



Interim Findings from GDS2022: Drink Spiking

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GDS2022 has been running since mid-November 2021 and closes at the end of Feb 28th 2022. So far over 45,000 people have taken part. Please take part at www.globaldrugsurvey.com/GDS2022.

As part of the current survey, we are exploring the experiences of people who thought their drink had been spiked. 'Spiking' is when alcohol or drugs are added to someone's drink without their knowledge or consent. In this study we also included people's belief of being injected with a drug.

Background to this interim report

In the UK, data released by 23 police forces in Jan 2022, showed there were 1,466 reports of spiking incidents last year, up from 722 in the year before. While there is likely to be underreporting of such episodes to the police, there is a big difference between reported cases and confirmed cases. Evidence to support a case being brought relies on witnesses, appropriate biological samples, and a reliable recall of events. The current media reports of spiking is not limited to the UK. A report on ABC news corporation, January 28, 2022, indicated body (or drink) spiking was occurring in Australia as well.

Survey limitations and what we focused on

GDS is a non-probability sample and as such our data has limitations when exploring the prevalence of drink spiking. The limitations include that the sample is not representative of people in the countries it recruits from, for example GDS respondents tend to be younger and more experienced with illicit drugs than the general population. We did not ask about other drugs or medications the person had knowingly consumed that day. Our focus in the report was to identify the demographics of those who thought they had been spiked, why they thought they had been spiked and whether the event related to some form of assault. This latter point is important since previously drink spiking has been typically associated with drug facilitated sexual assault. In addition, we sought to identify how much people had drunk on the day they thought the spiking had occurred, since previous research suggests many may be intoxicated with alcohol. Our interest was to determine whether the current trends reported in the media are simply a return to previous patterns of spiking with similar motives or whether there has been a genuine shift in the motivations for spiking and how it is being carried out.

Lifetime and last 12-month reports of drink spiking (N=5,221)

18.2% (N=951) reported that they thought their drink had ever been spiked and 1.8% (n=94) reported that they thought their drink had been spiked in the last 12 months.*

Comment: When considering survey data on any issue, defining the time frame is very important. If you are interested in recent events, then data looking back over 12 months is most useful. Recall for events beyond this window is far less likely to be accurate.

