

ALBANY STATE COLLEGE - 1998 - 860/12

9591 SENATE • JUDICIARY • 828

REPRESENTATIVE KOTT stated that it could be noted that the term D & X, as used by the court in Voinovich, was not a recognized medical term. He pointed out that again, it was coined by Dr. James McMahon, who used it to describe procedures, not within the definition of partial-birth abortion, as used in the proposed legislation.

REPRESENTATIVE KOTT advised members that the definition of partial-birth abortion, as used in HB 65, did not overlap with other abortion methods. He noted that with suction curettage-aspiration, the baby was not partially vaginally delivered and then killed. Representative Kott explained that with the D & E procedure, the baby was partially delivered before it was killed. HB 65 required that before the procedure fell within the scope of the bill. With installation type methods, the baby would be vaginally delivered, but only after the death in the womb. He noted that in rare cases, the baby survived delivery, and therefore could not be legally killed because that would result in a substantial problem for the abortionist.

REPRESENTATIVE KOTT explained that HB 65, by way of contrast, required that the abortionist partially, vaginally, deliver a live fetus and then kill the baby before complete delivery of the fetus. He noted that with the hysterectomy and hysterotomy procedure, there was no vaginal delivery, partially or otherwise.

REPRESENTATIVE KOTT expressed that as stated by Dr. Joseph Riederer, who was the premier expert in Juneau who had delivered 2000 plus Juneau babies, that "The proposed definition of the bill is specific, and no other medical procedure would be restricted or affected by banning partial-birth abortion. The language is clear and specific." Representative Kott noted that was a quote from the Doctor's written testimony.

Number 988

CHAIRMAN GREEN asked if the baby was dead before it was removed if that would be a D & X procedure, and if still alive when the body of the fetus came out and actually had the shears inserted in the head, if that was a different procedure.

REPRESENTATIVE KOTT stated that that was what Dr. Haskell coined as a D & X, which was later referred to, and coined now as partial-birth abortion, and not to be confused with Dr. McMahon's procedure.

CHAIRMAN GREEN asked if the procedure only dealt with dead fetuses.

REPRESENTATIVE KOTT agreed that it did.

Number 1033

REPRESENTATIVE BRIAN PORTER explained that that entire body of information was what he wanted in order to make sure he understood prior to voting on the proposed legislation. He noted that the definition of partial-birth abortion, that appeared in the bill, excluded, and was not meant to include in any way, any of the other

procedures described by Representative Kott. Representative Porter

HOUSE JUD BASIS - 3 - 03/10/97

stated that only when a portion of the physical fetus was exposed, outside of the mother's body, and a live fetus, that it was then killed and the extraction completed.

REPRESENTATIVE KOTT advised members that would be correct. Representative Kott pointed out that there were particular views of resident experts around the state, who had all suggested that the procedure used was not a medical necessity for the purpose of the health of the mother. He added that the particular practice used, could not be found in any medical books, or medical school teachings. Representative Kott stated that as far as he knew, the practice was not being utilized in the state of Alaska, and the proposed legislation was a preemptive strike to ensure that it would not occur. He pointed out that HB 65 would not restrict a woman's right to choice.

Number 1170

CHAIRMAN GREEN advised members that if they would only expect to see the procedure take place in order to protect the life of the mother, that he could not understand why one would be able to go in and forcibly turn the baby around, so that it would come out feet first, and insert the scissors after the baby was essentially delivered. He stated it appeared to him that delivery, in that procedure, was basically completed, and then the baby would be killed, rather than delivering it normally. Chairman Green expressed that he had a real problem with that.

Number 1212

REPRESENTATIVE CROFT noted that a member of the public who testified on HB 65, bet committee members \$500, that the procedure was never necessary to save the life of the mother. He asked Representative Kott if that was a true and accurate statement.

REPRESENTATIVE KOTT stated that in his opinion, he did not believe it was based on the various medical reviews he had researched.

REPRESENTATIVE CROFT asked if the procedure was necessary in order to save the health of the mother.

REPRESENTATIVE KOTT felt that if the procedure was used to save the health of the mother, it would dilute the entire intent, because he felt there was a broad definition of health. He noted that arguably, anyone who performed the procedure under that guise, could legitimately establish, before the court, that there was a health issue.

REPRESENTATIVE CROFT advised members that was part of his confusion. He understood Mr. Dozier's testimony, and the testimony of Representative Kott, to be that because the procedure was never necessary to save the health of the mother, that a health exception was not necessary. And if it was believed that the procedure was never necessary to save the life of the mother, why was that exception included.

REPRESENTATIVE KOTT reiterated that it was his humble opinion that the procedure was not necessary to save the life of the mother,

HOUSE JUD BASIS - 4 - 03/10/97

based on the literature from the experts who had written commentary on the procedure.

REPRESENTATIVE CROFT pointed out that the draft committee substitute states members were being asked to adopt language which stated, "partial-birth abortions are not necessary to preserve the life, or health of pregnant women." He expressed that if they made that legislative finding, why was the exception included at all.

GEORGE DOZIER, Legislative Aide to Representative Kott, advised members that the reason for including the finding, was because HB 65 mirrored the definition as set out in the federal legislation that had been vetoed. He noted that that legislation had been re-introduced, and suspected that in light of events over the past couple of weeks, that it would stand a much better chance of not being vetoed this time. Mr. Dozier explained that by including the life provision in the proposed legislation, it would make Alaska statutes consistent with what he felt would be federal law.

Number 1400

REPRESENTATIVE CON BUNDE advised members that he was troubled with the same contradiction of the findings. He noted that not many legislators were doctors, and it was found that it was not necessary to preserve life, and then it states that the procedure could not be done unless it was necessary to save life, which to him, was an absolute contraction. Representative Bunde pointed out that either the legislature did not know what it was talking about, and that finding should be removed, or it would be necessary to delete Section 2; one or the other.

REPRESENTATIVE PORTER advised members that it would be his intent to support the removal of Section 1 because he did not feel any of that section supported the proposed legislation, and had ramifications past the intent of HB 65 that he did not want to contemplate.

REPRESENTATIVE PORTER stated with respect to Section 2, he felt he could support it if he understood it correctly. He advised members he would be interested in hearing from the sponsor, or Mr. Dozier, what impact the wording of Roe, regarding the phrase, "the life or health of the mother", would have on leaving some reference for health in the proposed legislation.

MR. DOZIER advised members that Roe was a case which involved the prohibition of, basically, all types of abortions. He explained that subsequent cases, including Casey, also involved an absolute prohibition of all types of abortion, in certain circumstances. Mr. Dozier pointed out that both cases indicated that the states could regulate abortions, except as necessary to preserve the life, and health of the mother.

MR. DOZIER advised members that the proposed legislation, unlike Roe and Casey, did not involve a prohibition of abortion, per se, even for a short period of time, such as the case in Voinovich.

Mr. Dozier explained that HB 65 prohibited the use of one particular procedure, and consequently, the life and health of the mother was already protected by what was already in place.

HOUSE JUD BASIS - 5 - 03/10/97

CHAIRMAN GREEN noted that Representative Porter had suggested the removal of Section 1, with Section 2, then, becoming Section 1. He asked Mr. Dozier if he saw any adversity if that amendment was offered and should pass.

REPRESENTATIVE KOTT reminded members that the draft committee substitute had not yet been adopted by the committee, and if Representative Porter would like to strike Section 1, the draft committee substitute could be set aside and adopt the original bill because that did not have the Section 1 language as was in the draft proposal. He advised members that he did not feel striking Section 1 would be substantially detrimental to the bill, adding that he felt it would add some credence if there was a challenge before the courts at some later point in time.

REPRESENTATIVE CROFT moved to adopt CSHB 65 (JUD), Version B, as the committee's working document.

REPRESENTATIVE JEANNETTE objected.

REPRESENTATIVE ROKEBERG agreed with the position expressed by Representative Porter. He asked if members voted against adoption of the draft committee substitute, would that bring them back to the original version, or the State Affairs committee substitute.

CHAIRMAN GREEN suggested that they adopt the draft committee substitute and then move on to strike Section 1.

REPRESENTATIVE KOTT stated that it was his belief that the original bill before members did not include Section 1 of the committee substitute.

CHAIRMAN GREEN clarified that if the draft committee substitute was not adopted, that they would be, then, considering the original bill, HB 65, Version E.

REPRESENTATIVE ROKEBERG supported Representative Porter's position, and also pointed out that there was other language in the findings that he felt could generate some undue discussion. He advised members that he would be voting against the adoption of the draft committee substitute.

REPRESENTATIVE CROFT advised members that he also had trouble with the legislative findings; however, he would prefer to start, and would vote to start from the draft committee substitute, and then decide whether or not they wanted to amend it to remove Section 1, and amend Section 2 in other respects. He noted that while the language was inconsistent on the life or health provision, between Sections 1 and 2, he thought the findings brought out an important aspect of the bill. Representative Croft pointed out that even with just the life part, they were in effect, finding that partial-birth abortions were not necessary to preserve the health of pregnant women, when it is not allowed as an exception. He felt the finding clarified what was actually being done. Representative

Croft stated that he would like to keep the findings in, for discussion purposes, and possibly at the end of deliberations, members might decide to remove them.

HOUSE JUD BASIS - 6 - 03/10/97

REPRESENTATIVE PORTER felt that if the bill included the exception relating to the life of the mother, he did not feel it was appropriate to have a finding that it was an unnecessary conclusion, noting that there were no doctors on the panel. Representative Porter advised members that the reason he was hesitant about all of the findings, was that they all appeared to have the potential to be interpreted as a position on abortion, as opposed to a position on partial-birth abortion. Representative Porter stated that from that standpoint, he did not believe they added any benefit to the intent of the proposed legislation.

Number 1861

REPRESENTATIVE JAMES agreed that the findings were not relevant to the issue. She stated that in reading the original bill, it was very clear to her what it meant, and felt it was totally sufficient in its form. For that reason, she would be voting against adoption of the draft committee substitute.

CHAIRMAN GREEN requested a roll call vote: In favor: Representatives Croft, Berkowitz and Green. Opposed: Representatives Bunde, Porter, Rokeberg and James. Adoption of CSHB 65(JUD) failed, 4 to 3.

CHAIRMAN GREEN pointed out that members would now have before them the original version of HB 65.

Number 1929

REPRESENTATIVE CROFT advised members that the findings that were not adopted, stated that the legislature found the procedure was necessary to save the life or health of the mother. He expressed that it was clearly inconsistent the way it was, and the committee chose not to adopt it. However, he felt they could have consistently adopted it as an implicit finding that they would make to say, "The legislature finds that these procedures are not necessary to save the health of the mother.", either that, or the health of the mother was not important to them, which he felt the second would be unlikely.

REPRESENTATIVE CROFT advised members that what they were saying, being non-doctors, was that the procedure was not necessary to save the health of the mother. He stated what Mr. Dozier said as much, although in his written presentation, he stated that Roe had an exception where the life and health of the mother was threatened, and that Casey, specifically said that "the state may prescribe abortion, except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother". Representative Croft expressed that that was the federal standard that was adopted by Casey. Because health was not included in the version the committee adopted, he would offer, with the permission of the Chair, two amendments, of which one would place "health" back in the bill, and the second would limit the

prohibition to the third trimester.

REPRESENTATIVE CROFT felt that what upset most people, and it did him, was the idea that those partial-birth abortions would be done on healthy women, with healthy babies in the third trimester, that

HOUSE JUD BASIS - 7 - 03/10/97

would be ended with no medical justification. He saw no justification for that. Representative Croft pointed out that the bill before them, the original version, had no limitation in that direction; that it applied to any abortion from the first week of pregnancy and did not provide an exception for health.

REPRESENTATIVE CROFT stated that if Roe and Casey specifically say you would have to provide protection for the life or health of the mother, that they would be doing something clearly unconstitutional by enacting something that solely protected life. He noted that Mr. Dozier disagreed, and the reason he had requested a copy of his written statement, was because he wanted to inquire more into what the rationale was for leaving it off. Representative Croft stated that Mr. Dozier stated that because the state had never conducted the procedure, it could not be necessary to save health. He noted that Mr. Dozier could clarify, if necessary; however, read from the prepared statement as follows: "Thus, the question must be asked, does HB 65, which prescribes a procedure, which thus far is not done in Alaska, place a substantial obstacle in the path of a woman seeking an abortion. The answer by definition is no." In other words, Representative Croft stated, that because it had never been needed in the state, it never could be needed in the state.

REPRESENTATIVE CROFT pointed out that there were many medical procedures not done in the state of Alaska. For example, he believed that complicated open heart surgery was not done in Alaska. Representative Croft did not feel any member of the committee, member of the legislature, or any rationale person would say there was no time that procedure was not necessary to preserve someone's health, or in some cases, life. To him, the argument simply confused whether the state had ever done it, with whether it could ever be necessary. Representative Croft pointed out that it was clearly unconstitutional for the early portions of the pregnancy, and did fit with what the federal constitution required in the late portions, in Casey .

REPRESENTATIVE CROFT expressed that the second rationale related for excluding health, that members could just conclude from what they know and through testimony they heard, that it was not. He stated that even setting aside the argument that it had not been done, in the state, so it could not ever need to be done, he did not consider a good argument. Representative Croft pointed out that members could say that, "we, as seven non-doctors" would conclude that a woman never needed the procedure to preserve her health. He felt that judgment was best left to the doctor and the patient. Representative Croft noted; however, that there was also substantial testimony which went the other way. He stated that the only way they could delete the "of health" language was if members were convinced, to a moral certainty, that it never was necessary. Representative Croft explained that as a non-doctor, he would have difficulty ever having that level of certainty, adding that there was certainly enough conflicting information to say that, in some

professional opinions, including some that treat women in Alaska, that it sometimes was necessary. Because Representative Croft did not know the answer, he felt the exception should be included in the bill.

