

DATE RAPE DRUGS

HEARING
BEFORE THE
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS
OF THE
COMMITTEE ON COMMERCE
HOUSE OF REPRESENTATIVES
ONE HUNDRED SIXTH CONGRESS

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DATE RAPE DRUGS

THURSDAY, MARCH 11, 1999

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON COMMERCE,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:30 a.m. in room 2322, Rayburn House Office Building, Hon. Fred Upton (chairman) presiding.

Members present: Representatives Upton, Burr, Whitfield, Bryant, Bliley (ex officio), Klink, Stupak, Green, McCarthy, Strickland, DeGette, and Dingell (ex officio).

Staff present: Alan Slobodin, majority counsel; Chuck Clapton, majority counsel; Jason C. Foster, legislative clerk; and Chris Knauer, minority investigator.

Mr. UPTON. Welcome, everyone. Today this subcommittee will hear testimony and gather facts on a growing public health and safety problem, so-called date rape drugs.

I want to particularly thank full committee Chairman Tom Bliley for supporting this hearing. I also want to recognize and thank our colleagues Sheila Jackson-Lee and Bart Stupak for their early leadership that they have shown on this issue, and our ranking member, Ron Klink, for his genuine concern that I know he shares about this growing problem.

The reality of this problem hit me hard several weeks ago when I heard about what happened to two young women in my home State of Michigan. While they were at a party, their beverages were laced with GHB, probably without their knowledge. Tragically, 15-year-old Samantha Reid and her friend lapsed into a coma, and Samantha died.

I am the father of an 11-year-old daughter, and I can only imagine what Samantha's family and friends have endured, and I want to join with Sheila Jackson-Lee and Bart Stupak for what I hope every member of this subcommittee today will do in committing themselves to doing whatever they can to prevent tragedies like this from occurring in the future, for I cannot imagine a worse nightmare for any parent.

What are date rape drugs? Date rape drugs are a popular reference to lethal street drugs that people may use to get high or to incapacitate women and make them utterly vulnerable to sexual assault. These drugs can induce a deep, anesthetic-type sleep.

We know many drugs are used to facilitate rape, but the most commonly encountered drugs in drug-facilitated rapes are GHB, Ketamine, and Flunitrazepam. The victim blacks out, experiences

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amnesia, and by the time the victim wakes up and gets to the hospital, it may be too late to detect even the presence of the drug because the drug moves so rapidly through their system.

I want to clarify that date rape drugs are in many cases a misnomer. They may be used by near strangers or others to incapacitate young women.

A few years ago, Rohypnol, a prescription anesthetic drug sold in many foreign countries, was the leading date rape drug. Thanks to restrictions on its import, Federal controls and changes that the manufacturer made to it makes it less easy now to abuse it as a date rape drug. Rohypnol no longer is a big part of the problem. Now it is GHB, and to some extent Ketamine, which are the leading date rape drugs.

What makes GHB a particularly fast-growing problem is the availability of its ingredients: hundreds of Internet sites. In fact, we have an example here, a demonstration. Maybe if we can just dim the lights? Darlene, can you just—thanks.

Hundreds of Internet websites promoting GHB and others offer ingredient kits and recipes for making it and the difficulty in detecting this drug. Neither GHB nor Ketamine is under Federal control.

The DEA has documented over 3,500 overdoses in law enforcement encounters with GHB and more than 32 GHB-related deaths since 1990. According to the Drug Abuse Warning Network, GHB-related hospital emergency department episodes increased from 20 in 1992 to 629 in 1996. Clearly the status quo is entirely unacceptable.

In today's hearing, I want us to focus on what additional steps should and could be taken at the Federal and State levels to protect our vulnerable young people from the vile misuse of these substances.

We have impressive witnesses to assist the subcommittee with its fact finding. We will hear first from Sheila Jackson-Lee, our colleague from Texas, who has introduced legislation in response to the death of a 17-year-old girl in her district who died as a result of unintentionally drinking GHB, which was poured into her soft drink. I look forward to working with Congresswoman Sheila Jackson-Lee on this issue and others.

We will then hear from a panel of witnesses offering various perspectives on the problem. Those perspectives will be those from victims, victim advocates, law enforcement and the medical community. We will hear from experts representing the Department of Justice, DEA, the Food and Drug Administration and the National Institute on Drug Abuse.

Finally, we will hear from Orphan Medical, Inc., a company developing a GHB derivative drug in clinical trials for the terribly debilitating symptom of narcolepsy. They are concerned that if GHB was scheduled as a I or II drug, it would be impossible for them to continue their research.

I appreciate the support of my colleague, Ron Klink, for holding this hearing, and I look forward to working with him and everyone else on this issue, and I will, in his stead as acting ranking member of the subcommittee, recognize Bart Stupak for an opening statement.

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