



Hoffmann-La Roche

A Member of the Roche Group

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Rita Ersted Norton
Vice President, Federal Government Affairs
Tel 202-408-0090

January 16, 1996

The Honorable Orrin G. Hatch
Chairman
Committee on Judiciary
United States Senate
Washington, DC 20510

Re: Rohypnol (flunitrazepam)

Dear Chairman Hatch:

On behalf of Hoffmann-La Roche (Roche), I respectfully request that the following be included in the record for the hearing held by the Senate Judiciary Committee on December 19, 1995.

Headquartered in Nutley, N.J., Roche is the United States 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. The company is also a major provider of diagnostic products, vitamins and fine chemicals for human and animal nutrition, as well as animal feed additives and veterinary products.

During the hearing on "Trends in Youthful Drug Use," a witness referenced the abuse of the drug Rohypnol in Florida. In conjunction with the hearing, Senator Biden released a report entitled "Facing the Future -- The Rise of Teen Drug Abuse and Teen Violence" which contained a review of Rohypnol. Rohypnol is the trade name of the benzodiazepine

flunitrazepam. The benzodiazepines are widely used medications for the treatment of several medical conditions, including anxiety and other disorders. Rohypnol is manufactured by F. Hoffmann-La Roche in Switzerland and in other countries, and is approved in over 60 countries for the treatment of sleep disorders and all clinically significant forms of insomnia.

Roche shares the Committee's concern regarding the abuse and diversion of Rohypnol. In fact, Roche has met with DEA, NIDA, FDA and the White House, to discuss methods to stem the illegal distribution of this product. The company has initiated and taken several steps to address this situation since the media reported in late 1994 that individuals were abusing a 2 mg form of Rohypnol primarily in Florida and Texas. Roche does not market Rohypnol in this country. (The company made a commercial decision in the 1970's not to devote the resources needed to obtain FDA approval for the medication.) It apparently is being smuggled from Mexico, Colombia and other Latin American countries.

During a meeting with your staff last month, we conveyed that top management at Roche, both in Basel and at our U.S. headquarters, have made a firm commitment to investigate reports of Rohypnol abuse and diversion. Furthermore, Roche is committed to taking actions, wherever possible, to reduce the harm associated with Rohypnol abuse and diversion and deny the drug to any wholesale or retail distributor who might be diverting the medication for illegitimate purposes. Towards these ends, among the actions Roche took in 1995 are the following:

- Convened a group of pharmacological, drug abuse treatment and drug law enforcement experts at Louisiana State University to obtain necessary background information in order to formulate an action plan to deal with the problem. DEA and NIDA were represented at that meeting.
- Engaged one of the leading drug abuse research and treatment organizations, the Haight-Ashbury Free Clinics, to conduct independent epidemiological studies in affected states to determine the nature and extent of the Rohypnol abuse problem and to immediately prepare materials for the drug treatment community on the appropriate handling of any abuse cases they might encounter. These materials have been widely distributed.
- Retained the services of the former Deputy Director of the DEA Office of Diversion Control and the former Chief of DEA Intelligence to meet with federal and state law enforcement officials and prosecutors in Texas and Florida to gain an understanding of the trafficking routes used to bring Rohypnol into the U.S. and to try to identify the distribution systems operating within the country.

- Consulted with one of the world's foremost experts 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.
- Directed the Roche subsidiaries in Colombia and Mexico to reformulate Rohypnol into 1 mg dosage units. (This action is being taken worldwide in light of scientific findings showing that this formulation is effective for therapeutic purposes. We would hope that this would also reduce the attractiveness of the compound for abuse.)
- Met with the White House Office of National Drug Control Policy, DEA, FDA, NIDA, the State Department Bureau of International Narcotics Matters and several state agencies to report initial findings, put forward planned actions and seek their cooperation in resolving the problem, both in the U.S. and overseas.

We hope to meet again soon with the concerned federal agencies to report our preliminary findings. The international component of Roche's efforts will become more active in mid-January with audits of Rohypnol manufacturing and distribution systems in Latin America. In addition, Roche plans to consult with representatives of the concerned international drug control organizations to report our findings and seek their support and assistance in identifying and eliminating potential sources of Rohypnol diversion.

Let me reiterate Roche's firm commitment to take what measures we can to eliminate the abuse and illegal diversion of Rohypnol. Roche has been taking and will continue to take aggressive action in its attempt to solve these problems. However, Rohypnol is a safe and effective medication which is used appropriately by millions of patients around the world. Roche is convinced that targeted actions to deny supplies of Rohypnol to potential diverters in Mexico, Colombia and elsewhere will be far more effective in reducing diversion and abuse than singling out one benzodiazepine for additional regulatory controls or for rescheduling under the Controlled Substance Act. This latter action will not solve the problem but it could deny a useful medication to those who need it.

Roche has been extremely gratified by the positive responses we have already received from you and your staff in our efforts to deal with this situation. Likewise, we can report excellent cooperation from the concerned federal and state agencies. We will continue to work towards achieving our common goal of preventing Rohypnol abuse and diversion while

Senators Hatch and Biden

January 16, 1996

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ensuring continued availability of an effective medicine. We appreciate your assistance and look forward to working closely with you in the future.

Sincerely,

A handwritten signature in cursive script, reading "Rita E. Norton".

Rita E. Norton
Vice President
Federal Government Affairs

cc: The Honorable Joseph R. Biden, Jr.
Ranking Minority Member

experiments, cheaters are easily identified, and no one forgets who they are. Throughout vast stretches of evolutionary history, our own ancestors lived in groups of less than 100, where face-to-face accountability would have been the norm. But with the advent of agriculture 10,000 years ago, populations exploded. For the first time, groups of primates had to codify social norms and create governments and religions to administer them.

Not surprisingly, these brave new institutions have turned out to be as troublesome as they are necessary. As our collective efforts make life more comfortable, each of us ends up with more to lose, and the case for self-sacrifice starts to ring hollow. As Dartmouth political scientist Roger Masters observes in his new book, "Machiavelli, Leonardo, and the Science of Power" (384 pages. Notre Dame Press. \$32.95), "the very success of [civic] institutions re-creates the pressures that made [them] necessary in the first place." It's comforting to know that notions of right and wrong are part of our animal heritage. But it's not at all clear that our innate moral sense is up to the challenges we've created. ■

HEALTH

'Roofies': The Date- Rape Drug

This illegal sedative is plentiful—and powerful

OF ALL THE SUBSTANCES CHRIS, 18, has abused—including marijuana, cocaine, heroin and spray paint—there's only one he really didn't care for. Known on the street as "roofies," "rope," "the forget pill" and "roach," the drug is actually a sedative related to Valium—but 10 times stronger. "I don't know why I kept on using it," says Chris, who was kicked out of his Texas high school after pushing and cursing a teacher while he was "roached." "I guess I just wanted to be like my friends."

The illicit intoxicant that got Chris into trouble is the newest worry among drug-enforcement officials and counselors around the country. A mixture of roofies—marketed by Hoffmann-La Roche as Rohypnol—and champagne is what sent rocker Kurt Cobain into a coma in Rome, a month before his suicide. Abuse is highest in Texas



Dancing with danger? Now there's a new risk for women to worry about at parties or bars

and in Florida, where 100,000 of the tablets have been confiscated in the past couple of years. But according to the U.S. Drug Enforcement Administration, 2,000 seizures of the drug have been made in 32 states and Puerto Rico, and it's concerning state health officials as far north as Minnesota. "We're quite taken aback," says Al Wasilewski, a spokesman for Hoffmann-La Roche. "We're very concerned about this drug."

Rohypnol is legally available in more than 60 countries for severe insomnia, and U.S.-bound travelers may bring in a three-month supply for "personal use." Much of it's smuggled from Mexico and Colombia. According to a recent University of Texas study, 43 percent of people declaring prescription drugs at one Mexican border were importing roofies. Presumably they weren't all insomniacs. At just \$1 to \$5 a pill, the drug is especially popular with teens, who like to combine it with alcohol for a quick punch-drunk hit. The "lunch money" high has also caught on with gangs and the rave crowd.

Like alcohol, roofies make some users fearless and aggressive, but a scarier effect is blackouts, with complete loss of memory. That's why it's also known as "the date-rape drug." According to Broward County, Fla., prosecutor Bob Nichols, one adult and three juveniles he's successfully prosecuted had knocked women out with roofies in rapes they committed. Such cases—which usually involve slipping the drug into a woman's drink—are hard to prosecute, Nichols says, since the women can't usually remember any details of the crime—but sometimes the prosecution gets lucky. Mark Perez, a satellite-dish installer from Pembroke Pines, Fla., couldn't resist boasting to friends that he'd drugged and raped a dozen women, most of whom he had picked up in bars. He

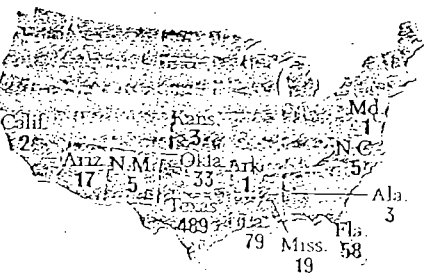
pleaded no contest to one count of sexually battering a helpless person—and got an eight-year prison sentence.

While date rape is the most sensational consequence of roofies, there's also much concern about its potential for addiction and lethal overdosing. To help stop abuse, Hoffmann-La Roche may abandon its two-mg pill and market only a dose half as potent. The DEA is considering changing Rohypnol's designation as a Schedule IV drug to Schedule I, carrying the same stiff penalties for possession as heroin. In Dade County, Fla., drivers are being tested for Rohypnol when they appear drunk but register a low alcohol level—and penalties for rapes committed after drugging the victim carry harsher penalties. In Texas, the state's Commission on Alcohol and Drug Abuse recently sent out fliers on Rohypnol to all school nurses. Despite these efforts, the roofie wave probably hasn't even crested yet. So, experts say, quiz your kids. And don't take your eyes off your drink.

JEAN SELIGMANN and PATRICIA KING

Drug Map: The Altered States

There have been 2,000 roofies seizures in 32 states. The DEA has made grabs in 13 states—almost 500 in Texas alone.



GERALD B. SOLOMON

MEMBER OF CONGRESS
22D DISTRICT, NEW YORK

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MEMBER
HOUSE TASK FORCE ON AMERICAN
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RULES COMMITTEE

CHAIRMAN

MEMBER
HOUSE TASK FORCE ON
CHILD CARE, DRUGS,
EDUCATION AND THE ELDERLY

Congress of the United States

House of Representatives

Washington, DC 20515-3222

April 25, 1996

TOUGHEN PUNISHMENT FOR RAPES INDUCED BY USING ILLEGAL DRUGS

Dear Colleague:

The use of illegal drugs and other controlled substances as a tool to commit sexual battery and rape is as loathsome as using a weapon.

In response to the use of illegal drugs in violent sex crimes against women and the advent of the so-called date-rape drugs, I am introducing legislation to implement severe mandatory minimum sentences for anyone convicted of distributing controlled substances with the intent of rendering the victim unconscious in order to commit sexual battery.

The drugs in question are already outlawed under federal law. However, the perpetrator receives no additional penalty if he uses the illegal drug to rape a victim.

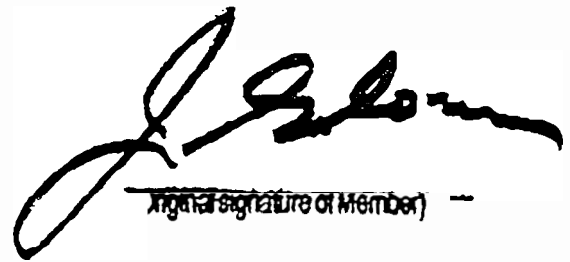
Use of this or any other drug to take advantage of women in such a gruesome way has to be addressed. It seems to me that this is just as dangerous a weapon as holding a knife to someone's throat -- and ought to be dealt with accordingly. That's why this legislation will make the use of a controlled substance to commit sexual battery punishable by the same severe mandatory sentences as using a deadly weapon. There is just no place for such cruel, manipulative monsters on our streets.

To join as a cosponsor of this legislation, please contact Frank Petramale in my office at 225-5614.

Sincerely,



GERALD B. SOLOMON
Member of Congress



Handwritten signature of J. Solomon

Handwritten signature of Member

104TH CONGRESS
2D SESSION

H. R. _____

IN THE HOUSE OF REPRESENTATIVES

Mr. SOLOMON introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend the Controlled Substances Act to provide an enhanced penalty for distributing a controlled substance with the intent to facilitate a rape or sexual battery.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Drug-Induced Rape
5 Act of 1996".