REPRESENTATIVE PORTER advised members that they had been discussing

HOUSE JUD BASIS - 8 - 03/10/97

legislative findings, and pointed out that there were not any, which was just established by a vote. He stated that the reference to what the legislature intended by those findings was off the table, and irrelevant.

Number 2300

REPRESENTATIVE CROFT moved to amend HB 65, page 1, line 6, following the first occurrence of "life", insert: or health , and following the word "mother", delete [whose life], and insert who .

REPRESENTATIVE PORTER objected for the purpose of discussion.

REPRESENTATIVE CROFT advised members that it was a constitutional requirement, that they were simply acting unconstitutionally if the language was not included. He added that secondly, they would also be acting dispassionately if the proposed legislation would not allow a woman, whose pregnancy was going to cause her health problems, to make the choice of what to do, based on the sound medical judgment that she could obtain, that the legislature would be acting cruelly. Representative Croft stated that to his knowledge, the partial-birth procedure was not in the state of Alaska, but if it were, and the judgment of the woman and her health professional determined it was needed, that it could be done in the state. He noted that the reason members discuss legislative findings, though out of the present version, was that by not including health, members would be substituting their judgment for the judgment of health professionals, which would result in saying: "The constitution requires that you be given the right to protect your life or health, but we've done the work for you, because we found out that this is never needed for health." Representative Croft pointed out that members did not have the qualifications to do that, and would not be aware of the individual situation, and did not know enough about all the medical generalities, or specifics of a diagnosis.

REPRESENTATIVE CROFT stated that more importantly, why were they not doing that with life. He advised members that if they were as confident that the procedure was never necessary to protect life, why was that exception included. Representative Croft suggested that it was because there were situations where that would be needed.

Number 2408

REPRESENTATIVE PORTER spoke against the proposed amendment. He advised members that he came with an open question in his mind regarding the issue of including "health" in the bill to make it constitutional. He pointed out that he was satisfied with the explanation given by Mr. Dozier that that portion of the decision in Roe , must have to do with the life or health, was on a different

plane, which was precisely why he did not want the findings to be a part of the proposed legislation. Representative Porter pointed out that they were only dealing with partial-birth abortions, and he felt it was a distinct enough separation from the issues of Roe to make a consideration of the life of the mother; not the general term "health" that could be one word that would subvert the entire intent of the proposed legislation, to not be unconstitutional at

HOUSE JUD BASIS - 9 - 03/10/97

all. For those reasons, Representative Porter would vote against Amendment 1.

Number 2465

REPRESENTATIVE BERKOWITZ hoped that Representative Porter was still maintaining an open mind. He noted that he had asked Legislative Legal what they had to say about that issue, and they stated that in relation to the "health" amendment, .... [Tape auto-reverse to Side B].

TAPE 97-35, SIDE B  
Number 000

REPRESENTATIVE BERKOWITZ referenced the memorandum by Legislative Legal Counsel which stated: "The amendment that would add 'health' considerations as an exception to the prohibition of partial-birth abortions would bring the bill in line with the U.S. Supreme Court requirement that abortion prohibitions or restrictions on the procedures that may be used, even after viability, must contain exceptions based not only on preserving the pregnant woman's life but also her health. Representative Berkowitz stated that Legislative Legal had a more objective perspective than Mr. Dozier, because, with all due respect, Mr. Dozier was an advocate on behalf of proposed legislation. He pointed out that comments in the past on the efficacy of good lawyering, would say that there was a difference between saying that health was a constitutional requirement, and health was not a constitutional requirement.

REPRESENTATIVE PORTER stated that he would like to see the Legislative Legal opinion; however, not having had the opportunity to read the document, with only one sentence being referred to, that it would be difficult to respond to.

REPRESENTATIVE BERKOWITZ advised members he would have been happy to have provided the information to members, but he had only just recently received it.

CHAIRMAN GREEN called a five minute recess for the purpose of providing committee members a copy of the document Representative Berkowitz referred to. The meeting recessed at 2:09 p.m., and was reconvened at 2:11 p.m.

Number 079

CHAIRMAN GREEN pointed out that members had reviewed the document referred to by Representative Berkowitz, and asked if there was any other discussion of committee members.

REPRESENTATIVE ROKEBERG wondered if Mr. Dozier would want to

comment on the memorandum, because he felt it was an opinion of defensibility, more than a constitutional issue.

CHAIRMAN GREEN asked that Mr. Dozier approach the witness table.

REPRESENTATIVE ROKEBERG further stated that the opinion was not only defensible, but constitutional, and that was the issue before members, as to whether the word and concept of "health" was a fatal

HOUSE JUD BASIS -10 - 03/10/97

defect in the draft of the legislation. He asked that Mr. Dozier respond if the absence of the word "health" would be constitutionally defensible, or if it was a constitutional flaw, and not defensible.

MR. DOZIER expressed that he had not yet read the opinion provided by Legislative Legal; however, in his opinion, the absence of the word "health" was very defensible. He pointed out that members would have to look at the specific procedure that the bill addressed, by using two different standards. One was the viability standard, or the pre-viability standard, and the other standard was the period after which the baby became viable. Mr. Dozier advised members that in the pre-viability stage of the pregnancy, that determining whether or not a given regulation was constitutional, or not, that one would have to look whether there was an undue burden. He pointed out that the Supreme Court had defined that very explicitly to mean placing a substantial obstacle in the path of a woman who was attempting to make a decision about abortion.

MR. DOZIER pointed out that "health" was already protected, in the state of Alaska, and if abortion was needed to preserve a woman's health, that the proposed legislation would not take anything from that; there was no substantial obstacle. He noted that that was the pre-viability stage. The viability stage of the pregnancy had a different test, which was even more lenient to governmental regulations, and one could say, "no abortions at all, period. Can't use abortion practice A, procedure D, procedure C;" et cetera, et cetera, as long as there was an exception for health and the life of the mother. Mr. Dozier advised members that in the case before them, they were not doing that. What members would be endorsing, was that the particular procedure referred to in the bill, could not occur in the state of Alaska. Mr. Dozier continued to point out that everything in place would remain in place and, consequently, a provision for the health of a mother currently existed.

Number 230

REPRESENTATIVE BERKOWITZ stated that it appeared to him that if there already was provision for health of the mother, that there should be no objection to reinserting "health of the mother" back into the bill. He expressed that that was done, at a regular time, to reaffirm what the legislative intent was. Representative Berkowitz felt it was important that HB 65 reflect the present legislature would not do anything to jeopardize the health, or the life, of a pregnant mother. He thought that by including the word "health", they would be underscoring what Mr. Dozier conceded was already a part of present law.

CHAIRMAN GREEN expressed that there were two attorney members on the House Judiciary Committee, and those members, having consulted with several other attorneys, that it appeared that the issue was a decision matter, rather than a requirement. He noted that he could understand the reason for including the language for health purposes, and could understand the desire to not include it because of the possibility that it would create a confusion, if not an

HOUSE JUD BASIS -11 - 03/10/97

absolute problem. Chairman Green stated that what he would like to enter into the record, was that it was an opinion, and a matter of conjecture among attorneys, just as the procedure itself, was a matter of conjecture among the medical people. Chairman Green pointed out that members had heard from influential people, and high ranking members of the medical profession, who had stated that it was absolutely not necessary. Friday, the committee heard from Dr. Nakamura, who stated that he thought there could be times when it might be necessary.

CHAIRMAN GREEN felt that what the committee was faced with was a conjectural situation, as to whether or not "health" should be included in the proposed legislation, as well as the "life endangerment; and whether or not the particular procedure addressed, would be the only ramification to protect the mother's life. His feeling on the issue was that neither were necessary.

CHAIRMAN GREEN stated that if the House Judiciary Committee, and the present legislature, wanted to pass a ban on the procedure addressed in HB 65, through an avenue of escape because of the necessity for the protection of the life only; not for health, or psychologic reasons, et cetera; that it would certainly be in the purview of the legislature to do so, adding that he felt it would withstand legal muster.

REPRESENTATIVE BUNDE felt that one of the concerns that people had who were particularly opposed to partial-birth abortion, or any abortive procedure, was that a woman might choose to undergo the procedure on a whim, or because it could cause her some mental distress, or whatever. He thought that by adding the word "health", after "life" on line 6, in both instances, would read; "mother whose life, or health is endangered by the physical disorder, illness or injury, ...". Representative Bunde pointed out that they were not considering a notion where someone could claim mental duress; but a serious health problem.

CHAIRMAN GREEN countered Representative Bunde's analogy regarding non-medical, and stated that ulcers were also a result of stress which was a physical disorder that could be brought about by the attitude of a mother.

REPRESENTATIVE BUNDE expressed that it had been found that ulcers were brought on by a particular bacteria, not by stress; however understood the point Chairman Green was making.

CHAIRMAN GREEN stated that it was yet conjectural, that there was an attitude that prevailed among the medical profession, that if one could keep their spirits up, one would heal faster.

REPRESENTATIVE ROKEBERG expressed his appreciation of the discussion that was taking place. He stated that while sitting, indulging in medical expertise, members should know what they were talking about when, obviously, they did not; however, stated that that was okay, and that's why they were where they were.

REPRESENTATIVE ROKEBERG advised members that in reviewing the record and considering the testimony provided by Dr. Koop [Ph], that said he saw no reason for the procedure if, in fact, the

HOUSE JUD BASIS -12 - 03/10/97

health of the mother was jeopardized, that there were other alternatives. He further stated that while reading the testimony of Dr. Ritche, which reflected that only in the case of a very complicated pregnancy, if there was lethal fetal abnormality, or life threatening, maternal medical complication, that the procedure under discussion would not even be contemplated from a medical view point. Representative Rokeberg expressed that if there were no other arguments that might overcome his concern relating to the constitutionality of omitting the word "health", that he would be voting against the amendment.

Number 468

REPRESENTATIVE JAMES advised members that she was completely comfortable with existing language, and pointed out that the intent of Roe v. Wade, which indicated that law could not prohibit abortion, because of the life or health of the mother, was not included in the proposed legislation because it dealt with one specific procedure. She advised members that she would also vote against the amendment.

CHAIRMAN GREEN asked if the objection was still maintained on the adoption of Amendment 1. Representative Porter and Rokeberg maintained their objection, and a roll call vote was taken. In favor: Representatives Bunde, Croft and Berkowitz. Opposed: Representatives Porter, Rokeberg, James and Chairman Green. Amendment 1 failed adoption, 4 to 3.

Number 507

REPRESENTATIVE CROFT moved to adopt Amendment 2; page 1, line 11, following the word "means", delete [an], and page 1, line 11, following the word "means", insert, a third trimester. Representative Porter objected.

REPRESENTATIVE CROFT explained that the issue that had been the most troubling for everyone, and the most troubling for him, was the idea that a partial-abortion procedure could be done on a healthy baby in the late stages of the pregnancy. Amendment 2 would address that specific concern, making it illegal when done in the third trimester. Representative Croft felt the amended language would go a long way towards curing the constitutional concerns. He pointed out that none of the committee members were experts, even the attorney members, but stated that in his humble opinion, without both of the amendments, or certainly without either one, he would confidently tell the committee that the law would not be upheld in a court of law, if enacted in its present

form, and would be overturned as a violation of constitutional rights.

CHAIRMAN GREEN asked if Representative Kott found, through his research, that there was viability earlier than the start of the third trimester.

REPRESENTATIVE KOTT advised members that was what he discovered during his research of the entire issue, that there was viability prior to the beginning of the seventh month.

HOUSE JUD BASIS -13 - 03/10/97

CHAIRMAN GREEN stated that if the bill was enacted in its present form, that there could be viable babies/fetus, that would be subject to the type of abortion addressed in the bill.

REPRESENTATIVE KOTT advised members that would be correct. He added that he felt the bill would withstand constitutional muster without Amendment 2. Representative Kott noted that they now had two conflicting views, as he suspected there would be many conflicting views, depending on who a person talked to, and what side of the issue they stood on.

REPRESENTATIVE BERKOWITZ reiterated that the bill was unconstitutional in its present form, and he was fully confident that when it got to the courts, which it would, the courts would confirm that position.

Number 662

REPRESENTATIVE JAMES pointed out that this was her fifth legislative session, and she had been a member of the House Judiciary Committee for two years. She expressed that while sitting on the House Judiciary Committee, she had seen legal opinions submitted on both sides of an issue; it is constitutional, it is not constitutional. Representative James provided an example whereby the legislature passed legislation that would phase out the longevity bonus program. Two legal opinions were presented, with one stating that it would definitely be unconstitutional, and the other said it was not. That law was challenged, went to court, and was found to be constitutional. Representative James felt that to second guess the courts on the issue before members, was not the issue. The issue before her was whether or not to prohibit a gruesome procedure, and whether or not it would make good sense to allow it to occur, where a baby is partially delivered, and then killed before completely taken from the uterus. That, to her, was not acceptable, and she felt members had heard plenty of testimony that indicated there were other methods. Representative James pointed out that they had just heard testimony which reflected that the procedure was used as an elective on healthy babies, and that was what HB 65 was attempting to do; to prohibit the use of that specific procedure for electives.

REPRESENTATIVE JAMES stated with respect to Amendment 2, separating it to the third trimester would not necessarily address viability. She did not believe viability could be separated by saying, "third trimester". Representative James pointed out that viability in court cases prior to now, had a different connotation than a third trimester. She expressed that she would be voting against

Amendment 2.

REPRESENTATIVE PORTER maintained his objection to adoption of Amendment 2.

CHAIRMAN GREEN requested a roll call vote. In favor: Representatives Bunde, Croft and Berkowitz. Opposed: Representatives Porter, Rokeberg, James and Chairman Green. Amendment 2 failed adoption, 4 to 3.

Number 1000

HOUSE JUD BASIS -14 - 03/10/97

REPRESENTATIVE JAMES moved to report CSHB 65(JUD) out of committee, with individual recommendations and attached fiscal notes. Representative Bunde objected.

