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Office of National Drug Control Policy

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# Rohypnol

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## Background Information

Rohypnol is the trade name for the drug flunitrazepam, a benzodiazepine (central nervous system depressant) like Valium, yet 10 times more potent. Outside the United States, Rohypnol is legally manufactured by Hoffman-LaRoche, Inc., and is available by prescription for the short-term treatment of severe sleep disorders. It is widely available in Europe, Mexico, and Colombia, but is neither manufactured nor approved for sale in the United States.

Illicit use of Rohypnol began in the 1970s in Europe and appeared in the United States in the early 1990s. Much of the concern surrounding Rohypnol is its abuse as a "date rape" drug. Rohypnol is a tasteless and odorless drug and, until recent manufacturer efforts, dissolved clear in liquid, which masked its presence. Rohypnol comes in pill form and is usually sold in the manufacturer's bubble packaging, which can mislead users in the United States into believing the drug is safe and legal. Since February 1999, reformulated Rohypnol tablets, which turn blue in a drink to increase visibility, have been approved and marketed in 20 countries. The old noncolored tablets are still available, however.

## Effects

Rohypnol can be ingested orally, snorted, or injected. It is often combined with alcohol or used as a remedy for the depression that follows a stimulant high. The effects of Rohypnol begin within 15 to 20 minutes of administration and, depending on the amount ingested, may persist for more than 12 hours. The drug's metabolic properties are detectable in urine for up to 72 hours after ingestion.

Under Rohypnol, individuals may experience a slowing of psychomotor performance, muscle relaxation,

decreased blood pressure, sleepiness, and/or amnesia. Some of the adverse side effects associated with the drug's use are drowsiness, headaches, memory impairment, dizziness, nightmares, confusion, and tremors. Although classified as a depressant, Rohypnol can induce aggression and/or excitability.

## Prevalence Estimates

Rohypnol is popular with youth because of its low cost, which is usually less than \$5 per tablet. It has been used throughout the United States by high school and college students, street gang members, rave and nightclub attendees, drug addicts, and alcohol abusers. Rohypnol is used in combination with alcohol, marijuana, cocaine, heroin, ecstasy, and LSD. The predominant user age group is 13- to 30-years-old and users tend to be male.

A questionnaire about Rohypnol use was included in the Monitoring the Future Survey for the first time in 1996. Lifetime Rohypnol use by secondary school students in 1996 ranged from 1.5% among 8th and 10th graders to 1.2% among 12th graders (table 1). Current estimates of lifetime Rohypnol use range from 1.1% among 8th graders, to 1.5% among 10th graders, to 1.7% among 12th graders.

## Availability, Trafficking, and Seizures

Because Rohypnol is not manufactured nor approved for medical use in the United States, distributors must obtain their supply from other countries. Colombian traffickers ship Rohypnol to the United States via mail services and/or couriers using commercial airlines. Distributors also travel to Mexico to obtain supplies of the drug and smuggle it into the United States.

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**Table 1: Rohypnol use by secondary school students, 1996-2001**

	1996	1997	1998	1999	2000	2001
<b>8th grade</b>						
Lifetime	1.5	1.1	1.4	1.3	1.0	1.1
Annual	1.0	0.8	0.8	0.5	0.5	0.7
30-Day	0.5	0.3	0.4	0.3	0.3	0.4
<b>10th grade</b>						
Lifetime	1.5	1.7	2.0	1.8	1.3	1.5
Annual	1.1	1.3	1.2	1.0	0.8	1.0
30-Day	0.5	0.5	0.4	0.5	0.4	0.2
<b>12th grade</b>						
Lifetime	1.2	1.8	3.0	2.0	1.5	1.7
Annual	1.1	1.2	1.4	1.0	0.8	0.9
30-Day	0.5	0.3	0.3	0.3	0.4	0.3

Source: Monitoring the Future, 2001

In the late 1980s, Rohypnol abuse and distribution were occasionally reported in Florida and in the border areas of Arizona, California, and Texas. Beginning around 1993, the abuse and distribution of Rohypnol began to spread, with the vast majority of Rohypnol-related law enforcement cases occurring between January 1993 and December 1996. The two largest Rohypnol seizures occurred in February 1995. At that time, more than 52,000 tablets were seized in Louisiana and 57,000 tablets were seized in Texas. By June 1996, the Drug Enforcement Administration (DEA) had documented more than 2,700 Federal, State, and local law enforcement encounters with Rohypnol.

On March 5, 1996, the U.S. Customs Service began seizing Rohypnol at United States borders on advice from DEA and the U.S. Food and Drug Administration. By December 1997, Customs Service efforts had substantially reduced the availability of the drug.

