

A Review on the Analytical Methods for the Detection of 1,4 Benzodiazepines in the Alcoholic and Non-Alcoholic Beverages

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1. Abstract

Benzodiazepines are anti-depressive drugs and a class of psychoactive drugs which are widely used for clinical purposes and it occupies a prevalent place in mental illness. Benzodiazepines are commonly found in a variety of drug-assisted sexual assault situations, and sometimes due to delay in reporting drug-facilitated sexual assault cases (DFSA), the detection of the drug in the sample cause problems. So, in this study, researchers looked into the rapid identification and quantification of benzodiazepine in beverages collected at the drug-facilitated crimes.

Generally, four varieties of alcoholic beverages spiked with different benzodiazepines and commonly eaten in bars and gatherings (diazepam, flunitrazepam, alprazolam, clonazepam, bromazepam) have drug-facilitated crime occurrence. Due to their synergistic effects with alcohol, criminals commonly use these drugs. The researchers looked into the Benzodiazepines' sustainability in two separate storing environments, regulated at room temperature and refrigerated at (4 °C), for 25 days using a GC-MS approach for drug identification in beverages. As a result, all medicines could be detected in all beverages throughout the study period. In forensic analysis, the procedure may be used to screen BZDs in contaminated soft drinks in a simple, sensitive, and rapid manner.

Keywords: BZDs: Benzodiazepines; Beverages: DZP-Diazepam; GCMS: Gas chromatography-mass spectrometer; DFSA: Drug Facilitated Sexual Assault etc.

2. Introduction

Benzodiazepines (BZDs) were introduced in the 1960s and these are the class of psychoactive drugs (1). Benzodiazepines are the most commonly and widely used drug in the medication of uneasiness, restlessness, and panic disorder (2). The illegal use of benzodiazepines mostly occurs. Victims of drug-facilitated crimes are unable to defend themselves against attacks or rapes because they are intoxicated (3). There are numerous forms of medications that are included in the benzodiazepine category that is characterized for being simply hidden and ingested in alcohol for entertainment, such as in nightclubs. Furthermore, combining these types

of medicines with alcohol, which is typically prohibited, can be exceedingly harmful due to the enhancement of therapeutic actions. The distinction between moderate central nervous system depression and stupor, or maybe even death narrows dramatically. Consciousness loss, nausea, poor balance and coordination, respiratory issues, or a loss of self-control are some of the intoxication consequences of the medications (4). Toxicants testing and monitoring examination of substances in purposely spiked drinks are becoming more common in the instances of DFC sufferers (5). Benzodiazepines are well-known anxiolytic and anticonvulsant drugs, whereas substances that inhibit GABA activity have been discovered to be anxiogenic and convulsant. Thus, the GABAA receptor complex might be the site of a putative relationship between a pathological condition (epilepsy) and two normal activities (anxiety and learning). (6,7). Benzodiazepines are commonly utilized by persons to conduct DFSA as drugs, such as clonazepam, lorazepam, and clobazam, have a calming influence and the ability to induce memory (8,9). The 3 sedatives were considered because clobazam is usually considered a street drug and clonazepam is the most regularly seen substance in drug-facilitated assault cases (10). Diazepam (DZP) is a drug that is related to the 1,4-benzodiazepines, which are commonly recommended for stress, restlessness, seizures, severe alcohol detoxification, and muscle cramps (11,12). DZP is often given orally, although It's also possible to administer it parenterally or orally. For mesmerism, the drug's prescribed dosages are almost about Thirty milligrams in a standard dose (13). Although this anticonvulsant is usually thought to be safer and more tolerable when administered for a short amount of time, potential side effects such as dependence, tiredness, ataxia, and disorientation have been questioned. (14). The anxiolytic effects of DZP are facilitated when it is coupled with several anti-inflammatory and analgesic agents, like alcohol, and the drug's absorption rate is increased. Because of these side effects, DZP has also been used in drug-assisted victimization (15).