REPRESENTATIVE BUNDE advised members that he had a great deal of empathy for a number of the folks who had testified who were pro-life, and felt disenfranchised because of Roe v. Wade. He did not feel, at any time, that the legislation before them would address that case, or change anything. Representative Bunde expressed that from that point of view, those people deserved some level of comfort that their point of view was being addressed.

REPRESENTATIVE BUNDE pointed out that the other side of that argument did not accomplish much, because it would not get to Roe v. Wade, and for those who viewed the proposed legislation as the first step to make abortion illegal, was a delusion. Representative Bunde recognized that it was unfortunate that some of the issues members had to face had heavy, philosophical connotations. He expressed that as in many of those other issues, it came down, for him, to practical application; what would he do if he were in those shoes. Representative Bunde stated that for him, if his wife were to face a life-threatening pregnancy, he would absolutely want her, and counsel her to have access to an abortion to save her life. He stressed that he would not trade his wife for an unborn child; personal, philosophical statement.

CHAIRMAN GREEN asked if Representative Bunde was speaking to partial-birth abortion, or abortions, in general.

REPRESENTATIVE BUNDE stated that he was speaking to any abortion.

CHAIRMAN GREEN asked that he keep his comments to the issue of partial-birth abortion, which was what the bill was addressing.

REPRESENTATIVE BUNDE stated that if a partial-birth abortion was what it would take to save his wife's life, he would accept it, and encourage it. However, he stated that when he did that, he was allowing himself that privilege, and he would then have to allow other people their philosophical approach to the situation, and how they would make those decisions. Representative Bunde advised members that he was sympathetic, and understanding of those who felt that abortion was wrong, partial-birth abortion. Having said all that, Representative Bunde expressed that he would not keep the bill from moving forward; however, pointed out that if enacted, and was challenged, overturned by the courts, or appeared at all in any

way to challenge Roe v. Wade , that he would work against it.

CHAIRMAN GREEN asked if there was anyone else that wished to discuss the issue of partial-birth abortion.

REPRESENTATIVE JAMES felt it was very important, that when making a decision of the type of legislation presently before the committee, that it was a specific procedure that would become illegal. And a specific procedure that was very gruesome, and according to all of the testimony, and all of the investigations that she had had the ability to read and understand, was that it was not a necessary procedure. She expressed that they had included the caveat, that in case it was a procedure necessary to

HOUSE JUD BASIS -15 - 03/10/97

save the life of the mother, that it was a procedure that could be used. Representative James advised members that she agreed with Representative Bunde, that the life of the mother was over and above the life of an unborn child. However, stated that in any event, she felt they should not stray from the fact, that what the proposed legislation did was restrict one specific abortion procedure, and not in any way, shape or form, reduce any ability for anyone to get an abortion under current conditions. Representative James felt it was very important to make that clear.

REPRESENTATIVE BERKOWITZ stated that during testimony, members had heard a lot of what he considered as being fairly sanctimonious, moralizing about abortion, in general; however, he would restrict his comments solely to the question of what he termed, late term abortions because that was the procedure that was at issue. He felt members, unwillingly, become the vehicles for inflammatory language which served to divide people of good will by succumbing to terms with something like partial-birth abortion.

Representative Berkowitz pointed out that it was a procedure, a medical procedure, and doctors, every doctor he'd known, took a Hippocratic oath, not to do anything that would jeopardize the health or well being of a person. It seemed to him that when members circumscribe the procedures available to a doctor, they would be limiting the ability of a doctor to treat a patient. Representative Berkowitz stressed that he knew of no other procedure the state of Alaska had banned, much less, attached a C felony to. Representative Berkowitz felt they were taking an undo step forward; it was not a question in his mind of just limiting a medical procedure, it was also chipping away at abortion rights. He believed that was an unfortunate step to take, and was sorry members were being used as a vehicle for something that was divisive, pointing out that it was a procedure that had never been performed in the state of Alaska. Yet, it would cause a great deal of consternation, in the general public, and a great deal of outcry, because people felt so passionately about it. Representative Berkowitz stated that rather than letting a symbolic bill just die on the vine, the members had chosen to go forward with it, and he regretted that and would be voting against passage of the bill.

CHAIRMAN GREEN reminded members that there were drugs used in other places, and procedures used in foreign countries that were not acceptable in the state of Alaska, so he thought to limit a specific abortion procedure, would not create a problem of

attempting to decide whether it would one's spouse, or the baby that lived. He stated that if it was necessary in order to protect the mother, that he would never, ever trade his wife for an unborn child. Chairman Green noted that, by the same token, he would not sacrifice that child on a "maybe" diagnosis, because he would also hold the life of the child in high regard. Chairman Green reiterated that they were not addressing the issue of abortion, but one specific procedure that would be banned in the state. He expressed that that was what members should keep focused on, not the total idea of abortion.

Number 1200

CHAIRMAN GREEN noted that there had been objection, and asked if

HOUSE JUD BASIS -16 - 03/10/97

the objection was maintained. The objection was maintained, and Chairman Green requested a roll call vote: In favor: Representatives Bunde, Porter, Rokeberg, James and Chairman Green. Opposed: Representatives Croft and Berkowitz. CSHB 65(JUD) was moved out of the House Judiciary Committee by a vote of 5 to 2.

REPRESENTATIVE BUNDE expressed that he had a bill up in the House Finance Committee, and asked that he be excused.

REPRESENTATIVE ROKEBERG requested a brief at-ease.

CHAIRMAN GREEN called a brief at-ease at 2:37 p.m. The meeting reconvened at 2:41 p.m.

HOUSE JUD BASIS -17 - 03/10/97

**HB**

**69**

# FISCAL NOTE

No. 2

Bill Version: SS HB 69

STATE OF ALASKA  
1997 LEGISLATIVE SESSION

BILL NO:

(H) Publish Date: 2/13/97

Revision Date: \_\_\_\_\_ Dept. Affected: Public Safety  
 Title: Flunitrazepam Made Schedule IA Drug BRU: Alaska State Troopers  
 Component: Narcotics Task Force  
 Sponsor: Rep. Vezey  
 Requestor: House Judiciary COMPONENT SERIAL NO. 798

**EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)**

	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
<b>OPERATING</b>						
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CHANGE IN REVENUES ( )</b>	-0-	-0-	-0-	-0-	-0-	-0-
Revenue Code						

**FUNDING: (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-

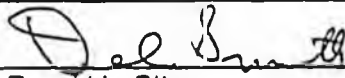
Estimate of current year (FY 97) impact: \$ \_\_\_\_\_

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary.)

This bill would make flunitrazepam a schedule IA drug. This would have no significant fiscal impact on AST.

Prepared By: Capt. Ted M. Bachman Phone: 269-5650  
 Division: Alaska State Troopers Date: 02/11/97  
 Approved by Commissioner:  Date: 2/11/97  
 Agency: Department of Public Safety

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**COMMITTEE COPY**

# FISCAL NOTE

No. 1  
 Bill Version: SS HB 69  
 (H) Publish Date: 2/13/97

**STATE OF ALASKA  
 1997 LEGISLATIVE SESSION**

Revision Date: \_\_\_\_\_ Dept. Affected: Department of Law  
 Title: "An Act . . . designating flunitrazepam as a BRU: Criminal Division  
schedule IVA controlled substance . . ." Component: Criminal Division  
 Sponsor: Representative Vezey  
 Requester: House Judiciary Committee COMPONENT SERIAL NO. 2085

**Expenditures/Revenues (Thousands of Dollars)**

OPERATING EXPENDITURES	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ( )						
------------------------	--	--	--	--	--	--

**FUND SOURCE (Thousands of Dollars)**

FUND SOURCE	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY97) cost: \$ 0.0

**POSITIONS**

POSITIONS	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME						
TEMPORARY						

**ANALYSIS: (Attach a separate page if necessary)**

This bill designates the drug flunitrazepam, the "date-rape" drug, as a schedule IVA controlled substance. Passage of this legislation will have no fiscal impact on the Department of Law.

Prepared by: Joan M. Kasson *Joan M. Kasson*  
 Division: Administrative Services Division  
 Approved by Commissioner: Bruce M. Botelho, Attorney General *Bruce M. Botelho*  
 Agency: Department of Law

Phone: 465-5370  
 Date: 2/11/97  
 Date: 2/11/97

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DATE: 3/12/97

FURTHER:

DATE TURNED  
IN TO OFFICE: 3/19/97

Judiciary Committee considered SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 69

"An Act relating to designating flunitrazepam as a schedule IVA controlled substance; and providing for an effective date."

and recommends:

- be replaced with \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt Letter of Intent by \_\_\_\_\_ Committee
- further referral to the \_\_\_\_\_ Committee

- Senate Bill:**
- same title
  - new title
- House Bill:**
- same title
  - technical change
  - new: SCR# \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>Yrue Teava</i>	✓				
<i>Sean P. Powell</i>	✓				
<i>John Ellis</i>	✓				
CHAIR: <i>Adrian Taylor</i>	✓	CHAIR:			

**NEW FISCAL NOTE(S):**

Department	Date	Zero	Fiscal

**PREVIOUS <sup>House</sup> FISCAL NOTE(S):\***

Department	Date	Zero	Fiscal
<i>Law/Criminal</i>	<i>2/11/97</i>	<i>Ø</i>	
<i>PUBLIC SAFETY/AST</i>	<i>2/11/97</i>	<i>Ø</i>	

APPROPRIATION -- no fiscal note

\*include fiscal notes accompanying Governor's bill

**ALASKA NETWORK ON  
DOMESTIC VIOLENCE AND SEXUAL ASSAULT**  
130 Seward, Rm 501 Juneau, Alaska 99801 (907) 586-3650 (907) 463-4493 fx

Statement Regarding SB94/HB69  
February 1997

The Alaska Network on Domestic Violence and Sexual Assault (Network) is the statewide coalition of community domestic violence and sexual assault intervention programs for Alaska. Twenty full member and five supporting member programs provide shelter, advocacy, crisis intervention and, information and referral services to victims seeking assistance in ending the violence being perpetrated against them. The Network works to promote institutional and systemic change necessary to end violence against women.

*The Network supports placement of flunitrazepam (rohypnol) on the list of controlled substances as a Schedule IVA substance. The federal DEA is considering moving rohypnol from Schedule IVA to Schedule I. The Network would also support the substance being moved to Schedule I as soon as the federal change is made.*

Rohypnol is a sedating substance. It is a prescription sleeping medication available outside of the United States. It is also used as a preanesthetic before surgery or other medical procedures in several countries. Rohypnol is not marketed in this country and a ban on its importation went into effect in March of 1996.

Rohypnol's sedating effect can be exacerbated by the presence of alcohol, a person's sensitivity to the drug, or an increase in the dosage. Its effects generally begin within 20 to 30 minutes of entering a person's system. Its strongest effects occur within one to two hours and, its overall effects usually last from six to eight hours.

Sedating substances such as rohypnol can temporarily inhibit a person's ability to remain awake and conscious. Other possible side effects include impaired judgment, confusion, loss of motor coordination, and dizziness. Periods of impaired memory may also result from being administered a sedating substance such as rohypnol.

Two of rohypnol's street names "the forget pill" and the "date rape drug" demonstrate the malicious intent behind its misuse in the United States. Rapists use the drug to keep victims from being able to resist and as a defense against being caught. Because survivors will have been heavily sedated, they probably will not have complete recall of the rape. They may be uncertain about exactly what happened and who was involved. The inability of a victim to recall facts makes prosecution of a rape where rohypnol was used very difficult.

According to statistics in the US Department of Justice Sourcebook of Criminal Justice Statistics, Alaska has over one and a half times the national average of sexual assaults per capita. Please support the effort to reduce the number of rapes in our state and take away one of the rapist's more insidious tools.

# Alaska State Legislature

**Interim Address:**

119 N. Cushman, Suite 211  
Fairbanks, AK 99701  
(907)-456-5081  
Fax# (907)-456-8245  
Official Business



**Session Address:**

Room 13  
State Capitol  
600 North 3rd Ave  
Fairbanks, AK  
99801-1182

## Representative Al Vezey

February 25, 1997                      Status Report

### SSHB 69

"An Act relating to designating flunitrazepam as a schedule IVA controlled substance; and providing for an effective date."

Sponsor(s): REPRESENTATIVE(S) VEZEY

Current Status: (H) AWAIT NEXT COM    Status Date: 2/24/97

Jrn-Date	Jrn-Pg	Action
1/15/97	67 (H)	READ THE FIRST TIME - REFERRAL(S)
1/15/97	67 (H)	JUDICIARY, FINANCE
2/07/97	264	(H) SPONSOR SUBSTITUTE INTRODUCED-REFERRALS
2/07/97	264	(H) READ THE FIRST TIME - REFERRAL(S)
2/07/97	264	(H) JUDICIARY, FINANCE
2/12/97		(H) JUD AT 1:00 PM CAPITOL 120
2/13/97	331	(H) JUD RPT 6DP 1NR
2/13/97	331	(H) DP: GREEN, PORTER, ROKEBERG, CROFT
2/13/97	331	(H) JAMES, BUNDE
2/13/97	331	(H) NR: BERKOWITZ
2/13/97	331	(H) 2 ZERO FISCAL NOTES (LAW, DPS)
2/13/97	331	(H) REFERRED TO FINANCE
2/24/97		(H) FIN AT 1:30 PM HOUSE FINANCE 519
2/24/97		(H) RPT RECD AWAIT TRANSMITTAL NXT COM
2/24/97		(H) FIN RPT 10 DP
2/24/97		(H) DP: THERRIAULT, HANLEY, MULDER, MARTIN
2/24/97		(H) KOHRING, DAVIES, GRUSSENDORF, MOSES
2/24/97		(H) KELLY, FOSTER
2/24/97		(H) 2 ZERO FISCAL NOTES (LAW, DPS) 2/13/97

SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 69  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTIETH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE VEZEY

Introduced: 2/7/97

Referred: Judiciary, Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to designating flunitrazepam as a schedule IVA controlled  
2 substance; and providing for an effective date."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 \* Section 1. AS 11.71.170(b) is amended by adding a new paragraph to read:

5 (27) flunitrazepam.