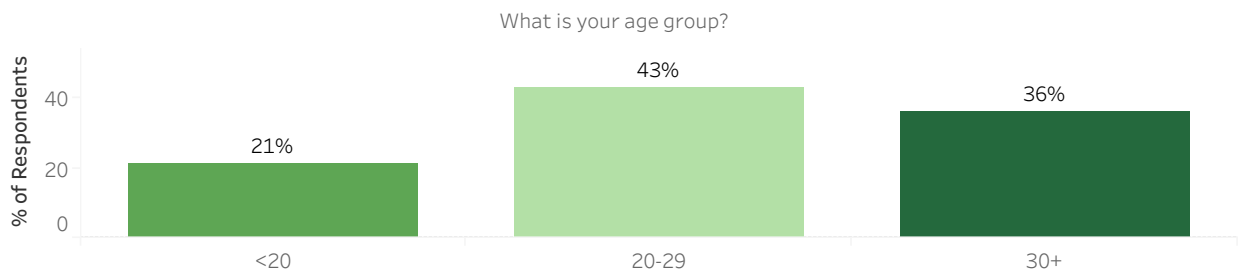
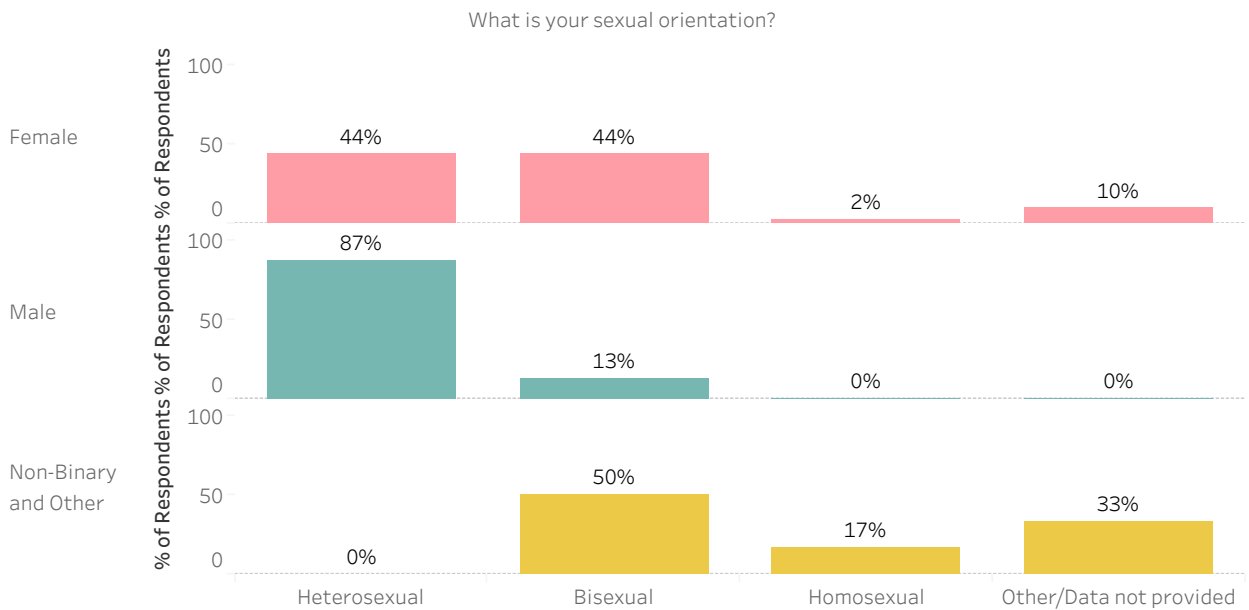
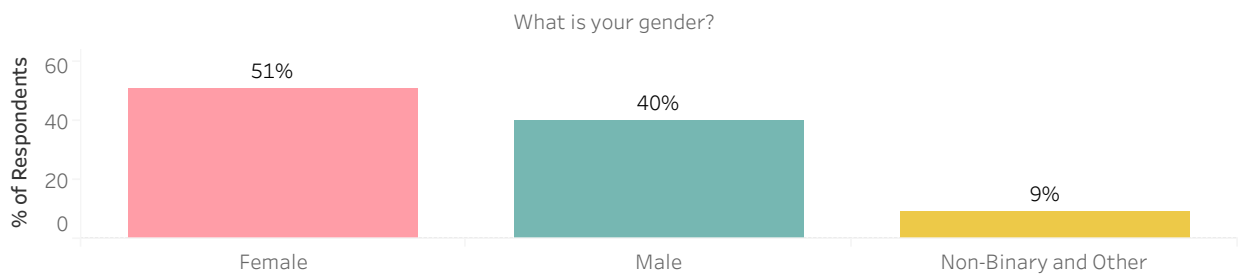
