



CASE REPORT



A CASE OF DRUG-FACILITATED CRIME BY THE USE OF BENZODIAZEPINES

E. M. BISONG^{1,2}, N. J. KEMJEI¹

¹Department of Family Medicine, University of Calabar Teaching Hospital, Calabar, Nigeria

²Department of Family Medicine, University of Calabar, Calabar, Nigeria

ABSTRACT

Background

Benzodiazepines act on the central nervous system to produce sedation, muscle relaxation and lower anxiety levels. They are abused and have been used to commit crimes.

Method

We report a case of a taxi driver who was offered a soft drink by

a passenger. He became drowsy and weak after drinking the juice and eventually lost his car to the passenger.

Conclusion

Members of the public should be aware of the use of drugs to commit crime and be wary of receiving drinks from strangers.

Key words: Benzodiazepines, crime

INTRODUCTION

Benzodiazepines are widely used medications in treating a range of anxiety disorders and insomnia. They are classified depending on how long their effects last. They act on the central nervous system to produce sedation, muscle-relaxation and lower anxiety levels. They are usually well tolerated. The side effects of benzodiazepines may include drowsiness and dizziness which can become more pronounced with increased doses. Benzodiazepines are commonly abused medications. This abuse is partially related to the effects that they cause and also to their widespread availability. Benzodiazepines have been used to facilitate rapes or robberies¹, and benzodiazepines dependence has been linked to shoplifting due to the fugue state induced by the chronic use of the drug.² We present a case where benzodiazepine was used to facilitate crime.

CASE REPORT

A 47 year old part time taxi driver presented with complaints of general body weakness, tiredness and dizziness of about 13 hours duration. The patient's taxi was said to have been on hire about 9pm local time the previous night by a male passenger unknown to him. The patient drove the passenger to an eatery where he bought food and some drinks. The passenger exuded confidence and appeared to be wealthy. They then proceeded to a point where the passenger's girlfriend was supposed to join them. After waiting in the car for a while, the driver was asked to exercise patience as the girlfriend was dressing up. The passenger then offered one of the fruit juices which he had bought earlier to the driver to drink. The juice pack was opened by the patient himself while thanking the passenger for his kind gesture. Shortly after drinking the juice he started feeling weak and reclined on his

car seat to relax. However, about 30 minutes later, the passenger moved out of the car and drew his attention to the fact that one of the vehicle rear tyre was flat. As he staggered out of the car to check the tyre, with the car key left on the ignition, the passenger ran into the driver seat of the car and sped off. The patient screamed for help in vain. With the help of good Samaritans, he located a nearby police station and reported the incident. The weakness progressively worsened. The wife said the patient was so weak that he slept off while narrating his ordeal to her on the sitting room sofa. He however said that though he still felt weak, tired and dizzy, he felt better on presentation than the previous night. The wife aided him to walk into the consulting room. There was no associated history of headache, fever, loss of appetite, vomiting, cough, chest pain, change in bowel or urinary habits or impaired vision. He feared that he may have been poisoned and hoped that a medical remedy will cure the associated effects. His past medical history was unremarkable. He reacts to chloroquine by itching. He is married to a wife with three male children; the last child was 7 years old. The patient is a petty contractor by profession and was using his personal car in the evenings as a taxi to augment his income. He had secondary level of education. His wife was a seamstress with the same educational attainment. Their combined monthly income was approximately **Forty Thousand Naira** only (N40,000). He does not drink alcohol nor smoke cigarettes. He denied having any sexual partner other than his wife. Physical examination revealed a drowsy man with slurred but audible speech, well oriented in time, place and person with Glasgow Coma Score of 15. He was afebrile (T=36.7°C), not pale, anicteric, acyanosed, not dehydrated, no pedal oedema and no peripheral lymph node enlargement. Cardiovascular examination revealed a radial pulse rate of 80 beats per

Correspondence: Dr. Elvis M Bisong Department of Family Medicine, University of Calabar and University of Calabar Teaching Hospital, Calabar
E-mail: drelvo@yahoo.com Tel: 08033389875

minute, regular with normal volume. The blood pressure was 120/80mmHg. The jugular venous pressure was not raised. The Apex beat was located on the fifth left intercostal space along the midclavicular line. The first and second heart sounds were heard on auscultation. The respiratory rate was 24 cycles per minute with normal breath sounds. The abdomen was full, soft and moved with respiration with no areas of tenderness and no organ enlargement.