1 SEC. 2. DISTRIBUTION OF CONTROLLED SUBSTANCE WITH
2 INTENT TO FACILITATE A RAPE OR SEXUAL
3 BATTERY.

4 Section 401(b) of the Controlled Substances Act is
5 amended by adding at the end the following:

6 “(7)(A) Any person who violates subsection (a)
7 of this section by distributing a controlled substance
8 with the intent to facilitate conduct that would vio-
9 late section 2241(b)(1) or 2242(2) of title 18, Unit-
10 ed States Code, if that conduct occurred in the spe-
11 cial maritime and territorial jurisdiction of the Unit-
12 ed States, shall be fined not more than \$2,000,000
13 if the defendant is an individual and not more than
14 \$10,000,000 if the defendant is a person other than
15 an individual and imprisoned not less than 20 years.
16 “(B) Notwithstanding any other provision of law the
17 court shall not place on probation or suspend the sentence
18 of any person sentenced under this paragraph.”

Haight Ashbury Free Clinics, Inc.

Rohypnol (flunitrazepam) Fact Sheet

David E. Smith, M.D.
Donald R. Wesson, M.D.
Sarah R. Calhoun, M.P.H.

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Psychiatric Services
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Dental Clinic
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Podiatric Medicine
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Birth House
Women's Program
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Men's Needs Center
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Rohypnol is the brand name of a sleeping pill marketed in Mexico, South America, Europe and Asia by Roche Pharmaceuticals, Inc. It is not marketed in the United States. Rohypnol belongs to the family of medications called benzodiazepines which includes Valium (diazepam), Librium (chlorodiazepoxide) and Xanax (alprazolam).

During the past few years, there has been increasing abuse of Rohypnol, initially reported in Florida and Texas, but now becoming more widespread. Much of the Rohypnol that is abused in the United States is obtained by prescription in Mexico and transported across the border. There is also some larger scale smuggling of Rohypnol from Colombia, primarily through Miami.

Rohypnol is an effective sleeping pill available in 1 and 2 mg tablets. The therapeutic dose varies from .5 mg to a maximum of 2 mg. The effects of flunitrazepam are fairly long-acting. With a 1 mg dose, blood levels of flunitrazepam peak 1-2 hours after ingestion, and fall to one-half their peak after 16 to 35 hours. A less potent metabolite of flunitrazepam lasts even longer.

Like other benzodiazepines, flunitrazepam taken alone is unlikely to produce death, even if an overdose is taken. Combining flunitrazepam with alcohol reduces the safety margin, however, and is more likely to be lethal due to enhanced central nervous system depression. Rohypnol intoxication is generally associated with impaired judgment and impaired motor skills, and the combination of alcohol and flunitrazepam is also particularly hazardous because together, their effects on memory and judgment are greater than the effects resulting from either taken alone. It is commonly reported that persons who become intoxicated on a combination of alcohol and flunitrazepam have "blackouts" lasting 8 to 24 hours following ingestion. Disinhibition is another widely reported effect of Rohypnol, when taken either alone or in combination with alcohol.

Abuse Patterns

Rohypnol is known by various street names: Roachies, La Rocha, Rope, Rib, Roché, Rophies, Roofies, Ruffies. In an unconfirmed report out of Australia, it was referred to as "Stupefi," and it has also been designated "the Quaalude of the '90s" in some media reports.

Several abuse patterns have evolved in the United States. Flunitrazepam is occasionally taken alone as a primary intoxicant. During the past five years there have been reports of Rohypnol abuse among schoolchildren as young as 8-10 years old, as well as in high schools and on college campuses. It has been used by heroin addicts as an enhancer for low-quality heroin, and in combination with cocaine to moderate the effects of a binge. In some areas it is associated with gang activity; in others, it is becoming known as a "club drug." The most common pattern is episodic use by teenagers and young adults as an "alcohol extender" and disinhibitory agent, most often in combination with beer. There are some reports of snorting of Rohypnol, although this mode of ingestion has not been described in the United States. Addiction and withdrawal are growing concerns among treatment professionals and user populations.



Physical Dependence

Like other sedative-hypnotics, flunitrazepam can produce physical dependence, and abrupt cessation may cause signs and symptoms such as anxiety, insomnia, intense dreaming, paresthesias, increased sensitivity to light and sounds, and grand mal seizures. From the pharmacological profile of flunitrazepam, withdrawal intensity from flunitrazepam alone would be expected to peak three to five days after cessation of use. Since flunitrazepam is commonly taken in combination with alcohol, and since patients may be physically dependent on both alcohol and flunitrazepam, concurrent alcohol withdrawal may occur during the first two days of abstinence.

Patients who have been taking more than 6 mg/day of flunitrazepam for a month will have significant sedative-hypnotic tolerance and should be presumed to have a medically significant level of physical dependence on flunitrazepam. Patients who have also been using alcohol daily may be dually dependent. Patients who are physically dependent on either alcohol or flunitrazepam or both should not be abruptly withdrawn or withdrawn without medical supervision because unmanaged withdrawal signs and symptoms may be life-endangering.

Patients who are episodically using flunitrazepam, and who are abstinent from both flunitrazepam and alcohol for 3-5 days between use episodes, would not be expected to be physically dependent, but should be observed for signs of withdrawal and treated if they appear.

Management of Withdrawal

A patient who is physically dependent but taking only flunitrazepam could be withdrawn using phenobarbital. Thirty milligrams of phenobarbital can be substituted for each 1 mg of flunitrazepam the patient is taking each day. Thus, a person taking 6 mg/day of flunitrazepam would be administered 180 mg of phenobarbital per day as the beginning withdrawal dose. The dose of phenobarbital can be reduced at the rate of 30 mg/day. If a patient is vomiting and cannot reliably absorb oral medications, phenobarbital may be administered intramuscularly.

Patients who combine alcohol and flunitrazepam may need additional medication for their alcohol withdrawal. After patients have received their initial phenobarbital doses, a benzodiazepine, such as chlordiazepoxide or diazepam, can be administered as needed to alleviate emerging alcohol withdrawal signs and symptoms (e.g., rising pulse and blood pressure, tremulousness, diaphoresis) and prevent withdrawal seizures. If an intramuscular benzodiazepine is required for alcohol withdrawal, Ativan (lorazepam) should be used.

Overdose

Following overdose with oral benzodiazepines, vomiting should be induced (within one hour) if the patient is conscious, or gastric lavage undertaken with the airway protected if the patient is unconscious. Beyond one hour, activated charcoal should be given to reduce absorption. Respiratory and cardiovascular function should be monitored as they may evidence depression. Central nervous system depression may manifest in degrees ranging from drowsiness, mental confusion, lethargy, to coma and death. Flunitrazepam overdose alone is unlikely to be lethal, but in combination with alcohol, death is considerably more likely.

The specific benzodiazepine antagonist Romazicon (flumazenil; formerly known as Mazicon) can be used for reversing the severe effects of overdose. The recommended dosage is 3 to 5 mg administered at 0.5 mg/minute; however, for patients who are physically dependent or at high risk of withdrawal, a slower dosage schedule (0.2 mg/minute over 5-10 minutes) may be more appropriate if possible, with careful observation for withdrawal symptoms (confusion, agitation, emotional lability, perceptual distortion) or seizures. Romazicon reverses only benzodiazepine sedation, and if 3 to 5 mg have been administered with no clinical response, continued administration is unlikely to be effective. Resedation may be treated with repeat doses at 20 minute intervals, with a maximum of an additional 1 mg (at 0.2 mg/min) at any one time, up to an additional 3 mg in any one hour.

Roche News



Hoffmann-La Roche

A Member of the Roche Group

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FOR IMMEDIATE RELEASE

NUTLEY, N.J., March 5, 1996 -- Hoffmann-La Roche fully supports the U.S. Customs Service initiative to better control the illegal entry of Rohypnol at the border.

This action adds to the steps already under way by Roche to end the illegal diversion of Rohypnol, and to work with the drug abuse treatment community and state officials to educate the public about the illicit use of this medication. We at Roche have made this issue a priority and remain committed to working with the U.S. and foreign governments to end the illegal diversion and illicit use of Rohypnol.

Rohypnol is a prescription medication used for the treatment of insomnia. Registered in over 60 countries, Rohypnol is not marketed in the U.S.

DEPARTMENT OF THE TREASURY

TREASURY



NEWS

OFFICE OF PUBLIC AFFAIRS • 1500 PENNSYLVANIA AVENUE, N.W. • WASHINGTON, D.C. • 20220 • (202) 622-2860

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.

ROHYPNOL

Rohypnol, a Schedule IV controlled substance has been brought into the United States by individuals who declare prescription drugs at the U.S. Customs ports of Entry. 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.

DEA Regulations, 21 CFR, Section 1311.27 (Exemptions for medical use), state that any individual who has in his possession a controlled substance listed in Schedule IV, which he has lawfully obtained for his personal medical use may enter or depart the United States with such substance under certain conditions.

In Mexico, Rohypnol prescriptions are obtained from Mexican doctors or pharmacies per the above DEA regulation. U.S. Customs authorities have been allowing individuals having a Mexican prescription to bring into the country up to a three-month supply of Rohypnol intended for personal use only. Recently, FDA advised Customs that importation of Rohypnol is prohibited under the Federal Food, Drug and Cosmetic Act, and FDA has requested Customs to seize such importations.

Depending on the state, Rohypnol may or may not be controlled under state law. In the limited number of states that follow the federal control system, Rohypnol is in Schedule IV under state law. One potential law enforcement problem is the fact that some states respect prescriptions written by Mexican doctors, (example Alabama). Upon seeing the prescription, state officers have declined to arrest the individuals or seize the Rohypnol.

Anyone who has returned to Texas from Mexico with controlled substances is in illegal possession under Texas law if those substances were prescribed or dispensed by a Mexican doctor or dispensed by a Mexican pharmacy, unless the doctor is licensed and registered in Texas, or in another state if they have a current DEA registration number and can legally prescribe controlled substances in that state.

The practice of allowing entry of Rohypnol has put the Federal agencies regulating or enforcing drug laws in direct conflict with certain state laws which prohibit Rohypnol.

LAW ENFORCEMENT ACTIONS

o With the recent emergence of Rohypnol trafficking and abuse in the United States, the appropriate regulatory schedule for Rohypnol has come into question. The Drug Enforcement Administration is currently considering the possibility of placing Rohypnol into Schedule I of the Controlled Substance Act.

o Rohypnol is a Schedule IV non narcotic controlled substance pursuant to DEA regulations. Ordinarily, Schedule IV drugs may be imported if they are lawfully prescribed and acquired in a foreign country, are for personal medical use, and are declared to Customs, 21 CFR 1311.27.

o Despite the DEA regulations, the importation of Rohypnol is prohibited by FDA as an unapproved new drug under the Federal Food, Drug, and Cosmetic Act.

o FDA exercises its enforcement discretion to allow small quantities of unapproved drugs to be released to individuals for their personal use under certain conditions. FDA advised Customs that where a similar medical treatment is available in the U.S. the use of enforcement discretion by FDA to permit importation of the drug may not be appropriate. FDA further advised U.S. Customs that it has determined not to permit importation of Rohypnol since drugs with similar therapeutic use are available in the United States.

o Per FDA, Rohypnol is a new drug that has not been approved and has recommended that U.S. Customs seize the drug.

o Customs has authority to seize under 19 USC 1595(a) (c) (2) (A).

Clinton Presidential Records Digital Records Marker

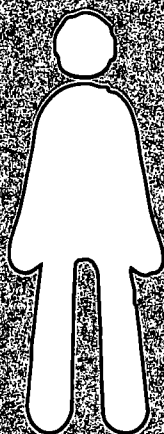
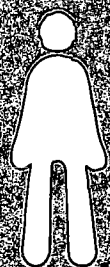
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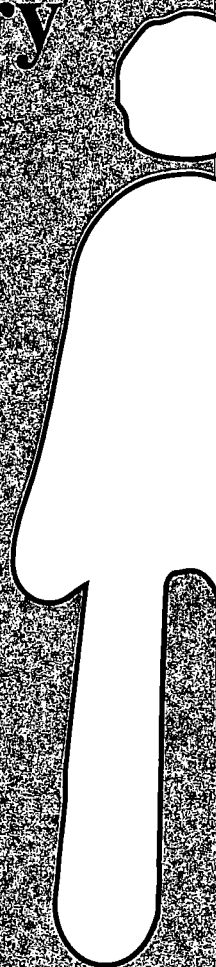
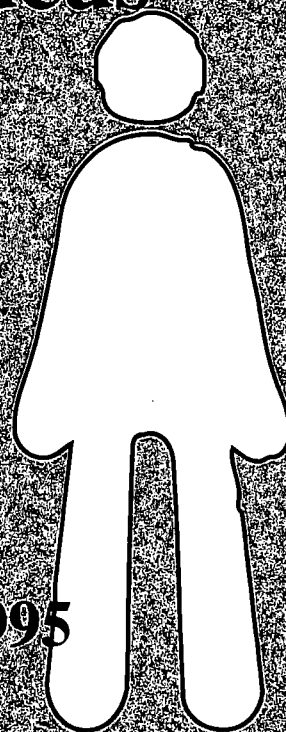
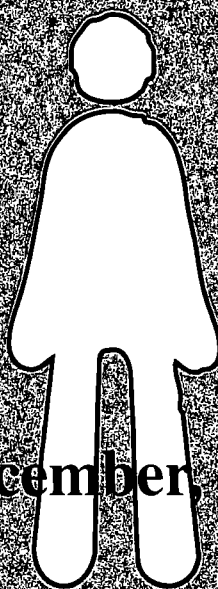
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Facing the Future -- The Rise of Teen Drug Abuse And Teen Violence

**Senator Joseph R. Biden, Jr.
Committee on the Judiciary
International Narcotics
Control Caucus**



December, 1995



MEMORANDUM

TO: Dennis

FROM: Dwight

SUBJECT: Rohypnol

DATE: January 25, 1996

This is a summary on the Rohypnol meeting at ONDCP. If you need any further info, don't hesitate to ask.