6 \* Sec. 2. This Act takes effect immediately under AS 01.10.070(c).

HOUSE BILL NO. 69  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTIETH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE VEZEY

Introduced: 1/15/97  
Referred: Judiciary, Finance

A BILL  
FOR AN ACT ENTITLED

1 "An Act relating to designating flunitrazepam as a schedule IA controlled  
2 substance; and providing for an effective date."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 \* Section 1. AS 11.71.140 is amended by adding a new subsection to read:

5 (e) Schedule IA includes, unless specifically excepted or unless listed in  
6 another schedule, any material, compound, mixture, or preparation which contains any  
7 quantity of the following substance, including its salts, isomers, and salts of isomers  
8 whenever the existence of these salts, isomers, and salts of isomers is possible within  
9 the specific chemical designation: flunitrazepam.

10 \* Sec. 2. This Act takes effect immediately under AS 01.10.070(c).

WORK ORDER REQUEST FORM

W.J. [20] LS-0303

KEYWORDS: CRIME/CRIMINAL PROCEDURE ASSIGNED: Luckhaupt

DRUGS

REQUEST FOR: New Bill

TAKEN BY: Barnes

SUBJECT: Crimes Related to Rohypnol

REQUESTED FOR: REP VEZEY BY: Joseph Easaw PHONE: 456-5081

DELIVER TO: Rep. Vezey, Cap. 13

INSTRUCTIONS: Draft bill relating to Rohypnol, per attached.

OBTAIN	SPECIAL DRAFTING INSTRUCTIONS ATTACHED [ ] AUTHORIZED TO CONFER WITH _____ _____ RETURN _____ _____ TO REQUESTOR APPROVED: <u> X </u> DIRECTOR, LEGAL SERVICES
--------	---

REVIEWED \_\_\_\_\_

IN 01/02/97 DUE \_\_\_\_\_

TYPED: Draft \_\_\_\_\_ Date \_\_\_\_\_

Final \_\_\_\_\_ Date \_\_\_\_\_

PROOFED \_\_\_\_\_ DELIVERED \_\_\_\_\_

SPECIAL INSTRUCTIONS to TYPING/PROOFING

\_\_\_\_\_

\_\_\_\_\_

Request for DRAFT

# Alaska State Legislature

## House of Representatives

Interim Address:  
119 N. Cushman, Suite 211  
Fairbanks, AK 99701  
(907)-456-5081  
Fax# (907)-456-8245

Session Address:  
Room 13



Official Business

State Capitol  
Juneau, Alaska 99801-1182

Representative Al Vezey

### HB 69

### CLASSIFYING FLUNITRAZEPAM AS A CONTROLLED SUBSTANCE

Flunitrazepam, trade name Rohypnol, is known by street names that include Roaches, Roches, Rocha, Rophies, Roofies, Ruffies, Ropes, and Rib. The drug induces deep sleep and causes amnesia. Illegal use of this drug is on the increase in the United States and its illegal use has been suspected in Alaska. Rohypnol is a drug that is not readily detectable in urine by using a standard urine test.

The most heinous illegal use of this drug is to slip it into the drink of a female as a prelude to rape. Typically the victim does not remember what happened for several hours after ingesting the drug.

Victims of drug induced rape can not identify their victims and conviction are difficult and rare. This bill would make the mere possession of this drug a serious crime in the same class as sexual assault in the first degree. HB 69 sends a clear message that we will not tolerate in our society those who would perpetrate sexual abuse.

*Flunitrazepam is the generic name for a drug in the class of prescription medicines known as benzodiazepines. It is manufactured in Europe and Latin American by Hoffman-La Roche under the trade name Rohypnol.*

# Alaska State Legislature

Interim Address:  
119 N. Cushman, Suite 211  
Fairbanks, AK 99701  
(907)-456-5081  
Fax# (907)-456-8245

Official Business



Session Address:  
Room 13  
State Capitol  
Juneau AK  
99801-1182  
(907)-465-3719

Representative Al Vezey

January 17, 1997

Kendal Kaihoi  
Board of Pharmacy  
4737 Villanova Drive  
Fairbanks, AK 99709

Dear Kendal:

Enclosed is a copy of a bill I have filed that classifies flunitrazepam as a controlled substance under state law. Federal law currently classifies this as a controlled substance.

The effect of this bill would be to make the possession of flunitrazepam with the intent to manufacture or distribute a Class A felony under Alaska law. The distribution of flunitrazepam to minors would become an unclassified felony.

Federal law currently prohibits the manufacture or distribution of flunitrazepam in the United States.

I would appreciate any comments you have on HB 69 or flunitrazepam. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Al Vezey".

Rep. Al Vezey

cc: Jo Dawson, Licensing Examiner

Flū nī trāz é pām

# ALASKA STATE LEGISLATURE

## News From The House Majority

web site: <http://www.akrepublicans.org>

State Capitol  
Juneau, AK 99801  
Actuality line: 1-800-478-6540

Ken Freeman  
Press Secretary

(907) 465-3804

### Use of Date Rape Drug To Become Felony

For Immediate Release: February 18, 1997

Contact: Rep. Al Vezey (907) 465-3719

JUNEAU - Legislation introduced in the House of Representatives February 7<sup>th</sup> by Representative Al Vezey (R-Fairbanks) classifies Flunitrazepam, the "date rape" drug, as a controlled substance. The bill would classify the drug as a Schedule IV(A) controlled substance and makes possession of the drug a felony.

HB 69 has been passed out of the House Judiciary Committee and is awaiting action by the House Finance Committee. Currently the use of Rohypnol is covered under federal law. Alaska does not have any state law governing its use.

Rep. Vezey said that Flunitrazepam, trade name Rohypnol, is known by street names that include Roaches, Roches, Rocha, Rophies, Roofies, Ruffies, Ropes and Ribs. The Alaska Scientific Crime Detection Laboratory is in the process of verifying evidence believed to be the first evidence of Rohypnol's presence in Alaska from the first arrest involving the possession of Rohypnol.

According to Everett Clary, controlled substance supervisor with the State Crime Lab, Rohypnol is making its way to Alaska.

"Within the last few weeks we do have what looks to be our first drug possession case of a large quantity of Rohypnol," said Clary.

Clary noted that in his personal view, Alaska falls three or four years behind other states when it comes to drug use.

"Rohypnol is currently a big problem in the U.S. The use in Alaska has just begun and I think it is time for us to have this legislation in place to be ready for its potential use in our state," said Clary.

Rep. Vezey introduced HB 69 because he said Rohypnol is becoming a growing threat to teenagers and young adults. Vezey said that middle and high school students, college students, and street gangs use Rohypnol to boost and prolong the intoxicating effects of alcohol, while heroin addicts use the drug to increase the high produced by heroin and cocaine addicts use Rohypnol to moderate the effects of a cocaine binge.

"The most heinous illegal use of this drug is to slip it into the drink of a female as a prelude to rape. The drug induces deep sleep and causes amnesia. Victims of drug induced rape can not identify their victims and convictions are difficult and rare. HB 69 sends a clear message that we will not tolerate those who would perpetrate sexual abuse in our society," said Vezey.

Vezey noted that one way to make safer communities is to make sure that the illegal use of drugs like Rohypnol are classified as controlled substances and the offenders are punished as felons.

Broadcast Note: An audio actuality is available by calling 1-800-478-6540.

###

# FISCAL NOTE

STATE OF ALASKA  
1997 LEGISLATIVE SESSION

BILL NO. SSHB 69

Revision Date: \_\_\_\_\_ Dept. Affected: Department of Law  
 Title: "An Act . . . designating flunitrazepam as a BRU: Criminal Division  
schedule IVA controlled substance . . ." Component: Criminal Division  
 Sponsor: Representative Vezey  
 Requester: House Judiciary Committee COMPONENT SERIAL NO. 2085

**Expenditures/Revenues (Thousands of Dollars)**

OPERATING EXPENDITURES	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ( )						
------------------------	--	--	--	--	--	--

**FUND SOURCE (Thousands of Dollars)**

FUND SOURCE	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF Program Receipts						
1005 GF MMTA						
Other						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY97) cost: \$ 0.0

**POSITIONS**

POSITIONS	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME						
TEMPORARY						

**ANALYSIS:** (Attach a separate page if necessary)

This bill designates the drug flunitrazepam, the "date-rape" drug, as a schedule IVA controlled substance. Passage of this legislation will have no fiscal impact on the Department of Law.

Prepared by: Joan M. Kasson *Joan M. Kasson*  
 Division: Administrative Services Division  
 Approved by Commissioner: Bruce M. Botelho, Attorney General *Bruce M. Botelho*  
 Agency: Department of Law

Phone: 455-5370  
 Date: 2/11/97  
 Date: 2/11/97

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SSHB 69

"An Act relating to designating flunitrazepam as a schedule IVA controlled substance; and providing for an effective date."

Sponsor(s): REPRESENTATIVE(S) VEZEY

Current Status: (H) FIN

Status Date: 2/13/97

Jrn-Date	Jrn-Pg		Action
1/15/97	67	(H)	READ THE FIRST TIME - REFERRAL(S)
1/15/97	67	(H)	JUDICIARY, FINANCE
2/07/97	264	(H)	SPONSOR SUBSTITUTE INTRODUCED- REFERRALS
2/07/97	264	(H)	READ THE FIRST TIME - REFERRAL(S)
2/07/97	264	(H)	JUDICIARY, FINANCE
2/12/97		(H)	JUD AT 1:00 PM CAPITOL 120
2/13/97	331	(H)	JUD RPT 6DP 1NR
2/13/97	331	(H)	DP: GREEN, PORTER, ROKEBERG, CROFT
2/13/97	331	(H)	JAMES, BUNDE
2/13/97	331	(H)	NR: BERKOWITZ
2/13/97	331	(H)	2 ZERO FISCAL NOTES (LAW, DPS)
2/13/97	331	(H)	REFERRED TO FINANCE

# FISCAL NOTE

STATE OF ALASKA  
1997 LEGISLATIVE SESSION

BILL NO: HB 69

Revision Date: \_\_\_\_\_ Dept. Affected: Public Safety  
 Title: Flunitrazepam Made Schedule IA Drug BRU: Alaska State Troopers  
 Component: Narcotics Task Force  
 Sponsor: Rep. Vezey  
 Requestor: House Judiciary COMPONENT SERIAL NO. 798

**EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)**

	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
OPERATING						
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
CHANGE IN REVENUES ( ) Revenue Code	-0-	-0-	-0-	-0-	-0-	-0-

**FUNDING: (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program						
1006 GF/MHTIA						
Other						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

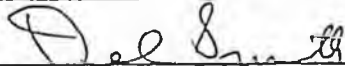
Estimate of current year (FY 97) impact: \$ \_\_\_\_\_

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

**ANALYSIS: (Attach a separate page if necessary.)**

This bill would make flunitrazepam a schedule IA drug. This would have no significant fiscal impact on AST.

Prepared By: Capt. Ted M. Bachman Phone: 269-5650  
 Division: Alaska State Troopers Date: 02/11/97  
 Approved by Commissioner:  Date: 2/11/97  
 Agency: Department of Public Safety

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SSHB 69

"An Act relating to designating flunitrazepam as a schedule IVA controlled substance; and providing for an effective date."

Sponsor(s): REPRESENTATIVE(S) VEZEY

Current Status: (H) FIN

Status Date: 2/13/97

Jrn-Date	Jrn-Pg		Action
1/15/97	67	(H)	READ THE FIRST TIME - REFERRAL(S)
1/15/97	67	(H)	JUDICIARY, FINANCE
2/07/97	264	(H)	SPONSOR SUBSTITUTE INTRODUCED- REFERRALS
2/07/97	264	(H)	READ THE FIRST TIME - REFERRAL(S)
2/07/97	264	(H)	JUDICIARY, FINANCE
2/12/97		(H)	JUD AT 1:00 PM CAPITOL 120
2/13/97	331	(H)	JUD RPT 6DP 1NR
2/13/97	331	(H)	DP: GREEN, PORTER, ROKEBERG, CROFT
2/13/97	331	(H)	JAMES, BUNDE
2/13/97	331	(H)	NR: BERKOWITZ
2/13/97	331	(H)	2 ZERO FISCAL NOTES (LAW, DPS)
2/13/97	331	(H)	REFERRED TO FINANCE

Documented Federal (DEA and U.S. Customs) plus State and Local Law Enforcement Cases Involving Flunitrazepam Collected as of December 24, 1996. (Information was collected by Dr. James M. Tolliver, Drug and Chemical Evaluation Section, Office of Diversion Control, DEA)

**STATE AND LOCAL CASES** 3230

**DEA CASES** 136

1987 to December 1996  
(Arizona, California, Florida, Georgia,  
Illinois, Kansas, Maryland, New Mexico, New York,  
Oklahoma, Rhode Island, Puerto Rico,  
South Carolina, Tennessee, Texas, Virginia, Alabama)

**CUSTOMS CASES (Mail Seizures)**

January 1990 To December 1995 68  
Violator Residence: Connecticut, Colorado,  
Florida, Hawaii, Massachusetts, New Jersey,  
New York, North Carolina, Texas

January 1996 To October 1996 37  
Violator Residence: California, Florida  
Hawaii, Illinois, Massachusetts, Minnesota  
New Jersey, New York, Texas, Washington

**CUSTOMS CASES (Non-Mail Seizures)**

January 1990 To January 1996 196  
Violator Residence: Alabama, Arkansas,  
Arizona, California, Florida, Georgia,  
Indiana, Kansas, Louisiana, Mexico,  
Mississippi, New York, Ohio, Oklahoma,  
South Carolina, Tennessee, Texas, Virginia

January 1996 to October 1996 105  
Violator Residence: Alabama, Arizona,  
California, Colorado, Florida, Hawaii,  
Illinois, Louisiana, Maryland, Massachusetts,

New Jersey, New York, Oklahoma, Pennsylvania,  
Texas, Washington

**TOTAL LAW ENFORCEMENT CASE**

3773

Numbers of State and Local Law Enforcement Cases Involving Flunitrazepam Documented As Of December 24, 1996. (Information was collected by Dr. James M. Tolliver, Drug and Chemical Evaluation Section, Office of Diversion Control, within the Drug Enforcement Administration).

