commonly produced by other drugs within the benzodiazepine class. Anterograde amnesia may be considered a positive effect in the clinical setting where flunitrazepam is used as a preanesthetic medication. However, anterograde amnesia must be considered in unwanted, adverse effect when experienced by individuals who are either legitimately taking the drug at home to treat insomnia or who are abusing the drug on the street.

Limited documentation has also shown that in some individuals flunitrazepam can cause paradoxical excitation and possible violent behavior. This loss of control over one's behavior is not well understood. Of special interest is also the paradoxical amphetamine-like effects reported several years back in teenagers from Chile who abused flunitrazepam by crushing up the tablets and subsequently snorting the powdered material.

Flunitrazepam impairs psychomotor function. This is particularly important when considering individuals who drive while under the influence of flunitrazepam. This drug impairs both reaction time and mental judgement. Both of these effects would be expected to impair driving skills and to enhance the incidence of automobile accidents. Flunitrazepam can also be expected to significantly enhance driving impairment caused by alcohol. Of particular interest is the situation in which flunitrazepam potentiates driving impairment of a dose of alcohol that results in alcohol levels below that designated for producing legal intoxication. Possible flunitrazepam administration should be suspected any time that a driver appears to be behaviorally intoxicated but has alcohol levels below the legal limits for such intoxication. Impairment of driving must be considered a serious public health risk concerning flunitrazepam abuse. Over the past year in southern Florida at least 35 individuals, stopped for impaired driving, have been found to have the flunitrazepam metabolite, 7-aminoflunitrazepam, in their urine, thus, indicating their prior use of flunitrazepam. In many of these cases other drug use, particularly alcohol, cocaine and marijuana use, was also detected, thereby complicating the situation. Nevertheless, these individuals were reported to be sedated and to have severe impairment of psychomotor function and driving ability.

Intoxication with oral overdoses of flunitrazepam is successfully treated by minimizing further oral absorption, supporting vital functions and administering the benzodiazepine antagonist, flumazenil.

Dependence and Abuse Liability

Flunitrazepam use has been documented to produce dependence in man. Abrupt discontinuation of long-term flunitrazepam administration evokes a barbiturate-like withdrawal syndrome consisting of such symptoms as anxiety, difficulty sleeping, increased dreaming, altered sensation of the skin (i.e. burning or prickling sensation), enhanced sensitivity to light and sound and possible grand mal seizures. It is important to note that the majority of individuals abusing flunitrazepam are abusing other drugs, such as alcohol, cocaine or heroin and will, thus, also show dependence to these drugs as well. Abrupt withdrawal of long-term use of either flunitrazepam alone or, more importantly, flunitrazepam in combination with alcohol, can produce potentially life-threatening effects: such withdrawal should, therefore, be done only under medical supervision.

In some instances, individuals, who abruptly terminate flunitrazepam use for the treatment of insomnia, experience a transient (several days) period of insomnia that is worse than the insomnia that existed just prior to the time treatment was initiated. This rebound insomnia may be sufficiently intense to cause individuals to have second thoughts about terminating use of flunitrazepam. Such an effect may play a role in the development of dependence to flunitrazepam.

In a study reported in 1992 and conducted in a methadone maintenance program operated by the Department of Psychiatry at Innsbruck University in Innsbruck, Austria, 105 heroin addicts were asked to rate their subjective "liking" of a variety of benzodiazepines that they taken in the past. Flunitrazepam was found to be the benzodiazepine most liked by the addicts. Diazepam came in a close second. Other benzodiazepines received much lower liking scores than flunitrazepam or diazepam. The high scores of "liking" suggests that among heroin addicts, flunitrazepam has a high abuse liability.

Abuse of Flunitrazepam in the United States

Over the last several years, flunitrazepam has emerged as a drug of abuse within the United States, particularly in the southern part of the country. Unfortunately, patterns of abuse of flunitrazepam have yet to be well documented. Abuse is primarily in the form of oral administration of one or more tablets usually in combination with other drugs, particularly alcohol but also heroin or cocaine. The tablets contain 2 mg of flunitrazepam and are produced under the trade name of Rohypnol by Roche Pharmaceuticals Inc., most often from Mexico or Columbia. From time to time, anecdotal reports, which have yet to be well substantiated, have claimed that flunitrazepam is snorted, smoked on marijuana or intravenously injected. Populations known to abuse flunitrazepam include junior and senior high school students, college students, nightclub goers, street gang members, sedative/hypnotic abusers, heroin addicts and cocaine abusers. Abuse of flunitrazepam has best been characterized in Florida and Texas.

Flunitrazepam is abused in Florida. This abuse started in the southern part of Florida, particularly in Dade County and, to a lesser extent, in Monroe County. It subsequently spread into Brevard County, Palm Beach County and into the Orlando Area. Drug information centers such as the Up Front Drug Information Center in Miami and the University of Florida Drug Information Center in Gainesville, Florida have received calls concerning Rohypnol from across the state, thus suggesting a wider distribution of Rohypnol abuse. Additional evidence for the spread of Rohypnol abuse to many other areas of Florida comes from the fact that over the time period of approximate August 1994 to August 1995 there has been a substantial increase in the encounters of Rohypnol by law enforcement agencies in many areas, including northern areas, of the state. Street names for flunitrazepam include "Rophies", "Ropies", "Ruffes", "Roofies", "Ropes" and "Roches".

According to the Up Front Drug Information Center in Miami, Florida, individuals using Rohypnol can be divided into at least three groups. One group are high school teenagers, college students and others who take Rohypnol in order to potentiate and prolong the intoxicating effects of alcohol. One or two tablets of Rohypnol can in combination with a couple of beers can supposedly produce an intoxication. Rohypnol has recently become known as a "club drug" in some parts of southern Florida. The second group consist of heroin addicts who use Rohypnol to boost the high produced by the heroin, which in Southern Florida, is supposedly of low quality. The third group consist of cocaine addicts who use Rohypnol to either moderate the effects of a cocaine binge or to "parachute down" after a binge of cocaine use.

DEA has also gathered specific types of data which indicate the abuse of flunitrazepam among select groups of individuals in Florida. The DEA is currently aware of approximately 20 cases involving the seizure of Rohypnol from students on or around the grounds of a number of different high schools in Dade County and Broward County, Florida. Over the last year in Florida, at least 14 DUI (Driving Under the Influence) cases have revealed flunitrazepam (measured as the 7-aminoflunitrazepam metabolite) either alone or, more commonly, in combination with one or more drugs, primarily cocaine, marihuana and/or alcohol in urine samples taken from impaired drivers. Some recent law enforcement cases have also provided evidence of the abuse of Rohypnol among members of certain street gangs located in south Florida, particularly Dade County.

In Florida, flunitrazepam has been used to aid in the commission of rape. As such, Rohypnol has come to be called the "rape" or "date drug". This misuse stems from the fact that flunitrazepam at sufficient doses and particularly in the presence of other depressants, can cause anterograde amnesia, profound sedation, impaired motor control and adverse alterations in mental judgement and behavior. In the Fall of 1995 in Broward County, two cases were successfully adjudicated in which the defendants were found guilty and sentenced to prison for the rape of women who had been sedated with Rohypnol. In both cases, the defendants admitted to spiking the drinks of the victims with Rohypnol. In one of the cases, the defendant claimed to have used Rohypnol to rape approximately 20 women. In the second case, three juvenile defendants, who were part of a street gang, were tried and convicted as adults for the gang rape of a girl who they had incapacitated using Rohypnol.

In Texas, flunitrazepam is most often abused by high school and college students in combination with other drugs including, but not limited to, alcohol and marijuana. Principals at a number of high schools in Southern Texas have reported the use of Rohypnol by students in their schools. Preliminary data indicates that these individuals will take upwards of about 2 to 5 Rohypnol tablets at one time. Among abusers in Texas, Rohypnol goes by such street names as "Rib", "R-2s", "Roach-2s", "Rope", "Ropers", "Trip-and-Fall", "Remember All", "Mind-erasers", "Rophs" and "Roofies". Among street gang members in the San Antonio, Texas area, the white tablets of Rohypnol are known as "Rochas Dos". Street slang for being under the influence of flunitrazepam is

"roached out". At least one school has provided DEA with documentation of a case of toxicity supposedly due to an overdose with Rohypnol. Flunitrazepam is also reported to be abused by members of street gangs particularly those near the Mexican border. The drug has supposedly been used to sedate and incapacitate girls for purposes of gang rape and subsequent initiation into the gang. Concern has also recently surfaced over the use of this drug for purposes of date rape. One forensic laboratory in the Houston area recently reported the detection of flunitrazepam in residue material obtained from the inside of a cup that was supposedly used to drug a rape victim.

Information gathered primarily from law enforcement agencies and school official indicates that middle school and senior high school students in Arizona and California are abusing Rohypnol. In Arizona an additional street name for Rohypnol is "La Rochas".

Law Enforcement Encounters - Distribution of Flunitrazepam

In recent years there have been substantial increases in the trafficking of flunitrazepam in the United States. Changes in the distribution of flunitrazepam in the United States has been gathered from the extensive collection of drug submissions to Federal, state and local forensic laboratories. In the late 1980s and early 1990s there were infrequent encounters with flunitrazepam by Federal, State and local law enforcement agencies. These encounters tended to be at border towns in Texas, Arizona and less frequently, California. The movement north from Mexican border areas of flunitrazepam distribution began primarily in Texas in the early part of 1993. The latter half of 1993 and the year 1994 saw the spread of flunitrazepam northward into the central parts of Texas and eastward into Louisiana and Mississippi. During the latter half of 1994 and the first half of 1995, flunitrazepam distribution continued to spread to other parts of Texas and, from Texas into Oklahoma and Kansas. As of August 1995 virtually all of the forensic laboratories in Texas had received exhibits of flunitrazepam.

The latter half of 1994 and the first half of 1995 has been a period of limited northward expansion of flunitrazepam distribution into Arizona and California. Prior to that time, much of the distribution was centered in such border towns as Nogales, Arizona and Calexico, California. More recently there have been increasing encounters with flunitrazepam by law enforcement agencies in the Tucson area and other central regions of Arizona. In California, flunitrazepam distribution has moved from the border areas, such as Calexico, into San Diego and, to a lesser extent, Los Angeles.

Evidence of the geographical and temporal spread of flunitrazepam distribution in Florida has been collected by the DEA primarily using data on encounters with exhibits of flunitrazepam by the Florida state and local forensic laboratory system. The validity of such evidence obviously depends on the ability of individual laboratories to retrieve information on back cases; this ability, in turn, varies among laboratories. Nevertheless, based on information gathered from the Florida state and local laboratory system, the DEA has identified 538 state and local law enforcement cases involving flunitrazepam

over the period of 1990 to approximately October, 1995. With respect to the geographical spread of flunitrazepam distribution, during the period of 1990 to 1993, flunitrazepam was encountered almost exclusively only in the southern part of Florida, namely the Dade County area. In 1994 the northward movement of flunitrazepam distribution became evident by its increased appearance particularly in Brevard County and into the Orlando area. Laboratories in some other areas reported only isolated instances of cases involving flunitrazepam. During the first ten months of 1995 this northward movement of flunitrazepam distribution has continued as evidenced by the increased number of submissions of flunitrazepam exhibits to forensic laboratories located in various parts of Florida, including further north (i.e. Daytona and Jacksonville) in the state. As of the Fall of 1995, all state and local forensic laboratories in Florida were able to report instances of Rohypnol encounters.

A temporal examination of the data gathered by DEA from state and local forensic laboratories in Florida reveal that over the period of 1990 to October 1995 there has been a large increase in the number of state and local law enforcement cases involving flunitrazepam. During the years of 1990, 1991, 1992 and 1993, the number of flunitrazepam cases were 1, 2, 11 and 38 respectively. In 1994 there was an approximate four fold increase (over 1993) in the number of Florida state and local law enforcement cases worked involving flunitrazepam (144 cases total). In the first 10 months of 1995, 342 cases involving flunitrazepam were identified (even though several laboratories had not reported since August of 1995). It is estimated that once each of the Florida state and local laboratories have reported their total number of flunitrazepam cases worked for the year 1995, the total number of all Florida state and local law enforcement cases concerning flunitrazepam will be in excess of 400, thus representing an approximate 3 fold increase over 1994.

Very recently, the DEA received data on all benzodiazepine submissions to the Florida Department of Law Enforcement Laboratory System during 1994 and 1995. This system has laboratories located in Daytona Beach, Fort Myers, Jacksonville, Orlando, Pensacola, Tallahassee and Tampa. In 1994, flunitrazepam was the third most frequently encountered benzodiazepine by the FDLE laboratory system. Only the benzodiazepines, diazepam and alprazolam, were more frequently detected in laboratory submissions. In 1995, flunitrazepam surpassed both diazepam and alprazolam to become the single most frequently encountered benzodiazepine in the FDLE laboratory system. It should be noted that there are 15 benzodiazepines approved for medical use in the United States and thus in Florida. It is of considerable significance that flunitrazepam, a drug that is not available for marketing in the United States, is more frequently encountered in laboratory submissions to the Florida FDLE lab system than any of the benzodiazepines that are marketed in the United States.

Over the past two years the DEA has gathered data which suggest a wider distribution of flunitrazepam in the United States. This data is primarily in the form of flunitrazepam exhibits analyzed in Federal, state and local forensic laboratories. As of

January 21, 1996, a total of 2061 law enforcement cases have been identified in the United States. Approximately 816 of these cases have been from Texas. Another 562 cases were from Florida. Other states with a significant number of cases include Louisiana, Mississippi, Oklahoma and Arizona. Smaller numbers of cases have been collected from Alabama, Arkansas, California, Connecticut, Georgia, Illinois, Indiana, Kansas, Maryland, Michigan, Minnesota, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island and Tennessee. Most recently, the DEA has become aware of a small number of encounters with Rohypnol by law enforcement agencies in Hawaii.