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 Rohypnol 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 *if it goes to the floor.*
- **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.

- **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.

If these policies are implemented, I think it will be a win-win situation for all involved. I would like to discuss these options with you.

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

ADDENDUM TO MEMO ON ONDCP MEETING, 01/25/95

- **The President should instruct the Attorney General** to make all agencies within the Justice Department (DEA, Border Patrol, state law enforcement agencies) on Rophynol flowing across the Mexican/U.S. border and Florida.

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 Hurrican 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.

What Elena needs

- 1st Circuit case (Junth)
- 355, 812, complete 811
- Memo HHS
 - Schedule breakdown
 - How modifications in scheduling are made?
- DEA
- What significant of the Schedules
 - What Approach
 - ① FDA
 - ② AGs
 - ③ Import issue



Department of Justice
Drug Enforcement Administration
Office of Congressional & Public Affairs

FAX Transmittal Sheet

Date: 2/9
Pages:

Transmitted to:	
Name:	Dennis Burke
Organization:	White House
Telephone:	
FAX:	202-456-7028

Transmitted from:	
Name:	Leslie
Organization:	DEA - Catherine Shaw's Office
Telephone:	202-307-7363
FAX:	202-307-7363 4778

Comments:

Mr. Burke -
Ms. Shaw asked me to fax
you the attached letters. We have
the letters ~~on~~ on a disc, if you
want it sent to you, please
let me know.

*Letter/memo to Janet Reno, Attorney General, U.S. Dept. of Justice
from Bill Clinton, President*

Dear Ms. Reno:

I have become concerned about recent reports of a new drug of abuse called Rohypnol which is being smuggled into Florida and the southwestern border states from Colombia, Mexico and other Latin American countries. I have received reports that the abuse of Rohypnol is rapidly increasing among high school students in these areas and in some cases, the drug has been used to facilitate the rape of unwitting victims.

Many feel that existing penalties and law enforcement efforts are inadequate to deal with this emerging problem. I understand that this drug is not marketed legitimately in the U.S., and it would, therefore, appear that increased controls would in no way inconvenience the public. Therefore, I am directing you to have the Drug Enforcement Administration (DEA) urgently examine this problem with a view to increasing the regime of controls and penalties relating to this drug, if appropriate, and to propose such new legislation as may be necessary to deal with it. Please advise me of the results of this review not later than ~~March 30~~ *Apr 15*.

I understand that the Secretary of Health and Human Services has an advisory role in such matters, and I have sent Ms. Shalala a directive of similar nature, a copy of which is enclosed.

Sincerely,

Bill Clinton

Enclosure

*Letter/memo to Donna Shalala, Secretary, Dept. of Health & Human Services
from Bill Clinton, President*

Dear Ms. Shalala:

I have become concerned about recent reports of a new drug of abuse called Rohypnol which is being smuggled into Florida and the southwestern border states from Colombia, Mexico and other Latin American countries. I have received reports that the abuse of Rohypnol is rapidly increasing among high school students in these areas and in some cases, the drug has been used to facilitate the rape of unwitting victims.

Many feel that existing penalties and law enforcement efforts are inadequate to deal with this emerging problem. I understand that this drug is not marketed legitimately in the U.S., and it would, therefore, appear that increased controls would in no way inconvenience the public. I have directed the Attorney General to instruct the Drug Enforcement Administration (DEA), the federal agency which has statutory authority in such matters, to urgently examine the Rohypnol abuse problem with a view to increasing the regime of controls and penalties relating to this drug. In consideration of your agency's advisory role in the process of changing the schedules of control, I direct that you promptly advise the DEA regarding this matter in order to expeditiously address the growing Rohypnol abuse problem in our country.

I have written a letter to Janet Reno, a copy of which is enclosed for your information, directing her to obtain the DEA's recommendations on this problem by ~~March 30~~. I ask that your agency cooperate fully with the DEA in order to meet this deadline. *April 15*

Sincerely,

Bill Clinton

Enclosure

Date: 04/19/96 Time: 15:10

HFDA: Student's Death from Drug Look-Alike is Nation's First

PANAMA CITY BEACH, Fla. (AP) A college student's death is the nation's first caused by an herbal product touted as an imitation of the illegal drug called Ecstasy, the Food and Drug Administration says.

An autopsy report released Thursday confirmed that Peter Schlendorf, 20, of the University of Albany, died March 7 from using a look-alike product called ULTIMATE Xphoria.

Schlendorf was on a spring-break visit from New York to this resort city in the Florida Panhandle when he took the pills.

The pills contain the stimulant ephedrine, which the FDA classifies as a dietary supplement often used in weight-control products.

Prompted by Schlendorf's death, the FDA last week warned that ephedrine can cause heart attacks, seizures and psychosis. The agency eventually may require that such products carry warning labels.

The FDA has counted 15 deaths linked in some way to dietary supplements containing ephedrine, but Schlendorf's death is the first reported from a product promising to mimic a street drug, agency spokesman Brad Stone said.

Makers of ephedrine-containing stimulants, often sold in health stores, also claim they heighten sexual awareness and enhance athletic performance.

Ephedrine also is used to make methamphetamine, the illegal drug known as speed, and is an ingredient in some nonprescription asthma medicines, although the FDA has proposed taking it out of those products because of its risks.

The autopsy results confirmed suspicions of police who found no evidence of foul play.

APNP-04-19-96 1511EST



DATE: 6.20.96
PAGE: A1

DATE-RAPE DRUG

DEA toughens penalties
as abuse of Rohypnol
rises among teens, addicts
and would-be rapists.

'Monster' drug soon to be on same list as LSD, heroin

By Tim Friend
USA TODAY

The Drug Enforcement Administration (DEA) within three months will put the "date rape" drug, Rohypnol, in the same category as heroin and LSD to combat a sharp rise in smuggling, trafficking and possession, officials say.

A DEA study obtained by USA TODAY concludes that the powerful hypnotic, known by its slang name "roofies," meets all requirements for declaring it a Schedule 1 drug.

The study also documents an alarming rise in abuse by teen partiers, drug addicts and rapists.

Making Rohypnol a Schedule 1 drug is needed to increase penalties and prevent it from becoming a "monster," the DEA's Gene Haislip says.

"We are in the same stage we once were with

cocaine. We have a lot of individual entrepreneurs, people who are at best loosely organized and who have discovered a market in the U.S.," he says. "We have every indication that there is money to be made, people who are stupid enough to abuse the drug, and people who will victimize others."

The drug is made by Hoffmann-La Roche of Switzerland. It is not approved in the USA but is prescribed in 64 nations for insomnia and as a pre-operative anesthetic. Up to 10 times more potent than Valium, Rohypnol produces prolonged sedation, a feeling of well-being and short-term memory loss.

In the USA, Rohypnol has become increasingly popular among teens and young adults who take it at parties, night clubs and rave dances for

its euphoric, drunken-like high. The drug is sold illegally in schools and on the street for \$1 to \$5 a tablet.

Rohypnol has become a favorite tool of predators who spike the drinks of unsuspecting young women and then rape them. The drug is odorless, colorless and tasteless, and causes sedation and euphoric effects within 15 minutes. The effects are boosted further by alcohol or marijuana.

Women have reported passing out and awakening briefly to find they are being sexually assaulted. Others say they have no memory of being raped even though there is evidence of it.

Gangs in Texas and Florida have reportedly begun using the drug in rapes of minors.

As of March 1, 1996, the DEA documented 2,460 federal, state and local cases involving Rohypnol in 32 states. Nearly all occurred since 1993. The drug is widely used in Texas, Florida, Louisiana, Arizona and Oklahoma.

From Jan. 1, 1990 to Feb. 1, 1996, the Customs Service made 270 seizures of 310,184 tablets of Rohypnol, more than 90% after 1992.

The size of seizures has increased steadily as well. Before 1992, individual seizures seldom totaled more than 500 tablets each. But by 1995, some involved more than 10,000 tablets. Haislip says the numbers show that smuggling and

distribution of Rohypnol are becoming more sophisticated.

"We now see it coming in in fairly large lots, and this phenomenon seems to be getting bigger all the time," Haislip says. The DEA study also shows many Rohypnol tablets smuggled

into the USA are diverted from a Hoffmann-La Roche pharmaceutical plant in Colombia, and that amateur distribution networks are becoming better organized.

Declaring Rohypnol a Schedule 1 drug would provide a minimum 10-year prison term for simple smuggling offenses and allow prosecutors to seek the same sentences that apply to sales and possession of heroin and cocaine.

Rohypnol is now a Schedule 4, the lowest ranking for a controlled substance. Valium is Schedule 4. Violators get mostly fines, and people charged with possession or trafficking less than 4.4 pounds of pills in most regions of the USA are rarely prosecuted, Haislip says.

Rohypnol is not approved for any use in the USA because the company has never applied to the Food and Drug Administration to sell the drug here.

"We chose not to market the drug due to competitive interests," says company spokeswoman Carolyn Glynn.

Glynn says the company opposes DEA's action to classify Rohypnol as a Schedule 1 drug. It has a respected reputation, she says. More than 2.3 million doses a day are sold worldwide.

"We are very serious about stopping the illegal diversion of the product," Glynn says. "But rescheduling a compound is an artificial way to deal with this issue."

The company has lobbied against rescheduling efforts at the state level, but it supports strengthening penalties for trafficking and use in rape. It supported changing penalties in Florida, which now has the harshest in the USA. Idaho, Minnesota and Oklahoma have rescheduled Rohypnol to Schedule 1. Texas is debating the issue.

Until March 5, individuals were able to obtain Rohypnol in Mexico and other Latin American countries, declare a three-month "personal use" supply with U.S. Customs and bring it into the country, says Eddie Esquivel of the Customs office at Laredo, Texas.

The personal-use rule was designed to permit people to carry legally prescribed drugs into another country without being hassled. But U.S. citizens have been taking advantage of the rule, buying controlled substances in Mexico and reselling them for a profit in the USA, Esquivel says.

A 12-month study of Customs declarations forms at Laredo found Rohypnol was the second leading drug after Valium being brought across the border.

concerned about rapists. Stacey Honowitz, assistant state attorney in Broward County, Florida, has heard from four women who say they were slipped Rohypnol.

"You know something is going on, but you can't do anything about it," says Honowitz.

The study, reported by USA TODAY in March, showed that 338,760 pills were legally declared and brought across the border at Laredo.

On March 5, after increasing reports of rape, the DEA, Customs

and the Food and Drug Administration banned the drug from being brought into the USA. Esquivel says the ban appears to be working at Laredo. Mexican doctors are less willing to write prescriptions for Rohypnol for fear of jeopardizing sales of other controlled substances, he says.

But the DEA says smuggling continues across the U.S.-Mexico border and large shipments are being made to Florida from Colombia, where Hoffmann-La Roche makes the tablets.

Hoffmann-La Roche spokeswoman Glynn says the company is reducing the number of distributors it has in Mexico and Colombia to limit diversion of its drug.

"In Mexico, we significantly decreased channels of distribution from our plant. We went from 200 to 16 national wholesalers," she says. The company also is switching the pills from 2 milligrams to 1, and launching an ad campaign to warn women about Rohypnol abuse.

The DEA study has been sent for review to the Food and Drug Administration, where spokesman Don McLearn says it is on a "fast track" and should be completed in several months.

And an informal poll of the National Association of Boards of Pharmacy shows most favor rescheduling Rohypnol.

"We have to look at coming to grips with this," says Haislip. "The problem is becoming more serious."