Alabama	21
Arizona	97
Arkansas	2
California	38
Connecticut	1
Florida	1159
Georgia	14
Hawaii	2
Illinois	2
Indiana	3
Kansas	7
Louisiana	193
Maryland	3
Michigan	1
Minnesota	2
Mississippi	31
Missouri	1
Montana	1
Nevada	1
New Jersey	3
New Mexico	3
New York	10
North Carolina	10
North Dakota	1
Ohio	3
Oklahoma	86
Oregon	1
Pennsylvania	1
Rhode Island	1
South Carolina	1
Tennessee	2
Texas	1538
Virginia	3
Washington	1
TOTAL	3230

*HLR Service  
A Member of the Roche Group*

Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Mr. Kendal Kahoi  
Board of Pharmacy  
4737 Villanove Drive  
Fairbanks, AK 99709

Dear Mr. Kahoi:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

Representative Vezey has just introduced SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 69.

We at Roche are pleased to *support* SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 69, which I have enclosed.

At Hoffmann-La Roche, the manufacturer of Rohypnol, we are extremely concerned by the issue of drug-induced sexual assault and reports that one of our medications may be one of the many misused in this way.

Rohypnol belongs to the class of medications known as benzodiazepines, which collectively have more than 30 years of medical use for the treatment of a variety of central nervous system conditions. They are currently classified in the United States in Schedule IV of the Federal Controlled Substances Act.

I am happy to answer any questions you may have and welcome the opportunity to speak with you further on this issue.

Sincerely,

Jon C. Christensen

Enclosure

cc: Representative Al Vezey

*HLR Service  
A Member of the Roche Group*

Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Barry Christensen, RPh.  
Island Pharmacy  
3235 Tongrass Avenue  
Ketchikan, AK 99901

Dear Mr. Christensen:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

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Sincerely,

Jon C. Christensen

Enclosure

cc: Representative Al Vezey

*HLR Service*  
*A Member of the Roche Group*

Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Ms. Erin Casey-Bryne  
Alaska Pharmacist Association  
4107 Laurel Street  
Anchorage, AK 99508

Dear Ms. Carey-Bryne:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

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Jon C. Christensen

Enclosure

cc: Representative Al Vezey

*HLR Service  
A Member of the Roche Group*

Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Ms. Kathy Taylor  
Veterinary Examiners  
333 Willoughby Avenue, Ninth Floor  
Juneau, AK 99801

Dear Ms. Taylor:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

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Sincerely,

Jon C. Christensen

Enclosure

cc: Representative Al Vezey

*HLR Service*  
*A Member of the Roche Group*

**Jon C. Christensen**  
**Senior Regional Manager**  
**State Government Affairs**  
**9707 - 166th Street Court, East**  
**Puyallup, Washington 98373**  
**(206) 770-3741**

---

February 10, 1997

Ms. Katherine Hazelton  
Licensing Examiner  
Board of Dental Examiners  
333 Willoughby Avenue, Ninth Floor  
Juneau, AK 99801

Dear Ms. Hazelton:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

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Sincerely,

Jon C. Christensen

Enclosure

cc: Representative Al Vezey

*HLR Service*  
*A Member of the Roche Group*

Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Ms. Jun Marquis  
Licensing Examiner  
Board of Nursing  
333 Willoughby Avenue, Ninth Floor  
Juneau, AK 99801

Dear Ms. Marquis:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

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Sincerely,

Jon C. Christensen

Enclosure

cc: Representative Al Vezey

*HLR Service*  
*A Member of the Roche Group*

Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Ms. Leslie Abel  
Executive Secretary  
Medical Board  
333 Willoughby Avenue, Ninth Floor  
Juneau, AK 99801

Dear Ms. Abel:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

Representative Vezey has just introduced SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 69.

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Jon C. Christensen

Enclosure

cc: Representative Al Vezey

*HLR Service*  
*A Member of the Roche Group*

Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Ms. Jo Dawson  
Licensing Examiner  
Board of Pharmacy  
333 Willoughby Avenue, Ninth Floor  
Juneau, AK 99801

Dear Ms. Dawson:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

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Enclosure

cc: Representative Al Vezey

*HLR Service*  
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Jon C. Christensen  
Senior Regional Manager  
State Government Affairs  
9707 - 166th Street Court, East  
Puyallup, Washington 98373  
(206) 770-3741

---

February 10, 1997

Mr. Jim Jordan  
Alaska Medical Association  
4107 Laurel Street  
Anchorage, AK 99508

Dear Mr. Jordan:

I had previously written to you regarding House Bill 69 introduced by Representative Al Vezey that would have placed flunitrazepam (the generic name for Rohypnol) in Schedule IA under Alaska state law.

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Sincerely,

Jon C. Christensen

Enclosure

cc: Representative Al Vezey

## GENERAL INFORMATION ON FLUNITRAZEPAM

Prepared by

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

### General Pharmacology

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

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

Flunitrazepam is extensively marketed worldwide (60 to 80 countries) but is not available for medical use in the United States. Flunitrazepam is marketed under a variety of trade names with "Rohypnol" by Roche Pharmaceuticals being the most widely used name. Other trade names include Absint, Bibittoace, Darkene, Fluninoc, Fluni OPT, Flunipam, Flunita, Flunitrazepam-Ratiopharm, Flunizep V.CT, Flupam, Hypnocalm, Hypriodorm, Hypnor, Hypnosodon, Inervon, Metopram N, Narcozep, Nitam, Pamox, Primum, Psiconeurin, Rohipnol, Roipnol, Ronal, Somnubene, Somnubene F, and Valsera.

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
HAVE BEEN REFILMED TO  
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services  
Department of Education  
State of Alaska

## GENERAL INFORMATION ON FLUNITRAZEPAM

Prepared by

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

### General Pharmacology

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

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

It is normally supplied as 0.5, 1 or 2 mg tablets and a 2 mg/ml injectable solution. Where available, flunitrazepam is used primarily as a sedative/hypnotic. For the treatment of insomnia the usual dose is 0.5 to 2 mg taken at bedtime. Flunitrazepam is used either in the tablet or injectable form as a preanesthetic medication prior to surgery. The injectable form is also used as part of a dosage regimen for the induction of anesthesia.

### Adverse Effects

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

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

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

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

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

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

#### **Dependence and Abuse Liability**

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

In some instances, individuals, who abruptly terminate flunitrazepam use for the treatment of insomnia, experience a transient (several days) period of insomnia that is

worse than the insomnia that existed just prior to the time treatment was initiated. This rebound insomnia may be sufficiently intense to cause individuals to have second thoughts about terminating use of flunitrazepam. Such an effect may play a role in the development of dependence to flunitrazepam.

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

### Abuse of Flunitrazepam in the United States

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

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

According to the Up Front Drug Information Center in Miami, Florida, individuals using Rohypnol can be divided into at least three groups. One group are high school teenagers,

college students and others who take Rohypnol in order to potentiate and prolong the intoxicating effects of alcohol. One or two tablets of Rohypnol can in combination with a couple of beers can supposedly produce an intoxication. Rohypnol has recently become known as a "club drug" in some parts of southern Florida. The second group consist of heroin addicts who use Rohypnol to boost the high produced by the heroin, which in Southern Florida, is supposedly of low quality. The third group consist of cocaine addicts who use Rohypnol to either moderate the effects of a cocaine binge or to "parachute down" after a binge of cocaine use.

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

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

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

members of street gangs particularly those near the Mexican border. The drug has supposedly been used to sedate and incapacitate girls for purposes of gang rape and subsequent initiation into the gang. Concern has also recently surfaced over the use of this drug for purposes of date rape. One forensic laboratory in the Houston area recently reported the detection of flunitrazepam in residue material obtained from the inside of a cup that was supposedly used to drug a rape victim.

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

#### **Law Enforcement Encounters - Distribution of Flunitrazepam**

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

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

Evidence of the geographical and temporal spread of flunitrazepam distribution in Florida has been collected by the DEA primarily using data on encounters with exhibits of flunitrazepam by the Florida state and local forensic laboratory system. The validity of such evidence obviously depends on the ability of individual laboratories to retrieve information on back cases; this ability, in turn, varies among laboratories. Nevertheless, based on information gathered from the Florida state and local laboratory system, the DEA has identified 538 state and local law enforcement cases involving flunitrazepam over the period of 1990 to approximately October, 1995. With respect to the geographical spread of flunitrazepam distribution, during the period of 1990 to 1993, flunitrazepam was

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

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

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

Over the past two years the DEA has gathered data which suggest a wider distribution of flunitrazepam in the United States. This data is primarily in the form of flunitrazepam exhibits analyzed in Federal, state and local forensic laboratories. As of January 21, 1996, a total of 2061 law enforcement cases have been identified in the United States. Approximately 816 of these cases have been from Texas. Another 562 cases were from

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

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

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

Rohypnol from Mexico has also been brought into the United States by individuals who declare prescription drugs at the United States Custom's border crossings. In Nuevo Laredo, Mexico, doctors are known to hire street children to spot American citizens (almost always anglo-saxons) as they cross the bridge into Mexico, inquire as to whether they wish

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

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

An examination of law enforcement cases shows that flunitrazepam is distributed among a variety of different groups of people. These groups include middle school and high school students, college students, street gang members, alcoholics, heroin addicts and cocaine and marijuana abusers. In such states as Florida, Texas, Arizona and

California seizures by both school officials and law enforcement officials of Rohypnol from the grounds of middle schools and high schools have been documented. Information from law enforcement agencies indicated that Florida, Texas and California Rohypnol is distributed among street gang members. Law enforcement officers in Los Angeles have reported the use of Rohypnol by heroin addicts. In the United States Rohypnol tablets are usually sold individually for between \$2.50 to \$5.00.

#### **Domestic Regulatory Control of Flunitrazepam**

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

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

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

## International Abuse, Trafficking and Regulatory Control of Flunitrazepam

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

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

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

## Questions and Answers Concerning Flunitrazepam

Drug and Chemical Evaluation Section  
Office of Diversion Control  
Drug Enforcement Administration

### What is flunitrazepam?

Flunitrazepam is a drug belonging to the drug class called benzodiazepines. Its primary pharmacological actions include sedation, hypnosis, muscle relaxation, anxiolytic effects and anticonvulsant effects.

### What is Rohypnol?

Rohypnol is the trade name of a product containing flunitrazepam and marketed by Hoffman La Roche. It is formulated as 0.5, 1.0 and 2.0 mg tablets and as an injectable solution. Hoffman LaRoche claims that Rohypnol is marketed in 64 countries worldwide.

### Are there other products that contain flunitrazepam?

There are a number of other trade name products containing flunitrazepam and marketed either by Hoffman La Roche or other drug companies. There are also generic preparations containing flunitrazepam. These various products are formulated as 0.5, 1.0 or 2.0 mg tablets and injectable solutions. Of particular interest is the fact that drug companies, other than Hoffman La Roche also make 2 mg tablet preparations of flunitrazepam.

### What are the clinical uses of flunitrazepam?

Flunitrazepam is primarily used as a sedative/hypnotic in the clinical setting. It is indicated for short-term treatment of insomnia. Flunitrazepam is also used as a preanesthetic medication and as an adjunct to anesthesia.

### Are there other drugs that are used clinically for the indications that flunitrazepam is used?

Yes.

Other benzodiazepines that are used primarily as sedative/hypnotics include brotizolam, doxefazepam, estazolam, flurazepam, loprazolam, lormetazepam,

midazolam, nimetazepam, nitrazepam, quazepam, temazepam and triazolam. Nimetazepam and quazepam are available in only a limited number of countries. The other benzodiazepines are marketed in numerous countries worldwide. They are all used for such indications as insomnia, preanesthetic medication and/or adjuncts in anesthesia.

In addition to benzodiazepines, there are other drugs including various barbiturates, non-barbiturate non-benzodiazepine sedatives/hypnotics and general anaesthetics that are used clinically for the same indications as flunitrazepam.

**Are there any indications for which flunitrazepam is the only treatment drug available?**

No. The DEA is not aware of any medical conditions for which flunitrazepam is the only treatment drug available.

**Where is flunitrazepam marketed?**

Flunitrazepam is marketed in various countries in Europe, Asia, South America and Central America. Hoffman-La Roche claims that Rohypnol is marketed in 64 countries worldwide. In a limited number of countries that have been examined by the DEA (e.g. Germany, France, Portugal, Italy, Great Britain, Netherlands, Spain, Mexico, Argentina, Chile, Japan, Hong Kong, New Zealand, Australia) Rohypnol has been found to be one of a number of benzodiazepine sedative/hypnotics available for medical use. Put another way, the DEA has not identified any countries in which flunitrazepam is the only benzodiazepine sedative/hypnotic available for medical use.

**Is flunitrazepam available for medical use in the United States?**

No! Flunitrazepam has never been approved by the Food and Drug Administration (FDA) for marketing and medical use in the United States. Flunitrazepam is not used for the treatment of any medical disorder, including insomnia in the United States. In the United States, doctors do not prescribe flunitrazepam, pharmacist do not dispense flunitrazepam and patients do not use flunitrazepam.