Flunitrazepam, almost exclusively under the trade name of Rohypnol sold by Roche Pharmaceuticals, is smuggled into the United States. An examination of United States Custom's records indicate that this smuggling is both via the mail system and in person at border crossings (with Mexico) and ports of entry (primarily airports). Over the period of 1990 to June 1995 there has been a major escalation in the number of Custom's seizures of Rohypnol. Examination of the seizure data indicates that the smuggled Rohypnol is potentially being distributed to a large number of locations in the United States. In U.S. Custom's cases involving mail order seizures of Rohypnol, violators have been found to reside in such states as Connecticut, Colorado, Florida, Hawaii, Massachusetts, New Jersey, New York, North Carolina and Texas. In U.S. Customs cases involving non-mail seizures of Rohypnol, violators have been found to live in such states as Alabama, Arkansas, Arizona, California, Florida, Georgia, Indiana, Kansas, Louisiana, Mississippi, New York, Ohio, Oklahoma, South Carolina, Tennessee, Texas and Virginia. The states receiving the largest amounts of Rohypnol are Florida, Texas and Louisiana.

An examination of both the United States Custom's seizure data and data gathered from the Ballistics Section of the DEA Special Testing Laboratory in McLean, Virginia, reveal that the Rohypnol smuggled into the United States comes from Mexico and a number of countries in South America. Roche Pharmaceuticals markets Rohypnol in Mexico and many South American countries some of which include Columbia, Brazil, Ecuador, Chile, Argentina and Peru. Columbia has been documented as an important source of Rohypnol distributed in Florida. Over the past 3 years, numerous mail packages coming from Columbia and containing anywhere from 100 up to 30,000 or more Rohypnol tablets, have been intercepted by Custom's and DEA officials in Florida. In a number of cases in which the seized tablets were submitted to the DEA Special Testing and Research Laboratory for ballistics examination, tablets were found to originate from either Columbia, Brazil, Mexico or Argentina. In several recent Custom's seizures, Rohypnol was being smuggled into the Miami, Florida area from such locations as Ecuador, Peru and Brazil. Mexico must also be considered a source, although probably as small source, of Rohypnol distributed in Florida. Mexico is a source country for Rohypnol encountered in Texas, Louisiana, Mississippi, Oklahoma and many other states.

Rohypnol from Mexico has also been brought into the United States by individuals who declare prescription drugs at the United States Custom's border crossings. In Nuevo Laredo, Mexico, doctors are known to hire street children to spot American citizens (almost always anglo-saxons) as they cross the bridge into Mexico, inquire as to whether they wish to purchase prescription drugs and then direct the Americans to the doctor's office. At the doctor's office prescriptions are obtained for a small fee (i.e. \$10.00) usually from the office receptionist or the nurse, often without ever seeing the doctor or obtaining a valid medical examination or diagnosis. In Laredo, Texas, United States Custom's authorities allow individuals having a Mexican prescription to bring into the country up to a three month supply of Rohypnol intended for personal use only. This amounts to a maximum of 180 Rohypnol tablets. A recently completed DEA study revealed that during a three week period in July 1995, approximately 101,000 tablets of Rohypnol were declared and brought into the United States at the border crossing in Laredo, Texas. Over that three week period a total of 1678 delarations for prescription drugs were filed. Rohypnol was mentioned on 48 percent of these declarations. Rohypnol was second only to Valium (diazepam) as the most frequently declared drug. The study also showed that individuals were visiting the border crossing area from many different locations in Texas and from other states for the principal purpose of crossing the bridge into Mexico to purchase prescription medication (including Rohypnol) and then declaring the drugs at the Custom's post upon reentry into the United States. A total of 102 separate towns and cities in Texas were cited as places of residence by individuals declaring Rohypnol. Other states mentioned as places of residence by individuals declaring Rohypnol included Louisiana, Oklahoma, Mississippi, Georgia, Florida, Kansas, Alabama, Nebraska, North Carolina, Kentucky, Nevada, Ohio, Arizona and Massachusetts.

Flunitrazepam encountered by law enforcement agencies in the United States has been almost exclusively in the form of 2 mg Rohypnol tablets. Only very rarely has the 1 mg tablet been encountered. In some countries Rohypnol is also marketed as either a 0.5 mg tablet or as an injectable solution containing 2 mg flunitrazepam per milliliter of solution. These latter two formulations have not been encountered in the United States. All Rohypnol tablets are small, round and white. Seized tablets have been found to have three different types of markings. One type of tablet is single scored on one side and on the other side is imprinted with "Roche" and a "2" encircled. The second type of tablet is double scored on one side and on the other is imprinted with "Roche" and a "2" encircled. The third type of tablet is single scored on one side and on the other side has "PH" inside of a hexagon, below which is imprinted "2". Tablets are packaged in blister (bubble) packs, with each strip containing ten tablets. Labelling is usually in Spanish. A box of Rohypnol commonly sold in Mexico contains 30 tablets (three blister packs of 10 tablets each). Rohypnol exhibits are usually encountered by laboratories in the blister packs and less often as loose tablets. Flunitrazepam has only rarely been encountered in a powdered form. Although counterfeit Rohypnol tablets have supposedly been found in some countries (i.e. Egypt), no such tablets, to date, have been encountered in the United States.

An examination of law enforcement cases shows that flunitrazepam is distributed among a variety of different groups of people. These groups include middle school and high school students, college students, street gang members, alcoholics, heroin addicts and cocaine and marijuana abusers. In such states as Florida, Texas, Arizona and California seizures by both school officials and law enforcement officials of Rohypnol from the grounds of middle schools and high schools have been documented. Information from law enforcement agencies indicated that Florida, Texas and California Rohypnol is distributed among street gang members. Law enforcement officers in Los Angeles have reported the use of Rohypnol by heroin addicts. In the United States Rohypnol tablets are usually sold individually for between \$2.50 to \$5.00.

Domestic Regulatory Control of Flunitrazepam

Flunitrazepam has never been approved by the Food and Drug Administration for medical use in the United States. In the late 1970s and early 1980s, Roche Pharmaceuticals did have an approval application pending with the FDA. However, Roche subsequently withdrew the approval application.

In 1984, flunitrazepam was placed into Schedule IV of the Federal Controlled Substances Act (CSA). This action was taken in order to meet the requirements of the 1971 Convention on Psychotropic Substances of which the United States is a party. At that time there was no evidence of actual abuse of flunitrazepam within the United States. It should be reiterated that flunitrazepam has never been approved for medical use in the United States. With the recent emergence of flunitrazepam trafficking and abuse in the United States, the appropriate regulatory schedule for flunitrazepam has come into question. Based upon these considerations as well as the fact that flunitrazepam is not available for medical use in the United States, the DEA is currently examining the possibility of placing flunitrazepam into Schedule I of the CSA. Currently, an important problem facing law enforcement agencies is the difficulty in prosecuting flunitrazepam cases due to the low schedule in which the drug is in, namely Schedule IV. Movement to a tougher schedule would significantly enhance law enforcement effects in conducting and successfully prosecuting flunitrazepam cases. In order to support possible future rescheduling actions, the DEA is currently collecting data on the abuse and trafficking of flunitrazepam in the United States.

Depending upon the state, flunitrazepam may or may not be controlled under state law. In the limited number of states that follow the federal control system, flunitrazepam is in schedule IV under state law. Louisiana recently placed flunitrazepam into Schedule IV of its State Controlled Substances list. On July 1, 1995 flunitrazepam was effectively placed into Schedule I under Oklahoma state law. Flunitrazepam is not currently controlled under California state law. One potential law enforcement problem is the fact that some states respect prescriptions written by Mexican doctors. For example, there have been instances in which law enforcement officers in Alabama have encountered individuals with Rohypnol obtained pursuant to a Mexican prescription. Upon seeing the

prescription, the officers have declined to arrest the individuals or seize the Rohypnol. On the other hand, states such as Texas, Arizona and California do not recognize Mexican prescriptions.

International Abuse, Trafficking and Regulatory Control of Flunitrazepam

On a world-wide scale, within the class of drugs known as benzodiazepines, flunitrazepam is second only to diazepam in terms of the extent of its abuse and illicit trafficking. Abuse and/or trafficking of flunitrazepam has been documented in a variety of European countries some of which include Germany, England, Spain, Switzerland and France. For example, in May 1995 on the outskirts of London, England, 100,000 diverted Rohypnol 2 mg tablets were seized. In addition, abuse and/or trafficking of flunitrazepam has been reported in various Asian countries and in Australia. According to the recently issued 35th report of the Central Registry of Drug Abuse, in Hong Kong during 1994, flunitrazepam was the fourth most commonly abused substance after heroin, cannabis and cough medicine.

Much of the abuse of flunitrazepam outside the United States appears to be associated with opioid (i.e. heroin) and cocaine users. Limited published reports in the scientific and medical literature indicate that the primary reasons for abuse of flunitrazepam outside of the United States include potentiation of opioid effects, substitution of the opioid when it is difficult to obtain and self-medication of opioid withdrawal. Most abuse is via oral administration. Less commonly, tablets of flunitrazepam are crushed and either snorted or intravenously injected.

In 1984, flunitrazepam was placed into Schedule IV of the 1971 Convention on Psychotropic Substances along with a number of other benzodiazepines. Subsequent world wide reviews of flunitrazepam abuse and trafficking were conducted by the World Health Organization (WHO) in 1990 and 1994. At the 27th WHO expert committee meeting held in 1990, it was recommended that flunitrazepam should be kept under surveillance to determine whether it merited being placed under critical review of possible rescheduling. In 1992, at the 28th WHO expert committee meeting on drug dependence, it was recommended that flunitrazepam be critically reviewed in 1994. This was based on the continued high level of reports of illicit activity concerning the drug. As a result, in September 1994, the 29th WHO Expert Committee on Drug Dependence in Geneva, Switzerland critically reviewed flunitrazepam and recommended that the drug be separated out from the other benzodiazepines and moved to a more restrictive schedule, namely from Schedule IV to Schedule III, of the 1971 Convention. The basis for this recommendation was the documentation of increased levels of abuse and trafficking of flunitrazepam in various countries, particularly relative to the other benzodiazepines. This recommendation by WHO was accepted by the Commission on Narcotic Drugs (CND) in March 1995. At that time the CND voted to move flunitrazepam from Schedule IV to Schedule III of the 1971 Convention on Psychotropic Substances. This measure became effective 180 days after the vote was taken.

Numbers of State and Local Law Enforcement Cases Involving Flunitrazepam Documented As Of January 26, 1996. (Information was collected by Dr. James M. Tolliver, Drug and Chemical Evaluation Section, Office of Diversion Control, within the Drug Enforcement Administration).

Alabama	13
Arizona	57
Arkansas	2
California	11
Connecticut	1
Florida	562
Georgia	2
Illinois	2
Indiana	3
Kansas	6
Louisiana	133
Maryland	2
Michigan	1
Minnesota	2
Mississippi	31
Missouri	1
Nevada	1
New Jersey	3
New Mexico	3
New York	8
North Carolina	10
Oklahoma	52
Oregon	1
Tennessee	2
Texas	819
TOTAL	1724

Tabulation of the Number of Documented Federal (DEA and U.S. Customs) plus State and Local Law Enforcement Cases Involving Flunitrazepam Collected as of January 26, 1996. (Information was collected by Dr. James M. Tolliver, Drug and Chemical Evaluation Section, Office of Diversion Control within the Drug Enforcement Administration)

State and Local Cases	1724
DEA Cases	97
1987 to January 1996 (Arizona, California, Florida, Georgia, Oklahoma, Rhode Island, Puerto Rico, Tennessee, Texas)	
Customs Cases (Mail Seizures)	60
January 1990 To August 1995 <u>Violator Residence:</u> Connecticut, Colorado, Florida, Hawaii, Massachusetts, New Jersey, New York, North Carolina, Texas)	
CUSTOMS Cases (Non-Mail Seizures)	180
January 1990 To August 1995 <u>Violator Residence:</u> Alabama, Arkansas, Arizona, California, Florida, Georgia, Indiana, Kansas, Louisiana, Mexico, Mississippi, New York, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia	
Total Law Enforcement Cases	2064

Rohypnol Talking Points

- Chemical name
 - flunitrazepam
 - The drug is a benzodiazepine, the same class as valium
 - The pill is 10 times strong than valium
 - The pill is round, flat, and the size of an antacid. The word "roche" (pronounced "RO-shay") with an encircled 2 are embossed on the tablet.
- given as sleep aid or for the sedation of psychotics; in Latin American countries, it is used as a sedation for patients undergoing surgery
- Slang terms
 - "roofies", "poor man's Quaalude", "ruffies", "roach", "forget pill", "Mexican valium", "Date rape drug"
- Side effects
 - hallucinations
 - respiratory problems
 - sleep disturbances
 - anxiety
 - amnesia
 - reduces inhibitions
 - combined with alcohol, the pills have an added depressant effect
 - Some men have been known to give this drug to women in an alcoholic drink so he can sexually dominate her after the pill takes effect and she will not recall the incident
- Dangerous pill since October, 1990
 - Always classified as illegal in US

- Produced in US by Roche, an American-Swiss pharmaceuticals company
 - Shipped to overseas markets
 - Usually re-enters US through traditional heroin and cocaine routes
- Who uses the pill
 - teenagers
 - very cheap
 - price ranges from \$.50 to \$3 per pill
 - does not cause nausea or easily detectable in UAs
 - Kids get drunk quickly and it lasts longer
 - Easily available in all-night dance clubs, schools
 - gangs
 - used as part of initiation rites
 - used in gang rapings, which can also be part of an initiation rite
 - heroin addicts
 - enhances sedating effects of lower-purity heroin
 - cocaine addicts
 - use it to parachute down from a binge
 - these two substances were found in grunge singer body, Kurt Cobain, blood samples after a suicide attempt in Europe
 - Substance has caused two deaths in Texas
 - used primarily in the South

QUESTIONS AND ANSWERS

Rohypnol

Q: *What is this drug?*

A: Pronounced rohypnol (row-hip-nol), it is a benzodiazepine sedative. It belongs to the same family as Valium, Xanax, and Halcion. It is primarily prescribed as a short-term treatment of insomnia and sleep disorders. In some foreign countries it is used for anesthesia.