Drug may be used in sexual assaults

By Jodi S. Cohen
USA TODAY

A woman goes to a club in Houston with a few friends. She dances, mingles and meets a man who buys her a drink. In the morning, she remembers almost nothing about the night's events.

A 23-year-old University of South Florida student takes a pill from her friends before going out. She remembers going to a bar, but that's when her memory ends. She wakes up in a room with three men; one is on top of her.

Both of these cases of amnesia have been attributed to Rohypnol, a hypnotic drug more potent than Valium that's showing up at clubs, bars and parties. And it's being connected to sexual assaults.

Officials say men slip the odorless, tasteless and colorless pill into women's drinks. It makes them severely disoriented or knocks them out completely.

"There's a common thread of 'I can't remember what happened to me,'" says Jane Maxwell, who has been researching Rohypnol at the Texas Commission on Alcohol and Drug Abuse.

College students say they've been warned about the drug.

"Everyone in our sorority got an e-mail about it telling us not to take drinks from guys we don't know," says Julie Kilmann, a junior at the University of Pennsylvania in Philadelphia.

The drug also is showing up in high schools. Students who have fallen asleep in class often are found with a stash, says Maxwell.

But officials say they're most

Abuse of Rohypnol and Other Benzodiazepines in Austin and South Texas

Sarah R. Calhoun, MPH

Donald R. Wesson, MD

Gantt P. Galloway, PharmD

David E. Smith, MD

Haight Ashbury Free Clinics
Office of the President
612 Clayton Street
San Francisco, California 94117

June 7, 1996

ROHYPNOL ABUSE IN SOUTH TEXAS

II

Summary

In June 1995, growing concern about abuse of Rohypnol in the United States prompted Hoffmann-La Roche to commission an independent investigation of the nature and extent of the abuse problem. Roche chose the Haight Ashbury Free Clinics to conduct the study because the the Haight Ashbury Free Clinics, under the leadership of Dr. David Smith, have been involved in treatment, research, training and information dissemination about benzodiazepine use and abuse for over 20 years. Through articles in the *Journal of Psychoactive Drugs* and other medical journals and textbooks, the Clinic has gained a reputation of producing reliable, unbiased, clinically oriented information about drug abuse and its treatment.

The first phase of the investigation focused on Texas because the DEA and local law enforcement there were reporting seizures of Rohypnol, and because of reports that Rohypnol abuse was increasing, particularly among youth. Additional investigation has begun in Florida, which will be the subject of another report.

This report summarizes the Haight Ashbury Free Clinics research team's work in Texas. It describes what we did, what we found, and what we recommend to ameliorate the problem of Rohypnol abuse. In addition, this report provides background information needed to understand Rohypnol abuse and to place it in context of the overall pattern of drug abuse in the U.S.

We made three trips to Texas, conducting field work in Austin, Houston, Laredo, and along the border of Mexico border from Brownsville to Rio Grande City. On the first trip, we made contact with service providers, treatment and law enforcement personnel. On subsequent trips, we conducted interviews with people who had been identified as Rohypnol abusers. We conducted 66 in-depth interviews with these individuals. Some of them had used it only once or a few times; others had used large amounts over months to years. In addition to in-depth interviews, we conducted brief, on-the-street surveys of people in Austin, in areas identified as places where Rohypnol use was said to be common, to ascertain their familiarity with Rohypnol.

The vast majority of the people who continued to use Rohypnol were either polydrug abusers or opiate users. University students and casual drug users, including school age youth, reported experimentation with Rohypnol. Most did not find Rohypnol an engaging drug of abuse, and used it only a few times. In some areas, particularly along the Mexican border, the pattern is not exclusively Rohypnol abuse, but rather abuse of various kinds of benzodiazepine tablets referred to as "roches." In those areas only a minority of users were able to positively identify Rohypnol as what they had taken. Most of the descriptions they gave of "roches" matched the appearance of other Mexican benzodiazepines manufactured by Roche, although products of other pharmaceutical firms were

ROHYPNOL ABUSE IN SOUTH TEXAS

III

also identified. Some of the tablet markings that were described do not correspond to known pharmaceuticals.

Subjects often used Rohypnol or roches in combination with alcohol, which lowers the safety margin of benzodiazepines. Roches are also commonly combined with marijuana and LSD. Using Rohypnol to calm the aftereffects of cocaine or ecstasy use was also reported, as well as to self-medicate opiate withdrawal or to extend the effects of heroin or methadone.

Sexual activities involving the use of Rohypnol or roches were reported by both male and female interviewees to be consensual in most instances. A few subjects described events in which roches, along with other substances, had been used in efforts to enable nonconsensual sexual activities. Using roches for this purpose was thought to be an uncommon event by all interviewees, even those who knew of a specific instance. The females we interviewed who knew about drugs being used for sexual purposes were also aware of the possibility of being "dosed" surreptitiously by men using a variety of substances. They reported that they and their friends took steps to protect themselves if they did not want to engage in sexual activity, such as looking out for friends and watching their drinks at parties, or warning each other of men who were suspected of dosing women surreptitiously. Some males reported sexual dysfunction or disinterest while under the influences of roches.

Among people interviewed within the criminal justice system, there was a reported association between roche use and various types of crime. A cause and effect relationship could not be established because in many instances the identity of the tablets ingested was uncertain, and in all instances involving the commission of crimes, subjects were simultaneously using alcohol or other drugs.

The relationship between drug use and subsequent antisocial behavior is difficult to assess because many factors are involved: the user's expectations or mindset, the surroundings, and the user's preexisting personality or underlying pathology. Similarly, sexual assault is a complex issue that needs to be addressed in its entirety. Many drugs, including alcohol, are used to enable nonconsensual sex. Men who engage in sexual activity with women who have been drugged to the point of not being able to effectively resist or say no are committing rape and should be prosecuted as rapists. However, the overwhelming focus of media attention on the issue of using drugs for sexual exploitation can be counterproductive, possibly serving to instruct potential perpetrators of this possibility. Furthermore, a focus on a particular drug creates the impression that the drug itself is the problem, and can misdirect attention from the larger issues of sexual assault. In speaking with rape crisis center counselors and crime victim advocates in the course of this research, there has been universal agreement that the problems of date rape and sexual assault transcend any one method that is used.

Prosecution of date rape involving Rohypnol is complicated by the amnesic effects of the drug and by the difficulty of promptly obtaining samples for

ROHYPNOL ABUSE IN SOUTH TEXAS

IV

toxicological analysis. Not all laboratories have procedures to reliably detect flunitrazepam or its metabolite, and rape victims may not present to law enforcement while flunitrazepam's metabolite is still detectable in their urine. Efforts are being made among law enforcement, laboratory operators, and manufacturers of drug tests to overcome these difficulties. Improved detection and ability to pursue prosecution, coupled with greater awareness of these issues among women, are crucial factors in deterring date rape.

There are limitations to our data. The subjects we interviewed were not a random sample. They had already been identified as Rohypnol users, and the sample included individuals who had been incarcerated for violence. In other words, the individuals interviewed were from a highly vulnerable population that has exhibited many signs of troubled behavior. It should also be noted that drug abuse patterns among youth in impoverished areas differ from those in the general population, in that these youth will seek out for intoxication anything that is available and accessible (with cost being a significant factor), including substances that other groups do not significantly abuse, such as spray paint and gasoline. For these and other reasons, projection of the data beyond the sample studied is not warranted.

Nonetheless, even among this sample of people drawn disproportionately from the extreme end of the abuse spectrum, the picture of Rohypnol or roche abuse that emerges from our study is somewhat different from that being widely portrayed in the media. Rohypnol is used as a drug of convenience and availability, but is generally not sought out as a drug of choice. Even among casual drug users, it is used primarily by individuals who have already experimented with other drugs, including alcohol, marijuana, and in some cases cocaine or heroin. Of those who reported ongoing or regular use, all were also regular users of at least two, and usually many, other drugs, or were current or former opiate users. Roches are only one of many types of tablets being abused, and not all roches are flunitrazepam. We did not find a pattern of organized or ritualized links between roche use and gang activities. A significant proportion of the interviewees stated that continued use was unappealing to them for various reasons.

What is unusual about this abuse pattern is that it represents a departure from the usual patterns of domestic diversion of pharmaceuticals. Sources of tablets, for the most part, are outside the usual detection mechanisms in place involving reporting or documentation requirements imposed on doctors, pharmacies and distributors. In Texas, Rohypnol and other prescription substances are sometimes sold by drug dealers who also sell cocaine, heroin or marijuana, but are more often passed around or sold for nominal sums among friends. A minority of the interviewees had actually gone to Mexico to purchase Rohypnol or roches themselves, and of those who had, none reported having declared their purchases to Customs at the border. Purchases of Rohypnol and other pharmaceuticals in Mexico were made from pharmacies or physicians in border towns, or from older adults who were alcoholics or abusers of pharmaceuticals themselves. Controls at pharmacies were often mentioned, such as "you have to get someone older to buy

ROHYPNOL ABUSE IN SOUTH TEXAS

V

them, they won't sell them to kids," or "they used to just sell them to anyone but now you have to know someone."

The abuse of Rohypnol is a particularly complex phenomenon because it touches on questions of medical therapeutics, international trade, regulatory effectiveness, sexual and personal responsibility, media distortion, and the role of an international pharmaceutical company in minimizing abuse potential of its therapeutic products. Beyond the issue of Rohypnol itself are also the issues of sexual assault, violence, youthful experiments with substance abuse, and the long-term impacts of drug abuse on people's lives. These issues need to be addressed in their proper educational, preventive, treatment, and criminal justice frameworks.

Acknowledgments

The field investigation in Texas would not have been possible without the generous assistance of many people who provided information and introductions to medical and drug treatment providers and law enforcement personnel. They set up interviews with subjects, drug abuse treatment providers, school and law enforcement personnel over a large area in Texas, and in many cases provided us with a private place to meet with subjects. In particular, Jane Maxwell of the Texas Commission on Alcohol and Drug Abuse provided initial contacts and supplied mailing labels to disseminate a fact sheet based on our findings to school nurses, principals and counselors in Texas. Avelardo Valdez and his researchers at the Hispanic Research Center, University of Texas at San Antonio, also provided contacts and shared information regarding their research on gangs and intravenous drug abusers. Customs officials in Laredo provided data on Customs seizures at the border, showed us declaration forms and allowed us to observe the declaration process. Jim Hall of the Miami Coalition provided background materials about Rohypnol, including information collected by NIDA's Community Epidemiological Work Group, and information compiled by the UpFront Drug Information Center.

Our greatest thanks go to the subjects who candidly discussed sensitive sexual and drug use issues with us.

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BACKGROUND

Rohypnol

Rohypnol (flunitrazepam) is the brand name of a prescription medication manufactured by Hoffmann-La Roche Pharmaceuticals. Rohypnol is not marketed in the United States. However, it is marketed in Mexico, South America, Europe, Asia and Australia, in half-, one- and two-milligram tablets and in a form for injection. Its primary medical uses are preoperative sedation and treatment of insomnia. Flunitrazepam belongs to the chemical class of medications known as the benzodiazepines, and has many pharmacological properties in common with other benzodiazepine medications.

Benzodiazepines are therapeutically useful in treatment of anxiety disorders, insomnia and seizure disorders. They also have important clinical uses in anesthesia. In some ways, the benzodiazepines are extremely safe medications. If, for example, benzodiazepines are ingested alone in a suicide attempt or if a child accidentally ingests them, fatalities are extremely rare.

Over the past three years, Rohypnol has received increasing attention by law enforcement, including the U.S. Drug Enforcement Agency (DEA) and the popular press¹ as a drug of abuse in the United States. The media has focused on Rohypnol as a "party drug"² and on its use for "date rape"³ to the extent that Rohypnol is sometimes referred to in the media as "the date rape drug."⁴ At the swearing-in ceremony for General Barry McCaffrey as director of the Office of National Drug Control Policy on March 6, 1996, President Clinton made specific reference to the US Customs ban on Rohypnol, "which has been associated of late with date rape."⁵ In the United States, the association of date rape with Rohypnol is an important force driving legislation to limit Rohypnol's availability and to increase penalties for its sale.⁶

Potency of Rohypnol

The popular media and US government press releases have promulgated misleading information about Rohypnol. The most pervasive is the idea that because Rohypnol is 10 times more potent than Valium, it can produce 10 times the effect of Valium.⁷ The implication is that Rohypnol can produce much greater effects than Valium.

The confusion between *potency* and *efficacy* (or *maximum effect*) is common in society. Potency refers to the number of milligrams of a drug or medication needed to produce a particular effect, e.g., reduce anxiety, produce intoxication or provide pain relief. Efficacy refers to the maximum effect that can be achieved with the medication. Some medications have more absolute potency. For

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example, morphine will reduce pain that is of greater intensity than can be relieved by codeine. Thus, the maximum amount of pain relief that can be achieved with morphine exceeds that which can be achieved with codeine. Therefore, morphine has greater efficacy as a pain killer.