In May 2000, DEA, along with the U.S. Border Patrol, seized 900 Rohypnol tablets in Texas. In July 2000, multiagency investigations led to the closure of a pharmacy in Mexico that used the mail to distribute Rohypnol to California.

According to DEA's System to Retrieve Information from Drug Evidence (STRIDE) data, Rohypnol seizures were at their highest in 1995, with 164,534 dosage units, and have since decreased to 4,967 units in 2000.

### Regional Observations

According to *Pulse Check: Trends in Drug Abuse*, Rohypnol is now the least available club drug in the United States. Nevertheless, Los Angeles and El Paso report that the drug is widely available. The remaining

Pulse Check sites report it as somewhat, not very, or not at all available.

In El Paso, speedball (a combination of heroin and cocaine) users often use Rohypnol to "soften the fall when coming down." El Paso treatment centers also report clients using "roche," which is presumed to be Rohypnol smuggled in from Mexico.

According to the Community Epidemiology Work Group (CEWG), reports of Rohypnol use have been declining since recent legislation and its use is very low or nonexistent in the majority of CEWG areas. Cities that are exceptions to this decline in use include Atlanta and New Orleans. Poison control calls involving Rohypnol in combination with other drugs have increased in Atlanta where Rohypnol sells for \$5 to \$10 per pill. In New Orleans, Rohypnol is common in nightclubs and private rave parties.

Texas has experienced increases in poison control calls and treatment admissions for Rohypnol, especially among Hispanic youth close to the Mexican border. In the first quarter of 2000, DEA reported increases in Rohypnol seizures in Laredo, Beaumont, and Austin.

### Drug-Facilitated Rape

Drug-facilitated rape can be defined as sexual assault made easier by the offender's use of an "anesthesia" type drug that can render the victim physically incapacitated or helpless and unable to give consent to sexual activity. Whether the victim is unwittingly administered the drug or willingly ingests it for recreational use is irrelevant. The person is victimized because of an inability to consciously consent to sexual acts.

Rohypnol is one of the drugs most commonly implicated in drug-facilitated rape. It can mentally and physically paralyze an individual. Effects of the drug are of particular concern in combination with alcohol and can lead to anterograde amnesia, where events that occurred during the time the drug was in effect are forgotten.

During 2000, some 261,000 rapes/sexual assaults occurred, but it is unknown how many were drug-facilitated. Many factors contribute to this lack of data, including the short period of time that the drug can be detected in the victim's system. Also, victims may not seek help until days after the assault, partly because the drug impairs their memory and partly because of their inability to recognize signs of sexual assault. As with any sexual assault, survivors need help regaining a sense of control and security. Many victims rely on a support system to help them deal with the flood of emotions in the aftermath of the assault.

## Scheduling and Legislation

As a result of the 1971 United Nations Convention on Psychotropic Substances, the United States placed Rohypnol under Schedule IV of the Controlled Substances Act in 1984. Rohypnol is not approved for manufacture or sale within the United States.

By March 1995, the United Nations Commission on Narcotic Drugs had transferred Rohypnol from a Schedule IV to a Schedule III drug. DEA is reviewing the possibility of reclassifying Rohypnol as a Schedule I drug. At the State level, Rohypnol already has been reclassified as a Schedule I substance in Florida, Idaho, Minnesota, New Hampshire, New Mexico, North Dakota, Oklahoma, and Pennsylvania.

In response to Rohypnol abuse and use of the drug to facilitate sexual assaults, the U.S. Congress passed the Drug Induced Rape Prevention and Punishment Act, effective October 13, 1996. The law provides for harsher penalties regarding the distribution of a controlled substance to an individual without the individual's consent and with the intent to commit a crime of violence, including rape. The law imposes a penalty of up to 20 years in prison and a fine for the importation and distribution of 1 gram or more of Rohypnol. Simple possession is punishable by 3 years in prison and a fine.

In 1997, penalties for possession, trafficking, and distribution of Rohypnol were further increased by the U.S. Sentencing Commission's Federal Sentencing Guidelines to those of a Schedule I substance because of growing abuse of the drug.

### Controlled Substances Act—Formal Scheduling

**Schedule I**—The drug has a high potential for abuse, is not currently accepted for medical use in treatment in the United States, and lacks accepted safety for use under medical supervision.

**Schedule II**—The drug has a high potential for abuse, is currently accepted for medical use in treatment in the United States, and may lead to severe psychological or physical dependence.

**Schedule III**—The drug has less potential for abuse than drugs in Schedule I and II categories, is currently accepted for medical use in treatment in the United States, and may lead to moderate or low physical dependence or high psychological dependence.