Q: *How is it taken?*

A: The drug is taken orally. Joints may be laced with drug as well.

Q: *What effects does it have on the body?*

A: It is 10 times more potent than valium whose effects are amplified in combination with alcohol.

It is available in a 2 mg tablet. It causes a drunken-like feelings, euphoria, disinhibition, muscle relaxation slowed coordination and hangovers. Big doses lead to stupor and memory losses, particularly if combined with alcohol.

Its onset begins 20 to 30 minutes after ingestion and lasts up to eight hours.

Q: *Can it lead to addiction?*

A: Yes. It produces dependence, rebound insomnia, and withdrawal after extended use. It has a long-half life (slow elimination from body). There is a low OD potential but high doses combined with drinking can cause significant respiratory and cardio depression.

Q: *Where is it made?*

A: The drug is produced by Roche (pronounced Ro-shay) Pharmaceutical, a Swiss-owned company with production facilities located in the U.S.

Q: *Where is it distributed?*

A: The drug is illegal in the United States but easily available in Latin-American and Asian countries.

Q: *How is it entering the country?*

A: The drug enters the country through traditional cocaine and heroin routes. It is easily available over-the-counter in Mexican drug stores. A small box of pills can be slipped into a pocket and be undetectable to Customs Agents

The drug made its first appearance in the drug black markets after Hurricane Andrew in 1993. Construction workers, particularly roofers, brought and/or purchased the drug. It became available to teenagers. Its demand has grown throughout the southern border states, particularly in South Texas.

The drug's use is spreading. Since April, 1995, Tucson and Yuma, Arizona have reported their abuse among teenagers. There have been four emergency room reports, all kids, in Yuma during September, 1995. Furthermore, there were 41 DEA actions in Arizona over the past two months.

No current reports outside southern Arizona. However, both public and private detoxification and treatment centers have reported new patients admitted to their facilities who are addicted to the drug. All are either teenagers or young adults.

Q: *What are some of the street terms of the drug?*

A: Its most popular name is "roofies". Other terms are "date-rape drug", "ropies", "roaches", "R2", "getting roached".

Q: *What does Schedule IV mean?*

A:

Q: *How can a drug's schedule be changed?*

A:

Second Addendum to Rohypnol issue

After further consideration and research over the weekend of January 27, I have other observations I want to report.

There is no mention in the Biden Report or with the ONDCP meeting of treatment funding for these addicted children.

After further consideration, Senator Biden is more correct that I initially thought him to be. I still think a low-key approach to the problem is the Administration's best alternative. Media attention will exasperate youth demand for the drug. The country's best method to deter use is to deter attention of youth while gaining the attention of community leaders such as school teachers, law enforcement agencies, and treatment facilities.

If legislative means are necessary, Rohypnol should be given a Schedule 1 rating if treatment and educational funding is provided. I think this could resurrect Cong. Waters' arguments on cocaine and crack cocaine. If the Administration supports her statements, they can rely on a 1991 Minnesota case where the legal distinction between the two drugs and jail time was addressed.

The supply-siders, like Roche and William Bennett, will encourage punishment for possession of the drug. This may be a good offer. Unfortunately, these groups want to lock them up and throw away the key. The drug sellers serve one-third of their time and are released, due to jail overcrowding. This is a downside to listed Rohypnol as a Schedule 1 drug. Intensive treatment and educational funding must be provided to prevent the spread of this now "fad" drug.

Stat. 1242, and is popularly known as the "Controlled Substances Act". For complete code, see Short Title note, set out in title and Tables volume, referred to in text, was in Title III of Pub.L. 91-518, part A of Title III comprises. For classification of Part B, 105 of Title III, see Tables

Cosmetic Act, referred to in 938, c. 675, 52 Stat. 1040, as amended, generally to chapter 9 (§ 301 et seq.) for classification of this Act to title and Tables volume. The Federal Food, Drug, and Cosmetic Act of 1938, referred to in 5001 et seq. of Title 26, U.S.C., are set out in

by section 83 of Pub.L. 99-570 making identical

in any law, etc., to include the Federal Food, Drug, and Cosmetic Act of 1938, except when 4, § 2, Oct. 22, 1986, 100

of Pub.L. 98-509, Oct. 19, 1984, which substituted "one" for "two" in section 301(a)(2) of the Federal Food, Drug, and Cosmetic Act, as amended, prior to its redesignation by Pub.L. 98-509, Oct. 12, 1984, 98 Stat. 1368.

Amendments. Section 330024(f) of the Federal Food, Drug, and Cosmetic Act of 1938, as amended, and sections 824, 960, and 961 of this title, as amended, as of the date that is the date of enactment of the Domestic and International Drug Abuse Prevention and Control Act of 1993 [Dec. 17, 1993]."

Amendments. Section 11 of this Act and the amendments made by section 814 of this title, sections 821, 822, 823, 824, 830, and 831 of this title and enacting this section and section 11 of this Act [Dec. 17, 1993]."

Amendment. Section 1902(d) of this Act and the amendments made by section 814 of this title, and enacting a provision of this title shall take effect on the date of enactment of this Act [Nov. 18, 1988]."

Amendment. Section 6061 of this Act, as amended, except as otherwise provided, shall take effect on the date of enactment of this Act [Nov. 18, 1988]."

960 and 961 of this title] shall take effect 120 days after the enactment of this Act [Nov. 18, 1988]."

Change of Name. "Secretary of Health and Human Services" was substituted for "Secretary of Health, Education, and Welfare" on authority of Pub.L. 96-88, Title V, § 509, Oct. 17, 1979, 93 Stat. 695, which is classified to section 3508 of Title 20, U.S.C.A., Education.

Regulations by Attorney General. Section 1903 of Pub.L. 101-647 provided that:

"(a) **Abuse potential.**—The Attorney General, upon the recommendation of the Secretary of Health and Human Services, may, by regulation, exempt any compound, mixture, or preparation containing a substance in paragraph (41) of section 102 of the Controlled Substances Act [par. (41) of this section] (as added by section 2 of this Act [sic]) from the application of all or any part of the Controlled Substances Act [21 U.S.C.A. § 801 et seq.] if, because of its concentration, preparation, mixture or delivery system, it has no significant potential for abuse.

"(b) **Drugs for treatment of rare diseases.**—If the Attorney General finds that a drug listed in paragraph (41) of section 102 of the Controlled Substances Act (as added by section 2 of this Act [sic]) is—

"(1) approved by the Food and Drug Administration as an accepted treatment for a rare disease or condition, as defined in section 526 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bb) [21 U.S.C.A. § 360bb]; and

"(2) does not have a significant potential for abuse, the Attorney General may exempt such drug from any production regulations otherwise issued under the Controlled Substances Act [21 U.S.C.A. § 801 et seq.] as may be necessary to ensure adequate supplies of such drug for medical purposes.

"(c) **Date of issuance of regulations.**—The Attorney General shall issue regulations implementing this section not later than 45 days after the date of enactment of this Act [Nov. 29, 1990], except that the regulations required under section 3(a) [sic] shall be issued not later than 180 days after the date of enactment of this Act [Nov. 29, 1990]."

Promulgation of Regulations for Administration of Amendment by Alcohol Abuse, Drug Abuse, and Mental Health Amendments of 1984; Inclusion of Findings in Report. Section 301(b) of Pub.L. 98-509, Oct. 19, 1984, 98 Stat. 2364, provided that: "The Secretary of Health and Human Services shall, within ninety days of the date of the enactment of this Act [Oct. 19, 1984], promulgate regulations for the administration of section 102(28) of the Controlled Substances Act as amended by subsection (a) [probably par. 29 of this section] and shall include in the first report submitted under section 505(b) of the Public Health Service Act [section 290aa-4 of Title 42, The Public Health and Welfare] after the expiration of such ninety days the findings of the Secretary with respect to the effect of the amendment made by subsection (a) [amending par. (29) of this section]."

Code of Federal Regulations

Controlled drugs, warnings, see 21 CFR 290.5 et seq.

Treatment of narcotic addicts, see 21 CFR 291.501 et seq.

§ 803. Repealed. Pub.L. 95-137, § 1(b), Oct. 18, 1977, 91 Stat. 1169.

PART B—AUTHORITY TO CONTROL; STANDARDS AND SCHEDULES

§ 811. Authority and criteria for classification of substances

Rules and regulations of Attorney General; hearing

(a) The Attorney General shall apply the provisions of this subchapter to the controlled substances listed in the schedules established by section 812 of this title and to any other drug or other substance added to such schedules under this subchapter. Except as provided in subsections (d) and (e) of this section, the Attorney General may by rule—

(1) add to such a schedule or transfer between such schedules any drug or other substance if he—

(A) finds that such drug or other substance has a potential for abuse, and

(B) makes with respect to such drug or other substance the findings prescribed by subsection (b) of section 812 of this title for the schedule in which such drug is to be placed; or

(2) remove any drug or other substance from the schedules if he finds that the drug or other substance does not meet the requirements for inclusion in any schedule.

Rules of the Attorney General under this subsection shall be made on the record after opportunity for a hearing pursuant to the rulemaking procedures prescribed by subchapter II of chapter 5 of Title 5. Proceedings for the issuance, amendment, or repeal of such rules may be initiated by the Attorney General (1) on his own motion, (2) at the request of the Secretary, or (3) on the petition of any interested party.

Evaluation of drugs and other substances

(b) The Attorney General shall, before initiating proceedings under subsection (a) of this section to control a drug or other substance or to remove a drug or other substance entirely from the schedules, and after gathering the necessary data, request from the Secretary a scientific and medical evaluation, and his recommendations, as to whether such drug or other substance should be so controlled or removed as a controlled substance. In making such evaluation and recommendations, the Secretary shall consider the factors listed in paragraphs (2), (3), (6), (7), and (8) of subsection (c) of this section and any scientific or medical considerations involved in paragraphs (1), (4), and (5) of such subsection. The recommendations of the Secretary shall include recommendations with respect to the appropriate schedule, if any, under which such drug or other substance should be

listed. The evaluation and the recommendations of the Secretary shall be made in writing and submitted to the Attorney General within a reasonable time. The recommendations of the Secretary to the Attorney General shall be binding on the Attorney General as to such scientific and medical matters, and if the Secretary recommends that a drug or other substance not be controlled, the Attorney General shall not control the drug or other substance. If the Attorney General determines that these facts and all other relevant data constitute substantial evidence of potential for abuse such as to warrant control or substantial evidence that the drug or other substance should be removed entirely from the schedules, he shall initiate proceedings for control or removal, as the case may be, under subsection (a) of this section.

**Factors determinative of control
or removal from schedules**

(c) In making any finding under subsection (a) of this section or under subsection (b) of section 812 of this title, the Attorney General shall consider the following factors with respect to each drug or other substance proposed to be controlled or removed from the schedules:

- (1) Its actual or relative potential for abuse.
- (2) Scientific evidence of its pharmacological effect, if known.
- (3) The state of current scientific knowledge regarding the drug or other substance.
- (4) Its history and current pattern of abuse.
- (5) The scope, duration, and significance of abuse.
- (6) What, if any, risk there is to the public health.
- (7) Its psychic or physiological dependence liability.
- (8) Whether the substance is an immediate precursor of a substance already controlled under this subchapter.

**International treaties, conventions, and protocols
requiring control; procedures respecting
changes in drug schedules of Convention on
Psychotropic Substances**

(d)(1) If control is required by United States obligations under international treaties, conventions, or protocols in effect on October 27, 1970, the Attorney General shall issue an order controlling such drug under the schedule he deems most appropriate to carry out such obligations, without regard to the findings required by subsection (a) of this section or section 812(b) of this title and without regard to the procedures prescribed by subsections (a) and (b) of this section.

(2)(A) Whenever the Secretary of State receives notification from the Secretary-General of the United Nations that information has been transmitted by or to the World Health Organization, pursuant to article 2 of the Convention on Psychotropic Substances, which may justify adding a drug or other substance to one of the schedules of the Convention, transferring a drug or substance from one schedule to another, or deleting it from the schedules, the Secretary of State shall immediately transmit the notice to the Secretary of Health and Human Services who shall publish it in the Federal Register and provide opportunity to interested persons to submit to him comments respecting the scientific and medical evaluations which he is to prepare respecting such drug or substance. The Secretary of Health and Human Services shall prepare for transmission through the Secretary of State to the World Health Organization such medical and scientific evaluations as may be appropriate regarding the possible action that could be proposed by the World Health Organization respecting the drug or substance with respect to which a notice was transmitted under this subparagraph.

(B) Whenever the Secretary of State receives information that the Commission on Narcotic Drugs of the United Nations proposes to decide whether to add a drug or other substance to one of the schedules of the Convention, transfer a drug or substance from one schedule to another, or delete it from the schedules, the Secretary of State shall transmit timely notice to the Secretary of Health and Human Services of such information who shall publish a summary of such information in the Federal Register and provide opportunity to interested persons to submit to him comments respecting the recommendation which he is to furnish, pursuant to this subparagraph, respecting such proposal. The Secretary of Health and Human Services shall evaluate the proposal and furnish a recommendation to the Secretary of State which shall be binding on the representative of the United States in discussions and negotiations relating to the proposal.