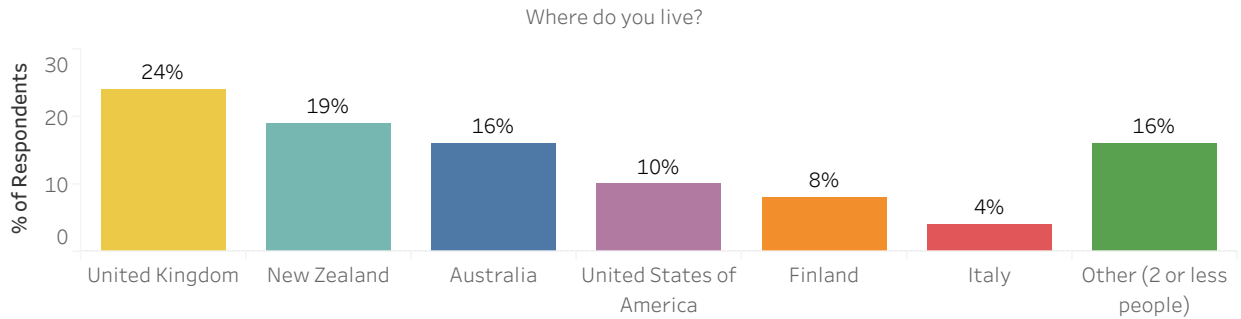
* last 12 months represents most of 2021 when many regions were in lockdown.

