



## The Gemini Project briefing - Westminster Hall debate on Spiking.

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For more information about this briefing, including source materials, please contact [verity@thegeminiproject.org](mailto:verity@thegeminiproject.org)

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**Spiking definition:** 'Spiking' is when someone puts alcohol or drugs into another person's body without their knowledge and/or consent.

**Consent definition:** having the freedom and capacity to agree or grant permission to something.

### What is spiking?

Spiking is an unfortunately common cultural phenomenon within social spaces with the potential to victimize any member of the public. Spiking is a direct violation of a person's bodily autonomy and right to free choice regarding intake of alcohol or other substances. Spiking disproportionately impacts women and is often used as a facilitator for crime, particularly sexual offences.

### Spiking and consent

The most common way people are spiked is by someone adding alcohol, or additional alcohol to someone's drink without their knowledge and/or consent.

Someone cannot consent to being given substances such as alcohol or drugs, or to taking them, if:

- They don't know it's being put into their drink or into their body by some other means.
- They are pressured, manipulated, tricked or scared into it.
- They consented to taking one type of substance but were instead given another.
- They consented to a certain quantity of the substance but were instead given more.

## Methods of spiking

Spiking can be committed by a stranger or someone known to the victim e.g. a partner, friend, or colleague in the form of:

- Adding a substance e.g. prescription drug, sedative, alcohol, recreational drug to a drink. Substances are often odourless, colourless, and tasteless and thus it can be impossible for a victim to tell when they are being spiked.
- Injecting a substance via needle.
- Giving someone a drug but telling them it is a different dosage or a different substance altogether.
- Adding substances to cigarettes or vapes e.g. cocaine to cigarettes.

Common substances used in spiking are: alcohol, MDMA, cocaine, ketamine, LSD, GHB, rohypnol, benzodiazepines e.g. xanax, and antihistamines with sedative effects.

## Nature and prevalence of spiking [and responses to increases in 2021]

- A marked rise in reports of spiking occurred during 2021 regarding spiking by needles. This led to social media testimony, news reports and campaigns in December 2021 including a boycott by mostly young people and University students of late-night venues such as bars and nightclubs, an increase in women's only nights and increased measures in venues like protective drinks covers and more thorough entry searches.
- During the festive period in 2021 the presence of uniformed and plain clothed police was increased in nightlife areas as a response to the national conversation surrounding spiking. Victims were encouraged by the National Police Chiefs' Council (NPCC) public statement to report any incidents of spiking to police.

## Government response

- In January 2022, the Home Affairs Committee ran an [inquiry](#) into the incidents of spiking in nightclubs, pubs, festivals, and private parties as part of its overarching work into violence against women and girls. It aimed to understand its nature and prevalence, victim impacts and the responses of police and organisations in the prevention and detection of spiking.
- On 26th April 2022, the Committee published its [report](#) containing twelve recommendations.
- On 4th July 2022 the government published its [response](#) setting out non-legislative actions it planned to take and committed to reporting to Parliament by 26th October 2022 on whether it intended to introduce a specific criminal offence for spiking. As of January 2023 [it appears it has not reported to Parliament](#).
- A report into the nature and prevalence of spiking, what steps the government has taken, or intends to take, was due to be laid before Parliament by 28th April 2023. This is under the government's statutory duty, by virtue of s71 of the Police, Crime, Sentencing and Courts Act 2022, to prepare and publish a report on the issue. This deadline has passed and the government has not published this report, [despite promises to publish in the autumn of 2023](#).

## Current legislation

- NB: in December 2022, Sarah Dines MP the then Parliamentary Under-Secretary of State at the Home Office, stated a decision had been made not to introduce new legislation on the basis that spiking is already illegal and can be covered by a range of existing laws, that no gaps need to be filled, and a targeted consultation would be undertaken to review statutory guidance issued under [S182 of the Licensing Act 2003](#).
- There is no single offence for spiking. Instead, there are more general offences under which spiking can be prosecuted, these include:
  - [S61, Sexual Offences Act 2003](#): Administering a substance with intent (explanatory note in legislation; intended to cover use of so-called 'date rape' drugs administered without the victim's knowledge or consent, but would also cover any other substance with relevant intention)
  - [S23 & 24, Offences Against the Person Act 1861](#): Maliciously administering poison or other noxious thing (for the s24 offence perpetrator must intend to injure, aggrieve, or annoy victim)
  - [Misuse of Drugs Act 1971](#): Various drug offences
- For needle spiking only, legislation around assault could be used including:
  - [S18 & S20, Offences Against the Person Act 1861](#): wounding with intent to cause grievous bodily harm and inflicting bodily injury with or without a weapon.
  - [S47, Offences Against the Person Act 1861](#): assault occasioning bodily harm.
  - [S39, Criminal Justice Act 1988](#): summary offences of common assault and battery.

## Victim Impacts

Can be both short-term and long-term, physical, and mental, including:

- Initial after effects of the substance such as headache, nausea, mood changes etc.
- Becoming the victim of additional crime, e.g. sexual offences or robbery.
- Mental ill health and poor wellbeing e.g. symptoms of post-traumatic stress including hypervigilance, anxiety and depression.
- Emotional impacts: social isolation, loss of confidence, shame, self-blame.
- Becoming distrustful of others (potential impacts on relationship forming and maintenance).
- May experience victim blaming/ shaming.
- Avoidance of going on future nights out.
- Abstinence of substance consumption.
- Lack of available support options to manage wellbeing and potential health concerns.

## Barriers to reporting and prosecutions

- Forensic analysis issues regarding sample types and critical periods for testing: substances used in spiking can leave the body quickly making them hard to test and trace for.
- Substances can cause memory loss and may lead to 'poor' victim/ witness statements.
- Victims do not always wish to engage with a long, convoluted and often re-traumatising Criminal Justice System process.
- There is no specific law to prosecute, this adds to already low prosecution rates.
- Those who were intoxicated or using recreational drugs with consent may be reluctant to report for fear of retaliation/ shame.
- Police issues e.g. discouragement, lack of training to facilitate reporting, belief the police cannot do anything.

## Solutions

- Introducing a spiking specific offence.
- Training of Police, other emergency services and healthcare staff.
- Improve forensic analysis and training for staff administering forensic testing to ensure fast capture of evidence that is of sufficient standard as to be admissible court evidence if required.
- Increased security provisions in nighttime economy and festival venues including the training of staff in safeguarding, recognising and responding to spiking.
- A public awareness campaign to raise awareness of spiking and reduce offending.
- To consider the roll out of the [Norfolk and Norwich University Hospitals \(NNUH\) anti-spiking pilot campaign](#) and similar anti-spiking initiatives.
- To fund academic research to better understand the issue.

## Statistics

*NB: Official statistics on spiking are not readily available or routinely published.*

- Between Sept 2021 and Sept 2022 nearly 5,000 incidents of needle and drink spiking (2,581 reported spiking by needle, 2,131 reported drink spiking and 212 reported other) were reported to police in England and Wales ([National Police Chiefs' Council](#)).
  - Only 800 of those reports (until the end of Nov 2022) were sent for forensic analysis by police.
  - Figures show the majority of reported spiking incidents happen on weekends (64%), in licensed premises (59%).
  - The average age of those reporting spiking is 27, the majority of whom identify as female (74%).
- Although everyone is vulnerable to spiking, women are targeted at higher rates, an estimated 1 in 9 women, compared to 1 in 17 men ([Local Govt Assoc](#)).