(3) When the United States receives notification of a scheduling decision pursuant to article 2 of the Convention on Psychotropic Substances that a drug or other substance has been added or transferred to a schedule specified in the notification or receives notification (referred to in this subsection as a "schedule notice") that existing legal controls applicable under this subchapter to a drug or substance and the controls required by the Federal Food, Drug, and Cosmetic Act do not meet the requirements of the schedule of the Convention in which such drug or substance has been placed, the Secretary of Health and Human Services, after consultation with the Attorney General, shall first determine whether existing legal controls under this subchapter applicable to the

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drug or substance and the controls required by the Federal Food, Drug, and Cosmetic Act, meet the requirements of the schedule specified in the notification or schedule notice and shall take the following action:

(A) If such requirements are met by such existing controls but the Secretary of Health and Human Services nonetheless believes that more stringent controls should be applied to the drug or substance, the Secretary shall recommend to the Attorney General that he initiate proceedings for scheduling the drug or substance, pursuant to subsections (a) and (b) of this section, to apply to such controls.

(B) If such requirements are not met by such existing controls and the Secretary of Health and Human Services concurs in the scheduling decision or schedule notice transmitted by the notification, the Secretary shall recommend to the Attorney General that he initiate proceedings for scheduling the drug or substance under the appropriate schedule pursuant to subsections (a) and (b) of this section.

(C) If such requirements are not met by such existing controls and the Secretary of Health and Human Services does not concur in the scheduling decision or schedule notice transmitted by the notification, the Secretary shall—

(i) if he deems that additional controls are necessary to protect the public health and safety, recommended to the Attorney General that he initiate proceedings for scheduling the drug or substance pursuant to subsections (a) and (b) of this section, to apply such additional controls;

(ii) request the Secretary of State to transmit a notice of qualified acceptance, within the period specified in the Convention, pursuant to paragraph 7 of article 2 of the Convention, to the Secretary-General of the United Nations;

(iii) request the Secretary of State to transmit a notice of qualified acceptance as prescribed in clause (ii) and request the Secretary of State to ask for a review by the Economic and Social Council of the United Nations, in accordance with paragraph 8 of article 2 of the Convention, of the scheduling decision; or

(iv) in the case of a schedule notice, request the Secretary of State to take appropriate action under the Convention to initiate proceedings to remove the drug or substance from the schedules under the Convention or to transfer the drug or substance to a schedule under the Convention different from the one specified in the schedule notice.

(4)(A) If the Attorney General determines, after consultation with the Secretary of Health and Human

Services, that proceedings initiated under recommendations made under paragraph (B) or (C)(i) of paragraph (3) will not be completed within the time period required by paragraph 7 of article 2 of the Convention, the Attorney General, after consultation with the Secretary and after providing interested persons opportunity to submit comments respecting the requirements of the temporary order to be issued under this sentence, shall issue a temporary order controlling the drug or substance under schedule IV or V, whichever is most appropriate to carry out the minimum United States obligations under paragraph 7 of article 2 of the Convention. As a part of such order, the Attorney General shall, after consultation with the Secretary, except such drug or substance from the application of any provision of part C of this subchapter which he finds is not required to carry out the United States obligations under paragraph 7 of article 2 of the Convention. In the case of proceedings initiated under subparagraph (B) of paragraph (3), the Attorney General, concurrently with the issuance of such order, shall request the Secretary of State to transmit a notice of qualified acceptance to the Secretary-General of the United Nations pursuant to paragraph 7 of article 2 of the Convention. A temporary order issued under this subparagraph controlling a drug or other substance subject to proceedings initiated under subsections (a) and (b) of this section shall expire upon the effective date of the application to the drug or substance of the controls resulting from such proceedings.

(B) After a notice of qualified acceptance of a scheduling decision with respect to a drug or other substance is transmitted to the Secretary-General of the United Nations in accordance with clause (ii) or (iii) of paragraph (3)(C) or after a request has been made under clause (iv) of such paragraph with respect to a drug or substance described in a schedule notice, the Attorney General, after consultation with the Secretary of Health and Human Services and after providing interested persons opportunity to submit comments respecting the requirements of the order to be issued under this sentence, shall issue an order controlling the drug or substance under schedule IV or V, whichever is most appropriate to carry out the minimum United States obligations under paragraph 7 of article 2 of the Convention in the case of a drug or substance for which a notice of qualified acceptance was transmitted or whichever the Attorney General determines is appropriate in the case of a drug or substance described in a schedule notice. As a part of such order, the Attorney General shall, after consultation with the Secretary, except such drug or substance from the application of any provision of part C of this subchapter which he finds is not required to carry out the United States obligations under paragraph 7 of article 2 of the Convention. If,

as a result of a review under paragraph 8 of article 2 of the Convention of the scheduling decision with respect to which a notice of qualified acceptance was transmitted in accordance with clause (ii) or (iii) of paragraph (3)(C)—

(i) the decision is reversed, and

(ii) the drug or substance subject to such decision is not required to be controlled under schedule IV or V to carry out the minimum United States obligations under paragraph 7 of article 2 of the Convention,

the order issued under this subparagraph with respect to such drug or substance shall expire upon receipt by the United States of the review decision. If, as a result of action taken pursuant to action initiated under a request transmitted under clause (iv) of paragraph (3)(C), the drug or substance with respect to which such action was taken is not required to be controlled under schedule IV or V, the order issued under this paragraph with respect to such drug or substance shall expire upon receipt by the United States of a notice of the action taken with respect to such drug or substance under the Convention.

(C) An order issued under subparagraph (A) or (B) may be issued without regard to the findings required by subsection (a) of this section or by section 812(b) of this title and without regard to the procedures prescribed by subsection (a) or (b) of this section.

(5) Nothing in the amendments made by the Psychotropic Substances Act of 1978 or the regulations or orders promulgated thereunder shall be construed to preclude requests by the Secretary of Health and Human Services or the Attorney General through the Secretary of State, pursuant to article 2 or other applicable provisions of the Convention, for review of scheduling decisions under such Convention, based on new or additional information.

Immediate precursors

(e) The Attorney General may, without regard to the findings required by subsection (a) of this section or section 812(b) of this title and without regard to the procedures prescribed by subsections (a) and (b) of this section, place an immediate precursor in the same schedule in which the controlled substance of which it is an immediate precursor is placed or in any other schedule with a higher numerical designation. If the Attorney General designates a substance as an immediate precursor and places it in a schedule, other substances shall not be placed in a schedule solely because they are its precursors.

Abuse potential

(f) If, at the time a new-drug application is submitted to the Secretary for any drug having a stimulant, depressant, or hallucinogenic effect on the central nervous system, it appears that such drug has an abuse potential, such information shall be forwarded by the Secretary to the Attorney General.

Non-narcotic substances sold over the counter without prescription; dextromethorphan

(g)(1) The Attorney General shall by regulation exclude any non-narcotic substance from a schedule if such substance may, under the Federal Food, Drug, and Cosmetic Act, be lawfully sold over the counter without a prescription.

(2) Dextromethorphan shall not be deemed to be included in any schedule by reason of enactment of this subchapter unless controlled after October 27, 1970 pursuant to the foregoing provisions of this section.

(3) The Attorney General may, by regulation, exempt any compound, mixture, or preparation containing a controlled substance from the application of all or any part of this subchapter if he finds such compound, mixture, or preparation meets the requirements of one of the following categories:

(A) A mixture, or preparation containing a non-narcotic controlled substance, which mixture or preparation is approved for prescription use, and which contains one or more other active ingredients which are not listed in any schedule and which are included therein in such combinations, quantity, proportion, or concentration as to vitiate the potential for abuse.

(B) A compound, mixture, or preparation which contains any controlled substance, which is not for administration to a human being or animal, and which is packaged in such form or concentration, or with adulterants or denaturants, so that as packaged it does not present any significant potential for abuse.

Temporary scheduling to avoid imminent hazards to public safety

(h)(1) If the Attorney General finds that the scheduling of a substance in schedule I on a temporary basis is necessary to avoid an imminent hazard to the public safety, he may, by order and without regard to the requirements of subsection (b) of this section relating to the Secretary of Health and Human Services, schedule such substance in schedule I if the substance is not listed in any other schedule in section 812 of this title or if no exemption or approval is in effect for the substance under section 355 of this title. Such an order may not be issued before the expiration of thirty days from—

(A) the date of the publication by the Attorney General of a notice in the Federal Register of the intention to issue such order and the grounds upon which such order is to be issued, and

(B) the date the Attorney General has transmitted the notice required by paragraph (4).

(2) The scheduling of a substance under this subsection shall expire at the end of one year from the date of the issuance of the order scheduling such substance, except that the Attorney General may, during the pendency of proceedings under subsection (a)(1) of this section with respect to the substance, extend the temporary scheduling for up to six months.

(3) When issuing an order under paragraph (1), the Attorney General shall be required to consider, with respect to the finding of an imminent hazard to the public safety, only those factors set forth in paragraphs (4), (5), and (6) of subsection (c) of this section, including actual abuse, diversion from legitimate channels, and clandestine importation, manufacture, or distribution.

(4) The Attorney General shall transmit notice of an order proposed to be issued under paragraph (1) to the Secretary of Health and Human Services. In issuing an order under paragraph (1), the Attorney General shall take into consideration any comments submitted by the Secretary in response to a notice transmitted pursuant to this paragraph.

(5) An order issued under paragraph (1) with respect to a substance shall be vacated upon the conclusion of a subsequent rulemaking proceeding initiated under subsection (a) of this section with respect to such substance.

(6) An order issued under paragraph (1) is not subject to judicial review.
(Pub.L. 91-513, Title II, § 201, Oct. 27, 1970, 84 Stat. 1245; Pub.L. 95-633, Title I, § 102(a), Nov. 10, 1978, 92 Stat. 3769; Pub.L. 96-88, Title V, § 509, Oct. 17, 1979, 93 Stat. 695; Pub.L. 98-473, Title II, §§ 508, 509(a), Oct. 12, 1984, 98 Stat. 2071, 2072.)

EDITORIAL NOTES

References in Text. The Federal Food, Drug, and Cosmetic Act, referred to in subsecs. (d)(3) and (g)(1), is Act June 25, 1938, c. 675, 52 Stat. 1040, as amended, which is classified generally to chapter 9 (section 301 et seq.) of Title 21, U.S.C.A., Food and Drugs.

Schedules IV and V, referred to in subsec. (d)(4)(A), (B), are set out in section 812(c) of this title.

The Psychotropic Substances Act of 1978, referred to in subsec. (d)(5), is Pub.L. 95-633, Nov. 11, 1978, 92 Stat. 3768, which enacted sections 801a, 830, and 852 of Title 21, U.S.C.A., Food and Drugs, amended this section and sections 352, 802, 812, 823, 827, 841 to 843, 872, 881, 952, 953, and 965 of Title 21 and section 242a of Title 42, U.S.C.A., The Public Health and Welfare, and enacted provisions set

out as notes under sections 801, 801a, 812, and 830 of Title 21.

Change of Name. "Secretary of Health and Human Services" was substituted for "Secretary of Health, Education, and Welfare" on authority of Pub.L. 96-88, Title V, § 509, Oct. 17, 1979, 93 Stat. 695, which is classified to section 3508 of Title 20, U.S.C.A., Education.

Code of Federal Regulations

Administrative functions, practices, and procedures, see 21 CFR 1316.01 et seq.

Debarment and suspension, drug-free workplace, grants, see 21 CFR 1404.100 et seq.

Drug abuse prevention, audiovisual education, see 34 CFR 763.1 et seq.

Drug-free schools and campuses, see 34 CFR 86.1 et seq.

Mandatory declassification review program, see 21 CFR 1402.1 et seq.

Schedules, see 21 CFR 1308.01 et seq. and Table.

Uniform administrative requirements, grants and cooperative agreements, see 21 CFR 1403.1 et seq.

§ 812. Schedules of controlled substances

Establishment

(a) There are established five schedules of controlled substances, to be known as schedules I, II, III, IV, and V. Such schedules shall initially consist of the substances listed in this section. The schedules established by this section shall be updated and republished on a semiannual basis during the two-year period beginning one year after October 27, 1970 and shall be updated and republished on an annual basis thereafter.

Placement on schedules; findings required

(b) Except where control is required by United States obligations under an international treaty, convention, or protocol, in effect on October 27, 1970, and except in the case of an immediate precursor, a drug or other substance may not be placed in any schedule unless the findings required for such schedule are made with respect to such drug or other substance. The findings required for each of the schedules are as follows:

(1) Schedule I.—

(A) The drug or other substance has a high potential for abuse.

(B) The drug or other substance has no currently accepted medical use in treatment in the United States.

(C) There is a lack of accepted safety for use of the drug or other substance under medical supervision.

(2) Schedule II.—

(A) The drug or other substance has a high potential for abuse.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.

(C) Abuse of the drug or other substances may lead to severe psychological or physical dependence.

