



RCEM Position Statement on Spiking

December 2024 (Update from 2022)

Drink spiking is when someone puts drugs or alcohol into a person's drink without their knowledge or consent. It can include putting alcohol into a non-alcoholic drink, adding extra alcohol to an alcoholic drink or slipping prescription or illegal drugs (eg. GHB) into an alcoholic or non-alcoholic drink. It can be difficult to tell whether a drink has been spiked, as substances used for spiking usually have no odour or colour.

Needle spiking ('injection spiking') is where someone surreptitiously injects a victim with a substance [1]. Needle spiking is a relatively new phenomenon which gained prominence in Autumn 2021, its prevalence seems much less than that of drink spiking and has so far not resulted in many prosecutions. However, the prevalence of reported spiking has increased every year between 2016 and 2019.

Spiking, both drink and needle, is criminal activity that can attract sentences of between 6 months and life imprisonment.

The emergency department's primary responsibility is to address the medical needs of the victim, rather than collecting forensic samples. Management is most likely to be supportive, due to the lack of rapid diagnostic testing and lack of specific antidotes. Victims who have been subject to sexual assault should, following initial assessment and supportive care, be managed through existing protocols involving Sexual Assault Referral Centres (SARC).

Victims who have been subject to needle spiking, following initial assessment and supportive care, be managed through existing 'needle stick' protocols for blood borne infections, including Hepatitis and HIV.

It is not the role of the emergency department to be collecting and securing forensic samples. If evidential samples are to be taken in the emergency department, then this should be done by a Forensic Medical Examiner, in line with local police protocols. Forensically useful samples can be collected up to four days after an incident.

The emergency department should encourage victims of spiking to contact the Police Service and, where the victim is gives consent, the ED should help facilitate this. Currently Spiking is not part of the Information Sharing to Tackle Violence (ISTV) programme and national initiatives such as the Emergency Care Dataset (ECDS) do not

routinely allow collection of Spiking as a specific assault. RCEM believes that spiking is a violent crime.

Emergency departments are strongly encouraged to implement local measures to enable anonymous data sharing with local crime prevention partnerships (as with other forms of assault) of any reported incidents of spiking. Emergency Departments may have a preventative role, amongst certain patient groups (e.g. adolescents and in populations with a high proportion of university students) in signposting them to appropriate resources [2,3].



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References

1. Spiking. Home Affairs Committee, House of Commons. 26th April 2022
2. FRANK: Spiking – top tips to stay safe. [Spiking – how to protect yourself on a night out | FRANK](#)
3. [Spiking | Police.uk](#)