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Demographics

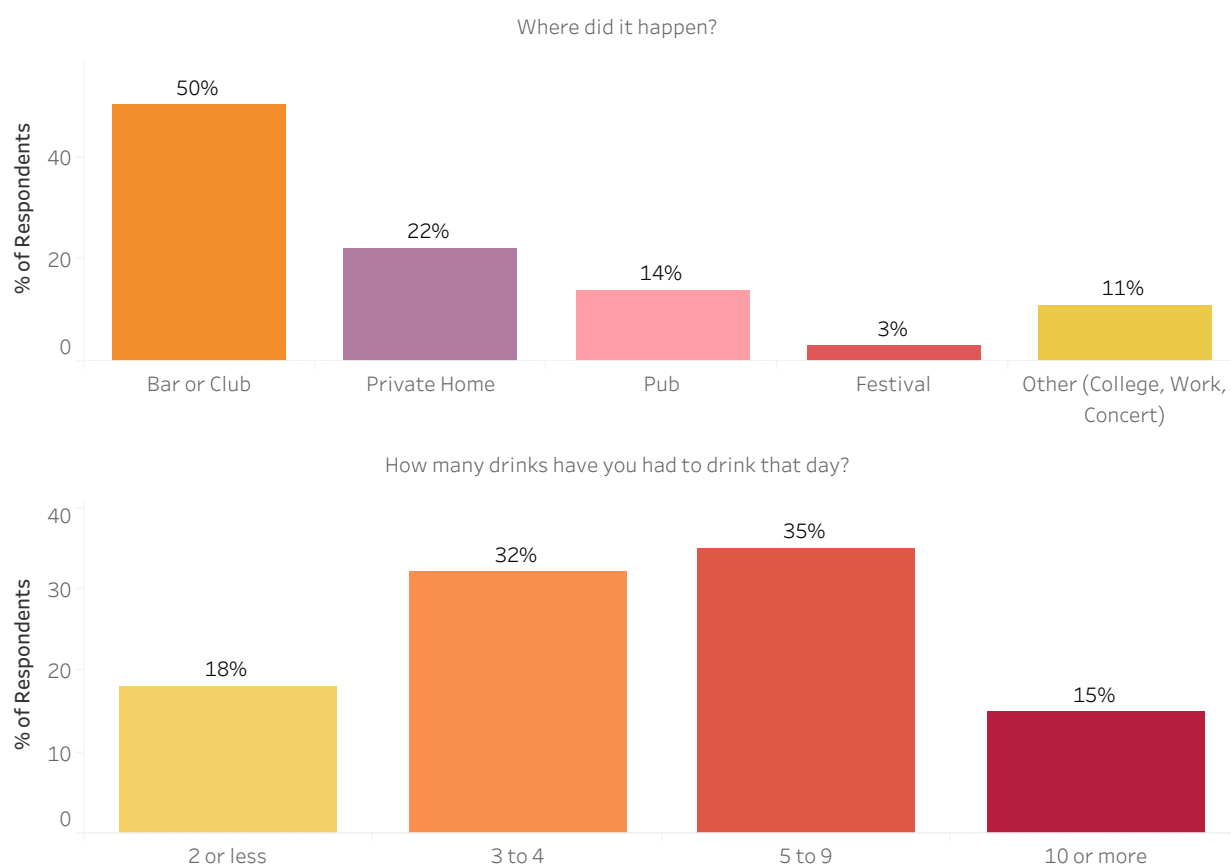
Contrary to media reports, our data suggests it is not just young women who report drink spiking, with 40% of the those reporting an episode in the last 12 months being male (none were gay men). While drink spiking among men has been reported, our data challenges the gender bias that we would expect and suggests that perhaps the motives for spiking in recent times are indeed changing.



