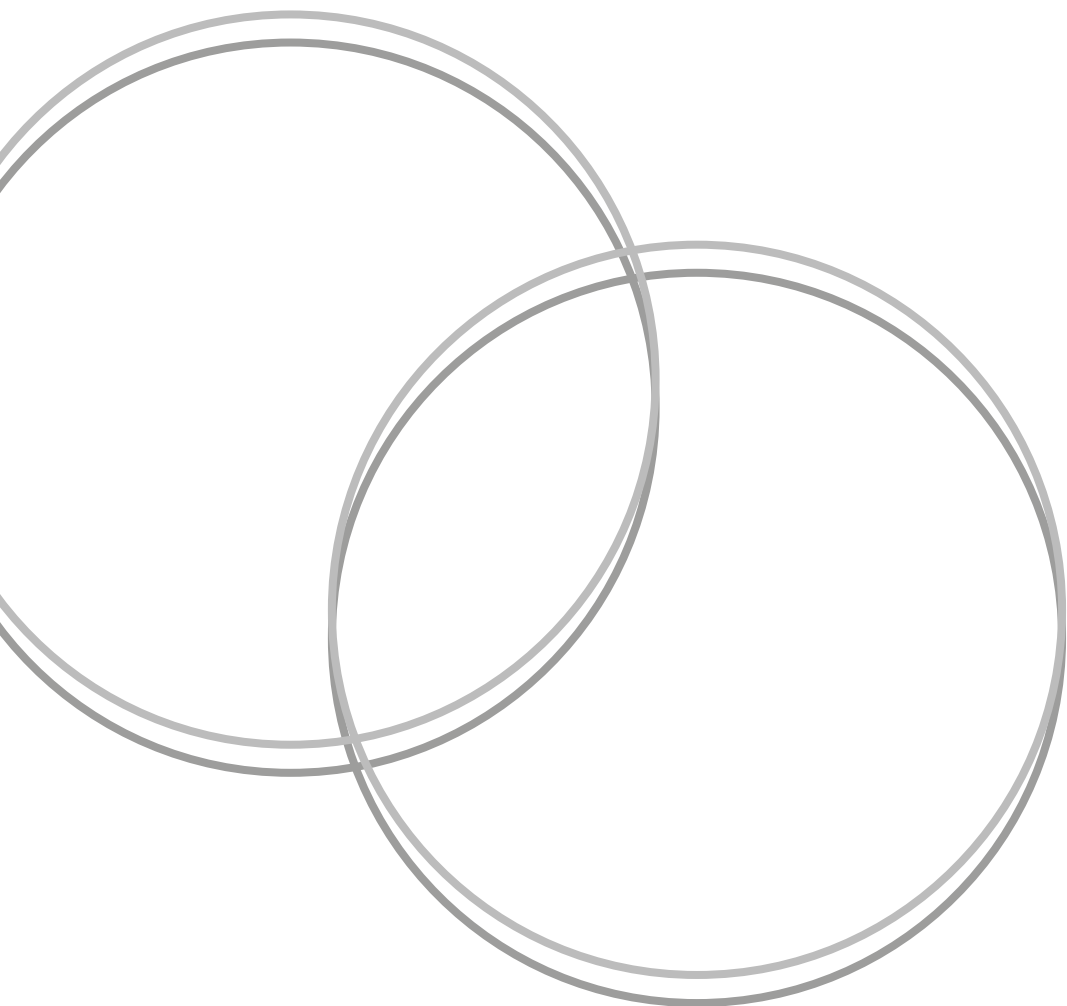


Drink and needle spiking

Information for Patients



Drink spiking is when someone puts drugs or alcohol into a person's drink without their knowledge or consent. The substance most commonly used for drink spiking is alcohol.

Needle spiking is where someone injects a person with a substance using a hypodermic needle. Whilst drink spiking has existed for many years, needle spiking appears to be a relatively new phenomenon, which started to attract press coverage in 2021.

The National Police Chiefs' Council (NPCC) says it is difficult to get a true picture of how widespread spiking is due to poor data.

Those suspected of spiking someone could potentially be prosecuted under several different laws, and if found guilty face a sentence between six months and life imprisonment.