2.1 Chemical analytical methodology for the determination of these substances

In terms of chemical structure, benzodiazepines are classified into five major classes

1. Derivatives of 1,4-benzodiazepines (the most common kind of benzodiazepine, such as chlordiazepoxide, diazepam, clonazepam, lorazepam, oxazepam),
2. Derivatives of 1,5-benzodiazepines (clobazam, triflubazam),
3. Triazolo benzodiazepines derivatives (alprazolam, aminoazole, etizolam, loprazolam, triazolam),
4. Thienodiazepine derivatives (brotizolam, clotiazepam),

5. Imidazole benzodiazepines (midazolam).

In general, the chemical structure of benzodiazepine consists of seven-atom rings connected to different aromatic structures, as well as a specific moiety that may be modified without affecting the compound's biological function(16-18).

2.2 Chemical and Toxicological Study of the Compounds

2.21 Diazepam

Diazepam (DZP) has become common in non-medical settings, posing a significant threat to public health. Diazepam (DZP) is a regularly prescribed sedative. Diazepam is often typically used to treat depression symptoms caused by second-generation mood stabilizers. Its action begins around 1.5 hours after delivery and lasts at least 4–6 hours. The hypnotic effects of DZP are amplified when it is coupled with several narcotic compounds, such as alcohol, and the drug's assimilation rate is increased. There have also been allegations of diazepam being used in robberies as a result of intentional adulteration of herbal medicine (19,20). Lowering diazepam costs and greater drug availability on the illegal market have also been influenced by changes in these incidents. Because of these characteristics, a variety of processing techniques to determining diazepam in drinks and related materials have been examined. Methodologies such as high-performance liquid chromatography and gas chromatography/mass spectrometry are commonly used, having previously achieved significant success in medicinal analysis. It provides an outline of the technical efficiency features of the methodologies used to determine diazepam levels in drinks and related samples (5). High-performance thin-layer chromatography has also been demonstrated to be effective for determining diazepam in drinks, as well as the qualitative evaluation of diazepam.

2.22 Alprazolam

Alprazolam is a triazolo benzodiazepine with a same therapeutical profile to diazepam and other 1,4-benzodiazepines. In healthy young people, alprazolam has an average half-life of ten to twelve hours when compared to newly developed derivatives. Placebo-controlled, dual examinations evaluating the benzodiazepine alprazolam for the treatment of PMS found that alprazolam was found to be more helpful than a placebo in reducing perimenopausal mood disturbances (21,22). Only one study found that alprazolam reduced the metabolisms and sweet urge in women with PMS before menstruation, but no data on actual food intake was collected. Benzodiazepines, on the other hand, have been demonstrated in multiple non-

human experiments to boost food intake (23-25). Alprazolam is a highly potent psychoactive drug listed as a Schedule - 'H' at serial no. 15 of Drug Schedules in Section 2 of the NDPS Act.1985: narcotic drug listed as a "Prescribed Drug or Therapeutic Substance (26,27,28). Alprazolam has therapeutic effects and has been demonstrated to be equally effective as imipramine in treating monopolar despair. As a result, alprazolam may be especially beneficial in people with severe depression (63). However, additional research is needed before it can be widely used as an experimental drug.

2.23 Ketamine

Ketamine drug is a well-known psychogenic anesthetic drug that has been registered by the FDA in 1970 for concurrent administration of general anaesthesia (29). To facilitate sexual assaults, 'club drug' is frequently spiked with drinks. Depersonalization is a hallmark of KET's hallucinogenic impact, which distorts the victim's perception of the universe is distorted and susceptible to misconduct (30). Ketamine, a manufactured anaesthetic developed as an antidote to phencyclidine, produces stimulatory effects comparable to phencyclidine, such as floating feelings, imagination hallucinations, and enhanced alertness, and can also cause a cataleptic condition with attendant amnesia (31-34). Several spectrophotometric, liquid, or gas chromatographic and potentiometric approaches have been published (35-38). Despite their accuracy and sensitivity, these methods are ineffective when used on-site or for rapid detection.