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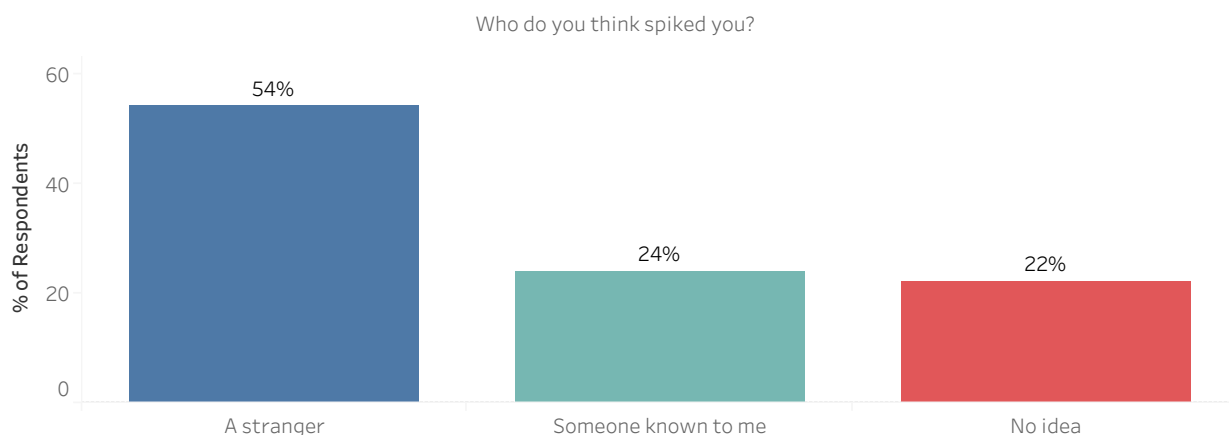
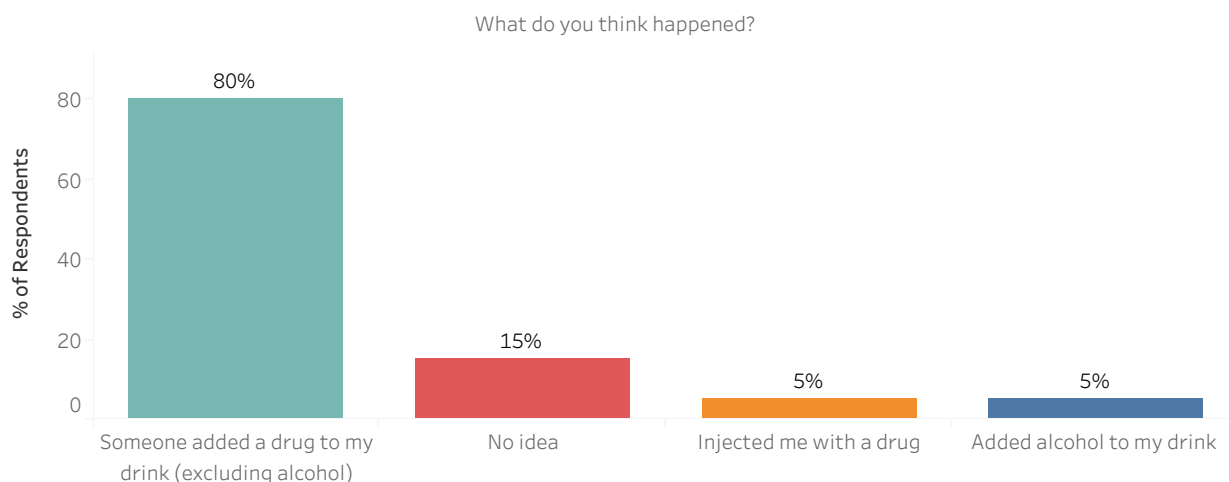
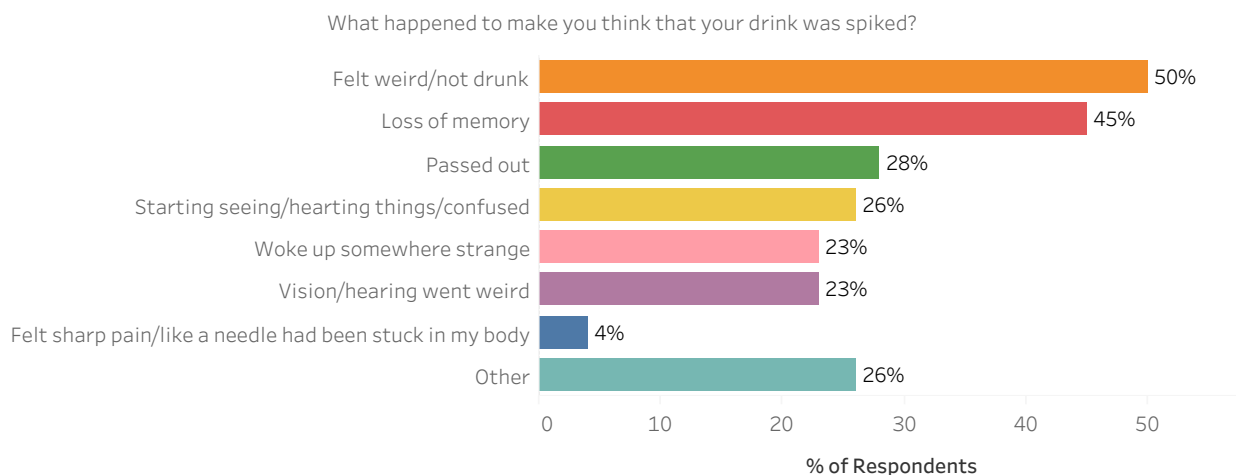
Not surprisingly the majority of episodes have occurred in entertainment venues when people may be more vulnerable to those who may seek to spike their drink. However with 22% occurring within private homes, the data highlights that people may become victims in a wider range of environments.