Attending the Emergency Department following a suspected spiking incident

Many patients who attend the Emergency Department (ED) who believe they have been a victim of a spiking incident will not require any treatment.

It is not routine to test for substances in ED, because:

- treatment for suspected spiking is based on physical signs and symptoms, rather than identifying and neutralising a specific substance
- the number of substances that could potentially be used in drink or needle spiking is very large, and commercially available kits for rapid drug testing can only test for a small number of them with variable accuracy.

In addition, tests for substances performed in the emergency department may not be deemed admissible as evidence in court.

It is usually not possible for staff in ED to confirm whether you have or have not been a victim of spiking.

Suspected needle spiking and blood borne viruses

It is believed that the risk of contracting HIV, hepatitis B or hepatitis C from a suspected needle spiking incident is very low. Drugs to help prevent HIV infection, called post-exposure prophylaxis (PEP) are generally not advised.

In ED, you may have blood samples taken for storage – these can be tested for blood borne viruses at a later date if necessary. You may be offered a hepatitis B vaccination, and advised to speak to your GP about receiving further vaccinations.

As it may take a number of weeks for viruses to be detectable in the blood after exposure, you may be advised to speak to your GP or attend a sexual health clinic to be tested for blood borne viruses at a future date.

Reporting spiking to the police

We would encourage anyone who believes they have been a victim of drink or needle spiking or a related offence to report it to the police as soon as possible by calling 101.

If you are in danger, call 999.

The police may decide to test for substance. Testing is generally done using a urine sample, which would be collected by the police. Some substances cannot be detected after 12 hours from exposure, so we advise that you contact the police as soon as possible.

Sexual assault

If you believe you have been the victim of a sexual assault, we would encourage you to contact the police as soon as possible by calling 101. **If you are in danger, call 999.** We understand that some people may not want to or feel able to contact the police.

You may be advised to contact a sexual assault referral centre (SARC). This is a specialist medical and forensic service, where staff are able to help you make choices about what to do next. Regardless of whether you wish to involve the police at this stage, SARC can gather forensic evidence with your consent. If you later wish to involve the police, this evidence could be used in their investigation.

You may be offered emergency contraception. Emergency contraception must be given within 72-96 hours, and is most effective if given earlier, so if you do not wish to attend SARC you can discuss emergency contraception with the doctor in ED.

You may also be offered testing for sexually transmitted infections. If you do not wish to attend SARC, you should consider attending a sexual health clinic.

Self-care after a suspected spiking incident

- Stay with a responsible adult for at least 24 hours;
- Stay hydrated with water (it is recommended to drink 1-2 litres per day);
- Take paracetamol for headache;
- Avoid alcohol and caffeinated drinks;
- Avoid drugs that are not prescribed by a doctor;
- Return to the ED if you feel more unwell, or those with you notice that you are drowsy, or you are behaving abnormally.

Feedback

We aim to provide you with a high quality service at all times. If you have any comments, concerns, or complaints about your experience of our service, please tell a member of the team or contact the Patient Advice and Liaison Service (PALS).

Email: **PALS@ouh.nhs.uk**

Call **01865 221 473**

01295 229 259

You can also email: **feedback@ouh.nhs.uk**

For more information, please visit: **www.ouh.nhs.uk**

Useful contacts and resources

Solace Sexual Assault Referral Centre (Bicester and Slough)

Website: www.solacesarc.org.uk

Tel: 0800 970 9952

Sexual Health Oxfordshire (clinics in Oxford, Banbury, and throughout Oxfordshire)

Website: www.sexualhealthoxfordshire.nhs.uk

Tel: 01865 231 231, then select option 4.

Victims First Support Services (Oxfordshire, Berkshire and Buckinghamshire)

Website: www.victims-first.org.uk

Tel: 0300 1234 148

Home Affairs Select Committee Report on Spiking

Published 26 April 2022.

Available at:

[publications.parliament.uk/pa/cm5802/
cmselect/cmhaff/967/report.html](http://publications.parliament.uk/pa/cm5802/cmselect/cmhaff/967/report.html)

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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