The patient was admitted for observation and was counseled to allay anxiety; he was advised to be on liberal fluid intake orally. The vital signs were monitored every 15 minutes. The complete blood count, urinalysis and urea electrolyte with creatinine results were normal. The blood sugar level was within normal range. A urine toxicology screen was positive for benzodiazepines. A diagnosis of benzodiazepine poisoning was made. The result was explained to the patient and he was further reassured that his symptoms would gradually subside. He was discharged after 3 hours of observation and given a two-day appointment. He kept his appointment with remarkable improvement as he walked unaided and his speech was no longer slurred. He no longer felt dizzy. He was unhappy as the car had not been recovered. He had collected a loan to buy the car two months earlier. The car was not insured. A repeat urine toxicology screen a week later showed no trace of benzodiazepines.

DISCUSSION

When benzodiazepines are used for criminal purposes against a victim they are often mixed with food or drink³ and can be difficult to taste. The index victim developed symptoms shortly after drinking fruit juice offered to him by a stranger. Although benzodiazepines are commonly abused, they rarely cause serious illness or death unless combined with other drugs. Their effects are most common and severe when taken in combination with alcohol. The combined use of alcohol and benzodiazepines also increases the risk of fatal overdose because both act as CNS depressants. This 47 year old patient did not take alcohol and was not a drug addict. This may have aided his prognosis after the poisoning. According to the European monitoring centre for Drugs and Drug Addiction (EMCDDA) in 2008, work had identified covert use of benzodiazepines to facilitate theft. Forensic analysis cannot unequivocally distinguish between the deliberately covert spiking of drinks and voluntary or prescribed use of benzodiazepines; however some form of hair analysis can distinguish regular long term use from a single ingestion. Environmental factors play a significant role in benzodiazepines abuse. Some of the common environmental influences are low socio-economic status, unemployment and peer pressure. The patient was not gainfully employed. This prompted him to engage in cab driving in the evenings, to augment his income to support his family because the family

earnings were grossly inadequate to cater for their needs. If his educational attainment was high, he may have known the value of insuring the vehicle and may have benefited from an insurance firm.

Single dose activated charcoal is not routinely recommended in managing cases of benzodiazepines abuse or poisoning as the risks far outweigh the benefits. Benzodiazepines are rarely fatal in overdoses, but the resulting mental status greatly increases the risk of aspiration following oral charcoal overdose.⁴

Flumazenil is a specific antidote for benzodiazepines poisoning/overdose but its use in acute benzodiazepine overdose is controversial and its risk usually outweighs any possible benefit.⁵

Benzodiazepines can be accessed through doctor shopping, theft, fraud and or forgery of prescriptions.⁶ The perpetrator of crime in this scenario may have accessed the drug through criminal acts. This case highlights a dimension to crime that unsuspecting members of the public should be aware of. It also reflect on the importance of enlightening people on the benefit of car insurance as victims may benefits from insurance firms.

Benzodiazepines prescription and usage is regulated in most developed countries. However in developing countries these drugs are easily available without prescription⁷. Regulatory measures should be enhanced and reviewed so that Benzodiazepines are made only available to persons who have a medical indication to use them.

CONCLUSION

People should be careful in receiving drinks from strangers who appear nice. Awareness should be created to members of the public about use of drugs to commit crime. Benzodiazepines use should be regulated by relevant agencies and measures reviewed periodically. Car insurance policy may help cushion effect of victims following car theft and accidents.

REFERENCES

1. Boussairi A, Dupeyron J P, Hernandez B, Delaitre D, Begnet L, Espinoza P, Diamant-Berger O "Urine benzodiazepines screening of involuntary drugged and robbed or raped patients". *Journal of toxicology, clinical toxicology (Journal of toxicology, clinical toxicology)*. 1999; 34(6):721-4
2. Tana CP, Pang A H, Unger GS. "Shoplifting and robbery in a fugue state" *medicine, science and the law* 1996; 36(3):265-8
3. Ohshima T. "A case of drug-facilitated sexual assault by the use of flunitrazepam". *Journal of clinical forensic medicine*. 2006; 13(1):44-5
4. Chyka PA, seger D, Krenzdok E P, Vale J A. position paper: single dose activated charcoal *clin toxicol (phila)*. 2005; 43(2):61-8

5. Marraffa JM, Cohen V, Howland MA. Antidotes for toxicological emergencies: a practical review. *Am J Health systpharm.* 2012; 69(3):199-212.
6. Victorian parliament drugs and crime prevention committee (VDCPC 2006). Available at www.parliament.vic.gov.au/images/stories/committees/dcpc/alcoholharmreduction/DCPC-Report_Alcohol_vol_2006-03.pdf accessed on 7-11-2016.
7. Khawaja M R, Majeed A, Malik F, Merchant KA and Magsood M. prescription pattern of benzodiazepines for inpatients at a tertiary care university hospital in Pakistan. *The Journal of Pakistan Medical Association.* 2005; 55, 259 - 263