2.24 Flunitrazepam

Flunitrazepam (FLU) is a fast-acting benzodiazepine that works by inhibiting GABA receptors in the brain (39). Unfortunately, FLU is illegally combined with other sedative medications for recreational purposes. As a result of this misuse, FLU is a date-rape substance that is used clandestinely in nightclubs and parties (40). This lounge drug is laced into beverages to inebriate a trusting companion and render victims mentally and physically incapacitated (41). Because FLU is a commonly utilized drug in sexual harassment and marital rape cases. it has piqued the interest of analysts who have developed several analytical methods for detecting it in various bodily fluids and beverages (42). Flunitrazepam is tenths times more powerful than barbiturates; its clinical effects begin after Thirty minutes of ingestion and peak after two hours, lasting roughly twelve hours. Various approaches for determining FLU have been reported, including chromatography, spectroscopy, and voltammetry. To combat the heinous usage of date-rape medicines in criminal activity, steps should be taken. Point-of-care (POC) devices have a favorable impact and although they enable convenient and quick detection of illicit substances at the crime scene (43).

2.25 Lorazepam

Lorazepam was considered as the barbiturate because it has a short elimination $\frac{1}{2}$ life, no major constituents, and its mode of action are unaffected by administration of a single dose (44). As a result, any observed changes in deterioration during once-weekly dosing could not be attributed to attributional tolerance. The reactions of individuals to benzodiazepines have shown a high degree of diversity (45,46). It is unclear, however, whether a person who responds significantly to one of the drug's effects (e.g., the analgesic effect) would also respond substantially to another of the drug's actions (e.g., the amnesic effect). The consistency of an investor's answer is also of relevance. Lorazepam replaced the alcohol response uniformly in the both genders and enhanced related light headedness ratings. Females, on the other hand, showed much larger DSST performance degradation after lorazepam than males. This impact was unaffected by body mass variations or intubation (47).

When benzodiazepines are blended with most beverages, they might modify color or taste. considering alcoholic beverages made with milk, such as whiskey cream, when it comes to beverages. Steroid drug testing can cause sedimentation and change the density of liquids (48). Variation in the physical qualities of drinks can serve as a warning to potential DFC sufferers, although these fluctuations are difficult to detect vicious, complicated drinks like spirits serums (49). GABA type A receptors connect to the α subunit, boosting the GABA effect and reducing cellular proliferation while enhancing Cl^- ion channel activation (Cl^-). The desired cell gets increasingly hyperpolarized as more Chlorine ions are present, and now as a result, the rate of neuronal shooting reduces. That decrease impacts all benzodiazepine's pharmacological actions, including muscular relaxation (50). Two electrodes were used to detect diazepam, once with flunitrazepam and once with temazepam by column chromatography (51).

A variety of experimental techniques were reported to evaluate these substances in drinks and associated materials. Various analytical techniques have been utilized including high-performance liquid chromatography (HPLC) (52,53), Liquid chromatography and mass spectrometry (54), gas chromatography-mass spectrometry and high-performance thin-layer chromatography (55), used in medical & pharmaceutical analysis and have shown preliminary effectiveness. Additionally, several different benzodiazepines have been reported for the qualitative determination by the direct electrospray probe/MS (56).

3. Procedure for detection of Benzodiazepines

The phrase "drug-facilitated sexual assault" is associated with sexual activity that takes place without the victim's permission or with the invalid consent of another person engaged when the victim is under the influence of alcohol, hazardous poisons, or toxic substances. (57). The use of tranquilizers for Defendant is not a novel notion; in fact, a similar law has existed in the U.k. since the Violations Against the Individual Entity of 1861, reinforced by the Sexual Assaults Acts of 1956 and 2003. A high proportion of probable DFSA cases have also been discovered to include antihistamines. It should be emphasised that some of these positive results might be the result of either prescription or volunteer intake (58). Medicines like diazepam, temazepam, and flunitrazepam have a sedative effect and the capacity to create amnesia, persons who want to commit DFSA employ them (8). When taken orally with food, these medicines are quickly absorbed in the gastro-intestinal tract, delaying the efficiency but not the dissolution rate (59). The multiple sedatives were selected because flunitrazepam is widely considered to be a party drug, clonazepam is the most usually discovered sedative in DFSA cases, and lorazepam is a diazepam metabolite that is also typically observed in consulting work. Drink testing may also be useful in clarifying the facts surrounding a confirmed sexual attack if there has been a delay in reporting or collection of scheduled toxicological tests. Glassware, containers, and bodily fluids have all been turned over to the Forensic Science Administrations (FSS) in the United Kingdom for testing in cases of suspected drug-facilitated sexual assault. The circumstances, duration, and preservation of examples for evaluation have the ability to significantly modify drug concentrations (61). As beginning concentrations of sedate are generally of intrigued toxicologically, information of the stability of these drugs totally different lattices, and so the potential for variance between recognized concentration and starting concentration is imperative.