(3) Schedule III.—

(A) The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

(4) Schedule IV.—

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

(5) Schedule V.—

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

Initial schedules of controlled substances

(c) Schedules I, II, III, IV, and V shall, unless and until amended pursuant to section 811 of this title, consist of the following drugs or other substances, by whatever official name, common or usual name, chemical name, or brand name designated:

Schedule I

(a) Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Acetylmethadol.
- (2) Allylprodine.
- (3) Alphacetylmethadol.
- (4) Alphameprodine.
- (5) Alphamethadol.
- (6) Benzethidine.
- (7) Betacetylmethadol.
- (8) Betameprodine.
- (9) Betamethadol.
- (10) Betaprodine.
- (11) Clonitazene.
- (12) Dextromoramide.
- (13) Dextrorphan.
- (14) Diampromide.
- (15) Diethylthiambutene.
- (16) Dimenoxadol.
- (17) Dimepheptanol.
- (18) Dimethylthiambutene.
- (19) Dioxaphetyl butyrate.
- (20) Dipipanone.
- (21) Ethylmethylthiambutene.
- (22) Etonitazene.
- (23) Etoxadine.
- (24) Furethidine.
- (25) Hydroxypethidine.
- (26) Ketobemidone.
- (27) Levomoramide.
- (28) Levophenacymorphan.
- (29) Morpheridine.
- (30) Noracymethadol.
- (31) Norlevorphanol.
- (32) Normethadone.
- (33) Norpipanone.
- (34) Phenadoxone.
- (35) Phenampromide.
- (36) Phenomorphan.
- (37) Phenoperidine.
- (38) Piritramide.
- (39) Proheptazine.
- (40) Properidine.
- (41) Racemoramide.
- (42) Trimeperidine.

(b) Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers when-

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

10-Jan-1996 02:58pm

TO: Robert Wasserman
TO: Edward H. Jurith

FROM: Dennis Burke
 Domestic Policy Council

SUBJECT: Title 21 Section 811

Title 21 Section 811 (h)(1) gives the AG the authority to schedule a substance in schedule I on a temporary basis. What is preventing President from directing the AG to do this for Rohypnol?

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

11-Jan-1996 04:50pm

TO: Edward H. Jurith
FROM: Dennis Burke
 Domestic Policy Council

SUBJECT: RE: Rohypnol

Thanks.

Let me know for a fact whether it is Schedule 4 or not. If it is -- what alternatives does the President have?

If it is not prescribed in the U.S., how is it showing up -- who is bringing it in, etc?

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

11-Jan-1996 12:54pm

TO: Edward H. Jurith

FROM: Dennis Burke
 Domestic Policy Council

CC: Robert Wasserman

SUBJECT: Attached is beginning of Draft Memo on Rohypnol

Here is the beginning of a draft memo for Panetta that outlines what kind of action the President can take on this drug.

This is on the fast track, so any help you can provide as soon as possible is greatly appreciated.

Needless to say, Biden would be included in anything we do on this if it is approved.

Please approach this from what we can do (if not as outlined, then how) as opposed to why we should not do it.

Thanks, Ed.

Presidential Memorandum on the drug, Rohypnol

Proposed Action

President signs a Memorandum to the Attorney General to schedule Rohypnol as a Schedule I substance (subjecting it to the strongest possible restrictions under the law) under the Drug Abuse and Prevention Control Act.

Purpose

This drug is widely used by adolescents, the one age segment in which drug use is increasing. Senator Biden has written a report and is proposing legislation to increase the restrictions on this drug. This Presidential Memorandum will show action and leadership -- that he is willing to address the growing youth drug use problem head-on, do all within his power to curb its use, and not wait for the legislative process to accomplish a goal that he can implement immediately.

Background

Rohypnol is a drug that has recently hit the youth scene and has quickly become popular. It was first documented in the U.S. in June 1993 by the National Institute on Drug Abuse. Its use incredibly pervasive in South Florida and its use by teenager has now been reported in 30 States.

Rohypnol is classified as a depressant, and as such, it can be fatal if combined with alcohol. Although it is marketed legally in many countries around the world, it has no legal use in the United States. Where Rohypnol is available legally, it is primarily used as sedative/hypnotic to treat insomnia and for some anasthetic procedures.

Rohypnol has been widely reported as used for date rape. In fact, in many areas and in a number of newspaper accounts, Rohypnol has been referred to as a "date rapte drug."

The most famous example of Rohypnol overdose made the news when Kurt Cobain, lead singer of the rock band Nirvana, attempted suicide with a near fatal mixture of champagne and Rohypnol (Cobain was more successful the next time when he used a shotgun).

Biden?

What does changing to Schedule I really mean?

Do we the authority to only do it temporarily?

EXECUTIVE OFFICE OF THE PRESIDENT

11-Jan-1996 04:38pm

TO: Dennis Burke
TO: Dennis Burke

FROM: Edward H. Jurith
National Drug Control Policy

SUBJECT: Rohypnol

I have reviewed 21 USC 811(h) again. I question its applicability to what we want to accomplish. Under the section the AG can only use emergency scheduling if the substance is not listed in any other schedule under section 812 of this Title. It is my understanding that Rohypnol is currently listed in Schedule 4.

Also, Rohypnol is currently not prescribed in the United States. This apparently due to a marketing decision made by ROCHE when they first began to market benzodiazepines. They found that valium and some other benzos were successful in the US market.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

11-Jan-1996 10:39pm

TO: Edward H. Jurith

FROM: Dennis Burke
 Domestic Policy Council

SUBJECT: 811 (h)(1)

When we spoke today, you said that your reading of this statute precluded the President from directing the Attorney General from scheduling Rohypnol as a Schedule I controlled substance because this drug is currently a Schedule IV drug and the statute only applies to drugs that are "not listed in any other schedule in section 812 of this title..."

However, the statute goes on to provide other exceptions -- "or if no exemption or approval is in effect for the substance under section 355 of this title."

- 1) Do you know what this phrase is referring to?
- 2) Do you know for a fact that an exemption or approval is in effect for Rohypnol thereby preventing a Temporary Scheduling from being ordered?
- 3) Did your earlier e-mail mean that Roche has FDA approval to market this drug in this country but they just don't exercise it?
- 4) You never answered my earlier question -- how are adolescents getting these drugs in this country if no one is manufacturing it here -- is it being shipped in?

Thanks.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Jan-1996 12:49pm

TO: Dennis Burke

FROM: Edward H. Jurith
 National Drug Control Policy

SUBJECT: 811 (h)(1)

In response you your e-mail:

(1) "or if no exemption or approval is in effect for the substance under section 355 of this title" refers to "new drugs" under IND (Investigational New Drug) or NDA (New Drug Application) status. Thus, if a drug is in IND or NDA status, this section also does not apply.

(2) Rohypnol is already in schedule 4 and therefore not in IND or NDA status.

(3) Roche never applied to the FDA. It made a marketing decision that its existing benzodiazepines met its US markets needs.

(4) The drug is being smuggled in from Mexico and Colombia. Drug distributors and retailers in these countries are selling Rohypnol for illicit purposes. Because Texas and Florida are both on the pipelines of drugs smuggled from Mexico and Colombia respectively, they have emerged as leading targets for this product. We may want to think about some strong diplomatic overture by the AG and Sec. State to these nations as part of our response to this problem.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Jan-1996 01:08pm

TO: Edward H. Jurith

FROM: Dennis Burke
 Domestic Policy Council

SUBJECT: RE: 811 (h)(1)

So, if no exemption or approval is in effect, then the AG can temporarily schedule it. Right?

They have no FDA approval to make this drug in the U.S. so the AG can temporarily schedule this drug as Schedule I -- isn't that what this provision is intended to mean?

Great idea on the diplomatic overtures, too.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Jan-1996 01:42pm

TO: Dennis Burke

FROM: Edward H. Jurith
 National Drug Control Policy

SUBJECT: Re: 811(h)(1)

I believe you are misreading either the statute or my e-mail.

I do not believe the AG can temporarily reschedule this drug.

The statute is disjunctive. The AG cannot reschedule if a drug is already scheduled (as is rohypnol), nor can the AG reschedule if the drug is subject to approval or exemption as a new drug.

The fact that the FDA has not approved this drug does not negate the fact that the drug has already been scheduled under Section 812.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Jan-1996 02:13pm

TO: Edward H. Jurith
FROM: Dennis Burke
 Domestic Policy Council

SUBJECT: Re: 811(h)(1)

Yes, maybe I am losing my legal mind -- the way I was reading this provision was:

If the AG finds ... he may...schedule such substance in schedule I if:

1) the substance is not listed in any other schedule ...

or

2) no exemption or approval is in effect for the substance....

I would have thought the intent of the drafters would be to give the AG this temporary power over non-approved drugs and not approved drugs. It would be the same theoretical (indeed practical) reason behind 1).

People who attended the meeting:

Ross Deck

Edward Jurith

Representatives from HHS

Roche legal council

member - Robert T. Angarola - Carter Drug Czar

Don Kaiser - lawyer from Swiss office, now in
Washington

Rohypnol is produced by the Switzerland-based company, Roche. It is an international company with more than 80 production plants around the world. Two of their companies produce the drug, Rohypnol. They are located in Mexico City, Mexico and Bogota, Columbia.

Kaiser presented the information. The Roche company heard of the drug's presence in late 1994. Hospital emergency rooms, treatment centers, and detoxification centers in Florida were admitting people with this drug in their blood stream or on their person. At first the company was not concerned. As these calls increased, the company began to worry as well. They did not know how it entered the country. Several options were explored.

At first, Roche thought the people using the drug had obtained the drug through legal means. Kaiser mentioned the FDA and Customs agents allow someone to fill a prescription in another country as long as they do not have more than a 90-day supply. Foreign travelers use the drug as a sleep aid when travelling abroad and drank too much. Since this drug is legal by prescription in 62 foreign countries, this was of no major concern to Roche.

The drug entered the U.S. through Florida with Caribbean- and Northeastern-based construction companies. Arriving to help

rebuild Miami after Hurricane Andrew, the construction workers were working long hours and needed a drug to help them sleep heavily. They brought and took Rohypnol as prescribed. Eventually, the drug was mixed with alcohol to double the effects of the drugs. It became popular in bars and entered the street scene. However, Rohypnol was not the only drug to be abused in the area. Emergency rooms, detoxification centers and drug treatment facilities overflowed with people who were depressed and/or overworked after the hurricane.

Roche is auditing its Mexican and Columbian plants internally for leaks. This is a strong possibility since the pills appear in bubble wrapping. Their audits show that no employee or groups of employees are removing the supplies or products outside of their facilities.

Roche hired a drug research organization from Haight-Asbury in San Francisco to interview users in South Texas. Their findings showed that three types of people are more likely to take Rohypnol: opiate addicts, habitual users, first-time users. Opiate addicts use the drug to detoxify from all opiates. Basically, it stops most withdrawal symptoms. It is also a bridge drug. They use it until they can obtain more opiates. If used more than two weeks, the addict has simply switched addictions - from opiates to Rohypnol. Habitual users will use anything to get a "fix", including Rohypnol. The most predominate user is the first-time, naive user. They are usually kids who are rebelling against their parents. Roche stated their studies show most of the kids could not pick out Rohypnol from

the pill charts they were shown.

The company expects to use the Haight Asbury to conduct research in the South Florida area. However they expect some drug connection. There will be few similarities between the Florida and Texas epidemics.

The company has agreed to limit access to pharmacies in or near Mexican border towns. In South Texas, the Haight Asbury study determined there is no major syndicate involvement in the distribution of Rohypnol. The users go to a Mexican physician located near a pharmacy and obtain a prescription. They take it to the nearest full-service pharmacist and get the pills. Most orders are not over 100 pills and are easily hidden from Customs agents (who would not be concerned about a prescription drug from Mexico in the first place). The company states they do not conclusively know how it is currently entering the Florida region.

Roche is negotiating with Mexican officials in an effort to regulate the Rophynol market. Their biggest concern is their lack of understanding the Mexican laws. The company fears any serious involvement with the Columbian government. They do not want their employees or investigators to die.

My Thoughts on Rhynopol

Roche used this as a meeting to prevent any further media damage or government action this drug.

They are scared that Roche will be associated with the production of a "date-rape drug". I think they are willing to regulate themselves so they can prevent damage control and government intervention. There were two cases in South Texas and Florida where the woman was raped after being exposed the Rohypnol. The kids call this violent activity, and getting high off the drug, as "roaching". The word Roche is printed on the tablet and the people mispronounce it.

I have some serious misgivings about the validity and reliability of their research. First, they brought outsiders into South Texas to interview kids and users on the amount of the drug they used. Students are not generally honest about their use. They will lie to "look tough" or to cover up real usage amounts. While they did hire former users to interview them, these former users are outsiders to the South Texas. The interviewers are not familiar with the lifestyles and people. The interviewees will see them as "suckers" so they are more likely to lie than if it were someone they could identify with at the time.

I asked the Roche representatives what were the other pills the users were shown. They all responded that various types were shown. Since generic forms of Rohypnol are just as easily available in Mexico as the Roche pill itself, I asked if they

were pictured. There were no definitive answers. Furthermore, they stated they did not know if these users were taking the generic forms; yet, their findings in South Texas were conclusive. They did not know who the producers of the generic Rophynol market. Their only response was that 50 percent of men and 15 percent of the women could pick out the Roche pill. This made no sense to me and it was obvious I would get no further answers at this session.

They were constantly referring to the drug as an oral drug. I asked them if their research showed that Rohypnol was smoked. Their studies did not show this occurrence at all. They stated the drug has no effect on the body once it is heated above 110 degrees. I stated the kids are still doing it and its use is increasing. When I called my friends in Phoenix, I learned some people crush the pill and mix it with marijuana. This is the second most common method of ingestion.

The drug is not fatal unless the person ingests large amounts of alcohol and Rohypnol at the same time over a long period of time. Several people believe it is a loss leader by the black markets. They are attempting to gain more customers and they are targeting the three groups mentioned above.

The Roche representatives stated they were the first company in American history to offer self-regulation to the government. They will work with the Mexican government to control the drug in border towns and foreign governments to prevent any leaks. They are also working with the Columbian government to prevent possible leaks from their country. The representatives agreed

this would be difficult since the Columbian government is under siege. I agree. There was a brief mention of the product being shipped from other Central American or South American countries. No substantive investigations into this possibility were mentioned.