Potency, however, does not necessarily mean that a medication can produce a greater maximum effect. For most oral medications, potency is a relatively unimportant pharmacological property in the clinical use of a medication as long as the required dose can be given conveniently.⁸ The sedating effect of 2 milligrams of Rohypnol is roughly the same as that produced by 10-20 milligrams of Valium. Thus, although Rohypnol's potency per milligram is 5-10 times that of Valium's, the maximum effect of Rohypnol is similar to that of Valium.

Benzodiazepines and memory

Considerable evidence suggests that the memory defects produced by benzodiazepines occur because benzodiazepines interfere with the process of transferring newly acquired information to long-term memory.⁹

The amnesic effects of benzodiazepines are useful properties in anesthetic practice.^{10, 11} In other therapeutic uses of benzodiazepines, memory impairment is an undesirable side effect.

The memory impairment is for events following the ingestion of the benzodiazepine. This type of memory impairment, often referred to as "anterograde amnesia," is similar to an alcohol "blackout." Amnesia may be partial or complete for an interval of time. The memory impairment is dose-dependent and more profound as the dose of the benzodiazepine is increased. Unlike the memory impairment produced by anticholinergic medications such as scopolamine, recall of information acquired before the ingestion of the benzodiazepine is not impaired.⁹

The term "retrograde amnesia" can be a source of confusion because it is used to reference different time frames in the medical literature than in the legal and lay literature. In the medical and pharmacological literature, anterograde amnesia refers to the inability to remember events following the ingestion of a drug. Retrograde amnesia refers to the inability to remember events that preceded drug ingestion. The literature on benzodiazepines has mentions of retrograde amnesia in reference to benzodiazepines,¹² but the reference is to contrast retrograde amnesia with anterograde amnesia. No studies have found that benzodiazepines produce retrograde amnesia.

Knowledge about the amnesic effects of benzodiazepines derives from many sources, for example: animal studies,¹³ clinical case reports of patients' experiences, experiments with non-patient volunteers,^{12, 14, 15} studies of recall in patients undergoing medical procedures, studies of neurocognitive function in patients receiving long-term treatment with benzodiazepines and after benzodiazepine discontinuation.¹⁶

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Some studies suggest that the amnestic effect produced by benzodiazepines and alcohol¹⁷ are mediated through the benzodiazepine receptor.¹³ The memory impairment is not just a function of sedation. In an experimental study in healthy volunteers, midazolam-induced sedation was reversed by the benzodiazepine antagonist, flumazenil, whereas the memory impairment was not.¹⁸

Experimental studies often use memory tasks that are unique to the laboratory situation. The generalizability of the data are questionable.¹⁹ There is no experimental data of subjects given high doses of benzodiazepines. Amnestic effects of benzodiazepines have not been adequately studied under a range of doses.

Reinforcement, tolerance and addiction

Compared to common drugs of abuse such as marijuana, alcohol, methamphetamine, cocaine and heroin, benzodiazepines have low abuse potential. In experimental studies of benzodiazepines in which people are administered a benzodiazepine or placebo and asked which they prefer, most people who are not anxious or sedative-hypnotic abusers prefer placebo. Similar studies have found that subjects with a history of sedative, alcohol or polydrug abuse found the subjective effects of benzodiazepines desirable.²⁰

When benzodiazepines are used frequently over a period of months, they can produce tolerance (increasing amounts needed to produce intoxication) and physical dependence. Withdrawal symptoms may include anxiety, insomnia, intense dreaming, tingling, increased sensitivity to light, touch and sounds, tremor, elevated blood pressure and grand mal seizures. Since many users combine benzodiazepine use with alcohol, they may be physically dependent on both. Someone who is severely physically dependent on benzodiazepines, alcohol or both, needs a tapered, medically supervised withdrawal as abrupt cessation of use may be life-endangering.

Pharmacology of flunitrazepam

Flunitrazepam is a full benzodiazepine agonist. The oral hypnotic dose ranges from one-half milligram to two milligrams. Following oral administration, flunitrazepam is almost completely absorbed. Ten to 15 percent is destroyed by first-pass liver metabolism, resulting an oral bioavailability of about 85 percent. The elimination half-life of flunitrazepam following intravenous administration is between 15 and 35 hours. With a 1 mg oral dose, blood levels peak one to two hours after ingestion and fall to one-half the peak blood level after 16 to 35 hours. The principal metabolites are 7-aminoflunitrazepam and N-desmethyl-flunitrazepam. The N-desmethyl metabolite is pharmacologically active and has a half-life of 23-33 hours.

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In some countries, addicts have crushed flunitrazepam tablets and snorted the powder.^{21, 22} A pharmacokinetic study confirmed that flunitrazepam is bioavailable by this route of administration.²²

Detection of flunitrazepam

Body fluid analysis for flunitrazepam is complicated by several factors. One is the potency of the molecule itself. Generally compounds that have higher potency (meaning fewer milligrams of the substance are ingested) are difficult to detect on laboratory analysis because there is not as much of the material in the body to begin as there is with lower potency compounds.

Second, U.S.-based manufacturers of drug screening materials until recently did not include flunitrazepam among the benzodiazepine medications to which their tests were sensitive. When they did begin to add this sensitivity to their screening materials, they used body fluids that had been "spiked" with the molecule itself as a basis for measuring the sensitivity of their tests. The problem with this method is that in a person's actual body fluids, what appears is primarily the metabolites of the compound. The most sensitive tests will be those for the metabolites rather than the compound itself. Thus the available screening instruments were not sensitive enough to detect use of flunitrazepam, and if the laboratory analysis indicated a negative, further testing would not be pursued.

Flunitrazepam can be detected and confirmed in body fluids through the use of gas chromatography/mass spectrometry (GC/MS) testing.²³ This is a relatively costly test, however, and is not used as a screening instrument. Until recently laboratories were not aware that a screening negative for benzodiazepine use did not rule out the presence of flunitrazepam or its metabolites. Drug screen manufacturers are now working to correct this problem with their testing materials.

There is still not much awareness of these issues on the part of many law enforcement agencies or rape crisis centers, and there is still wide variability in the detection abilities of different laboratories.

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METHODS

The goals of the Texas study were to describe the phenomenon of Rohypnol abuse, to obtain additional information about the varieties of Rohypnol abuse patterns, and to identify the kinds of public health and social problems that were being produced by Rohypnol abuse.

The research team conducted an extensive literature review which included medical literature, newspaper articles and other popular media, and material about Rohypnol available on the Internet. They met with drug abuse treatment providers, and other researchers who were studying Rohypnol or related substances. Field teams went to Austin, Houston, Laredo, and along the Mexican border from Brownsville to Rio Grande City.

The primary method of data collection in the field was anonymous interviews. Subjects for interviews were selected through referral by school nurses, drug abuse treatment counselors, and corrections personnel, or through street surveys, or through chain referral.

The interviews were semi-structured. While the same general questions were asked of all subjects, the interviewer followed the subject matter presented by the interviewee to maximize rapport and to capture variations in experiences among the interviewees. This approach results in the collection of information that would not have been elicited from a structured survey instrument, which are primarily useful when the range of responses are known in advance.²⁴

Researchers made notes during the interview on a laptop computer. Afterwards, typographical errors were corrected and additional comments added. No interviews were tape recorded.

In Austin, the field work was carried out by Dr. Galloway and Sarah Calhoun. In Houston and the Rio Grande Valley, the field work was conducted by Dr. Wesson and Sarah Calhoun.

Interview protocol

All subjects were told that the interview was confidential and that we did not want to know their last name or other identifying information about them. We also emphasized that if we asked them about sources of drugs, we did not want specific names or locations of dealers or drug buys. We asked subjects to tell us what they knew from their own personal experience and not to speculate about what we might want to hear. Participation was voluntary and subjects could decline to answer any question, or terminate the interview at any time. Subjects had the opportunity to ask questions at any time, and at the end of the interview they were asked again if they had any questions about the interview or about drug use.

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At most sites, the subjects were interviewed in a private space by one or two researchers. At one site a member of the jail personnel treatment team was present, and in one of the schools, a school nurse was present during the interview. Subjects at these sites indicated their acceptance of these conditions.

Subjects were paid \$20 each for their participation unless staff who had set up the interview felt that it was inappropriate to pay subjects. For prisoners, a contribution of \$20 was made to the subject's commissary fund.

Subjects

Sixty-six subjects were interviewed: twenty in Austin, five in Laredo, seven in Houston, and 34 in towns along the Mexican border from Brownsville to Rio Grande City. The sample consisted of 25 females and 41 males. One of the female subjects was incarcerated, and the rest were from school, university, drug treatment, or homeless populations. Ten of the male subjects were incarcerated as adult offenders. The rest of the male subjects were from school, university, drug treatment or homeless populations. The median age of females (17 years, range 13-70) was similar to the males (18, range 14-33). It is important to note that these ages reflect only those individuals that we interviewed and that they are not necessarily representative of the ages of all flunitrazepam users in south Texas.

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DATA ANALYSIS

Responses were coded using procedures of qualitative research.^{25, 26} We accumulated comments made during interviews into categories defined by information generated during the interviews. Where possible, we also categorized survey or interview responses into numerically quantifiable categories.

In an early phase of an epidemiological investigation, case study is a useful methodology. Until the varieties of the abuse patterns are understood and the street terminology is delineated, formal surveys can be misleading because they may ask the wrong questions, or the questions may be formulated in a way that is not understandable.

With a few exceptions, our impression was that subjects answered questions thoughtfully and with apparent candor. The fact that there were no consequences to the interviewee of talking with us was important in obtaining truthful responses. We talked with interviewees long enough to establish rapport before broaching sensitive topics. A nonjudgmental demeanor on the part of the interviewer was also an essential feature of the interview process.

Sampling from diverse geographical areas is important in distinguishing geographically confined patterns from a broader, more diverse abuse pattern. In drawing conclusions, we relied on recurrent descriptions or themes that were reported by subjects in diverse geographic locations.

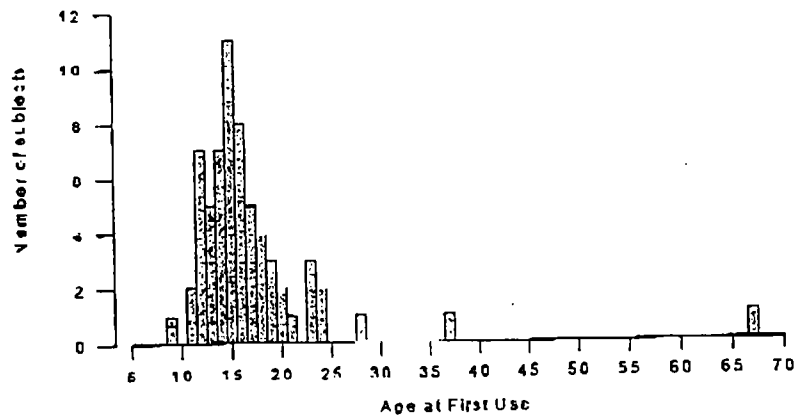
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RESULTS

Age of first use

The following figure shows the age of first use of Rohypnol or roches for 64 subjects. Age of first use was not obtained from two of the subjects.



Familiarity with Rohypnol

To ascertain how many subjects were actually familiar with Rohypnol, subjects were asked to describe the tablets that they had taken or seen. In Austin, "little white pills" were commonly described, and the blister-pack and boxes labeled "Rohypnol" were sometimes described, but detailed descriptions of the tablets were not elicited.

In south Texas, we were given descriptions of tablets that were inconsistent with Rohypnol. Hence we began asking for more detailed descriptions of tablets, including either drawing the tablets or choosing a photograph of Rohypnol from among Lexotan and other Roche products. Significantly more males 15/32 (46.9%) correctly identified Rohypnol than females 2/14 (14.3%)*. This was a more rigorous way of identifying what people were using and the data from Austin is not comparable.

* $\chi^2 = 4.4$, $df = 1$; $p < .05$

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What are "roches"?

Most respondents knew that the tablets were "downers" but many did not know what the tablets were suppose to be used for. Several subjects said they were told that roches were a horse tranquilizer. Others either did not know their intended use, or indicated the medication was for headaches, seizures, menstrual cramps, operations, mental patients, a muscle relaxant, or for sleep.

In south Texas, most users thought that "roche" was the name of the medication and that all the "roche" tablets contained the same medication. They also did not know that the number on the tablet referred to the milligram strength of the tablet. Many expressed the belief that the higher the number on the tablet, the weaker it was, and several claimed that roche 1s were stronger than roche 2s.