For pre-hospital use, narcotics were tested for sustainability in relation to refrigerated temperature, including injectable solutions in transparent plastic syringes. Both diazepam and lorazepam demonstrated high declines in concentration at ambient and 37degree Celsius temperatures in this sterile context, and cold storage did not entirely stop the process. The persistence of sedatives in sample specimens under long-term storage conditions has been studied using saliva, blood, and urine samples [19].

It is evident that there are a number of possible concerns with the preservation of tricyclic antidepressant samples, including the stability of the medications themselves and potential interactions with the matrix in which they are stored. There has been a dearth of study on the stability of benzodiazepines over time in various beverages and storage circumstances. To imitate evidence-based samples held under varied

controlled settings at escalating time intervals, a GC-MS approach was verified and used to popular drinks laced with sedatives. This study will educate law enforcement personnel and analysts on the gathering, storage circumstances, duration of storage, predictive conditions, and interpretation of data while analysing beverages suspected of being used for DFSA. Violence against a woman, or a subject in general, can take the form of emotional, behavioural, harassing, economical (inheritance, financial transaction, etc.), and, most notably, sexual assault. The victim of abuse may have a range of psychological issues as a result of the horrific subjugation event/events, including as sadness, anxiety, dread, grief, and, in the context of sexual abuse, somatic results (physical injury, illnesses, infertility).

4. Discussion

The GC-MS technique was followed for the identification of drugs and also analysed the drugs (diazepam, flunitrazepam, and temazepam) without derivatization. This technique was developed to distinguish heinous crimes and dating site drugs at the scene of the crime in alcohol samples when narcotics were used. The result obtained from conventional pharmaceuticals and medications recovered from beverages were identical (60). Blank samples of alcoholic and non-alcoholic drinks were analysed by using the developed method (61). Mass spectrometry and the retention index allowed the medicines to be identified and quantified. To determine that there was no persistence between specimen infusion, the sample matrix, and eluent blank were also examined. The matrix blank results determine the presence or absence of pharmaceuticals in the samples. As a result, the chromatographic peak and mass spectroscopy data can only be attributed to the medications. and gave the identification data of the method (62).

5. Conclusion

A method for identifying and quantifying BDZs in various types of beverages is presented in this paper. Benzodiazepines are identified by an azomethine group that is readily electrostatically referable, with a small amount also identified by groups like carbonyls, alkyls, making them moderately susceptible to commonly used electrochemical techniques and a variety of electrochemical devices. The utilization of Chromium electrodes which have lower limits of detection in both medical & chemical materials and require minimum sample preparation has been the focus of much of the previously reported research. In the liquid chromatographic electrochemical assessment of 1,4-benzodiazepines, both reductive and, more recently, two electrode detecting techniques have been applied. Both methods are generally precise, specific, and effective in detecting benzodiazepines in a variety of samples.