This issue has become a race issue. Throughout 20th Century America, drug use has been a race issue. Opiate smoking was regulated in California because it was a Chinese tradition. The Chinese experienced racism throughout the region. No other opiate use was controlled. Marijuana and cocaine were regulated by state and local governments in an effort to control Hispanic and black populations. Once these problems involved white, middle-class Americans, federal involvement was demanded. When this was a South Florida/Caribbean problem, it was not a problem. When the drug entered Floridian, middle-class white American kids and young adults at dance bars, it became a problem.

At this point in time, national citizen forces are not strongly aligned on this issue. Their influence at this time is not a factor in the policy making process. With media attention, this will grow without question.

One salient, yet silent, factor in drug policy formulation is the alcohol and pharmaceutical industries. Tighter controls on these industries mean more money will be spent on drugs in the black market. Roche's meeting today falls along those lines. The only anomaly is Roche's advocating a mostly self-regulation measure. Roche is courting the Federal government in an effort to gain control of the situation without governmental action.

In my opinion, it boils down to this - the Roche Company is afraid the American public will perceive this as the crack cocaine of the 1990s and the date rape pill. They gathered these groups of government employees together to encourage them to implement the company's wishes.

My Recommendations

- **Take no legislative action at this time.** If the WH attempts to control Rohypnol, it must look at controlling other benzodiazepines like valium. After the Maxine Water's arguments on crack cocaine vs. cocaine sentencing, it would renew old arguments i.e., white middle-class vs. poor urban blacks, etc..
- **After further consideration, Senator Biden is more correct that I initially thought him to be.** I still think a low-key approach to the problem is the Administration's best alternative. Media attention will increase youth demand for the drug. The country's best method to deter use is to deter youth attention while gaining the attention of community leaders such as school teachers, law enforcement agencies, and treatment facilities.

If legislative means are necessary, Rohypnol should be given a Schedule 1 rating if treatment and educational funding is provided. I think this could resurrect Cong. Waters' arguments on cocaine and crack cocaine. If the Administration supports her statements, they can rely on a 1991 Minnesota case where the legal distinction between the two drugs and jail time was addressed.

If no treatment funding is provided, the Federal government should list it as a Schedule 2 drug. Therefore, Federal, state and local governments could tax the drug and use the revenues for treatment and education initiatives.

Used this way, Rohypnol could be the country's first controlled drug that views addiction as a public health problem rather than as a law enforcement one. Most opponents to this will cite this is a European measure and drugs are still prevalent in those countries. The argument can be counterattacked by stating the U.S. has the highest estimated addiction rates among all industrialized nations in the world. Furthermore, we have established this precedence in America with drug-addicted pregnant women. This statement will shut up the opposition. No one wants to publicly oppose children, particularly in an election year.

- **The supply-siders, like Roche and William Bennett, will encourage punishment for possession of the drug.** This may be a good offer. Unfortunately, these groups want to lock them up and throw away the key. The drug sellers serve one-third of their time and are released, due to jail overcrowding. This is a downside to listed Rohypnol as a Schedule 1 drug. Intensive treatment and educational funding must be provided to prevent the spread of this now "fad" drug.
- **There is no mention in the Biden Report or with the ONDCP meeting of treatment funding for these addicted children.**
- **There is no mention of cooperation of cooperative efforts**

between state and local governments on this issue.

- **All action should originate from the Executive Branch.**
- **Publicity should be avoided.** Children watch television. If the media portrays this as the "crack of the 1990s", demand will increase. Many people will want to see what it is like and will try it. This could result in higher Rohypnol addiction rates than we are currently experiencing.
- **The President should instruct the Secretary of State** to contact his counterpart within the Mexican government. Since most of the South Texas business appears to be "mom-and-pop" store purchases in Mexico, the U.S. should encourage them to place stricter controls on the Rohypnol and its generic products in or near border towns.
- **The President should instruct the Secretary of the Treasury** to notify Customs agents of the increased use of this drug and it is made accessible through their ports of entry. Roach Pharmaceutical cited several instances where they asked people to purchase the drug and smuggle it over the border. Others were asked to declare it. In all cases, no action was taken by Customs.
- **The President should instruct the Secretary of Health and Human Services** to prepare a pamphlet for immediate

distribution to all teachers, school administrators, treatment facilities, and emergency room personnel on this drug, its increased use among youth, and subsequent symptoms. Its use among habitual addicts should be mentioned as well. These groups are more likely to report its presence because of his involvement. Presidential attention to this issue will provide more reliable data available for study.

- **Like the Secretary of State and HHS, the Attorney General should contact the appropriate agencies within her jurisdiction to control the spread of Rohypnol.**

- **Roche should be encouraged to apply for a patent on the drug.** The only reason Rohypnol is not available on the American market today is due to its direct competition with valium. If they applied and received the rights to market the drug in the U.S., Roche could increase their profits on the drug by selling at a higher price in the United States than they would receive for Rohypnol in Mexico. The drug would be less alluring and the government could control its purity. The Federal government will monitor the drug.

Rohypnol is not a drug like cocaine or heroin; therefore, it does not require a Schedule 1 rating. This will free the law enforcement agencies to monitor the influx of more serious drugs, like heroin and cocaine.

- If this becomes the "Crack of the 1990s", executive action will prove to the American people during an election year that President Clinton has made every attempt to control this problem without media attention. Media attention could attract children to the drug, making all actions counterproductive.

Thank you for the excellent opportunity. I want to participate in any and all of these opportunities that occur.



Executive Office for United States Attorneys
United States Department of Justice
10th and Constitution Ave. NW
Washington, D. C. 20530

TO: Dennis Burke
Domestic Policy Council
The White House

FAX: (202) 456-7028

FROM: Bernie Delia
Counsel to the Director

VOICE: (202) 514-8500
FAX: (202) 514-8340

Total Pages (excluding this cover): 2

Additional Message:

Dennis:

Here is the material from Chicago.

A handwritten signature in cursive script, appearing to read "Bernie", is written over a horizontal line. Below the signature, the name "Bernie" is printed in a small, sans-serif font.

Memorandum



Subject	Date
Request for Information re: Youth Violence and Drugs	January 26, 1996
To	From
BERNIE DELIA Counsel, Executive Office	SCOTT LASSAR First Assistant U.S. Attorney

This memorandum is being submitted in response to your request for information concerning the possible White House Conference on Youth, Violence, and Drugs.

A. Scope of Youth Violence and Drug Problem

The Northern District of Illinois faces a major problem of juvenile violence and narcotics activity. Much of the violence in the district attributable to juveniles is connected to street gang activity, and that street gang activity is concentrated in the metropolitan Chicago area. There are approximately 40 active street gangs in Chicago with an estimated total membership of 100,000. A substantial number of gang members are juveniles.

The street gangs are responsible for a wide range of violent offenses, including murder, aggravated assault, and robbery. Gangs use firearms extensively. Drive-by shootings, executions, and wild random discharges of weapons are characteristic of street gangs in the district. In addition, all the gangs are involved in drug trafficking at wholesale and retail levels. Violent crimes are attendant to the narcotic trafficking activities. Virtually all the gangs use firearms to protect their drug trafficking activities, to obtain and keep market share, and to ensure discipline within their own ranks. Gangs commonly employ juveniles to work at drug "spots" as retail sellers of narcotics and as lookouts or spotters. Juveniles are specifically recruited for these tasks because the gangs believe that the juveniles will face little, if any, punishment if they are arrested. Frequently, the juveniles working at the drug spots are armed.

A substantial segment of the public housing developments in Chicago are controlled by gangs. The gangs are largely responsible of the very high rates of crimes within these developments, many of the crimes directly impact juveniles who live in the developments.

B. Strategy for Dealing With the Problem

The law enforcement community in the Northern District of Illinois is committed to working together to combat the problems of juvenile violence and narcotics activity. Most of the prosecutions of juvenile offenders in the district are handled at the local level by the State's Attorney's Offices. However, federal law enforcement agencies participate in ten working groups and task forces which deal, in part, with the problems of juvenile violence and drugs.

The United States Attorney's Office has participated in several long-term and complex task force investigations that have resulted in multi-defendant indictments of gang and drug organizations. Three such gang cases are currently being tried in the district. The aim of these prosecutions is to disable and dismantle the gang and drug organizations that employ juveniles as workers. In addition, in one instance during 1995, this office received approval to prosecute a juvenile drug offender as an adult. The juvenile in question was a key member of a heroin distribution business that was operating at a public housing development in Chicago.

The Cook County State's Attorney's Office has a record of aggressively prosecuting juveniles for weapons offenses. As part of its prosecutive plan under the Youth Handgun Safety Act, this office committed to targeting adults who sell guns to juveniles. We are working with the Bureau of Alcohol, Tobacco, and Firearms, through its Juvenile Trace Study, to identify such adult offenders.

Experience has shown that information sharing among law enforcement agencies is crucial to the success of the task forces and working groups. An important advance was made in 1995 with the formation of a criminal intelligence working group known as the Chicago Law Enforcement Intelligence Center ("CLEIC"). CLEIC is staffed by representatives of 15 federal, state, and local law enforcement agencies, with office and support facilities furnished by the FBI. The CLEIC representatives meet on a regular basis to discuss ongoing cases and initiatives. Significantly, the unique databases of each member agency are available to the other participants in CLEIC on a liaison basis.

- Fax Cover Sheet -

Date: 12/1/95

Pages: 3

To: Dennis Burke

Fax Phone: 202-456-7431

From: Mark Kleiman

Subject: Addresses and American Enterprise
letter

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C. Everett Koop (no info)

Ruby Hearne (no info)

November 1, 1995

The American Enterprise
1150 17th Street N.W.
Washington, D.C. 20036

Re: May/June, 1995 Edition
article: Use Drug Tests to Reduce Demand for Narcotics
author: James Q. Wilson

Dear Sirs:

In the above edition of The American Enterprise, Professor James Q. Wilson notes that the literature has consistently found a high correlation between the use and abuse of drugs and crime. He concurs with a growing number of people both within the criminal justice system and within academia who feel that efforts to reduce drug demand by focusing enforcement efforts on supplies has proven largely ineffective.

Wilson then turns his attention to a strategy frequently advocated by less conservative academicians and practitioners. The treatment approach for substance abuse is not new. Out-patient drug treatment, therapeutic communities, twelve-step programs (narcotics/alcoholics anonymous), religiously oriented homes, sober living programs, methadone maintenance, drug diversion education and many other approaches have been available since the 1960s. Judges, probation officers, parole officers, prosecutors, and defense attorneys have long recognized the value and cost-effectiveness of these programs. As with most other social science research on effectiveness, the results have been inconclusive.

While we may be uncertain about the overall effectiveness in treating drug abuse and reducing recidivism, we can conclude that treatment has at least two significant advantages over incarceration. First, a large body of research suggests, that in general, offenders do not come out the better as a result of having been confined. They tend to be released with the same problems that contributed to their criminality. Offenders frequently come out more angry, bitter, and resentful in addition to experiencing

the stigmatization that necessarily attaches to the ex-convict. That inmates released from prison are more dangerous and violent than when they entered is a factor that must be examined by those who continue to advocate a public policy of increased incarceration.

Secondly, as cited by Professor Wilson, treatment tends to be more cost-effective. All of the treatment programs noted above are significantly less costly than the \$20,000 to \$25,000 required to keep an inmate in custody for one year. Since many offenders are placed in the highly structured setting of a therapeutic community we can also include the added advantage of incapacitation since the person lives in the program 24-hours a day and cannot leave.

In addressing the crucial issue of motivation, Wilson notes "one way to make them motivated is coercion". This is by no means an innovative idea since judges and other criminal justice personnel have been using coercion for at least three decades in an effort to encourage offenders to avail themselves of treatment alternatives.

In his short essay, Wilson appears to be suggesting a "new strategy" of dealing with drug offenders. He agrees with several researchers who proposed making probationers and parolees subject to frequent, random drug testing, with modest but increasingly severe sanctions if they fail the test. Although Professor Wilson incorrectly implies that this strategy is "new", he is entirely incorrect when he states that "such a program has been tried on a pilot basis, but never in a large jurisdiction for an extended period of time." He concludes:

In order for this to be done, probation, parole, and police officers would need to become aggressive about identifying and testing drug-abusing convicts, judges would need to respond crisply to those who failed the tests, and correctional authorities would need to create a graduated set of sanctions.

It is ironic that the very program that Wilson is suggesting has been in place in the Central District of California, headquartered in the Federal Courthouse at Los Angeles, California. The University of California at Los Angeles (UCLA) Professor Wilson teaches is a short distance from the U.S. Courthouse. Wilson needed only to look in his own backyard to see this type of program being implemented.

The Central District of California is the largest federal judicial district in the United States comprising the counties of San Bernardino, Riverside, Orange, Ventura, Santa Barbara, and San Luis Obispo. The program suggested by James Q. Wilson has been in place in our district since approximately 1975 under Chief U.S. Probation Officer Robert M. Latta.

The approach taken by the Central District has been one that strives to protect the community while holding drug offenders accountable for their drug use. Since drug use is a violation of the conditions of probation and parole (Federal System supervises both probationers and parolees) the probation officer uses the violation to encourage or coerce the offender into treatment. Since many offenders have had serious substance abuse problems the treatment of choice is in-patient.

Since detection of drug use is critical if we are to be successful at intervention, a sophisticated and aggressive drug testing program has been in place for the past 20 years. The specifics of the detection program would require more space than can be taken at this time. Suffice it to say that it contains, at a minimum, the elements suggested by Professor Wilson.

Offenders are generally tested at the outset eight times per month. This can be increased or decreased depending on the history of the offender. Probationers and parolees are required to call a recording daily to determine if they must report for testing the next day. It is essential that the drug test be random and monitored closely by the collector. Each urine specimen is checked for "specific gravity". That is, the degree of dilution is measured to control possible "flushing" by the offender. If the specimen is below a certain level, the offender must remain until he/she provide an acceptable gravity level.

