

Robbery or Assault by Stupefying Drugs : The New Indian Scourge

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ABSTRACT

Of late, instances of innocent travellers on buses and trains being drugged by unknown co-passengers and then robbed of their belongings are steadily on the rise in various states of India. There are also instances of victims being approached by strangers at locations such as cinema theatres or hotels, and subsequently incapacitated by stupefying drugs, prior to being robbed or sexually assaulted. Such cases pose a real challenge to the attending physician when brought for treatment to the hospital, and to the investigating authorities such as the police, since most of the time the victims are dazed and confused upon arrival and even after recovery, and may not be able to recall the incident or the perpetrators clearly. This is the result of such drugs possessing the capacity to not only incapacitate the victim by rendering him or her suddenly unconscious or delirious (stupefaction), but also to cause disorientation and amnesia during the acute and recovery phases. In some cases these drugs have been misused even by the youth to facilitate what is now termed as “date rape”, i.e., taking a girl out on the pretext of a date, rendering her unconscious or helpless by mixing the drug in food or drink, and then sexually assaulting her in a secluded place. The same difficulties in proving the commission of the offence and prosecuting the culprit arise as in drug-facilitated robbery, owing to confusion and memory disturbances in the victim. Two typical cases are presented, followed by a brief discussion of the common drugs used in such offences, their mechanism of action, and their detection in body fluids, which can be of help in hospital management, and subsequent police investigation and prosecution.

Keywords: stupefaction; robbery; date rape; benzodiazepines; flunitrazepam; Datura; atropine; scopolamine; gamma hydroxybutyrate; GHB.

INTRODUCTION

The term “stupefaction” is loosely applied to the process of rendering a victim suddenly incapacitated by exposing him to a substance or drug that causes disorientation, confusion, a feeling of helplessness, (and sometimes) muscular incoordination, in order to facilitate robbery or rape. The usual method is to mix an inebriant or deliriant drug with food or drink, which is then administered to the unsuspecting victim. Sometimes, stupefaction is induced by exposing the person to fumes of incense, by mixing the mind-altering substance with other constituents of an incense or joss stick (agarbathi). Even cigarettes may be adulterated in a similar fashion. Gullible railway or bus passengers are the usual victims who fall into the trap of accepting food, drink, or tobacco from “friendly” strangers. However, even visitors to the cinema or a hotel may become victim to such a ploy. “Date rape” is a variation upon this gambit, where in the victim is lured to a hotel, cinema, or secluded spot, given food or drink spiked with the intoxicating drug, and then sexually assaulted. Of late such cases are increasingly being reported from various parts of the country.

CASE-REPORT

Two cases are being reported, which were handled by the author, followed by a brief discussion of the drugs commonly used for such purposes, and the methodology to be followed in managing and investigating these cases.

Case 1: A middle aged male was approached by a stranger at a cinema theatre with the ticket for a movie that was running to packed houses, who said that the extra ticket resulted from his friend backing out at the last moment. The victim was happy to accept the proffered ticket (at no extra cost). During the intermission, the friendly Good Samaritan offered some soft drink, which was also gladly accepted by him. But he subsequently felt ill towards the final moments of the movie with gradual onset of drowsiness, confusion, vertigo, and lethargy. The “concerned” stranger then proceeded to escort the victim graciously to a hospital, who discovered only much later upon recovery that he had been skillfully robbed of his wristwatch, gold ring, and wallet! The attending physician could not get a clear history from the victim, who spoke in agitated, rambling sentences,

punctuated with periods of intense somnolence. Samples of blood and urine were collected from the victim and submitted for toxicological screening. Chemical analysis (by chromatographic immunoassay) confirmed the presence of a benzodiazepine compound in the urine. While an attempt was made to identify the exact nature of the benzodiazepine by thin layer chromatography, it was not successful.