6. Reference

1. Wick, J. (2013). The history of benzodiazepines. *The Consultant Pharmacist*, 28(9), 538-548.
2. M.J. Barker, M. Jackson, K.M. Greenwood, Aust. Psychol. 38 (2003) 202–213.
3. M. LeBeau, W. Andollo, W.L. Hearn, R. Baselt, E. Cone, et al., J. Forensic Sci. 44 (1999) 227–230.
A.H. Dorandeu, C.A. Pages, M.C. Sordino, G. Pépin, E. Baccino, P. Kintz, J. Clin. Forensic Med. 13 (2006) 253–261.
4. R. Webb, P. Doble, M. Dawson, Electrophoresis 28 (2007) 3553–3565
5. M. Acikkol, S. Mercan, S. Karadayi, Chromatographia (2009), doi:10.1365/s10337-009r-r1278-6.
6. Chapouthier G, Venault P (2004) Med Chem Rev 1:91–99
7. NIDA Community Drug Alert Bulletin Club Drugs (2004) <http://165.112.78.61/ClubAlert/ClubdrugAlert.html>.2002. Accessed 7 January 2004
8. Caroline N (2008) Emergency care in the streets. London: Jones and Bartlett Publishers
9. Scott KS (2009) The use of hair as a toxicological tool in DFC casework. Sci Justice 49: 250–53
10. Birkler RI, Telving R, Ingemann-Hansen O, Charles AV, Johannsen M, et al. (2012) Screening analysis for medicinal drugs and drugs of abuse in whole blood using ultra-performance liquid chromatography time-of-flight mass spectrometry (UPLC-TOF-MS)-Toxicological findings in cases of alleged sexual assault. Forensic Sci Int 222: 154–161.
11. K.C. Honeychurch, A. Crew, H. Northall, S. Radbourne, O. Davies, S. Newman, et al., The redox behavior of diazepam (Valium(R)) using a disposable screen-printed sensor and its determination in drinks using a novel adsorptive stripping voltammetric assay, Talanta 116 (2013) 300–307.
12. J. Riss, J. Cloyd, J. Gates, S. Collins, Benzodiazepines in epilepsy: pharmacology and pharmacokinetics, Acta Neurol. Scand. 118 (2008) 69–86
13. Toxicology Data Network, U.S. National Library of Medicine, US, 2011.
14. M.E. Lozano-Chaves, J.M. Palacios-Santander, L.M. Cubillana-Aguilera, I. Naranjo-Rodríguez, J.L. Hidalgo-Hidalgo-de-Cisneros, Modified carbon-paste electrodes as sensors for the determination of 1,4-benzodiazepines: application to the determination of diazepam and oxazepam in biological fluids, Sens. Actuators B 115 (2006) 575–583.
15. I.J. Bosman, M. Verschraagen, K.J. Lusthof, Toxicological findings in cases of sexual assault in the Netherlands, J. Forensic Sci. 56 (2011) 1562–1568.
16. M. Gerecke, Br. J. Clin. Pharmacol. 16, 11 (1983)
17. M. Lader, Expert. Rev. Neurother. 8, 1189 (2008).