Benzodiazepines that have been approved for medical use in the United States include alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, estazolam, flurazepam, halazepam, lorazepam, midazolam, oxazepam, prazepam, quazepam, temazepam and triazolam. Of these drugs, estazolam (ProSom), flurazepam (Dalmane), midazolam (Versed), quazepam (Doral), temazepam (Restoril) and triazolam (Halcion) are benzodiazepine sedative/hypnotics that are specifically used for the short-term treatment of insomnia, as preanesthetic medication and/or adjuncts to anesthesia. Diazepam (Valium) and lorazepam (Ativan) are also used as preanesthetic medications in the United States.

That flunitrazepam is not marketed in the United States and some other countries such as Canada, further supports the fact that flunitrazepam is not a vital drug for the treatment of insomnia. In these countries there are other drugs available to effectively treat segments of the populations suffering from sleep disorders.

**Is it possible to bring small quantities of Rohypnol or other preparations containing flunitrazepam into the United States providing that a valid medical prescription is obtained?**

No. As of March 5, 1996 it became illegal to bring flunitrazepam containing products into the United States with or without a prescription. At that time United States Customs put into effect a policy of seizing all flunitrazepam products irregardless of whether a medical prescription for the medication was presented. This policy was put into effect because of the extensive abuse of Rohypnol in the United States and because there were other medications available in the United States to treat medical conditions for which flunitrazepam was used.

**What are the origins of flunitrazepam distributed and abused in the United States?**

Flunitrazepam found on the illicit market in the United States is believed to originate from two sources. The first involves the initial diversion of the pharmaceutical product from legitimate sources in other countries, with subsequent smuggling into the United States. The second source is believed to be clandestine laboratories that formulate powdered flunitrazepam into tablets.

Flunitrazepam is smuggled into the United States both via the mail and via individuals entering the United States at such places as airports and border crossings. Smuggling can best be illustrated by considering United States Customs' seizures of mail packages containing Rohypnol. In 1993, Customs seized various packages coming from Columbia and Mexico. In the following year, Customs seized packages coming from Columbia, Mexico and Panama. In 1995, Customs seized packages containing Rohypnol and mailed from Columbia, Ecuador, Peru, Mexico, Portugal, the Netherlands and Switzerland. In 1996, there was a further expansion of the number of countries from which packages of Rohypnol were sent to the United States. These countries included Columbia, Brazil, Costa Rica, Ecuador, France, Germany, Greece, Jamaica, Mexico, Netherlands, Panama, Peru, Sweden, Switzerland, Taiwan, Thailand and the United Kingdom.

**Is flunitrazepam synthesized in clandestine laboratories?**

The DEA is not aware of any instances in which flunitrazepam has been synthesized from precursor chemicals in clandestine laboratories. The synthesis of flunitrazepam appears to be beyond the capabilities of most street chemists.

The DEA is aware of the distribution in the United States of clandestinely made tablets containing flunitrazepam. Traffickers involved in these tableting operations most likely obtain already synthesized flunitrazepam in powdered form from unknown sources (e.g. possibly diversion from legitimate sources). Clandestine flunitrazepam tablets distributed in the United States have generally been found to be of poor quality and easily crumble but do contain approximately 2 mg of flunitrazepam. Clandestine tablets seized in the United States have imprinted on one side "R\_H" and a "2" underneath. The tablet is scored on the other side. Clandestine flunitrazepam tablets have been encountered in Florida, South Carolina and Maryland.

**What are the specific populations who abuse flunitrazepam in the United States?**

Populations in the United States known to abuse flunitrazepam include middle and high school students, college students, street gang members, nightclub attendees, rave party attendees, heroin abusers, sedative/hypnotic abusers and cocaine abusers.

An additional, but much smaller population, use flunitrazepam to aid in committing sexual assault. The DEA is aware of sexual assault cases involving flunitrazepam in Florida, Texas, California and Virginia. Flunitrazepam use in these cases is indicated by one or more of the following factors: 1) the defendants confessed to the use of Rohypnol to commit the assaults; 2) flunitrazepam or one of its metabolites was found in the biological fluids of the assault victim; 3) empty Rohypnol bubble packing was found at the assault scene; or 4) Rohypnol tablets were found on the defendants at the time of arrest soon after the assault occurred.

**Is the DEA aware of any deaths that have been associated with the use of flunitrazepam in the United States?**

Yes. Seven deaths - six in Florida and one in Texas.

All of these deaths involved flunitrazepam taken with one or more drugs including alcohol, heroin, cocaine and marijuana. At least three of the deaths involved suicides in which individuals under the influence of Rohypnol and alcohol used firearms to kill themselves. It is not possible to attribute any of the deaths solely to the effects of flunitrazepam. It is, however, likely that flunitrazepam attributed to most, if not all, of the deaths.

**How many law enforcement cases involving flunitrazepam has the DEA documented?**

As of January 24, 1997 the DEA had documented 3,773 federal, state and local law enforcement cases involving flunitrazepam. Of this total, 136 were DEA, 407 were United States Customs' and 3,230 were state and local law enforcement cases.

**In what states has the DEA documented federal, state or local law enforcement cases?**

Alabama, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Montana, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia and Washington.

With specific reference to state and local law enforcement cases, Texas (1,538 cases) and Florida (1,159 cases) have had the most cases involving flunitrazepam. Other states with significant numbers of state and local cases include Louisiana (193 cases), Arizona (97 cases), Oklahoma (86 cases), California (38 cases), Mississippi (31 cases) and Alabama (21 cases). The remaining states have 14 or less cases.

**Why did the DEA place flunitrazepam in Schedule IV when it was known not to be marketed in the United States?**

Flunitrazepam was originally scheduled under the federal Controlled Substances Act in order to meet the requirements of an international treaty and not because it was being abused or trafficked in the United States. In 1984, flunitrazepam was placed into Schedule IV under the 1971 Convention on Psychotropic Substances. This Convention is an international drug control treaty to which the United States is a party. With the placement of flunitrazepam under the Psychotropic Convention, the United States was required to take domestic regulatory action to meet the requirements of the Psychotropic Convention. At that time there was in the United States no evidence of abuse or trafficking of flunitrazepam. The decision was made to place flunitrazepam in that schedule which simply satisfied the minimum regulatory requirement of the Psychotropic Convention. This schedule was determined to be Schedule IV.

**Have any states placed flunitrazepam into Schedule I under state law?**

Yes. Flunitrazepam is currently in Schedule I in Florida, Oklahoma, Idaho, Minnesota and Pennsylvania. In mid-November the New Mexico Board of Pharmacy elected to place flunitrazepam into Schedule I under New Mexico state law. The action has not yet become effective.

**Are there any drugs currently in Schedule I of the federal Controlled Substances Act (CSA) that are marketed and used medically in other countries?**

Yes. These substances include dextromoramide, ketobemidone, nicomorphine, pholcodine, heroin, piritramide, tilidine, normethadone, ethylamphetamine, fenethylamine and methaqualone. Even though these drugs are used medically in other countries, Congress placed them into Schedule I of the CSA. It should be noted that these drugs are not approved for medical use in the United States. Drugs are placed into schedule I of the CSA based on their lack of accepted use in the United States, and not on the basis of their accepted uses in other countries.

**How does the number of law enforcement cases involving flunitrazepam compare**

with the number of law enforcement cases concerning other Schedule I drugs?

One way to address this question is to examine the System to Retrieve Information from Drug Evidence (STRIDE) within the DEA. This is a database of drug exhibits submitted to DEA laboratories across the United States. First, it should be noted that in the Code of Federal Regulations there are listed 108 drugs that are currently in Schedule I of the Federal Controlled Substances Act. An examination of STRIDE over the years of 1995 and 1996 for all of these Schedule I drugs reveals that the number of law enforcement cases involving flunitrazepam exceeds those of over 100 of the Schedule I drugs in the CSA. For only a few drugs such as marijuana, heroin and LSD are there more cases than for flunitrazepam.

How does the amount of diversion and trafficking data that has been collected on flunitrazepam compare with the amount of diversion and trafficking data that was collected and available at the time that other Schedule I drugs (i.e. MDE, N-OH-MDA, Methcathione etc) were administratively scheduled?

The amount of diversion and trafficking data that has been collected on flunitrazepam far exceeds that which has previously been collected on other drugs to support the placement of those other drugs administratively into Schedule I. The DEA has collected over 3,770 law enforcement cases involving flunitrazepam. This far exceeds the number of cases (less than 400 cases) previously collected on other drugs and used to support the administrative placement of these drugs into Schedule I.

Would the placement of flunitrazepam into Schedule I of the federal Controlled Substances Act result in the automatic movement of all the other benzodiazepines from Schedule IV to Schedule I.

No. Absolutely not. The placement of flunitrazepam into Schedule I would not mean that all of the benzodiazepines would automatically be moved to Schedule I. Scheduling actions are generally done on individual drugs and not classes of drugs.

Would the placement of flunitrazepam (and thus Rohypnol) into Schedule I of the federal Controlled Substances Act (CSA) lead to the United Nations rescheduling flunitrazepam under the 1971 Convention on Psychotropic Substances?

No. First of all, flunitrazepam is available for medical use in selected countries; therefore, it would not be possible to move this drug into Schedule I of the 1971 Convention, a schedule reserved for drugs that have no medical use worldwide. Secondly, the actions of the United Nations concerning international drug scheduling are not now and have never been dictated by what the United States does domestically in terms of scheduling drugs. This is best illustrated by the point that drugs such as fenethylline, aminorex, N-ethylamphetamine, methaqualone, mecloqualone, amobarbital, pentobarbital, glutethimide, benzphetamine, phendimetrazine and methyprylon are in selected schedules under the Controlled Substances Act that differ

from the schedules in which these drugs were placed under the 1971 Convention. In addition, several drugs including fenfluramine and ibogaine are scheduled in the United States but not under the 1971 Convention.

**Would the placement of flunitrazepam into Schedule I of the federal Controlled Substances Act result in a population of patients who could not receive appropriate treatment?**

No!

First of all, flunitrazepam is not prescribed by doctors and distributed for medical use in the United States. This means that there is no population of patients in the United States that receive flunitrazepam for legitimate treatment purposes.

Secondly, DEA is not aware of any evidence that the placement of flunitrazepam into Schedule I in the United States will impact adversely on the prescribing practices of the medical communities in other countries such as to prevent individuals who have sleep disorders from being appropriately treated with flunitrazepam or other medications.

Third, as already mentioned, there are no indications, including sleep disorders, for which flunitrazepam is the only available treatment. In the United States and in other countries there are drugs other than flunitrazepam that are available for the treatment of all the indications for which flunitrazepam is used. For example, there are many drugs available for travelers for the treatment of sleep disturbances resulting from time zone changes during international travel (i.e. jet lag). These drugs can be obtained by travelers either in their own country prior to leaving or in the United States, after they have arrived.

**Would the placement of flunitrazepam into Schedule I of the federal Controlled Substances Act prevent the drug from eventually being developed and marketed in the United States?**

No! There is nothing in the federal Controlled Substances Act that would prevent medical researchers or drug companies from conducting research and/or developing flunitrazepam for use in the United States. There would be the requirement that researchers obtain a DEA registration. To obtain such a registration, researchers would be required to submit a research protocol to the Food and Drug Administration (FDA). Once the FDA approved the research protocol, the DEA registration would be provided.

**What is the "Drug-Induced Rape Prevention and Punishment Act of 1996"?**

The Drug-Induced Rape Prevention and Punishment Act of 1996 is legislation that was signed into law on October 13, 1996. This act basically did three things. First, it made it a crime to distribute a controlled substance to an individual without that individual's knowledge and with the intent to commit a crime of violence (including rape) against that individual. Secondly, the Act provided for enhanced penalties for simple

possession and distribution of flunitrazepam. Third, it directed the DEA, in consultation with other agencies, to report to Congress within 180 days on the desirability and appropriateness of placing flunitrazepam into Schedule I of the Federal Controlled Substances Act.

HOUSE BILL NO. 69

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE VEZEY

Introduced: 1/15/97

Referred: Judiciary, Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to designating flunitrazepam as a schedule IA controlled  
2 substance; and providing for an effective date."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 \* Section 1. AS 11.71.140 is amended by adding a new subsection to read:

5 (e) Schedule IA includes, unless specifically excepted or unless listed in  
6 another schedule, any material, compound, mixture, or preparation which contains any  
7 quantity of the following substance, including its salts, isomers, and salts of isomers  
8 whenever the existence of these salts, isomers, and salts of isomers is possible within  
9 the specific chemical designation: flunitrazepam.

10 \* Sec. 2. This Act takes effect immediately under AS 01.10.070(c).

# FEMINIST NEWS

## Feminist News -

### ➤ New York Governor Bans Use of Lie Detector Tests on Rape Victims; Government Bans Sedative Blamed for Date Rape ➤

On Tuesday, Gov. George Pataki of New York signed legislation prohibiting law-enforcement officials from subjecting rape victims to polygraph tests. A previous law merely barred authorities from requiring the use of such tests. "Survivors of sexual assault should not be victimized a second time with frequent and grossly insensitive requests to take a polygraph test," Pataki said. "This bill takes a long-overdue step forward in protecting the rights of sexual assault victims." Pataki also cited the fact that emotional responses of victims while being questioned about the crime can affect the test and give the false impression that they are lying.

Advocates for rape victims have maintained that victims can be discouraged from reporting the crime if there is the potential of being subjected to a lie detector test. According to Maud Easter, the executive director of the New York State Coalition Against Sexual Assault, "Polygraph tests have symbolized the climate in which victims do not come forward because they do not expect to be believed." Easter said passage of the bill was "one important step toward creating a new climate of respectful treatment for victims of sexual violence."

In a separate development, a sedative known as Rohypnol was banned for importation Tuesday, as the government called the pill a growing threat to teenagers and young adults. The drug, manufactured in 60 countries and used legally in 60 nations for insomnia, has often been associated with date rape. Women have reported being assaulted after their drinks were spiked with the drug which creates a drunk, sleepy feeling that peaks after two hours and lasts about eight. The drug had been gaining popularity in Florida and Texas, and is manufactured by the Swiss-based F. Hoffman La Roche & Co.