In addition, to the urine collection, offenders are required to submit to a drug evaluation (skin check). This process involves the probation officer or drug counselor examining the "client's" arms, legs, neck, feet, and hands to determine if there are any needle injection sites. A pupil check may also be conducted as well as a nasal examination. Although most drug tests are sent to a contract laboratory, an on-site presumptive test and results can be obtained immediately.

Multiple positive drug tests are not permitted. At the beginning of supervision, offenders are carefully structured regarding consequences for drug use. They are informed that drug use resulted in their current predicament and if they choose to use drugs and are detected, they will face specific sanctions. A large number of offenders testing positive are given the option to face revocation proceedings or allowed (coerced) into a therapeutic community. Needless to say, given these choices, most opt to enter treatment. Federal judges have tended to be supportive of permitting violators to enter treatment in lieu of proceeding with a revocation hearing and possible incarceration.

If an offender is not immediately placed in a therapeutic community, graduated sanctions may be attempted. A person's testing may be increased from the minimum testing requirements of 2-3 times per month to approximately 8 times per month if he has

had a positive test after being on supervision for an extended period of time. On a later occasion, if he/she submit a 2nd positive test the individual may be place on home confinement or placed in a community corrections center (halfway house). Ultimately, if the drug use continues, the probation officer might then place the violator in a therapeutic community. If the person is discharged from the program unfavorably, the officer would in all probability request a bench warrant and upon returning to court recommend a period of incarceration.

In most cases, if the offender chooses to enter treatment, he/she is placed in a program at the expense of the federal government. While expensive, it is substantially below the annual cost of incarceration.

Although the results have invariably been mixed, it does represent a program that attempts to give offenders the opportunity to change their drug abusing life style if they are so motivated. It represents a constructive approach of holding people accountable for their actions while simultaneously providing drug treatment.

Community safety is never compromised. On some occasions, because of a violent or dangerous history, an offender may simply be returned to prison. For the vast majority of offenders incarceration is always an option if he/she fail to follow through on their agreement to enter and complete drug treatment.

Sincerely,

Sam Torres, Ph.D.
Associate Professor of Criminal Justice
Senior U.S. Probation Officer
Drug & Alcohol Specialist

- Fax Cover Sheet -

Date: 12/1/95
Pages: 3
To: Dennis Burke
Fax Phone: 202-456-7028
From: Mark Kleiman
Subject: Candidate attendee list

Dennis-

List of addresses to follow this afternoon.

Meg

TO: Dennis Burke
FROM: Mark Kleiman
RE: Candidate attendee list for January conference
DATE: December 1, 1995

1. Harvard faculty involved with the Drugs and Addictions program

Mark H. Moore, Kennedy School.
Steven Hyman, Harvard Medical School
[Phil Heymann is also available, but I presume he's still *persona non grata*.]

2. Members of the steering committee of the National Working Group on Drug Policy:

John Gray, The Atlantic Council
David Acheson, The Atlantic Council
James Harpel, Harpel Partners
Hamilton Beazley, formerly executive director of the National Council on Alcoholism and Drug Abuse.

3. Other key academics:

*Ron Ferguson, Kennedy School, economist, expert on the problems of African-American adolescent males.

Peter Reuter, University of Maryland (probably the leading drug policy researcher in the country).

Douglas Anglin, UCLA (treatment expert, very sensible).

Denise Kandel (expert on developmental patterns of drug abuse).

Charles R. Schuster, Wayne State (director of NIDA under Reagan and Bush).

Lloyd Johnston, University of Michigan, runs the Monitoring the Future survey.

Thomas C. Schelling, University of Maryland (expert on smoking and many other things; the wisest person I know).

4. Distinguished younger drug policy researchers:

David Boyum, Yale and Harvard
Jonathan Caulkins, Carnegie-Mellon and RAND
Karyn Model, RAND
Rob MacCoun, Berkeley

5. Youth guns and violence experts:

David Kennedy, Harvard
Philip J. Cook, Duke

6. Smart friendly politicians:

Kathleen Kennedy Townsend
Charles Schumer

7. Cover on the right:

*Steven Goldsmith, Mayor of Indianapolis (ultra-smart, won't be partisan).
Robert DuPont, head of NIDA under Nixon, popular with the parents' anti-drug groups.
D. Lowell Jensen, Federal judge in California (Deputy AG under Reagan; ultra-smart, sensible, non-partisan, but a close friend of Meese).
Mark Gold, Florida, physician/researcher (not sure he can be relied on to stay friendly).

8. Activists:

Roger Conner, American Alliance for Rights and Responsibilities.
Judi Kosterman, Community Anti-Drug Coalitions of America.

9. Local officials:

Harry Spence, director of operations for the NYC public schools
Bill Bratton, NYC police commissioner
Steve Bishop, police chief of Kansas City
Joe Samuels, police chief of Oakland

10. Tobacco people:

C. Everett Koop
David Kessler

11. Others:

Ruby Hearne, Robert Wood Johnson Foundation
Richard Dreyfuss (not just a pretty face).

Rita Ersfeld Norton
Vice President
Federal Government Affairs
Tel: 202-408-0090
Fax: 202-408-1750

Hoffmann-La Roche Inc.
1300 I Street, N.W., Suite 520 West
Washington, DC 20005-3314



Hoffmann-La Roche

A Member of the Roche Group



Hoffmann-La Roche

Dennis -

Attached are some materials on Roby pool including the "just released" Haight - Ashbury report. Also included are articles on the OTC diet drug problem in Florida.

Please call if you have questions. I look forward to talking w/ you soon.

Rita Norton

Rita

The Rohypnol Issue

Rohypnol

Rohypnol (flunitrazepam) is one of a widely used class of prescription medications known as benzodiazepines. These medications are approved worldwide to treat anxiety, sleep disorders, muscle spasms, and seizure disorders. Benzodiazepines are much safer than other types of sleeping pills, such as chloral hydrate, which were widely used before benzodiazepines became available.

Rohypnol is approved in 64 countries for the short-term treatment of severe and debilitating sleep disorders, which oftentimes result from pain from diseases or accidents. Rohypnol is not marketed in the United States. Rohypnol is in Schedule IV of the U.S. Controlled Substances Act because of its legitimate medical use and its low potential for abuse compared to other drugs such as amphetamines.

The Recent Rohypnol Issue

There have been reports, mainly in southern Texas and Florida, of the illegal diversion of Rohypnol into the United States. Rohypnol is being abused as a "street drug" to enhance the effects of beer or marijuana, to extend the effects of low-quality heroin, and to reduce the after effects of cocaine binging. There also have been reports that Rohypnol has been used to spike women's drinks as a prelude to "date rape." At higher doses, Rohypnol's effect on coordination may resemble alcohol intoxication and may lead to memory impairment. A common abuse pattern is for an abuser to try it once and, finding the experience unsatisfying, to move on to another substance.

Hoffmann-La Roche Actions

Hoffmann-La Roche regards the illicit diversion and abuse of Rohypnol in the United States as a priority matter. It has dedicated significant time and resources to this problem. Roche recognizes, however, that drug abuse must be addressed at many levels, by the medical and treatment communities, law enforcement officials, Federal and state agencies, and private organizations concerned with drug abuse. Roche has been and will continue to be a partner in the fight against drug abuse. Roche is taking the following actions to address this problem:

- We are moving aggressively to curtail the distribution of Rohypnol in Mexico.
 - We have reduced the number of customers from 200 to only 16 national distributors.
 - We have restricted all sales to pharmacies.
- We are engaged in efforts to accelerate the removal of the 2 mg. dosage form of Rohypnol from the market worldwide.
 - Sales of the 2 mg. dosage will be stopped in Colombia and Mexico by June 1.
 - Sales of the 2 mg. dosage will be stopped in the rest of Latin America by September 1.
- Roche supports the U.S. Customs Service prohibition on the illegal importation of Rohypnol into the United States.
- We have commissioned a study to gain better understanding of Rohypnol abuse patterns.
- Roche has been meeting with state law enforcement officials to educate them about Rohypnol abuse.
- We are working with Federal and state officials.
- We are consulting with experts in diversion to assist us in deterring the illegal diversion of Rohypnol.
- We have engaged the Haight-Ashbury Free Clinic to examine the abuse reports of this product in Texas and Florida.

Roche supports efforts that will discourage illicit diversion and abuse, while at the same time recognizes the legitimate and important medical need for Rohypnol. Thus, Roche opposes the rescheduling of Rohypnol under the Controlled Substances Act, since it does not regard such an action to be an effective deterrent to the current issue, but rather believes that such an action would penalize those with legitimate medical need for the product.

Roche is committed to continuing to work aggressively to discourage Rohypnol diversion and abuse.

DETERMINED TO BE AN ADMINISTRATIVE

MARKING INITIALS: Rcl DATE: 09/14/17

~~CONFIDENTIAL~~ DRAFT -- 6/12/96 -- Item #1 -- 9:30 pm

FOR IMMEDIATE RELEASE

Contact: xxx

**HOFFMANN-LA ROCHE ARMS LAW ENFORCEMENT WITH TESTING
CAPABILITY IN FIGHT AGAINST ROHYPNOL ABUSE**

COMPANY INTENSIFIES EFFORTS THROUGH ENHANCED EDUCATIONAL PROGRAM

MIAMI, FL, June 14, 1996 -- Hoffmann-La Roche Inc. announced today the availability of a drug testing service that will help the law enforcement community build cases in court against criminals who deliberately misuse Rohypnol. This program will allow law enforcement officials to determine the presence of Rohypnol in the urine of rape victims. The test will be available to law enforcement agencies and rape crisis centers throughout the country at no cost.

There have been many reports recently about the illegal misuse of both prescription and nonprescription medications to commit sexual assault. One such medication is Rohypnol (flunitrazepam), a prescription medication made by Hoffmann-La Roche which is not marketed in the United States. In other parts of the world, it is prescribed for the treatment of severe and debilitating sleep disorders.

"The screening assays used in this testing program were developed to detect a wide range of benzodiazepines, including Rohypnol," said Salvatore Salamone, PhD, Senior Director of Research and Product Development, Roche Diagnostics Systems, Inc., who invented and

- More -

developed many of the drug technologies currently used by Roche. "Roche has two screening assays that have been previously developed that are well-suited for the detection of Rohypnol use in the laboratory, or at criminal justice sites."

Testing Program Design

This testing program, launched today, provides law enforcement officials and rape crisis centers access to a comprehensive battery of tests that allow them to detect Rohypnol and other drugs in urine. Law enforcement personnel investigating cases in which the use of Rohypnol is suspected will have access to this testing capability simply by calling a toll-free number [1-800-xxx-xxxx]. Information on how to receive the service will be provided.

Roche contracted with the Mississippi-based ElSohly Laboratories, Inc., an independent, world renowned forensic toxicology laboratory, to conduct the analyses. All sample results will be sent directly to the criminal justice centers from the laboratory following a classic chain-of-custody procedure so the analyses can be used in a court of law.

The testing program is designed to use three assays, two of which were developed by Roche Diagnostics Systems, Inc., a member of the Roche Diagnostics Group:

- Abuscreen ONTRAK® is a urine diagnostic kit used to screen for the presence of benzodiazepines (the family of drugs to which Rohypnol belongs). It is a self-contained testing device that provides easily interpreted results in less than three minutes, without the use of instrumentation.

- Abuscreen ONLINE® is a series of automated instrument-run diagnostic tests that detect a number of substances, including cocaine, opiates, amphetamines, benzodiazepines, barbiturates, methadone, and PCP.
- Gas/chromatography/mass spectrometry (GC/MS) is a more specific chemical analysis used to confirm the results of the initial screening tests listed above.

"We hope that this testing program will help the criminal justice professional determine whether someone was a victim of Rohypnol misuse," Dr. Salamone said.

The major urinary metabolite for flunitrazepam (the generic name for Rohypnol), is 7-amino-flunitrazepam. This metabolite can be detected by ONTRAK® because of the assay's high cross reactivity to this compound, and because it has a lower cut-off rate than most tests of this type. For example, while most benzodiazepine drug tests require the equivalent of 200 to 300 nanograms/ml cut-off, the ONTRAK® and ONLINE® assays use a 100 nanograms/ml.

ONLINE®, an instrument-based assay system, will be used in conjunction with ONTRAK® for the urinalysis. These assays will not only detect flunitrazepam, but an assortment of other pharmaceutical substances and drugs of abuse as well.

"The easier it is to convict criminals, the greater success we will have in stopping these crimes," explains Robert B. Armstrong, M.D., Vice President, Medical Affairs, Roche Laboratories, Inc. "Easy access to these testing capabilities should make it easier for law enforcement to do their job in convicting these heinous predators."

Educational Efforts Also Underway

To supplement the new testing capability, Roche also announced today a series of educational efforts. "Law enforcement must have the appropriate information and tools if they are to successfully fight drug abuse on the streets," Dr. Armstrong stated. "In addition to making drug testing capabilities available, Roche has produced materials including a fact sheet that identifies the problem, the medication, the physical effects, and overdose management for law enforcement officials. A supplemental wallet-sized information card provides law enforcement officials with easy access to key facts immediately, at the very moment they encounter Rohypnol misuse."

Television, radio, and print advertisements to warn the public, particularly women, of the dangers of those who might misuse Rohypnol and other substances are additional components of Roche's campaign. "Watch your drink!" is the pivotal message.

"By developing these ads, we hope to deter misuse and sexual assault," Dr. Armstrong explained. "But we want to explore the effectiveness of such a campaign fully before placing the advertisements. While we wish to educate potential victims so they are better equipped to protect themselves, we are also concerned that the ads do not educate potential criminals about how to misuse certain prescription drugs. To that end, we are consulting with the experts on drug abuse and rape counseling."