18. A. Zejc, M. Gorczyca, Chemical Lekow: dla studentow farmacji I farmaceutow (Wydawnictwo Lekarskie PZWL, Warszawa, 2002) In polish .
19. P. Ghosh, M.M.K. Reddy, V.B. Ramteke, B.S. Rao, Anal. Chim. Acta 508 (2004) 31–35.
20. Berger, C. P. & Presser, B. (1994). Alprazolam is the treatment of two subsamples of patients with late luteal phase dysphoric disorder: a double-blind, placebo-controlled crossover study. *Obstetrics & Gynecology*, 84, 379–385.
21. Freeman, E. W., Rickels, K., Sondheim, S. J. & Polansky, M. (1995). A double-blind trial of oral progesterone, alprazolam, and placebo in the treatment of the severe premenstrual syndrome. *Journal of the American Medical Association*, 274, 51–57
22. Smith, S. L. & Sauder, C. (1969). Food cravings, depression, and premenstrual problems. *Psychosomatic Medicine*, 31, 281–287.
23. Cooper, S. J. (1989). Benzodiazepines and appetite: recent pre-clinical advances and their clinical implications. *Human Psychopharmacology*, 4, 81–89.
24. Foltin, R. W., Fischman, M. W. & Byrne, M. F. (1989). Food intake in baboons: effects of diazepam. *Psychopharmacology*, 97, 443–447.
25. Frank M, Ulrike MS, Burkhard M. Molecular Pathology in Forensic Medicine – Introduction. *Forensic Sci Int*, 2010; 203(1-3): 3-14.
26. Substance use Disorders: Manual for paramedical staff. New Delhi: National Drug Dependence Treatment Centre, AIIMS; 2010. pp. 13-15.
27. Moffat AC, David O. Clarke's Analysis of Drugs and Poisons in pharmaceuticals, body fluids, and postmortem material. 14th ed. London: London Pharmaceutical; 2011.
28. A.K. Malhotra, D.A. Pinals, H. Weingartner, K. Sirocco, C.D. Missar, D. Pickar, A. Breier, NMDA receptor function and human cognition: the effects of ketamine in healthy volunteers, *Neuropsychopharmacology* 16 (1996) 120e125.
29. J.M. Danion, P. Diemunsch, C. Brandt, Effect of a subanesthetic dose of ketamine on memory and conscious awareness in healthy volunteers, *Psychopharmacology* 152 (2000) 283e288.
30. H. Kreuscher, H. Gauch. The effect of phencyclidine derivatives ketamine (CI 581) on the cardiovascular system of the man. *Der Anaesthetist* 1967, 16, 229
31. E. F. Domino, P. Chodoff, G. Corssen. Pharmacologic effects of Ci-581, a new dissociative anesthetic, in man. *Clin. Pharmacol. Ther.* 1965, 40, 279.
32. S. H. Peyton, A. T. Couch, R. O. Bost. Tissue distribution of ketamine – 2 case reports. *J. Anal. Toxicol.* 1988, 12, 268.

33. M. Licata, P. Pierini, G. Popoli. A fatal ketamine poisoning. *J. Forensic Sci.* 1994, 39, 1314.
34. N. Feng, F.X. Vollenweider, E.I. Minder, K. Rentsch, T. Grampp, D.J. Vonderschmitt, Development of a gas chromatography-mass spectrometry method for determination of ketamine in plasma and its application to human samples, *Ther. Drug Monit.* 17 (1995) 95e100.
35. Y. Chen, Y. Yang, Y. Tu, An electrochemical impedimetric immunosensor for ultrasensitive determination of ketamine hydrochloride, *Sens. Actuators, B* 183 (2013) 150e156.
36. K. Lian, P. Zhang, L. Niu, S. Bi, S. Liu, L. Jiang, W. Kang, A novel derivatization approach for determination of ketamine in urine and plasma by gas chromatography-mass spectrometry, *J. Chromatogr. A* 1264 (2012) 104e109
37. H.M.A. Shawish, S.M. Saadeh, H. Tamos, K.I. Abed-Almonem, A new potentiometric sensor for the determination of ketamine hydrochloride in ampoules and urine, *Anal. Methods* 7 (2015) 301e308
38. Mattila M, Larni H (1980) Flunitrazepam: a review of its pharmacological properties and therapeutic use. *Drugs* 20(5):353–374.
39. Smith KM, Larive LL, Romanelli F (2002) Club drugs: methylenedioxymethamphetamine, flunitrazepam, ketamine hydrochloride, and gamma-hydroxybutyrate. *Am J Health Syst Pharm* 59(11):1067–1076.
40. Schwartz RH, Milteer R, LeBeau MA (2000) Drug-facilitated sexual assault ('date rape'). *South Med J* 93(6):558–561
41. Brown SD, Melton TC (2011) Trends in bioanalytical methods for determining and quantifying club drugs: 2000–2010. *Biomed Chromatogr* 25(1–2):300–321
42. Harper L, Powell J, Pijl EM (2017) An overview of forensic drug testing methods and their suitability for harm reduction point-of-care services. *Harm Reduct J* 14(1):52
43. AMEER, B. & GREENBLATT, D.J. (1981). Lorazepam: a review of its clinical pharmacological properties and therapeutic uses. *Drugs*, 21, 161-200.
44. BOND, A.J. & LADER, M.H. (1983). Correlations' among measures of response to benzodiazepines in man. *Pharmac. Biochem. Behav.*, 18, 295-298.
45. COCHRANE, L.A., NICHOLSON, A.N. & STONE, B.M. (1983). Variability of response to hypnotics: sleep studies in man. *Pharmac. Biochem. Behav.*, 18, 307-310.
46. Jackson, A., Stephens, D., & Duka, T. (2005). Gender differences in response to lorazepam in a human drug discrimination study. *Journal of Psychopharmacology*, 19(6), 614-619.

