Test for drink spiking in ERs should be used to reduce psychological distress, says new study

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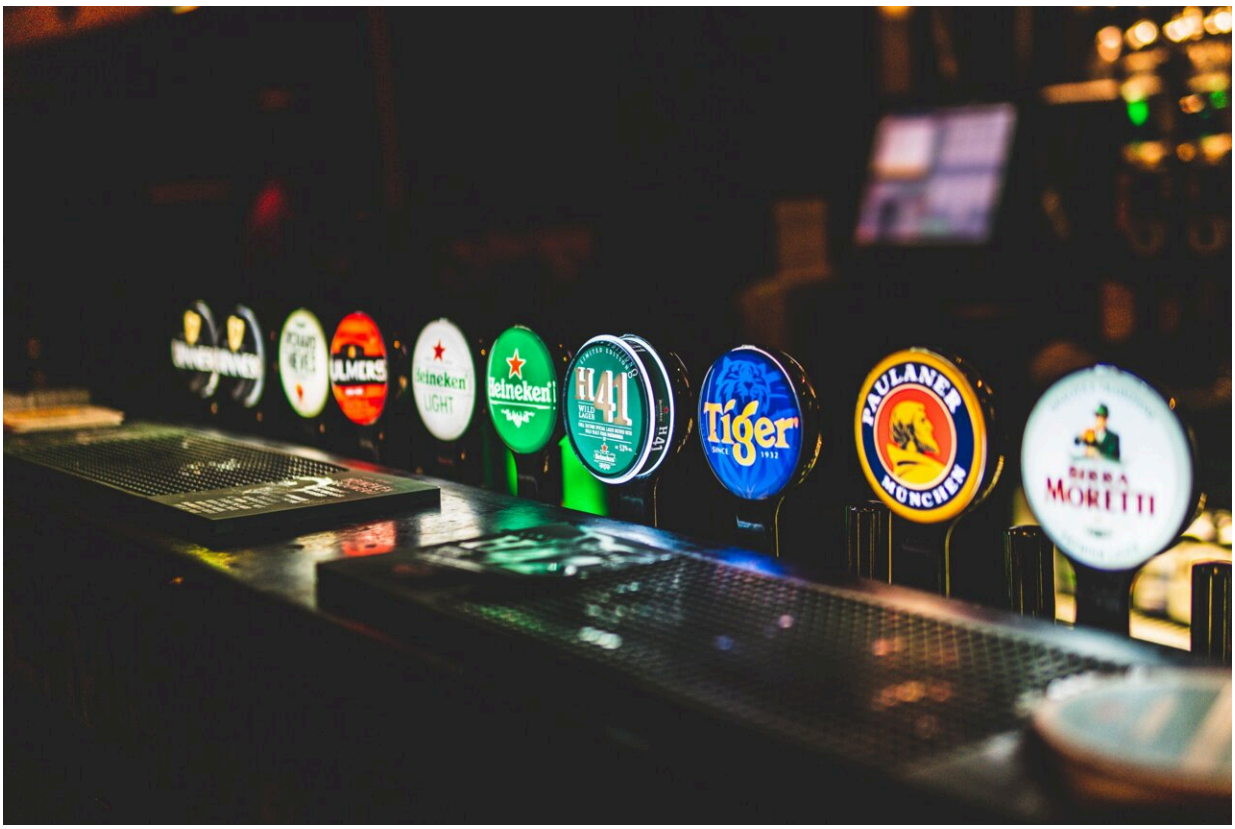

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More should be done to help victims of suspected spiking attacks process the psychological trauma of the event by testing patients who

arrive at the hospital intoxicated, say the authors of a new study titled, "Drink and injection spiking: how to approach an increase in presentations?" published in the *Emergency Medicine Journal*.

Over recent years there has been a marked increase in personal accounts of spiking incidents across the U.K. Analysis from YouGov last year in 2022 found that one in ten women (10%) and one in twenty men (5%) said they have had their drink spiked. This has coincided with an increase in spiking attacks by injection—a new phenomenon which has gained widespread media attention.

Despite campaigning efforts to increase testing for suspected victims of spiking, a new evidence review authored by emergency medicine doctors and clinical psychologists highlights that this is rarely the reality for patients arriving at hospital. If they are intoxicated, the focus is how to get them sober, not to understand how they become intoxicated in the first place.

The review authors from the University of Bath and UWE Bristol recognize that treating patients symptomatically is the medical priority. Yet they argue that it means many patients leave the hospital once sober, without having been tested and without certainty about what might, or might not, have happened.

This lack of clarity over how or whether they have been spiked adds to the psychological distress of the traumatic event, they say. Writing in the *Emergency Medicine Journal*, the authors suggest that the absence of diagnostic certainty can result in victims blaming themselves with feelings of guilt, shame, and fear, exacerbating the psychological toll of such incidents.

Senior author and emergency doctor, Dr. Tom Roberts based at UWE Bristol explained, "Currently we see that patients are being encouraged

to attend health care if they believe they could have been spiked, but there is a real mismatch between their expectations and the reality on the ground where testing is typically very hard to come by.

"Doctors' priority must be on dealing with patients' symptoms and ensuring they are medically well. But there is a finite window for testing, and too often patients are discharged from hospital after a period of observation, but with many questions over what may or may not have happened. We believe we could do more to understand if and how testing could have a positive impact of patients.

Co-author and clinical psychologist at the University of Bath, Dr. Jo Daniels added, "Through our review we observe that without appropriate testing, victims of spiking are likely to blame themselves for whatever unwanted or unpleasant consequences can arise from spiking—and they may do so in error without a coherent understanding of the circumstances.

"Knowing more about what happened in instances where victims have been spiked can help them to process the event and reduce feelings of self-blame which may persist and add to the psychological toll of a distressing event. Equally important though is to know when you have not been spiked, which increased testing could reveal."

The three broad categories of drugs commonly used for spiking are alcohol, "date rape drugs" (e.g., benzodiazepines) and "party drugs" (e.g., MDMA). Drug and alcohol testing can be carried out by both blood and urine tests. For the best results, blood tests should be sent to toxicology within 24 hours.

More information: Tess Blandamer et al, Drink and injection spiking: how to approach an increase in presentations?, *Emergency Medicine Journal* (2023). DOI: 10.1136/emermed-2022-212612

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