[Source: The New York Times - March 6, 1996; The Washington Post - March 6, 1996]

### ➤ Cases Involving Date Rape, Drug Increase ➤

In the last eight months, authorities in two Texas counties charged 32 people with illegal possession of Rohypnol, a powerful sedative that has been linked to several cases of rape. According to District Attorney Lynn Ellison, I plan to get our office to rethink the type of punishment we are seeking in these cases, now that we know these pills are used to victimize people."

Slipping Rohypnol into alcoholic beverages make the drug -- notorious in Texas and Florida -- 10 times more potent than Valium; it has been identified as an agent in sexual assaults against unsuspecting girls. Most of the people charged with possession of the drug were under 25 and were also charged with possession of Valium or another prescription drug.

[Source: The Nando Net and the San Francisco Examiner - March 11, 1996]

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### ➤ Date Rape Drug Implicated in California Assault ➤

The powerful sedative Rohypnol is suspected to have been involved in the alleged sexual assault of a 15-year-old Palo Alto girl. The drug, not approved in for use the U.S., is 10 times more potent than Valium and causes intoxication and sleepiness lasting eight hours, after which, victims may have amnesia. Import of the drug was banned in March after it was blamed for several date rapes in Texas and Florida; several women were given the drug without their knowledge and were subsequently sexually assaulted. The 17-year-old boy arrested for the May 31 crime was already on probation for assault and battery.

[Source: The San Francisco Chronicle - June 11, 1996]

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### ➤ Sexual Assault Victims Demand Reclassification of "Date Rape" Drug ➤

Two women who were raped under the influence of the sedative Rohypnol testified in a Florida court, asking Florida Attorney General Bob Butterworth to reclassify the drug to a category with heroin and LSD. Though possession of the substance, banned in the U.S., carries a possible 30-year state prison term in Florida, it remains in Schedule 4 classification along with Valium, a sedative 10 times weaker than Rohypnol. Butterworth has said he will try to reclassify the drug, and the Drug Enforcement Administration is also considering moving Rohypnol to Schedule 1 classification. Manufacturer Hoffman-La Roche is fighting attempts to reclassify Rohypnol.

[Source: The Nando Net and Associated Press - June 18, 1996]

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### ➤ "Date Rape Pill" To Be Reclassified ➤

The Drug Enforcement Administration (DEA) plans to reclassify Rohypnol, the "date rape drug," within the next three months, ranking it in the same category as heroin and LSD. The DEA has found that Rohypnol, with its powerful hypnotic potential, qualifies as a Schedule 1 drug and hopes the reclassification will combat the recent increase in smuggling, trafficking, and possession. The reclassification will provide a minimum 10-year prison term for smugglers; prosecutors will be able to apply sales and possession sentences equal to those in cases of heroin and cocaine.

Rohypnol is currently in the same category as Valium, a sedative 10 times less potent. The drug has been implicated in rapes in 32 states, including Florida and Texas; men slip the drug into the drinks of unsuspecting women, often teenagers, who then become disillusioned or black out, and wake up having been raped. Rohypnol, which is not approved for use in the U.S., is manufactured by Swiss-based Hoffman-La Roche. On March 5, importation of Rohypnol was banned after increasing reports of rape induced by the drug. Gene Haislip of the DEA said reclassification of the drug and stiffer sentences were necessary to keep Rohypnol from becoming a "monster."

[Source: USA Today - June 20, 1996]

## ☛ California Men Get Away with Rape ☛

Authorities for Riverside County, California announced Wednesday that the district attorney's office will not press rape charges against three UCLA fraternity men who were accused last month of sexually assaulting a woman during a weekend party at a Palm Springs hotel. After the men insisted the woman, intoxicated at the time of the alleged assault, consented to sex, the woman said she would refuse to testify against the men. Dept. District Attorney said her case would be difficult to prove because of the use of alcohol and marijuana, and doubts about the woman's lack of consent likely persuaded her not to go through with the ordeal of a trial.

In an unrelated case of a 15-year-old girl who was raped while unconscious from the effects of the sedative Rohypnol, the 17-year old Palo Alto boy who admits to having unlawful sex with a minor will not be prosecuted for drugging the girl in the assault. Although the boy admits to sex, which the girl did not remember having until days after the incident, Sheriff's deputies in San Mateo county maintain they do not have enough evidence to show that the boy sexually assaulted her. Rohypnol, nicknamed the date-rape pill, typically causes extreme sedation and memory loss. For more articles on this subject, see feminist news: [June 20](#), [June 11](#), and [March 12](#).

In the Bay Area, California gang-rape of a 12-year old girl, six teenagers are now in custody. Three boys were booked into the Youth Guidance Center on Tuesday (7-9) after having been brought in by their parents who have aided police in the investigation. On her way home from visiting a friend at 9 p.m. on July 5, the girl was abducted by a group of young men, taken to an apartment, stripped, struck, and sexually abused for three hours.

[Source: The Los Angeles Times - July 11, 1996; The San Francisco Chronicle - July 12, 1996; The San Francisco Chronicle - July 11, 1996]

## ☛ Senate Holds Hearing on Rohypnol, the "Date Rape Pill" ☛

The Senate Subcommittee on Western Hemisphere and Peace Corps Affairs held a hearing Tuesday (7-16) on tougher penalties for possession of Rohypnol, a powerful sedative which has been implicated in a number of date rapes across the country. Several victims testified about how their lives were affected by the assaults against them made under the influence of the drug that men slipped into their drinks. One woman said the drug had destroyed her life and called it "the perfect crime in a pill." If passed, the legislation would make it a federal crime to possess Rohypnol and would mandate longer prison sentences and higher fines for anyone using it to drug someone for the purpose of committing a violent crime.

Although the drug has been banned in the U.S. since March, the fact that it is sold legally in 64 countries as a sleeping pill has made obtaining the drug fairly easy and inexpensive, especially in Texas and Florida. The U.S. Drug Enforcement Administration is hoping to classify Rohypnol as schedule I, in the same category as heroin and LSD, in order to increase the penalties for trafficking, smuggling, and misusing the drug. After studying the medical effects of the drug, the U.S. Health and Human Services Department could decide to reclassify it within the next few months.

[Source: The Los Angeles Times - July 17, 1996; The Nando Net and Cox News Service - July 16, 1996]

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### ☛ Teen Woman Killed By Date-Rape Drug ☛

Police in LaPorte, Texas say an autopsy reveals that 17-year-old Hillory Farias was killed by the illegal drug gamma y-hydroxybutrate, and officials have ruled the death a homicide. Found unconscious the morning of August 4th with no traces of other drugs or alcohol in her body, officials have concluded that someone slipped the tasteless, odorless drug into the varsity volleyball player's soft drink when she was out with friends the previous evening. The drug can cause dizziness, drowsiness and memory loss and has been used by men to target women for sexual assault. Because a similar drug, Rohypnol (flunitrazepam), has been implicated in so many sexual assaults across the country, Hoffman LaRoche, manufacturer of Rohypnol, is now offering testing kits free of charge in an advertisement in September's *Police Chief* magazine. Emergency rooms and rape crisis center may consider using the testing kit. Depending on dosage, Rohypnol remains in urine for 60-72 hours. For information on the testing kits call 1-800-608-6540, and for more information on the drug, visit the [Drug Enforcement Agency \(DEA\) site](#). See [Related Feminist News Stories on Date Rape Drugs](#)

[Source: The Los Angeles Times - September 11, 1996; USA Today - September 11, 1996]

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### ☛ House Votes to Criminalize Use of Date-Rape Drug ☛

The House overwhelmingly passed a bill Thursday (9-26) that would make it a crime to possess the sedative Rohypnol and similar drugs with the intent to commit a violent crime, including a sexual assault. The penalty for such usage would go up to 15 years in prison or 20 years in prison if the victim age 14 or younger. Rohypnol has been termed the "date-rape drug" because it has been implicated in a number of sexual assaults across the country. The tasteless, odorless drug is easily slipped into the drinks of unsuspecting young women who then become dizzy and sleepy and often black out, making them easy targets for sexual predation of males.

[Source: CNN and the Associated Press - September 27, 1996]

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### ☛ Girl Dies from Date-Rape Drug; Senate Sends President Drug Bill ☛

Police announced Thursday that they have determined an overdose of Rohypnol killed a 15-year-old Texas woman who was raped by the five men who gave her the drug during an assault in September. Found dead the morning after the attack, Thelma Rascon is the second woman in Texas to be killed by a date-rape drug in less than a month. The Senate passed and sent to President Clinton a bill to increase penalties for the use of any controlled substance in conjunction with a felony. Introduced by Sen. Orrin Hatch (R-Utah), the bill seeks to stem the rise in drug-induced sexual assaults. Though outlawed in the U.S., Rohypnol, a sedative 10 times stronger than Valium, is cheap and easy to obtain, and has been implicated in a number of date rapes across the country. The tasteless, odorless drug is easily slipped into the drinks of unsuspecting young women who often become unconscious and black out before their assailants attack them.

[Source: The Los Angeles Times - October 4, 1996; Reuters - October 4, 1996]

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### ✦ Clinton Outlaws Date Rape Drug ✦

On Sunday (10-13), President Clinton signed a bill outlawing Rohypnol and other drugs used by rapists to disorient women and make them black out. The bill marks the first time using a drug as a weapon has been made illegal, subjecting rapists to an additional 20 years in prison for using a narcotic to incapacitate a victim. The law also calls for tougher penalties for trafficking of the drug making its penalties comparable to those involving the manufacture, distribution, import and export of heroin and cocaine. Anyone in possession of more than one gram of the drug can be sentenced up to 20 years in prison fines up to \$1 million. In signing the Drug-Induced Rape Prevention and Punishment Act of 1996, Clinton said, "Today I sign legislation to crack down on criminals who employ illegal drugs in a sick attempt to facilitate their violent crime."

Rohypnol, a sedative 10 times more potent than Valium is tasteless, colorless, and odorless, and has been implicated in date rapes of women and girls across the country, many of whom had the drug slipped into their drinks and subsequently blacked out. The drug is not sold in the U.S. but has been relatively easy and inexpensive to obtain.

[Source: Reuters - October 13, 1996; USA Today - October 13, 1996]

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### ✦ LA County Approves New Procedures for Date Rape Drug Probes ✦

All people treated for rape in Los Angeles County will now also be given urine tests to determine if the "Date Rape Drug" was used in the assault. The new procedure of collecting urine samples follows widespread use of drugs such as Rohypnol and gamma hydroxybutyrate which generally causes victims to become dizzy and black out. The tasteless and odorless drug is often slipped into victim's drinks. Often, rape victims who unknowingly consumed the drug cannot recall the assault. If other substances are found in the urine, the victims will not be prosecuted for other drug use. The LAPD and Sheriff's department are also training staff to deal with evidence gathering in drug related rape cases.

[Source: LA Times - October 12, 1996]

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## FLUNITRAZEPAM

(Rohypnol)

"roofies"

### Introduction

Recent seizures and anecdotal reporting indicate that distribution and abuse of flunitrazepam are increasing domestically, especially in southern and southwestern States. Of particular concern is the drug's low cost, usually below \$5 per tablet, and its growing popularity among young people. Flunitrazepam is a benzodiazepine that is used in the short-term treatment of insomnia and as a sedative hypnotic and preanesthetic medication. It has physiological effects similar to diazepam (commonly known by its trade name, Valium®), although flunitrazepam is approximately 10 times more potent. Flunitrazepam neither is manufactured nor sold licitly in the United States. It is produced and sold legally by prescription in Europe and Latin America. The drug usually is smuggled into and transported within the United States through the mail or delivery services.

### Manufacture and Distribution

Flunitrazepam—marketed under the trade name Rohypnol—is manufactured worldwide, particularly in Europe and Latin America, in 1- and 2-milligram tablets by Hoffman-La Roche, Inc., a large pharmaceutical manufacturer. However, the drug neither is manufactured nor approved for medical use in the United States.

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
HAVE BEEN REFILMED TO  
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services  
Department of Education  
State of Alaska



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Though typically white in color, flunitrazepam pills recently seized in Egypt were of a brownish-pink tint, indicating a counterfeit product.

Flunitrazepam has been encountered by U.S. law enforcement agencies in Southern States from California to Florida. Authorities in Texas and Florida have observed the most significant activity involving flunitrazepam. Distributors in Texas reportedly travel to Mexico to obtain the drug. In South Florida, the drug is delivered primarily from Colombia via international mail services or commercial airlines. Overnight mail appears to be the preferred method of importation. Several packages seized in Miami over the past 2 years were shipped from Cali, Colombia, and contained up to 11,000 dosage units each.

The most recent and largest seizures of flunitrazepam occurred in February 1995. On February 13, over 52,000 tablets, packaged loosely in plastic bags and located inside a car door, were seized by the State Police in Louisiana. On February 14, the U.S. Border Patrol in McAllen, Texas, seized over 57,000 tablets of Rohypnol, packaged in bubble packs, along with 53 pounds of marijuana. The drugs were obtained in Mexico and destined for Florida. Since 1990, over 1,000 Federal, State, and

local investigations have been initiated regarding flunitrazepam. The DEA is pursuing over 70 investigations involving distribution of flunitrazepam. In many investigations, flunitrazepam was seized along with other illegal substances, including cocaine and marijuana.

STATE OF ALASKA  
THE LEGISLATURE  
LEGISLATIVE AFFAIRS AGENCY

POUCH Y, STATE CAPITOL  
JUNEAU, ALASKA 99811  
465-3800

INTER-AGENCY ROUTING SLIP

TO Representative VEZEY

REMARKS: Here <sup>is</sup> ~~is~~ the Polypnoal materials  
you requested.

FROM JERRY LUCKHAUPT

DATE 1/13/47

LAA 25

## New drug unfamiliar to law enforcement

### • Drug used to enhance effects of drinking

By Jennifer Gurecki  
The Lumberjack

The "Quaalude of the 90s" may be working its way west.

