

The Use of Miscellaneous Prescription Medications to Facilitate Sexual Assault

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ABSTRACT: Drugs used to facilitate sexual assaults are typically those that rapidly render the potential victim unconscious or sedated, and produce memory loss or amnesia. Many of these drugs are difficult to detect due to a delay in biological specimen collection. Detection is further hampered as the drugs are often administered in single low doses and are rapidly and extensively metabolized, resulting in low concentrations in biological specimens. Miscellaneous prescription drugs such as the barbiturates, antipsychotics, opioids, tricyclic antidepressants, ketamine, and chloral hydrate have the potential to produce varying degrees of sedation; however, they are not frequently detected in drug-facilitated sexual assault cases. A review of the literature shows that these drugs are often knowingly taken by the victim before or subsequent to the assault, and therefore may contribute to the sedation or unconsciousness experienced by the victim when ethanol or other central nervous system drugs are co-administered. Most barbiturates, opioids, and tricyclic antidepressants are routinely screened for in hospitals and forensic toxicology laboratories, and may be detectable in a urine specimen for several days. Antipsychotics, particularly the atypical class, ketamine, and chloral hydrate, generally require more targeted analyses. This review provides an overview of the pharmacodynamics, pharmacokinetics, and common analytical methods for the barbiturates, antipsychotics, opioids, tricyclic antidepressants, ketamine, and chloral hydrate.

KEY WORDS: Amitriptyline, antipsychotics, barbiturates, chloral hydrate, chlorpromazine, drug-facilitated sexual assault, ketamine, morphine, narcotic analgesics, neuroleptics, opioids, phenobarbital, prescription medication, sedative-hypnotics, tricyclic antidepressants.