Most disturbing to the interviewers was that many users were perfectly willing to ingest a tablet of unknown contents, with only the information from friends or a dealer that these are "downers" or that "these will make you feel good."

Routes of administration and combinations with other drugs

Users commonly reported that taking the tablets with certain liquids (such as coffee, orange juice, Sprite) enhanced their effects. Letting the tablets dissolve in the user's mouth rather than swallowing them was also thought to give a better or faster high. Smoking or snorting crushed tablets was reported by a few users to produce a more rapid effect. Smoking was usually done in combination with marijuana, however, so it was not possible for users to describe separately the effect of flunitrazepam alone taken in this manner.

Many users reported having been told that it was necessary to ingest the tablets together with alcohol in order for them to be effective. Some users were aware that taking tablets with alcohol was dangerous, although others reported knowing this but not caring about the dangers. Use of roches in combination with other drugs (LSD, ecstasy, mushrooms, heroin, cocaine) was also reported by interviewees who were users of those substances.

A few users reported that they had dissolved the tablets and used them intravenously, although one former heroin addict reported he had tried this and had been unable to get the powder to dissolve completely in any liquid he would be willing to inject. When dissolved in water-based solutions, flunitrazepam tablets leave a noticeable film or residue on the surface of the liquid.

Initial information and sources of information

Universally, interviewees heard about Rohypnol or roches through friends or other students. One male subject reported first using them in 4th grade (1992), by which time he was already using heroin. More commonly, the first contact was in middle school (6th through 8th grade), with first use peaking at around 15 years of

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age. Frequently users knew very little about what they were being given, other than that they would "make you feel cool" or "get you drunk without drinking." Furthermore, much of what they thought they knew was wrong: there were many misconceptions about what Rohypnol was and what it was used for. When users were asked how they knew what they were taking, the answer was often, "the dealer told me what it was," or "my friend told me." The blister packaging was not always present, and variations in the appearance of the tablets did not seem to be a cause for concern among users.

Other descriptions

From the vast array of descriptions of the tablets identified as "roches" it is clear that a significant proportion, if not a majority, of the interviewees had never seen or taken Rohypnol at all. Some of the confusion is explained by the various other benzodiazepines manufactured in Mexico by Roche (clonazepam, bromazepam, diazepam) in several colors (blue, pink, green, yellow) that are thought by users to be a single medication called "roche." Additional confusion is caused by the phenomenon of people taking anything that has the name "roche" printed on it regardless of what else it looks like. The reported phenomenon of raiding medicine cabinets to get roches may also be a factor. Still more could be attributed to the fact that youthful drug abusers do not always inspect the tablets they take, and may not be able to accurately describe markings. Nonetheless, it is this flood of descriptions of various pharmacuticals taken that first led the research team to realize that substances other than Rohypnol were being used.

There were also descriptions of medications purported to be roches that may not contain benzodiazepines. Numerous interviewees described what they called an "R2" with an R, a vertical line and a 2 on the other side of the line. In fact R2's is one of the street names of roches, although this description does not match any Roche-manufactured flunitrazepam or benzodiazepine.

One of the most commonly described "look-alikes" for Rohypnol is a tablet with roche and a 2 on it, but with a dot on either side of the two, that is distributed in a red blister pack. This turned out to be Rivotril (clonazepam). Some interviewees had only ever taken this form of "roche." Sometimes Rivotril was referred to as the "new roche dos" because pharmacists in Mexico apparently have begun offering it as a substitute for Rohypnol, saying "I can't sell you that but I can sell you this," and producing Rivotril. It is evident that clonazepam is not being sought out by these users, and it is generally a disappointment to those who have taken the previous form. Most respondents who compared the two said the "new one" (Rivotril) was not as strong or was not very "good" (did not do much).

We were able to determine that a majority of the medications sold as roches matched the appearance of one of the benzodiazepines manufactured in Mexico. Other tablets that were described, many by more than one user, were not identified as any other particular drug. Some of the other ways in which roches were described were:

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- an oval pill, half yellow and half white
- a red round pill
- blue ones that say roche and 2 on them in black writing
- elongated white tablets
- creamy color tablet with words around the edge
- dark tan colored very thin tablets
- tablets with an R and a single line and a 2
- beige tablets that are a 5 or a 6
- they say roche in a curve and then they say valium on them and 17 (this subject also described US Valium with the V carved in it)
- an R on the front and on the back it says 10; they are white
- numerous descriptions of a tablet with just an "R" on it and numbers on the back
- some big brown pills, oval shaped, they say roche on them in white letters
- "generic roche"; it says something that starts with a C on it
- oval and round blue pills that say R1 on them

The DEA is reporting large seizures of Rohypnol tablets. At the user level, there is a much greater variety of tablets being sold as roches. Many users are not knowledgeable about pharmaceuticals, and are being exploited by dealers who capitalize on the current popularity of Rohypnol or anything called roches. Deception in the drug marketplace is common. Local law enforcement personnel indicated to us that chemical analysis is never performed on many of the seizures they make, either because the case does not proceed to trial or because the amounts are too small to meet the threshold necessary for prosecution. Analysis of tablets from users is needed to establish with certainty what substances are being used.

Other drugs

Since many interviewees were from treatment or incarcerated populations, illicit drug use was common. Alcohol and marijuana were used by almost all of those who had tried Rohypnol or roches. Among the heavier users, cocaine, inhalants (spray paint, gasoline, freon), heroin, LSD and ecstasy were also commonly used, and methamphetamine, mushrooms, morphine, methadone and crack were also occasionally mentioned. Other prescription medications used included Zoloft, Soma, Vicodin, Xanax, Ativan, Valium, Pacidrin, Dramamine, Ritalin, and Quaaludes, along with some over-the-counter preparations such as Reflexil (nose drops) and Minidans. Medications of unknown content mentioned were Octonot,

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Artan (possibly Artane, an anticholinergic), Mellorose (possibly Mellaril, an antipsychotic), Reliques, Magdins (possibly Mogadon [nitrazepam]), Upjulus, Roussels, Mandrakes, black mollys, and various colored capsules thought to contain forms of speed, "aguas locas" which came in a red and white bottle like Visine, and unspecified prescription painkillers.

Desirable effects

Desirable effects of roches included a slowed-down, relaxed feeling similar to being drunk on alcohol. Roches were often used to enhance the effects of alcohol or marijuana. They were sometimes used to ameliorate symptoms of heroin withdrawal or to reduce agitation and anxiety produced by cocaine. Numerous users reported becoming more talkative, more at ease, or more comfortable, particularly in social situations in which otherwise they would be uncomfortable.

Various forms of disinhibition were seen in a somewhat mixed light. Users reported that under the influence of roches, they would say or do things they would not otherwise do. Sometimes this behavior enhanced social interaction, but sometimes it led to disagreements among friends or fragmentation of social circles.

Numerous users reported a stimulant effect from the use of roches: they would feel "hyped up" or "energetic," or they would want to "go out and do things."

Because of the use of roches in combination with other drugs, and because of the uncertainty sometimes of what drug actually had been consumed, it was difficult to isolate what the effects of flunitrazepam itself were in the reports of the interviewees.

Adverse effects

The most common adverse effect was complete or partial amnesia for varying periods of time following ingestion of the tablets. This occurred mostly when roches were taken in combination with alcohol, although there were some reports of amnesia when roches were taken alone. The amnesic effects of flunitrazepam were universally described as aversive, and were a major reason for cessation of use.

Other adverse effects included discoordination, mood swings, impaired judgment, and dizziness. Some interviewees reported increased appetite and weight gain. Some users described after-effects such as hunger, depression, nausea, dizziness or sweating the next day.

Some subjects reported serious adverse events such as injuries and automobile accidents that occurred while they were intoxicated. Numerous interviewees described the effect of roches as making them "feel stupid," or making them "do stupid things." One subject reported auditory hallucinations while under the influence of roches.

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Crime and violence

Quick mood swings and hair-trigger temper were described by both sexes. Males more often than females thought that roches "made them" steal or fight. Subjects who reported getting into fights while under the influence of Rohypnol realized at least in retrospect that they were not effective fighters while intoxicated. Nonetheless, they reported being easily angered over trivial matters and not feeling pain when hit.

Some users reported that while intoxicated on roches they were inclined to commit crimes, such as shoplifting, burglary or armed assault. In retrospect, subjects were aware that their judgment was impaired because even when they were stealing in plain view of others, they felt they could not be seen or caught.

Users often commented that their response to roches on any one occasion depended on their surroundings and the behavior of their peers. For example, if they were "hanging out with friends," they would feel mellow and relaxed, but if they were among a group of peers who were out "looking for trouble," they would feel aggressive and volatile. If they were alone they might fall asleep but at a party they would feel energetic. This variation in response to drugs is common. The effect any drug will have on a given occasion is influenced by dose, set (the mindset of the person taking the drug), setting (their surroundings), and any pre-existing personality factors or underlying pathology that use of the drug might allow to be expressed.

Sexual behavior

Both male and female subjects reported having had sex during which they or their sexual partners were under the influence of roches. In most of these instances, subjects reported that both the drug use and sexual behavior were consensual.

A few male subjects acknowledged having given females they knew roches, with or without her knowledge, to increase the chances of having sex, although this tactic was not always successful. One female subject reported knowing of several instances of females being "dosed," once without knowledge and the other times knowingly. The majority of subjects reported that this was something they had heard of by rumor, but they did not know of any specific instances or of people who claimed to have done it themselves. Some subjects reported never having heard of using roches for sexual purposes at all. Even those who knew of specific instances of covert use reported that use of roches for sexual assault was an uncommon occurrence.

Several females reported that they were aware of the possibility of being "dosed" but took steps to prevent it, such as looking out for friends and watching their drinks at parties, or warning each other of men who were suspected of dosing women surreptitiously.

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A few males expressed the belief that having sex with a woman who was not actively resisting, or was unable to resist, was not rape if she had taken the drugs knowingly. Several males reported sexual dysfunction or disinterest while under the influence of roches.

Connection to gang activities

Both gang members and nonmembers reported that while gang members might sell and use drugs, there was no particular focus on Rohypnol or roches. One interviewee reported that his gang had encouraged members to stop using so much "because everybody [was] ending up in jail, they're losing too many people."

Initiation to gangs for females, while previously primarily sexual, is also undergoing changes, with the female gang members placing more emphasis on their own initiation rituals and refusing to be "used" by the male gang members as a sexual outlet. Both male and female gang members reported that if a person did use roches to endure initiation (whether by violence or sex), it was on their own initiative and not a required part of the ritual. One female reported that she knew of another female gang member who had used roches for her initiation, but this was not regarded as a common event. There was some emphasis placed on having "taken it" without any intoxicants for assistance.

Addiction, withdrawal and overdoses

Several interviewees who had been heavy users described withdrawal phenomena, stating that it took two weeks to several months for their anxiety, craving and other withdrawal symptoms to subside. Others described concurrent withdrawal from heroin or cocaine, or using Rohypnol to moderate their withdrawal. Several interviewees reported knowing others who they perceived as being dependent on or addicted to roches, who "need to take them every day" or who "take them all day every day" or are "greedy" for them. Perception of their addictiveness was divided, with some interviewees acknowledging that they are known to be addictive and some denying it. Tolerance was described by most of the interviewees who had used them more than once a week for a period of time.

Overdoses, including difficulty breathing, convulsions and difficulty waking a person up, were mentioned by numerous subjects. Depression and suicidal tendencies were also noted in a few instances. In all the reported cases, roches had been used in combination with alcohol. There were two unconfirmed reports of deaths of friends due to combined alcohol and roche overdoses.

Frequency of use and dosages

Several subjects reported using just once, for experimentation or by accident. On the other end of the spectrum, several of the polydrug abusers reported a period of daily Rohypnol use over a period of six to nine months, during which they used

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five to seven tablets every day. Most reported occasional use, a couple times a week to once every few months. Some users reported taking only one tablet at a time, but an initial dose of 3-4 tablets was also commonly reported. The highest reported amount taken at one time was 15, with beer. The young females often reported taking them with a coke or water, but the more habitual users among the subjects usually reported taking the tablets with beer or a wine cooler.

Availability, sources and costs

Subjects reported that flunitrazepam and other prescription substances were sometimes sold by drug dealers who also sell cocaine, heroin or marijuana, but were more often passed around or sold for nominal sums among friends. Few of the interviewees had actually gone to Mexico to purchase medications themselves, and of those who had, none reported having declared their purchases to Customs authorities at the border.

There were some reports of decreased availability or difficulty obtaining roches or Rohypnol in recent months (the end of 1995, prior to the Customs action). Some young people reported that they had to have an "older friend" go into a pharmacy to make purchases for them, or "know the name" of someone in a particular pharmacy. Other subjects reported they never had any trouble getting roches, or at least that they could get them if they asked around. A minority had actually gone to Mexico themselves to buy them; most bought from friends or other students. There were two reports of older people (the mother of a friend; an old man in Mexico) selling or giving them to young people. Costs ranged from 50 cents to \$5 per tablet, generally \$1.50 to \$3.