Previous research has highlighted the often-high levels of alcohol consumed by those reporting their drink had been spiked. In one Australian study those reporting drinking spiking and attending Accident and Emergency has on average consumed about 10 drinks. People's experience of alcohol consumption varies widely across time, with mood and environment sometimes contributing to unpredictable consequences even in experienced drinkers. Excessive alcohol intoxication can lead to people being more vulnerable to others and of course depending on the amount that has been consumed (and speed of drinking). Importantly in our sample 50% had consumed 4 or less drinks – a level at which most people would not typically be expected to experience severe or unexpected intoxication. The other 50% may have consumed enough alcohol (especially if consumed over a short space of time and after a period of reduced drinking) to perhaps experience an unexpected alcohol effect that they may have attributed to someone adding something to their drink. While alcohol may itself cause unexpected effects, intoxication with any substance may make people more vulnerable to those who seek to spike someone.



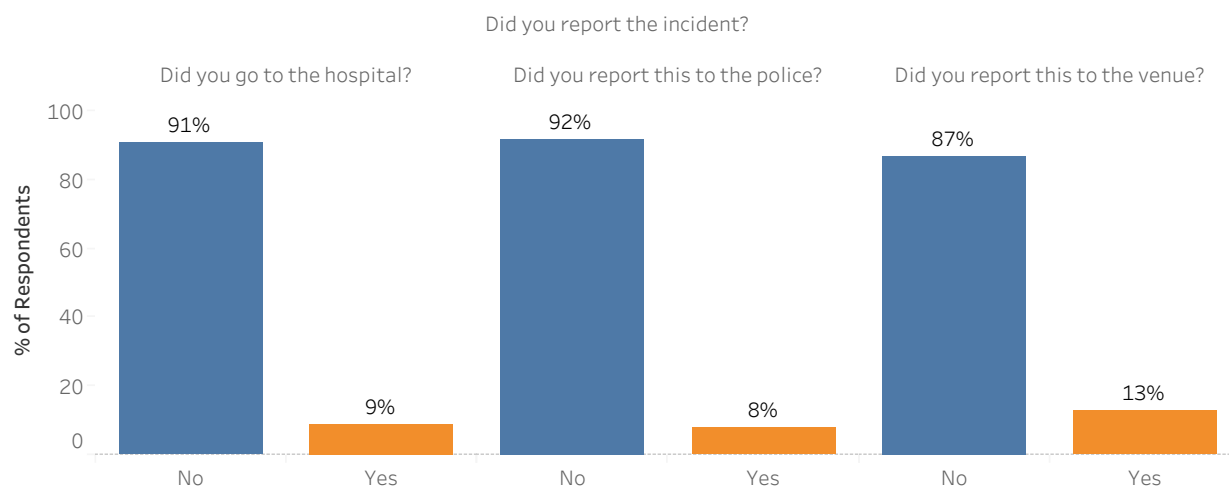
What Happened

What happened was one of our key areas of interest. The stories reported to the media often involve extreme and distressing experiences that may be less reflective of wider episodes. We wanted to know what made people think they had been spiked. Unexpected feelings (weird), memory loss and passing out / waking up somewhere strange are common? These may be possible effects of alcohol. However, the other reported symptoms such as seeing / hearing things, visual distortion and being confused are suggestive of a drug (perhaps a hallucinogen such as LSD) being added to the drink. 5% felt like they had been stabbed with a needle.



Underreporting

Underreporting of 'spiking' is common. Uncertainty over what happened, combined with guilt, shame and concerns over how their reports will be received remain as long-standing barriers to people feeling comfortable about coming forward to the police. The British police are currently involved in a number of initiatives to reduce sexual violence towards woman including bystander training (spiking is everyone's problem we can all play a part in keep people safe), supporting projects like 'Ask Angela' and investing in new training initiatives to make people feel more confident amount coming foward with their concerns.



Sexual Assault

Previous research suggests sexual assault or robbery were the common motivations. This current trend of drink spiking appears short of motive other than to distress, disrupt or otherwise place a person at risk without their consent or awareness. We do not know the intention of current perpetrators, nor how much consideration, if any they give to the potential complications of giving a drug to another person without their knowledge or consent. While the intention may be to harm or distress someone or take advantage, it could be a misguided attempt at giving someone a drug experience that they think the other person might find enjoyable.

The problem is that all of these motives are rooted in a degree of selfish disregard for the other person and that is unacceptable. The person who spikes someone does not know their tolerance to a drug, their past experience, how they feel that day, underlying mental or physical health problems, other medications or drugs they may have taken, whether they have things they need to do later, whether they are driving, or pregnant. If someone wants to use drugs, they can decide for themselves. If you think they might enjoy drugs you can ask them. But you cannot decide to make that choice for that person. Remember your actions may have serious unforeseen consequences for that person. Oh, and you're breaking the law - spiking a drink is illegal and the maximum sentence if found guilty is 10 years in prison in the UK (higher if linked to robbery or sexual assault).