Roche is consulting with educational experts nationally as well as in Dade and Broward Counties to develop additional educational initiatives, and expects to meet with experts throughout the State of Florida and the nation.

"It upsets us tremendously that one of our prescription medicines, which is intended for the supervised medical treatment of people with severe and debilitating sleep disorders, is being deliberately and maliciously misused to commit sexual assault," Dr. Armstrong said at a news conference in Miami. "As a company, we are committed to effective programs that will deter the misuse of legitimate prescription medicines. Personally, we are committed to addressing this problem responsibly. The programs we announced today are designed to meet both goals. In taking these steps we hope to facilitate the prosecution of those criminals who commit these crimes and play an instrumental role in stopping the misuse."

Company Background

Headquartered in Nutley, New Jersey, Hoffmann-La Roche Inc. is an affiliate of the multinational group of companies headed by Roche Holding Ltd. of Basel, Switzerland. One of the world's leading research-intensive health care companies, Roche has discovered, developed and introduced numerous important prescription pharmaceuticals.

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WEDNESDAY, JUNE 5, 1996
THE HERALD 5B

2 accused of rape after drugging woman

Associated Press

WEST PALM BEACH — Two men have been charged with raping a woman outside a nightclub after putting a memory loss-inducing drug into her drink.

Gregg Tippet, 34, a Boynton Beach travel agent, and Michael Hummel, 31, a Lake Worth tile contractor, assaulted the 30-year-old woman in a Boca Raton nightclub parking lot on Feb. 22 after spiking her drink with a drug known as GHB, sheriff's deputies said this week.

Investigators said a blood test showed the Deerfield Beach woman was sedated with gamma hydroxy butyrate, a synthetic weight-loss drug that caused memory loss.

The drug produces a state of euphoria but can also cause nau-

sea, breathing problems and a slowed heartbeat. The side effects are more severe if the nonprescription drug is mixed with alcohol.

"Young women going into any nightclub need to be cautious," Palm Beach County sheriff's Sgt. Tom Neighbors said. "Don't leave your drink on the table when you go off to dance."

Arrests are rare in GHB cases because of memory loss. But a

blood test confirmed the drug was in the victim's system, Neighbors said.

An arrest report said a nightclub employee witnessed the assault in a vehicle in a dark corner of the parking lot. Deputies found plastic bottles of GHB in the vehicle's glove box, the report said.

Tippet and Hummel, who were arrested Friday, remained in the county jail without bond.

Report of drugging, rape prompts calls

Detectives checking into past attacks

By TESSIE BORDEN
Staff Writer

Palm Beach County sheriff's detectives say news reports of a rape case in which a woman was drugged with a steroidlike substance have spurred other reports of similar cases.

The victims apparently saw pictures of suspects in news reports and called detectives in Broward and Palm Beach county to say they may have suffered the same fate.

The suspects, Gregg Alan Tippet, 34, and Michael Joseph Hummel, 31, were arrested Friday after blood tests from the victim of the February rape determined that she had ingested gamma hydroxybutyric acid, or GHB, a drug once used as a dietary supplement that can cause memory loss.

The woman, who was found partially naked by her sister in the parking lot of Club Boca near the suspects' car, was unconscious, according to a police report. The men helped the sister dress the woman.

A club employee told police he had seen the men having sex with the woman in their white utility vehicle, but he thought the sex was consensual.

The woman later told police she had not agreed to have sex with anyone that night.

Sgt. Tom Neighbors of the Palm Beach County Sheriff's Office said the men were not arrest-

ed until Friday because it took that long to test the woman's blood for the GHB.

He said the Palm Beach County crime lab isn't normally equipped to test for that particular drug, so the screen had to be obtained before the blood could be tested.

Sgt. Neighbors said two women recognized pictures of Tippet and Hummel and called detectives to say they suspected that the same thing had happened to them.

Similar cases also have been reported to Broward County sheriff's officials, but detectives have not been able to establish whether GHB was used to drug the women, said Ott Cefkin, Broward sheriff's spokesman.

Sgt. Neighbors said both men were charged with sexual assault of a helpless person, an offense that carries an enhanced penalty. He said this is the first case involving such drugging that they have been able to prosecute.

"The problem with these types of cases is the delay," he said. "The victim is under the effect of the drug for several days. They know something has happened, but they don't always know exactly what."

Tippet, a Boynton Beach travel agent, and Hummel, who works at a Delray Beach tile store, both were being held at the Palm Beach County jail on Wednesday without bail, charged with sexual battery. They are scheduled for arraignment today at 9 a.m.

2 accused of rape near nightclub

An Associated Press Report ⁵⁷¹

WEST PALM BEACH — Two men have been charged with raping a woman outside a nightclub after putting a drug that induces memory loss into her drink.

Gregg Tippet, 34, a Boynton Beach travel agent, and Michael Hummel, 31, a Lake Worth tile contractor, assaulted the 30-year-old woman in a Boca Raton nightclub parking lot on Feb. 22 after spiking her drink with a drug known as GHB, sheriff's deputies said.

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An arrest report said a nightclub employee witnessed the assault in a vehicle in a dark corner of the parking lot.

Deputies found plastic bottles of GHB in the vehicle's glove box, the report said.

Tippet and Hummel were arrested Friday and remained in the county jail without bail.

Facing a dilemma

Roche to aid in probes of date rape drug

Will offer lab testing to police

By James Zoccoli

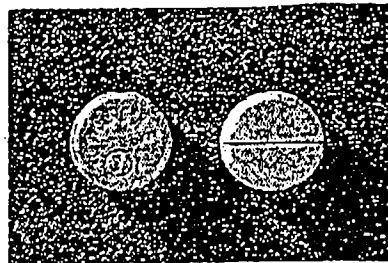
Officials at Hoffmann-LaRoche will announce this week that they plan to help law enforcement authorities identify the presence of a powerful sedative, manufactured by Roche, that has increasingly been used to commit date rape crimes.

The drug, Rohypnol, gained national prominence last Friday when a number of alleged rape victims were interviewed on ABC-TV's "20-20," claiming their drinks had been spiked with the drug.

"We're committed to solving this problem," said Al Wasilewski, spokesman for Hoffmann-LaRoche in Nutley.

Wasilewski said Rohypnol is not legally available in the United States, but he said the drug does have a legitimate use when properly prescribed by a doctor. He said the drug is not the most powerful sedative on the market today.

Just why Rohypnol is being singled out for use by high school and



The drug Rohypnol, a sedative manufactured by Hoffmann-LaRoche, has allegedly been used in date rapes.

college-aged youths remains a mystery.

"That's the \$64,000 question," Wasilewski said. "Why has this drug caught-on? We're looking into it."

Rohypnol is manufactured by Hoffmann-LaRoche in Mexico City, Mexico, and was never made, nor sold, in Nutley nor anywhere else in the United States. The drug, however, has quickly become a problem.

"We have set up a task force

(continued on page 5)

Drug

(continued from page 1)

here in Nutley to address the issue of abuse," Wasilewski said.

A Hoffmann-LaRoche internal investigation, Wasilewski said, clearly shows there is absolutely no leakage of the drug from any Roche facilities.

Wasilewski said Roche officials believe the problem stems from Mexican pharmacies being in collusion with corrupt Mexican doctors.

The medical scene within Mexico, Wasilewski said, is governed far differently than in the United States.

"It's easy to go into Mexico and get a prescription, no questions asked," Wasilewski said. "Mexican pharmacies will refer you to a doctor that they have relations with. Then you pay the doctor \$20 and get any prescription."

Wasilewski called the pharmacy-doctor corruption in Mexico "pill mills."

As a result, Roche has greatly reduced its Mexican distribution of the drug. Wasilewski said Roche no longer sells Rohypnol directly to Mexican pharmacies and now deals solely with distributors. Roche has also eliminated sales of the drug along the U.S.-Mexican border.

Further, Roche has cut in half the potency of the drug, from 2 milligrams down to 1 milligram.

"We feel by removing the 2 milligram tablet it may make the drug less attractive for abuse," Wasilewski said.

Roche has also been working closely with law enforcement authorities on the problem.

Later this week, Roche will begin offering its advanced testing capabilities to law enforcement

nationwide in an effort to determine if date rape victims were indeed rendered unconscious with Rohypnol.

"It will be very sophisticated testing," Wasilewski said, adding that Roche will also seek to uncover the presence of other drugs in urine samples submitted by victims.

Wasilewski said, however, that the larger problem of easily accessible drugs in Mexico must be addressed.

"Roche has been asking the State Department to get the Mexican authorities involved," Wasilewski said.

Until March 5, when federal officials banned Rohypnol completely from the U.S., patients would routinely seek a prescription from a doctor in Mexico, purchase a large number of tablets, legally cross the border into the U.S. and then sell the pills in America for about \$5 each. Last year, in just a three-week period, approximately 101,000 Rohypnol tablets were legally transported into the U.S.

Known as Roofies on the street, Wasilewski said many other sedatives are often mistaken for Rohypnol.

Created in 1975, Rohypnol is a sedative prescribed to combat sleep disorders. It is also used to help ease the withdrawal symptoms of drug addicts. Rohypnol is in the same family of medications as Valium, Librium, Xanax and Halcion.

Mostly, Rohypnol abuse has occurred in southern states bordering Mexico, particularly Texas, and California. Increased usage of the drug has also been reported in Florida.

Wasilewski said there have been "spot reports" of Rohypnol elsewhere throughout the country.

Company Summary of Actions Regarding Rohypnol Issue

Rohypnol (flunitrazepam) is a benzodiazepine (the class of compounds which includes Valium) used, in its tablet form, to treat sleep disorders. Other benzodiazepines are prescribed for the treatment of a variety of medical conditions ranging from sleep and anxiety disorders to controlling seizures associated with epilepsy.

Roche is firmly committed to taking aggressive action in eliminating the abuse and illegal diversion of Rohypnol in the United States. To that end, Roche has taken a number of steps to address the Rohypnol problem. In addition, Roche has provided information to law enforcement officials and drug treatment centers and physicians to assist them in their efforts to control these problems.

- Early in 1995, as a result of increasing inquiries from the medical community and law enforcement officials regarding Rohypnol, Roche convened a workshop for pharmacology, drug abuse treatment and drug law enforcement experts in New Orleans, in conjunction with Louisiana State University's Department of Pharmacology. The workshop's objective was to obtain necessary background information on the Rohypnol situation and to formulate an action plan to deal with the problem.
- Roche engaged the help of one of the leading drug abuse research and treatment organizations, the Haight-Ashbury Free Clinic, to conduct independent epidemiological studies in affected states to determine the nature and extent of the Rohypnol abuse problem and to prepare educational materials for the drug treatment community such as:
 - Abuse treatment guidelines for the treatment centers which was mailed to treatment centers and published in the Haight-Ashbury Free Clinic Newsletter;
 - A Rohypnol fact sheet for school nurses, which is being distributed in Texas; and
 - A Fact Sheet for law enforcement which will help them identify the product and provide information on how to handle a suspected Rohypnol abuse.
- The Haight-Ashbury Free Clinic epidemiology study took place in Texas late last year. The results show the Rohypnol abuse problem is not a unique or new phenomenon, but simply one more facet of the overall drug abuse problem in the U.S. They also found that new usage of Rohypnol seemed to be on the decline. Anecdotal reports of abuse patterns indicate that new abusers are apt to try the drug once, find the experience unsatisfying and move on to other agents; a common pattern in the drug abuse community.
- Since it is possible that the Florida pattern of abuse may be different than the abuse pattern seen in Texas (as the diversion sources are different), we have asked the Haight-Ashbury Free Clinic research team to undertake a similar study in Florida. That study is beginning now.

- We also retained the services of the former Deputy Director of the DEA Office of Diversion Control and the former Chief of DEA Intelligence. They have conducted audits of our facilities in Columbia and have found no evidence of diversion within our organization. They are helping us identify potential sources of diversion outside our organization and we are prepared to take action against those entities with the help of local authorities. Our consultants have helped us identify pharmacies in Nuevo Laredo who have been engaged in indiscriminate sales of Rohypnol.
- We have consulted with one of the foremost authorities on benzodiazepine abuse, Dr. James Woods, Professor of Pharmacology at the University of Michigan, to determine whether flunitrazepam possessed any characteristics that would distinguish it from other benzodiazepines from a drug abuse perspective. Professor Woods has found that flunitrazepam possesses no unique pharmacological properties that would set it apart from other benzodiazepines, in terms of abuse potential.
- Last year, Roche met with officials at the White House Office of National Drug Control Policy, DEA, FDA, NIDA and the State Department Bureau of International Narcotics Matters. We briefed the agencies on our action plans and asked for their support in addressing this issue.
- Roche has directed its worldwide subsidiaries, including Colombia and Mexico, to remove the 2 mg tablet from the retail market as soon as local regulatory authorities will allow. The 2 mg tablet is the dosage strength involved in the Rohypnol diversion and abuse problem. A weaker 1 mg tablet will replace the 2 mg tablet. The 2 mg will only be available to hospital patients.
- Recently in Mexico, we have scaled back our direct sales of Rohypnol from 200+ customers to only 16 major national distributors. We are no longer selling Rohypnol directly to pharmacies, including those Class 1 pharmacies along the U.S.-Mexico border. Roche has seen a noticeable decline in sales as a result of this action.

We are convinced that targeted actions to deny supplies of Rohypnol to potential diverters in Mexico, Columbia and elsewhere will prove to be effective in reducing diversion and abuse. Further, we would propose that legislative and administrative actions (such as increased penalties for illegal sale) aimed at all diverted and abused psychoactive medicines will be much more effective deterrents to illegal trafficking than trying to deal with this problem one medicine at a time through additional regulatory actions or rescheduling under the Controlled Substances Act.