Estimates of others' drug use

Recognizing the subjective nature of interviewees' perceptions, we nonetheless asked about their perceptions of Rohypnol or roche use among their peers in general. The most common figure reported was that around 20% of the students at a public school (middle school or high school) used roches, and up to 50% may have experimented with them but had not continued using them. We would expect these figures to be an overestimate of the true magnitude of use because an individual's perception of others' use is largely limited to knowledge of their own social circle, and we were interviewing identified users.

Alcohol and marijuana, and in some areas also cocaine, were reported to be used by a higher proportion of students than roches. Probation and social services workers in some areas considered inhalant abuse also to be more prevalent than roches, but this was not the case among our interview subjects. This may be an artifact of our selection process for interviews.

African-Americans were reported to be generally disinterested in pharmaceuticals. Several interviewees reported that the white students they knew who used drugs

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preferred acid or ecstasy to "downers" such as roches. One Asian interviewee reported that roches were also commonly used by Asian students.

Ongoing use

A significant proportion of subjects interviewed had decided to stop using roches after a period of time of use, for a variety of reasons. Many cited the amnestic effects as "scary," and many also stated that they got tired of feeling "stupid." Having been caught for drug use or criminal activities, and experiencing a period of sobriety, had also given some subjects an opportunity to reflect on the negative consequences of their use of drugs.

There were also, however, some subjects who reported continuing to use roches despite being in drug abuse treatment, or who had begun using again after being released from earlier treatment. Others were concerned about being able to stay clean once they were back in their usual surroundings.

It is a common thing for alcoholics and drug abusers to talk about how bad alcohol and drugs are, and we are not in the business of predicting the future, so we do not know how many of those who said they would not use roches again will actually refrain from use. What is clear, however, is that this pattern of abuse of pharmaceuticals has been incorporated into existing patterns of polydrug abuse. Of those who reported ongoing or regular use, all were also users of at least two, and usually many, other drugs, or were current or former opiate users. Those who experimented with roches but did not have an established pattern of polydrug abuse in their lives tended to stop using after a few episodes, and to be indifferent or opposed to the idea of using again.

For the most part, roches are not drugs that people want enough to go to great lengths to get. Of the people who took them, only a small minority had actually been to Mexico to get them. Most of the people who thought they would take roches again said that they would take them if they were easily available, but probably would not go looking for them. They were reported as a drug of choice by only one person (an adult in Austin) that we talked with.

Purchase of medications in Mexico

In the first few blocks of larger border towns, there are many pharmacies. The border pharmacies cater to Americans and sell prescription and over-the-counter medications at prices that are considerably below the price of the same medication in U.S. pharmacies. Many medications that are prescription products in the U.S. are available over-the-counter in Mexico. Some products have the same trade names as in the U.S., others have different trade names.

There are three kinds of pharmacies in Mexico: Class 1, 2 and 3. Only Class 1 pharmacies can sell psychotropic drugs, which includes everything from narcotics to Prozac. There are no training programs for pharmacists in Mexico, and the

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people who work in pharmacies are sales clerks. A Class 1 pharmacy requires more stringent inventory control. The Department of Health in Mexico periodically audits the inventory of the Class 1 pharmacies and they have to reconcile their inventory with prescriptions on hand and the amount of medication they have purchased. A physician we interviewed in Nuevo Progreso opined that some Class 2 and 3 pharmacies sometimes sold things they were not supposed to have, but there is no auditing of them.

We had heard reports that American visitors to Mexico were approached by kids who showed lists of drugs available for purchase. Our experience in Nuevo Laredo is chronicled below:

On Tuesday, December 12, 1995 around 3:00 PM, Sarah and Don crossed the pedestrian bridge into Nuevo Laredo and were approached by a man in his mid-thirties who asked us what we were interested in buying in Mexico. Sarah told him we were interested in getting some medications. He escorted us to the El Puente pharmacy, which is about 1/2 block to the left of the bridge on the first street. We asked to see what was available and they showed us a list grouped by diet aids, sleeping pills and opiate pain killers. Rohypnol was one of the several drugs listed under the sleeping pill category. We said we wanted to buy a box and were told that a prescription was necessary. The man wanted to escort us to the physician next door, but we told him we had to meet some friends and would re-contact him later near the bridge.

I went to the El Puente pharmacy about an hour later and approached the clerk at the counter to purchase medications. She wrote a list of the medications desired: Theodur, Ventolin, Claritin, Rohypnol and Rivotril. The clerk pointed to the Rohypnol and the Rivotril and said, "You need a prescription for these." I asked where I could get prescriptions, and the clerk summoned a young man standing at the doorway, instructing him to take me to the doctor's office, which was upstairs in the building next door. The receptionist at the desk in the hallway asked me what I wanted a prescription for, and escorted me into the vacant doctor's office. She then sat down at the desk and wrote two prescriptions, asking me how many boxes I wanted. When I said "one," she looked up and repeated in disbelief, "ONE?" I nodded and she shrugged and wrote it down, also writing "10 comprimidos" on the Rohypnol prescription. I said I wanted a box with 30 tablets in them, to see if they were still available. She said, no, they only have ten, "do you *still* want only one?" (This exchange all took place in English.) I said yes and she signed the prescriptions and handed them to me. I said, "Don't I need a copy for the bridge?" and she very elaborately took my prescriptions back, stamped them with a stamp from the drawer, and filled out another prescription blank for each one, saying "Here is your copy for the bridge and this one is for the pharmacy." At this point a man in his 30s wandered in and leaned over the desk toward the receptionist. She indicated me and said I was there purchasing

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prescriptions, introducing him as the doctor. He looked at the prescriptions she had written and said, "That will be \$20." It was not clear whether he had just happened to come into the room or whether he had been summoned by the receptionist or the pharmacy, but he asked me no questions about any symptoms or what I wanted the medications for. I went back downstairs to the pharmacy and purchased all the medications I had requested.

RECOMMENDATIONS

For Hoffmann LaRoche

1. Benzodiazepines sold in Mexico and labeled "Roche" should be reformatted with the medication trade name imprinted on them.
2. The appearance of Rivotril or Rohypnol tablets should be changed so that they are not easily mistaken for one other.
3. Rohypnol should be reformulated in a dosage form that dissolves easily in the gastrointestinal tract but not in common beverages.
4. Information about Roche benzodiazepine dosage forms made in Mexico should be disseminated to physicians, emergency departments, and poison control centers, law enforcement and school personnel along the Mexican border.
5. Pictures of Roche benzodiazepines should be shown in the Mexican PDR.
6. The nature and scope of Rohypnol abuse should continue to be monitored in Florida and other areas where significant abuse has been identified with investigations similar to that in Texas.
7. Information about Rohypnol and other forms of Mexican benzodiazepine abuse should be broadly disseminated among drug abuse treatment programs and to scientist conducting basic and clinical research related to drug abuse. The latter can be accomplished through publications in peer reviewed journals and presentations at conferences of organizations such as the American Society of Addiction Medicine, the College on Problems of Drug Dependence, and the International Council on Alcohol and Addictions.
8. Detection issues involving flunitrazepam need further investigation. Information obtained should be communicated to law enforcement agencies and rape crisis centers.

For State and Federal Public Policy

1. It is clear that drug information is not reaching students. Their primary source of drug information is their friends, and the information they obtain is often either misleading, wildly inaccurate, or dangerous. Prescription drug information would best be framed in terms of health consumer awareness, which should include accurate information about both prescription and over-the-counter medications.

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2. Since most ongoing users are polydrug abusers, particular emphasis should be put on education and treatment efforts specifically designed to reach this population of users.
3. Popular media presentations about Rohypnol with a focus on the sexual uses of Rohypnol are likely to promote interest and potentially promote the behavior it criticizes. The emphasis on date rape, for example, is nominally a prevention message for the woman — “watch your drink” — but the subtext for the loser male is: “this is how to do it.” It would be far better for the media to focus on other important issues of benzodiazepine intoxication, such as the dangers of use with alcohol, or the damaging life consequences of addictive behaviors.

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Haight Ashbury Free Clinics, Inc.

Abuse of Rohypnol and Other Benzodiazepines A Fact Sheet for School Nurses and Counselors

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Staff at the Haight Ashbury Free Clinic are collecting information about abuse of Rohypnol. If you have information about its abuse or would like additional information about Rohypnol, please call Sarah Calhoun at 415 565 1900.



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In some areas, abuse of a prescription medication called Rohypnol has received considerable media attention. Because of widespread misinformation about Rohypnol and some similar prescription medications, the Haight-Ashbury FreeClinic has developed this fact sheet to assist school nurses and counselors in working with youth who may have abused these medications.

Rohypnol (flunitrazepam) in usually prescribed doses is an effective sleeping medication. It is not available for prescription in the U.S., but is available in Mexico, Central and South America, Europe and Asia. Rohypnol is a benzodiazepine, in the same family of medications as Valium (diazepam), Librium (chlordiazepoxide), Xanax (alprazolam) and Halcion (triazolam).

Street names of Rohypnol include Roachies or Roches, Rocha, Rophies, Roofies, Ruffies, Ropes or Rib. The name may also be mispronounced as Ropanol, Robinol, Rohibinol or Reynol. It is also called *puppas* or potatoes (referring to the mental capacity of someone who is taking the drug), *whiteys* or *dulcitas* (candy). The markings on the back of the tablets are sometimes referred to as negatives or minuses, versus pluses for the double-scored tablets. The two-milligram tablet is often called "roche dos."

Abuse Patterns

Rohypnol abuse has been reported in middle schools and high schools, as well as by college students and adults. Heroin addicts use it as an enhancer for low-quality heroin, or to self-medicate withdrawal symptoms from heroin or methadone. Cocaine abusers use Rohypnol to reduce anxiety and agitation from cocaine use. The tablets are usually taken by mouth. Some people crush the tablets and snort or smoke the powder, or dissolve it for injection. The most common pattern is episodic use by teenagers and young adults, most often in combination with beer or marijuana. There have been reports that Rohypnol has been put in soft drinks or alcoholic beverages.

Along the Mexico-Texas border from Brownsville to Laredo, a somewhat different pattern of benzodiazepine abuse has developed. Many users are not specifically seeking or familiar with the name Rohypnol; instead, they are seeking tablets with the name Roche on them. From users' descriptions of the tablets, it is clear that instead of or in addition to Rohypnol, many are taking Rivotril (clonazepam, which is sold in the U.S. under the trade name Klonopin), Lexotan (bromazepam, another sleeping pill marketed in Mexico) or Valium manufactured in Mexico (which is different in appearance from U.S. Valium). Use of other benzodiazepines, such as Ativan and Xanax, was also reported. Figure 1 shows the markings on Rohypnol and various other benzodiazepine tablets which are sold as "roches."

Intoxication, Overdose and Physical Dependence

An individual intoxicated on Rohypnol or one of the other benzodiazepines will appear the same as someone intoxicated on alcohol or other sleeping pills: manifestations include slurred speech, impaired judgment and difficulty walking. Pupil size is not a reliable indicator of use. Some people are easily irritated and may have angry outbursts with little provocation. Some people report personality changes and participate in activities such as stealing or fighting that they would not do or would realize were stupid while sober. People who seem to be awake and functioning may still not remember what they did some of the time while they were intoxicated (similar to an alcohol blackout), and may be

injured without any recollection of the cause. The blackout may begin shortly after ingestion of the tablets and last for many hours (memory for events prior to ingestion is usually not affected).

Appearance and Street Names

Rohypnol tablets are round, white and slightly smaller than an aspirin. Rohypnol 2 mg are distributed in a foil-backed, clear-plastic blister-pack (also known as "bubble packs")

Figure 1: Markings on "Roche" Tablets

Trade Name	Generic Name	Milligram	Markings*	Color
Rohypnol	flunitrazepam	1, 2	 	White
Rivotril	clonazepam	2		White
Lexotan	bromazepam	3, 6	 	Green, Pink
Valium	diazepam	2, 5, 10	  	White, Yellow, Blue

* The drawings approximate the size of the tablets. Tablet size varies slightly among the different medications.

Taken alone, even at high doses, benzodiazepines are unlikely to result in death. They commonly result in drowsiness, mental confusion or lethargy. In combination with alcohol, however, deaths have occurred. A person who is difficult to arouse or who has difficulty breathing following ingestion of one of these medications with or without alcohol should be sent to an emergency room as soon as possible.