Injecting

The 5 people who thought they had been injected were from UK (2), Australia (1), Netherlands (1) and NZ (1). Their ages were 19, 26, 28, 37 and 51. 3 were women, 2 men. Our data suggests that despite recent surges in media reports injecting others with a drug remains far less common than traditional drink spiking. The sensation of being jabbed with a needle does not necessarily mean someone has been injected with a drug. If the intent by the perpetrator is to cause distress, the mere act of jabbing someone with a needle would be enough. Drugs tend to have a more rapid and intense effect when injected. Injecting requires prior planning and the logistics of jabbing someone are not straightforward. Typically with drink spiking the idea is to give a drug to someone without their knowledge - this is unlikely to be the case when you feel a sharp pain. It could make the possibility of detection greater, placing the perpetrator at risk of detection and possible arrest. The types of drugs, their preparation and the rapid unpredictable impact of injecting a drug into someone seem to make injecting an unusual choice for spiking unless the intent is purely to cause distress and place the other person at risk of severe harm. People who have reported being injected with a drug can be severely traumatised by the act itself, regardless of the toxicity / otherwise of the injection. It appears to be an act driven purely out of spite and malice with total disregard for another's safety.



Summary and Conclusions

This is a small study but our data does challenge some of the pre-existing beliefs around drinking spiking, and we hope as the survey collects more data during Feb 2022, we can add to the depth of analysis and interpretation. For now these are what we consider to be the main takeaways.

- 1) Reports of being injected with a drug as a form of spiking remains rare compared to drink spiking
- 2) The gender ratio of those reporting spiking in our study shows both men and women are at risk, almost at similar rates
- 3) Most people had not appeared to have drunk enough alcohol to cause intoxication and the types of experiences reported by some would be consistent with addition of an hallucinogenic or sedative drug
- 4) Assault in conjunction with reported spiking was rare with only 14% reporting sexual assault in conjunction with the suspected spiking event. Any occasion of sexual assault is devastating. Being uncertain of what has happened can compound the distress.
- 5) Reporting to the police or venues or attendance at accident and emergency services was rare (<10%)

Our data on cases of suspected spiking are like those in the media, unconfirmed. Confirmation requires evidence, corroboration, witnesses, and valid biological samples and preferably the arrest of the suspected perpetrator. Such barriers add to the dilemma of whether to report or not, with victims unsure of what will be gained by reporting and concerns they may be judged or not be believed. People who suspect they have been spiked should go to the police, they should notify the venue and where they feel unsafe or unwell they should seek medical attention. Clarification of what has been ingested can help people process the experience. It may even offer reassurance that no harmful substance was consumed. Early reporting can allow trends in criminal activity to be detected, potentially protecting others.

People who are intoxicated are more vulnerable to others and many forms of risk, but focusing on the role of victim, aside from being plain wrong (as it is in any case) misses the point here. What we need in order to better address the issue is a better understanding of the motives and the awareness of the perpetrator of the consequences of their actions. As noted above we don't know the intention behind the actions of spiking a person or how much, if any consideration is given to the potential implications of giving a drug to someone without their consent. While their intent may be to harm someone or 'prank them', it could also be a misguided attempt at giving someone a drug experience that they might find enjoyable (think 'hash brownies' at a party or slipping MDMA into a punch at a party both of which have been reported). The truth is we don't know the motives behind those who spike. What is clear is that it is always wrong.

If you're someone who has spiked another person's drink, or are thinking of doing it - then ask yourself how those who care for you and like knew would view your actions? Or how would you feel if half an hour before you drove home someone slipped LSD into your drink? Spiking is so wrong on so many levels. Drugs carry an inherent risk and GDS is committed to helping people use drugs more safely regardless of the legal status of the drug. We do this by giving people information so they can make smarter choices. When you give a person a drug without their knowledge you remove the capacity for that person to make decisions for themselves. You remove their ability to do things to keep themselves safe. You place people at risk of harm when you remove their autonomy. You need to take responsibility for your actions and allow others to do the same.



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