Rohypnol, also known as Roachies, La Roche, Rope, Rib, Roche, Rophies, Roofies, and Ruffies, is the brand name of a sleeping pill marketed by Roche Pharmaceuticals, Inc. in Mexico, South America, Europe and Asia.

Large-scale smuggling of the drug seems to have originated in Miami, Fla., but has now moved into Texas, said Greg Hayner, chief pharmacist at Haight Ashbury Free Clinics, Inc. in San Francisco.

Although Rohypnol is readily available in Mexico, community relations officers Sgt. Connell from Flagstaff Police Department and Lt. Davenport from NAU Police Department said they were not familiar with the drug.

In addition, the Drug Enforcement Agency appears not to have yet been exposed to this drug.

Rohypnol is in the same family as the drug Valium, Hayner said.

He said the pill is also very similar to the sleeping pill in America called Dalmane. This pill is a white, circular tablet with the word Roche II written on it.

Rohypnol is primarily abused by people in their late teens to early twenties. If combined with alcohol, the pill increases the "drunk" feeling, many times leading to blackouts and amnesia, Hayner said.

He said he has heard of many incidents originating in Florida where a man will slip the drug into a woman's drink in order to take sexual advantage of her.

"Women are waking up in bed, laying next to someone they don't remember," he said.

In Texas, Hayner said, many college students are taking Rohypnol to enhance the high they get from drinking.

Rohypnol also impairs judgment and motor skills.

Hayner said the combination of Rohypnol and alcohol presents a strong potential for overdose death.

He said the drug dissolves better in alcohol than in stomach fluid, therefore getting into the system very quickly.

Because the drug is very potent, a person may stop breathing because of the depressant effects it has on the neurosystem.

Two possible side effects from the drug are death and addiction, he said.

If death does not occur, addiction most likely will, Hayner said.

. If a person tries to end the addiction, horrific symptoms are probable. He said these symptoms include insomnia, months of numbness in certain parts of the body, panic attacks and the jitters.

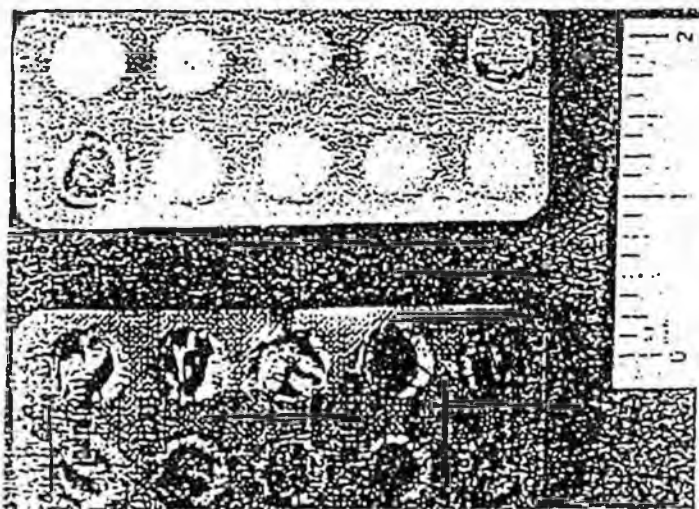
"The problem isn't with the drug. It is that it is very potent and people don't know what they're dealing with," Hayner said.

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- [Back to News](#)
  - [Back to Issue](#)
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## Fact Sheet on Rohypnol

The information on Rohypnol is provided by the National Institute on Drug Abuse from the Epidemiologic Trends in Drug Abuse-Advance Report by the Community Epidemiology Work Group, June 1995

Rohypnol, generically Flunitrazepam, is a benzodiazepine prescribed as a sleeping pill. It is the most widely prescribed sedative/hypnotic in Europe but is not licensed for sale in the US. Produced by Hoffmann-LaRoche in Mexico and other countries, it is also marketed in Central and South America and Asia. It is sold in bubble packs of 1- or 2-mg doses. Generic and illegally manufactured versions exist as



*Rohypnol contains the controlled ingredient flunitrazepam hydrochloride. Pictured here are 2-mg tablets with packaging. "Rophies," as they are known on the street, are sold inexpensively in Mexico. They are smuggled into the United States where they have recently become a problem among American teens. The problem is rapidly spreading from the American southwest to other parts of the United States. Source: DEA*

well, although the branded product seems to be preferred among illicit users.

The illicit use of flunitrazepam is characterized by its use with other drugs, although it may be used alone. It enhances the high produced by low-quality heroin and has been so used in Asia since the early 1980s. It mellows the high of cocaine and eases a user down from a crack or cocaine binge. In the US, it appears to be used most frequently in conjunction with alcohol, with which it seems to have a synergistic effect, producing disinhibition and amnesia. Because its presence is not detected by routine benzodiazepine screens, it can be used to avoid drunk driving charges. (In Florida, a new law allows screening for flunitrazepam if a driver seems impaired but has a low blood alcohol level.)

Abuse of flunitrazepam has been reported on every inhabited continent. The abuse of flunitrazepam in the US was first reported from south Florida at the

June 1993 CEWG meeting. Since then, its use has spread through Texas from the Texas-Mexico border region and into other States as well. The Drug Enforcement Administration reports significant numbers of cases involving flunitrazepam primarily from the South and West. However, cases are pending in other States, including New York and California, as well. Because the drug is not legal in the US, its use tends not to be recognized until it is actively investigated.

Flunitrazepam use appears to be spreading in the US among high school and college youth. In some areas, it is associated with gangs, and it is becoming known as a club drug. Street names include rophies, roofies, ruffies, R2, roofenol, Roche, roachies, la rocha, rope, and rib.

Lethal overdose is unlikely; however, continued use will result in physical dependence. Withdrawal symptoms range from headache, muscle pain, and confusion to hallucinations and convulsions. Seizures may occur a week or more after cessation of use. Thus, medically supervised detoxification using diminishing doses of other benzodiazepines is essential.



## FLUNITRAZEPAM

(Rohypnol)

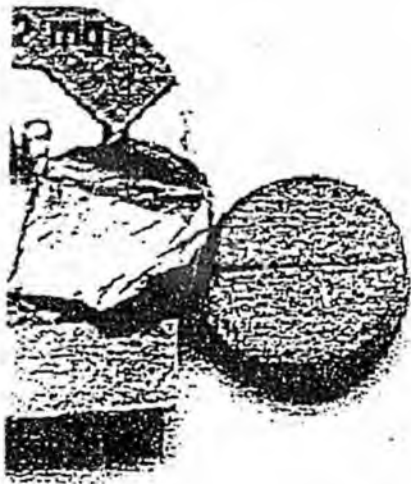
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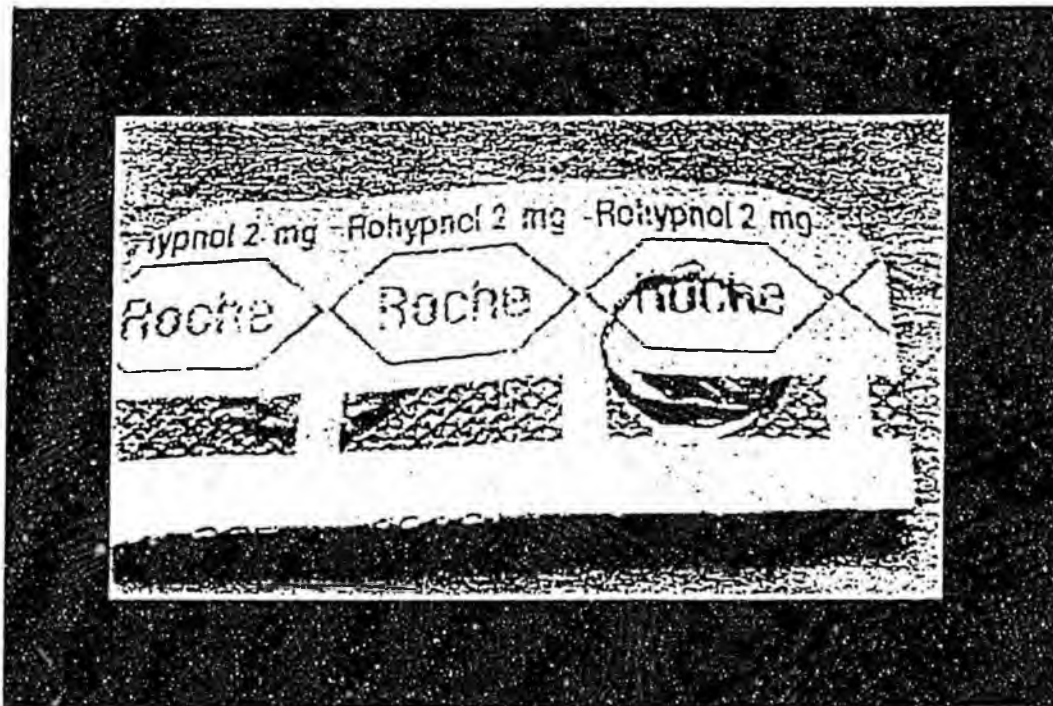


Though typically white in color, flunitrazepam pills recently seized in Egypt were of a brownish-pink tint, indicating a counterfeit product.

Flunitrazepam has been encountered by U.S. law enforcement agencies in Southern States from California to Florida. Authorities in Texas and Florida have observed the most significant activity involving flunitrazepam. Distributors in Texas reportedly travel to Mexico to obtain the drug. In South Florida, the drug is delivered primarily from Colombia via international mail services or commercial airlines. Overnight mail appears to be the preferred method of importation. Several packages seized in Miami over the past 2 years were shipped from Cali, Colombia, and contained up to 11,000 dosage units each.

The most recent and largest seizures of flunitrazepam occurred in February 1995. On February 13, over 52,000 tablets, packaged loosely in plastic bags and located inside a car door, were seized by the State Police in Louisiana. On February 14, the U.S. Border Patrol in McAllen, Texas, seized over 57,000 tablets of Rohypnol, packaged in bubble packs, along with 53 pounds of marijuana. The drugs were obtained in Mexico and destined for Florida. Since 1990, over 1,000 Federal, State, and

local investigations have been initiated regarding flunitrazepam. The DEA is pursuing over 70 investigations involving distribution of flunitrazepam. In many investigations, flunitrazepam was seized along with other illegal substances, including cocaine and marijuana.



#### Use and Effects

Flunitrazepam is ingested orally, frequently in conjunction with alcohol or other drugs, including heroin. The drug's effects begin within 30 minutes, peak within 2 hours, and may persist for up to 8 hours or more, depending upon the dosage. Adverse effects associated with the use of flunitrazepam include decreased blood pressure, memory impairment, drowsiness,

visual disturbances, dizziness, confusion, gastrointestinal disturbances, and urinary retention.

Paradoxically, although the drug is classified as a depressant, flunitrazepam can induce excitability or aggressive behavior in some users.

Flunitrazepam use causes dependence in humans. Once dependence has developed, abstinence induces withdrawal symptoms, including headache, muscle pain, extreme anxiety, tension, restlessness, confusion,

and irritability. Numbness, tingling of the extremities, loss of identity, hallucinations, delirium, convulsions, shock, and cardiovascular collapse also may occur. Withdrawal seizures can occur a week or more after cessation of use. As with other benzodiazepines, treatment for flunitrazepam dependence must be gradual, with use tapering off.

Flunitrazepam is touted as an effective "parachute" or remedy for the depression that follows a stimulant high. Reports indicate that flunitrazepam is used by drug addicts in Spain and Malaysia to allay withdrawal symptoms and to gain a state of oblivion. Abuse of the drug in Western Europe and the Caribbean has been reported over the last 10 years. In Germany, Roche recently removed the 2-milligram dosage from retail distribution—restricting it to hospital use only—due to the increasing abuse of flunitrazepam in that country.

In the United States, flunitrazepam is used widely in Texas where it is popular among high school students. Flunitrazepam is reported to be readily available in the Miami area, and epidemiologists from that area have stated that it is South Florida's fastest growing drug problem. Additional reports from Miami indicate that the largest and fastest growing group of flunitrazepam users are high school students who take the drug with alcohol or use it after cocaine ingestion. Two common misperceptions about flunitrazepam may explain the drug's popularity among young people: first, many erroneously believe that the drug is unadulterated—and therefore "safe"—because it comes in presealed bubble packs; second, many mistakenly think its use cannot be detected by urinalysis testing.

Flunitrazepam is sold under the trade name Rohypnol, from which the street name "Rophy" is derived. In South Florida, street names include "circles," "Mexican valium," "rib," "roach-2," "roofies," "roopies," "rope," "ropies," and "ruffies." Being under the influence of the drug is referred to as being "roached out." In Texas, flunitrazepam is called "R-2," or "roaches."



Rohypnol tablets are white and are single- or cross-scored on one side with "ROCHE" and "1" or "2" encircled on the other.

### Scheduling

In 1983, flunitrazepam was placed into Schedule IV of the 1971 United Nations Convention on Psychotropic Substances. To comply with the convention, the United States placed flunitrazepam in Schedule IV of the Controlled Substances Act of 1970 (CSA), despite little evidence of its abuse. In March 1995, flunitrazepam was moved to Schedule III by the World Health Organization, requiring more thorough record keeping on its licit distribution—the first benzodiazepine to require more rigid controls. However, due to recent increases in seizures and abuse of this drug, DEA currently is reviewing the possibility of placing flunitrazepam into Schedule I of the CSA. A Schedule I

drug is considered to have a high potential for abuse, to have no currently accepted medical use in treatment, and to lack accepted levels of safety for use under medical supervision.

### Outlook

The distribution and abuse of flunitrazepam, in all likelihood, will continue to increase within certain segments of society in the United States, particularly among abusers of other illicit drugs and high school students who mistakenly believe that the drug is harmless. Of greatest concern to drug law enforcement authorities is the involvement of cocaine and marijuana traffickers in the distribution of flunitrazepam.