Figure 2: The foil backing of the Rohypnol® "blister pack"



Regular daily use of benzodiazepines can result in tolerance (increasing amounts needed to produce intoxication) and physical dependence. Withdrawal symptoms may include anxiety, insomnia, intense dreaming, tingling, increased sensitivity to light, touch and sounds, tremor, elevated blood pressure and grand mal seizures. Since many users combine benzodiazepine use with alcohol, they may be physically dependent on both. Someone who is severely physically dependent on benzodiazepines, alcohol or both, needs a tapered, medically supervised withdrawal as abrupt cessation of use may be life-endangering.

Although benzodiazepines can be detected in urine, some commercial drug screens in the U.S. may not detect Rohypnol. Therefore, a negative test does not necessarily rule out Rohypnol use. More sophisticated procedures that will identify Rohypnol can be requested at the time of testing.

similar to the packaging for birth control pills. Figure 2 shows the markings on the foil of the two-milligram Rohypnol blister-pack.

Much of the Rohypnol that is used in Texas comes from Mexico. It is also manufactured in Colombia and is smuggled into the U.S. through Miami. Because the chemical synthesis is difficult, flunitrazepam is not manufactured in "street" laboratories.

Rivotril, the medication most often mistaken for Rohypnol, is commonly used for treatment of grand mal and other seizure disorders. It is similar in appearance to Rohypnol except that the "2" has a dot on either side instead of a circle around it, and the blister-pack plastic covering is red-orange. Other benzodiazepines manufactured in Mexico are also sold in blister-packs or bottles.

Youthful drug abusers don't always know what they are taking. Their sources of information are mainly friends and drug dealers. They may only have been told that what they were given was a "downer" or "will make you feel good." They do not always inspect pills before taking them, and may not be able to accurately describe markings. Some youth raid medicine cabinets in search of "roches." Some users report taking various-colored and -shaped tablets sold as "roches" that have different markings from those shown above. The content of such pills is unknown.

Conclusion

Abuse of Rohypnol and other benzodiazepines discussed here is a significant problem in some areas. The abuse of these drugs, however, is almost always part of a larger polydrug abuse pattern. The specific drug used is often determined by availability, cost and current popularity. Prevention and education efforts should focus on all drugs of abuse, including alcohol, marijuana, cocaine and tobacco.

The Washington Post

Banned 'Date Rape' Drug

Is Linked to Six Assaults in Area

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PAGE: B-1

By Arthur Santana and Charles W. Hall
Washington Post Staff Writers

Police and rape counselors said the sedative Rohypnol—the “date rape” drug that federal officials banned in March—has been used in at least six rapes or sexual assaults in the Washington area, raising concerns that the drug is spreading here from the South.

Rohypnol, sold legally by prescription to insomniacs in 64 countries, causes a vertigo-like trance and the loss of memory. It has become popular at “rave” dance parties in Texas and Florida and is used to drug victims in a growing number of rape cases, drug specialists said.

Three Prince William County men have been charged in connection with assaults on two 15-year-old girls. Two were charged with rape and contributing to the delinquency of a minor on Monday, and a third, Jason Fortney, 18, of Woodbridge, was charged yesterday with contributing to the delinquency of a minor.

Four other sexual assaults in which women were slipped the drug have been reported to the D.C. Rape Crisis Center since October, center officials said. They said that one of the rape cases was reported to the D.C. police, but the police had no record of a Rohypnol-related rape.

“It is very insidious. The women were all in social settings with other people . . . and then they have a complete loss of memory,” said Denise Snyder, executive director of the crisis center, which sponsored a workshop on Rohypnol in April. “Hours later, they find themselves in a different location, with obvious evidence of sexual activity.”

Drug Enforcement Administration officials said they have confirmed three local cases of Rohypnol possession, all in Maryland, since 1992.

But educators, police and drug specialists said Rohypnol remains rare in the Washington area. Most area jurisdictions have not had any criminal cases involving the sedative.

“We haven’t seen anything here in Fairfax,” said Nina Pitkin, coordinator of the school system’s drug- and violence-prevention program. “Usually, people call from the schools, or we

get calls from parents because they hear kids talking about a drug. Maybe now . . . we’ll start hearing about it.”

Rohypnol tablets, also known as “roopies” or “roofies,” are not manufactured in the United States, but until the drug was banned in March, people could import a three-month supply. The DEA wants to classify Rohypnol as a Schedule 1 drug, putting it in the same class as heroin and LSD.

DEA and U.S. Customs Service seizures of the drug in Florida have increased 1,000 percent since the early 1990s, according to Christine Sannerud, a DEA drug science specialist.

Rohypnol is related to Valium but is more than seven times as potent, officials said. It can act within 15 minutes, last up to eight hours and wipe out short-term memory. “It has kind of a hypnotic effect,” said the DEA’s Miami spokeswoman, Pamela Brown. “Victims will wake up later and find themselves raped or robbed, and they can’t remember who did it.”

Chemical traces of the drug vanish within 48 hours. Anne Van Ryzin, coordinator of Fairfax County’s victim-assistance network, said that several local rape cases in the last year have been accompanied by memory loss but that the reports came too late to establish a conclusive link.

“It’s very difficult to be certain,” Van Ryzin said. “In a lot of these cases, there seem to be flashbacks.”

As a result, many women who are

sexually assaulted after unknowingly taking Rohypnol are wary of approaching police, said Trudy Gregorie, of the National Victim Center in Arlington.

Gregorie said that most of the reported Rohypnol-related rapes come from the southwestern United States, but that the use of the drug is spreading. “Organizations that deal with sexual assault victims and the use of this drug . . . are reporting more cases in northern parts of the country,” Gregorie said. “We are now starting to hear about cases in the Midwest and the Northwest.”

DEA officials said Rohypnol’s low price—\$1.50 to \$5 per tablet—and its formerly legal status may make it more popular.

Most users take it willingly, said Terrance Woodworth, deputy director of the DEA’s national prescription-abuse unit. “It’s cheap, and it’s a known quantity instead of dealing with an illicit drug,” he said.

Rohypnol can be deadly if used in very high doses or with alcohol and other depressants, DEA officials said. In a widely publicized 1994 case, rock singer Kurt Cobain, who later committed suicide, fell into a coma in Rome when he combined Rohypnol and champagne.

Rohypnol’s manufacturer, the Swiss pharmaceutical company Hoffmann-LaRoche, is eliminating two-milligram pills in the hopes that one-milligram pills will be less popular with illicit users, said spokesman Albert Wasilewski.

Staff writers Michael Farquhar, Philip P. Pan and Robert E. Pierre contributed to this report.

D.C. Police Chief Faces Rise in Crime—and Criticism

By Bill Miller
Washington Post Staff Writer

Crime is up in the District. Homicides are on the rise, and detectives are solving fewer cases. Police are taking longer to respond to 911 calls. Patrol cars are broken down, and many officers who haven't retired or moved on to other jobs are sullen and demoralized by pay cuts.

It's not a great time to be Washington's police chief. The man who has the job, Larry D. Soulsby, freely acknowledges that the 11 months that he has been in charge have been traumatic. He says he has been buffeted by forces beyond his control and prevented from carrying out his vision by a lack of resources. These months have included the department's "darkest hours," Soulsby said in an interview, but he added that \$21 million in new federal aid should be enough to turn the situation around, allowing him to restore officers' pay and buy new equipment.

"I really see a shining future for us in the next 12 months," he said.

But Soulsby's many critics on and off the force say money alone cannot repair the deplorable condition of the police department. The critics say the chief has yet to demonstrate that he can get the job done. They say he hasn't kept enough distance between his department and Mayor Marion Barry and hasn't spoken against budget cuts that have affected the force's crime-fighting ability.

Interviews with federal law enforcement officers, current and former local police officials and community activists revealed disappointment in Soulsby's record and dismay at some of his decisions.

"I think the man should either resign or be fired," said Carl T. Rowan Jr., a retired FBI agent and member of the Alliance for Public Safety. He's been campaigning to have the department run by a public safety commission. "As a glad-hander, he's done a good job. On substance, he's been miserable."

In the first half of this year, crime is up 3 percent over the same period last year. Slayings, after two consecutive years of decline, are again on the rise, with 183 killings as of June 13, compared with 161 for the same period in 1995—just as Soulsby is taking investigators out of the homicide unit. Detectives have made arrests in less than one-third of this year's slayings and aren't doing the legwork prosecutors say is needed.

Two girls from Ballou High School in Southeast Washington were found slain weeks apart in April, their beaten and undressed bodies dumped near Oxon Run Park. But the department failed to notify the community that a killer might be preying on students.

Soulsby also is facing criticism for his department's handling of complaints about a house in Northwest Washington occupied by Roweshea L. Burruss, an associate of Barry's. Neighbors had complained that the house was the site of loud parties. Soulsby told a D.C. Council member last year that a probe turned up nothing.

Now the house and Burruss have become the subject of a fraud investigation launched by a federal-local task force, and it turns out that Burruss's live-in girlfriend, Carmen Maria Sola, is a D.C. police officer. She has been put on administrative leave with pay pending an internal investigation into allegations that she wrote bad checks.

In addition, some officers and federal officials have questioned how much distance Soulsby keeps from the mayor, pointing to the kid-gloves treatment and choice assignments the chief has given to two of Barry's allies on the police force.

One assignment involves Detective Ulysses Walltower, a key figure in a federal investigation into allegations by Barry's former housekeeper that the mayor's wife, Cora Masters Barry, may have misused campaign funds. The housekeeper, Barbara Mouring, accused Walltower of trying to intimidate her. Walltower, who is close to the mayor, was leader of his security detail when the allegations were reported in a Washington Post story in April 1995.

Then-Police Chief Fred Thomas removed Walltower—who had denied any wrongdoing—from the security detail and sent him to his previous job in criminal investigations. Rather than return to the old job, Walltower took leave. He returned to work when Thomas resigned last July. Soulsby, then acting chief, assigned Walltower to work in the chief's office. Soulsby said Walltower was rewriting guidelines for the mayor's security detail and was the only officer in the 3,800-

member department qualified to do the job. But according to two officials familiar with the guidelines, the task had been completed before Thomas resigned.

Soulsby said Walltower completed work on the guidelines and was moved to the department's criminal investigation division.

Some officers and command staff members also questioned Soulsby's assignment of Lt. Lowell Duckett to work in the chief's office. Duckett, head of the Black Police Caucus and a vocal critic of the department, was among the first officers to publicly support Barry's 1994 campaign for mayor. Soulsby had no public response as Duckett—a "special assistant" to the chief—joined community leaders from Southeast Washington at a news conference calling the department racist and asking for an overhaul of the command structure because of the handling of the deaths of the two students from Ballou.

Soulsby said he doesn't always agree with Duckett but called him an "outstanding police official."

Patrick V. Murphy, a former D.C. public safety director who now is a consultant for the U.S. Conference of Mayors, raised a question voiced by many in law enforcement: "I wonder how many shots he's calling," Murphy said, adding that Soulsby is nothing like New York City's former police commissioner, William J. Bratton, a highly visible leader who resigned this year after clashing with Mayor Rudolph J. Giuliani. "I don't think Soulsby is giving the mayor any problems of that sort."

Dorothy Brizill, a community activist in Columbia Heights in Northwest Washington, said that she respected Soulsby when he was her neighborhood's patrol commander and that she eagerly testified on his behalf at his confirmation hearing. Now she's not so certain he was the right person for the job. And she said she wonders whether Soulsby would stand up to Barry if wrongdoing were uncovered in the mayor's administration.

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September 4, 1996

Honorable John M. Quinn, Esq.
Assistant to the President and
Counsel to the President
The White House
1600 Pennsylvania Avenue, NW
2nd Floor, West Wing
Washington, DC 20500

Dear Jack:

It was good to see you at the Convention in Chicago last week. This Chicago Convention sure beat the last one. In fact, it beat any that I can remember!

I am working on a project for Hoffmann-La Roche with regard to their drug, rohypnol. Rita Norton of Hoffmann-La Roche told me that she raised this issue with you very briefly in Chicago. The company is well aware that it has a problem with this drug and has taken a variety of steps to deal with it. 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.

A better approach is to make it illegal to use any controlled substance in the commission of a sexual battery. A bill to do that has been introduced on the Hill and has a number of women co-sponsors, including Rep. Nita Lowey, co-chair of the Congressional Caucus on Women's Issues. The Center for Women Policy Studies, the women's advocacy group that has the longest history of dealing with violence against women, believes this is the best approach.

Rita told me you suggested she see Carol Rasco about this issue and we will certainly follow-up on that suggestion immediately. We'd also like to have the opportunity to meet with you and brief you on this drug and on the steps the company has taken to reduce abuse of it.

Sincerely,

Carol

feminist
PR firm

Schneider & Lowey
Meeting 9/12/96
Democratic
bill

① Let's
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