Case 2: A housewife who was alone at home one afternoon was approached by a woman claiming to be a soothsayer, who assured her that she could reveal some important events of the near future by performing a ritual, which involved lighting of some incense sticks, and chanting of some “mantras.” A few minutes after the ritual began, the housewife felt faint, with acute onset of mental confusion, dizziness, and disorientation. By the time the husband came home a couple of hours later, she was delirious. The “soothsayer” had disappeared, and so had some valuables from the house! On admitting the victim to a nearby hospital, the attending physician observed predominantly anticholinergic manifestations, along with delirium. While her body fluids which were subjected to toxicological screening did not reveal the presence of any drug, the remnants of the incense sticks used for the ritual revealed traces of scopolamine.

In both cases, the victims recovered completely with supportive therapy, but the culprits were never caught.

Stupefaction and Crime

While the use of various stupefying drugs to facilitate crimes, especially drug-facilitated sexual assault (DFSA) is fairly common in the West, the phenomenon is only now catching up in India, and that too mainly in relation to robbery. The commonest drugs employed in many Western countries for stupefaction comprise cannabis, cocaine, or a benzodiazepine (especially flunitrazepam or Rohypnol®) which is usually mixed with alcohol¹. Gamma hydroxybutyrate (GHB) has been reported in a few cases². While historically, drug-facilitated robbery and even murder were allegedly common in some parts of India, especially involving organized gangs (“thug stranglers”), in modern times, authentic documentation of such cases began to be reported in scientific journals only in the last decade or two^{3,4}. The preferred stupefying drugs appear to be any alkaloid from the datura plant (atropine, scopolamine) prepared in the form of an

extract, or commonly prescribed sedative-hypnotics (benzodiazepines, barbiturates), or antihistamines. The intended effect of administering these drugs is to produce sedative and hypnotic effects, to cause mental confusion, and to cause anterograde amnesia so that the victim has no recollection of events.⁵ These effects can all enhance the victim’s helplessness, and inability to resist an assault, or to prove its commission subsequently to the authorities concerned. A typical scenario involves the victim consuming food or drink (often bought by an unknown individual) after which he/she becomes confused or delirious, and has only partial or no recollection of events for a period of time. The victim may regain control many hours later in unfamiliar surroundings, sometimes in a state of undress or partial dress. Occasionally, they may have “flashbacks” of the incident at a later date.

Detection of Incriminating Drug

In any case where a stupefying agent is suspected to have been used on a victim of robbery or assault, the police officer investigating the case must ensure that the hospital/physician in charge of the patient collects body fluids such as blood, urine, and gastric aspirate or lavage fluid for toxicological screening. Toxicology testing can be done with special reference to commonly implicated agents as mentioned, with the help of simple biochemical colour tests or thin layer chromatography, or by using kit-based assays such as chromatographic immunoassay⁶. Quantitation is often not required, and hence expensive instrumentation such as high performance liquid chromatograph is usually not necessary. Table 1 lists common agents used to stupefy a victim for criminal purposes. Since these cases are medicolegal in nature, every physician must be made aware that the police must always be informed. The earlier the information (with full details including clinical and laboratory findings) is provided to the investigating authorities, the better the chances of apprehending the culprit. Management can be done on symptomatic and supportive lines, as most cases do not involve very high doses of the stupefying drug, since the intention is only to incapacitate, and not to kill. Occasionally, an antidotal agent may have to be administered (flumazenil for benzodiazepines, or naloxone for opioids), or specialized elimination procedures may have to be used (haemodialysis or haemoperfusion). But most of the time, such measures are not necessary, and the victim recovers with supportive care alone.

Table 1: Common Stupefying-agents

Western Countries	India
1. Cannabis	1. Datura alkaloids
2. Cocaine	2. Benzodiazepines (especially diazepam)
3. Benzodiazepines (especially flunitrazepam)	3. Barbiturates
4. Miscellaneous: Gammahydroxy butyrate (GHB), Ketamine, Opioids	4. Antihistamines

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