

## THINK DRINK SPIKING

A Ministerial Council  
on Drug Strategy initiative

## THE FACTS

The Australian Institute of Criminology was commissioned by the Ministerial Council on Drug Strategy to undertake research\* into the nature and extent of drink spiking in Australia.

The research shows that drink spiking occurs but the extent is unclear. The AIC estimated that approximately one third of drink spiking incidents involved sexual assault.

Based on analysis of police data, sexual assault data and the AIC hotline, the AIC concludes that:

- 4 out of 5 victims are female, and
- Prank spiking (for a joke) may be a common motivation for drink spiking.

*\*National Project on Drink Spiking: Investigating the nature and extent of drink spiking in Australia was produced by the Australian Institute of Criminology in 2004.*

## CONTACT DETAILS

### EMERGENCY RESPONSE

000 for police or ambulance  
112 from mobile phones

### POLICE ASSISTANCE (non-emergency)

Phone the local police number  
in your area or:

**NSW**

**131 444**

**VIC**

**03 9247 6666**

**SA**

**131 444**

**ACT**

**131 444**

**TAS**

**131 444**

**QLD**

**07 3364 6464**

**WA**

**131 444**



Drink spiking  
is a serious  
issue.

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## FURTHER ADVICE

### CRIME STOPPERS

(all jurisdictions except Tasmania)

**1800 333 000**

### CRIME STOPPERS TASMANIA

**1800 005 555**

## SEXUAL ASSAULT CONTACTS

**Centre Against Sexual Assault**  
Australia-wide  
**1800 806 292** or  
**03 9349 1212** (after hours)

### NSW

Contact your local NSW Health  
Sexual Assault Service or  
NSW Rape Crisis Centre  
**1800 424 017**

### VIC

Centre Against Sexual Assault  
**1800 806 292**  
(after hours) **03 9349 1212**

### SA

Yarrow Place Rape & Sexual  
Assault Service  
(daytime) **08 8266 8777**  
or (toll free) **1800 817 421**  
or (after hours) **08 8226 8787**

### ACT

Canberra Sexual Assault Centre,  
Forensic & Medical Sexual Assault  
Care  
(9-5 Mon-Fri) **02 6244 2184**  
(24 hour) **02 6244 2222**

### TAS

North West Centre Against Sexual  
Assault  
**03 6431 9711**

Southern Sexual Assault Support  
Service  
(daytime) **03 6231 1811**  
(after hours crisis) **03 6231 1817**

Northern Sexual Assault Support  
Service - Laurel House  
**03 6334 2740**  
and (after hours crisis)  
**0409 800 394**

### QLD

Queensland Sexual Assault Service  
(24 hour helpline) **1800 010 120**

Alcohol & Drug Information Service  
(24 hour) Freecall **1800 177 833**

### WA

Ruby Gaea, Darwin  
**08 8945 0155**

Tennant Creek/Barkly  
**08 8962 4364**

Katherine Sexual Assault  
Counsellor  
**08 8971 0777**

Sexual Assault Resource Centre  
(SARC) (24 hour Crisis Line)  
**08 9340 1828**  
Freecall **1800 199 888**

Alcohol & Drug Information  
Service (ADIS) 24 Hour Confidential  
Counselling & Referral Service  
(24 hour) **08 9442 5000**

Country Toll Free **1800 198 024**

**NT**

Sexual Assault Referral Centre  
Alice Springs  
**08 8951 5880**

Sexual Assault Referral Centre  
(24 hour) **08 8922 7156**

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## DRINK SPIKING IS A SERIOUS ISSUE

- Drink spiking is adding alcohol or other drugs to someone's drink without their knowledge or consent.
- Consider drink spiking when treating any patient with symptoms consistent with intoxication.
- Drink spiking may result in assault, rape or robbery.
- **Hospital Emergency Departments** are often the first line of support for victims who may seek medical treatment before considering reporting an incident to police.
- **As health professionals** we are in a position to recognise drink spiking and provide advice.

## GOVERNMENT RESPONSE

The National Project on Drink Spiking aims to raise awareness of the issue among key stakeholders including health professionals, particularly emergency department staff, to:

- increase their knowledge of the extent of drink spiking and its impact on victims,
- improve their capacity to effectively respond to drink spiking,
- enhance their efforts, in collaboration with other key groups including police, welfare services and the hospitality industry, to stamp out drink spiking.

## WE CAN MAKE A DIFFERENCE BY:

- building a systematic response to incidents of drink spiking between EDs, police and forensic laboratories so that an unbroken chain of evidence is maintained,
- working to change attitudes to drink spiking by treating each incident seriously,
- appreciating the patient's need to choose the course of action that best aids their recovery,
- encouraging victims to report a drink spiking incident to police,
- helping to improve prosecution rates by providing for the earliest possible collection of evidence such as blood and urine samples, and
- keeping consistent records of drink spiking incidents.

## WHAT WE CAN DO

### Medical & referral options

- Discuss medical and referral options with the patient.
- **Encourage patient to:**
  - report the incident to police (the patient's consent is required),
  - consider having a forensic test as soon as possible and advise how this process occurs, and
  - present to a counsellor/sexual assault counsellor.

### Symptoms of drink spiking

- Memory loss
- Nausea and vomiting
- Dizziness
- Agitation, anxiety, panic
- Thought disorder
- Unconscious
- Evidence of physical or sexual assault

**Symptoms may be vague**

### Difficulties in identifying drink spiking

Drink spiking can be hard to identify due to:

- memory loss,
- voluntary consumption of alcohol and drugs,
- uncertainty of type of drug used,
- distress of the patient,
- patient very sick or unconscious, and
- the issue being unrecognised due to other symptoms.

### Collect and test forensic evidence

Your contribution to the collection of forensic evidence could lead to the prosecution of an offender.

- **Follow your local policies and procedures.**
- Maintain an unbroken chain of evidence by providing specimens directly to the police.
- Where possible samples for laboratories should include:
  - when the sample was taken and incident history with place and time,
  - symptoms experienced by patient,
  - drugs or alcohol the patient has reported voluntarily consuming,

- details of drugs administered to the patient at the hospital, and
- patient details.
- Arrange for the collection of blood and urine specimens within 12 hours or as soon as possible afterwards.
- Testing for both alcohol and drugs needs to be considered.

### Record important information

Record the following information in the case notes where possible, as it can be useful to the police for an investigation at a later date:

- names of the people who brought the patient to hospital, how the patient arrived eg taxi, ambulance, friend,
- incident history,
- names or other information the patient gives, even if they are inebriated, and
- the patient's symptoms and substances administered to the patient while in hospital.

### Firstly

- Treat all complaints of drink spiking seriously.
- Be on the look out for possible symptoms of drink spiking and commence treatment as early as possible.
- Reassure patient that **ED is concerned** about the drink spiking incident.

### Reporting

**Increased reporting will assist in gaining a better understanding of the extent of drink spiking.**

Victims may be reluctant to report due to:

- embarrassment,
- being worried they will not be taken seriously,
- personal drug and alcohol use,
- memory loss,
- trauma, and
- heavy workload of ED making patient feel that their report is not a high priority.

## DRINK SPIKING AGENTS

- Alcohol appears to be the most commonly used agent in drink spiking incidents.
- Other substances identified through forensic evidence include:
  - Depressants – gamma hydroxybutyrate (GHB, GBH) ketamine, benzodiazepines,
  - Stimulants – amphetamines, ecstasy, and/or
  - Additional over the counter medication may also be involved.