47. Olsen, V., Gustavsen, I., Bramness, J.G., Hasvold, I., Karinen, R., Christophersen, A.S. et al. (2005) The concentrations, appearance, and taste of nine sedating drugs dissolved in four different beverages. *Forensic Science International*, 151, 171–175
48. Famiglini, G., Capriotti, F., Palma, P., Termopoli, V., & Cappiello, A. (2015). The rapid measurement of benzodiazepines in a milk-based alcoholic beverage using QuEChERS extraction and GC–MS analysis. *Journal of analytical toxicology*, 39(4), 306-312.
49. Brasil. RDC N ° 32 , de 30 de julho de 2015. 2015.
50. K.C. Honeychurch, A.T. Chong, K. Elamin, J.P. Hart, *Anal. Methods* 4 (2012) 132–140.
51. A.E. Almeida, M.L. Ribeiro, L. Polese, Determination of amfepramone hydrochloride, fenproporex, and diazepam in so-called natural capsules used in the treatment of obesity, *J. Liq. Chromatogr. Relat. Technol.* 23 (2000) 1109–1118.
52. E. Mikami, T. Goto, T. Ohno, H. Oka, H. Kanamori, Simultaneous analysis of seven benzodiazepines in dietary supplements as adulterants using high-performance liquid chromatography and its application to an identification system for diazepam, *J. Health Sci.* 51 (2005) 278–283.
53. A. Miki, M. Tatsuno, M. Katagi, M. Nishikawa, H. Tsuchihashi, Simultaneous determination of eleven benzodiazepine hypnotics and eleven relevant metabolites in urine by column-switching liquid chromatography-mass spectrometry, *J. Anal. Toxicol.* 26 (2002) 87–93
54. J.R. Sarin, G.P. Sharma, K. Varshney, S. Rasool, Determination of diazepam in cold drinks by high-performance thin-layer chromatography, *J. Chromatogr. An* 822 (1998) 332–335
55. Y.-C. Chen, A. Hu, Simultaneous determination of trace benzodiazepines from drinks by using direct electrospray probe/mass spectrometry (DEP/MS), *Forensic Sci. Int.* 103 (1999) 79–88
56. Hall J, Moore C (2008) Drug facilitated sexual assault- A review. *J Forensic Leg Med* 15: 291–297.
57. Scott-Ham M, Burton FC (2005) Toxicological findings in cases of alleged drug facilitated sexual assault in the United Kingdom over a 3-year period. *J Clin Forensic Med* 12: 175–186.
58. Du Mont J, Macdonald S, Rotbard D, Bainbridge D, Asllani E, et al. (2010) Drug-facilitated sexual assault in Ontario, Canada: Toxicological and DNA findings, *J For Leg Med* 17: 333–38
59. Joyce J, Bal TS, Ardrey RE, Stevens HE, Moffat AC (1984) The decomposition of benzodiazepines during analysis by capillary gas chromatography/mass spectrometry. *Biomed Spectrom* 11: 284–290.
60. Acikkol, M., Mercan, S., & Karadayi, S. (2009). Simultaneous determination of benzodiazepines and ketamine from alcoholic and nonalcoholic beverages by GC-MS in drug-facilitated crimes. *Chromatographia*, 70(7), 1295-1298.

61. Gautam, L., Sharratt, S. D., & Cole, M. D. (2014). Drug facilitated sexual assault: detection and stability of benzodiazepines in spiked drinks using gas chromatography-mass spectrometry. *PloS one*, 9(2), e89031.
62. Dawson, G. W., Jue, S. G., & Brogden, R. N. (1984). Alprazolam. *drugs*, 27(2), 132-147.