**Schedule IV**—The drug has low potential for abuse relative to other drugs, is currently accepted for medical use in treatment in the United States, and may lead to limited physical dependence or psychological dependence relative to drugs in Schedule III.

**Schedule V**—The drug has a low potential for abuse relative to drugs in Schedule IV, is currently accepted for medical use in treatment in the United States, and may lead to limited physical or psychological dependence relative to drugs in Schedule IV.

## Street Terms

### Street terms for Rohypnol

Circles	Pingus	Roofies
Forget me drug	R-2	Rope
Forget me pill	Reynolds	Rophies
Getting roached	Rib	Row-shay
La Rocha	Roach-2	Ruffles
Lunch money drug	Roapies	Wolfies
Mexican valium	Robutal	

## Resources

*Rapists Are Using a New Weapon To Overpower Their Victims.* Santa Monica Hospital Medical Center, Rape Treatment Center, 1997.  
[www.911rape.org/request/blowouts/brochure.html](http://www.911rape.org/request/blowouts/brochure.html)

In the Spotlight: Club Drugs. National Criminal Justice Reference Service.  
[www.ncjrs.org/club\\_drugs/club\\_drugs.html](http://www.ncjrs.org/club_drugs/club_drugs.html)

ClubDrugs.org. National Institute on Drug Abuse.  
[www.clubdrugs.org](http://www.clubdrugs.org)

## Sources

**Executive Office of the President:**

**Office of National Drug Control Policy**

*Pulse Check: Trends in Drug Abuse, April 2002,* NCJ 193398.  
[www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/apr02/index.html](http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/apr02/index.html)

*Pulse Check: Trends in Drug Abuse, November 2001,* NCJ 191248.  
[www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/fall2001/index.html](http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/fall2001/index.html)

Street Terms: Drugs and the Drug Trade.  
[www.whitehousedrugpolicy.gov/streetterms/default.asp](http://www.whitehousedrugpolicy.gov/streetterms/default.asp)

**U.S. Department of Justice:**

**Drug Enforcement Administration**

Flunitrazepam (Rohypnol).  
[www.usdoj.gov/dea/concern/flunitrazepam.html](http://www.usdoj.gov/dea/concern/flunitrazepam.html)

Flunitrazepam (Rohypnol) "roofies."  
[www.usdoj.gov/dea/pubs/rohypnol/rohypnol.htm](http://www.usdoj.gov/dea/pubs/rohypnol/rohypnol.htm)

*Drug Intelligence Brief*. "Club Drugs: An Update,"  
September 2001.  
[www.dea.gov/pubs/intel/01026/index.html](http://www.dea.gov/pubs/intel/01026/index.html)

**National Drug Intelligence Center**

*National Drug Threat Assessment 2002*, December 2001.  
[www.usdoj.gov/ndic/pubs/716/index.htm](http://www.usdoj.gov/ndic/pubs/716/index.htm)

**Bureau of Justice Assistance**

*Criminal Victimization 2000: Changes 1999–2000 With  
Trends 1993–2000*, June 2001. NCJ 187007.  
[www.ojp.usdoj.gov/bjs/abstract/cv00.htm](http://www.ojp.usdoj.gov/bjs/abstract/cv00.htm)

**National Institute of Justice**

"Drug-Facilitated Rape: Looking for the Missing Pieces,"  
*NIJ Journal*, April 2000.  
[www.ncjrs.org/pdffiles1/jr000243c.pdf](http://www.ncjrs.org/pdffiles1/jr000243c.pdf)

**National Institutes of Health:**

**National Institute on Drug Abuse**

*Epidemiologic Trends in Drug Abuse, Volume I: Highlights  
and Executive Summary, June 2001*, Community  
Epidemiology Work Group.  
[www.nida.nih.gov/PDF/CEWG/EXSUMJune01.pdf](http://www.nida.nih.gov/PDF/CEWG/EXSUMJune01.pdf)

*National Survey Results on Drug Use From the Monitoring  
the Future Study, 2001*.  
[http://monitoringthefuture.org/pubs/monographs/  
overview2001.pdf](http://monitoringthefuture.org/pubs/monographs/overview2001.pdf)

Rohypnol and GHB INFOFAX.  
[www.drugabuse.gov/Infofax/RohypnolGHB.html](http://www.drugabuse.gov/Infofax/RohypnolGHB.html)

**American Prosecutors Research Institute:**

*The Prosecution of Rohypnol and GHB Related Sexual  
Assaults, 1999*.  
[www.ndaa.org/publications/apri/violence\\_against\\_  
women.html](http://www.ndaa.org/publications/apri/violence_against_women.html)

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