A study of patients presenting to an emergency department having had a “spiked drink”

Hywel Hughes, Rachael Peters, Gareth Davies, Keith Griffiths

Objectives: To assess the scale of drink spiking in our area and identify which drugs are being used to spike drinks and also to assess whether there is a problem with drink spiking in any particular establishment.

Methods: A prospective study of all patients presenting to an emergency department with alleged drink spiking over a 12-month period. Samples were analysed for levels of alcohol and drugs of misuse. Information was collected as to where the alleged spiking took place and the involvement of the police.

Results: 75 patients attended with alleged drink spiking over the period of 12 months. 42 samples were analysed and tested positive for drugs of misuse in 8 (19%) cases. 65% of those tested had alcohol concentrations >160 mg%. The alleged spiking took place in 23 different locations, with 2 locations accounting for 31% of responses. Only 14% of those questioned had informed the police.

Conclusions: Most patients allegedly having had a spiked drink test negative for drugs of misuse. The symptoms are more likely to be a result of excess alcohol.

The local research ethics committee granted ethical approval. The patient was provided with details of the study and its aims. Samples of blood (for blood alcohol level) and urine (for analysis of drugs of misuse) were obtained. These were sent for analysis with the patients’ informed consent given either at the time of presentation or at the time of the follow-up telephone questionnaire.

A follow-up telephone questionnaire was performed a few days later. Information was collected as to where the alleged spiking took place, whether the police had been informed and their use of medication or drugs at the time in question or on a regular basis.

The samples were analysed for blood alcohol level and the presence of any of the following: cocaine, amphetamine, cannabinoid, opiates, methadone, benzodiazepines, ketamine, diphenhydramine, GHB and rohypnol.

RESULTS
A total of 75 patients presented during the 12-month period with 68% (n = 51) being female. Figure 1 shows the age range of the patients.

The females outnumbered the males in every age group.

Most patients (82%) attended the department on a weekend, with 50 (66%) attending between 10 pm and 3 am.

After being seen by the doctor, 66 of the patients were discharged from the department, 6 were admitted and 3 self-discharged before assessment. The 6 patients were admitted because of the degree of intoxication/agitation (n = 4), social reasons (n = 1) and per vaginal bleeding (n = 1).

A total of 42 urine samples were obtained and analysed (56% of study group) and tested positive for drugs of misuse in only 8 (19%) cases (box 1). No one tested positive for rohypnol or GHB.

A total of 34 blood samples were obtained and analysed for the presence of alcohol, with a limit of detection of 10 mg/dl, and tested positive in 32 (94%) cases. The results confirmed (table 1) that a large number of those tested had a high blood alcohol level. It also shows that the patients who tested positive for drugs of misuse had alcohol levels distributed across the

Abbreviation: GHB, \( \gamma \)-hydroxybutyrate
DISCUSSION
A recent study made by the Regional Laboratory for Toxicology at Birmingham reported an increasing number of requests received for toxicological analysis of individuals presenting to their general practitioner or hospital after self-reported or suspected surreptitious drug administration. Of the 169 samples analysed between 2002 and 2004, only 73 (43%) tested positive for drugs or alcohol, with 29 testing positive for alcohol alone. Where drugs were detected, the most involved common drugs of misuse. Neither GHB nor flunitrazepam was detected in the samples analysed.

The results of our study also show that most patients presenting to the emergency department, claiming that their drink has been spiked, will test negative for drugs of misuse. Our study showed a much higher detection rate of alcohol, which is likely owing to the timing of the sample taken. The patients’ symptoms may well have been the result of excess alcohol. A number of these patients probably had their drinks spiked with alcohol, but this is difficult to determine. Claiming that their drink has been spiked may also be used as an excuse by patients who have become incapacitated after the voluntary consumption of excess alcohol.

Most of the patients presented on the night of the alleged incident so even drugs with a short detection window (18 h for GHB) should still have been detected. A few patients who presented after this time period may have tested negative despite their drinks having been spiked.

The patients with positive results did not differ from those who tested negative as regards the clinical findings and symptoms. All the patients with positive results were discharged from the department, as the decision to admit was made on clinical grounds rather than on a positive test, which was returned much later.

The drugs of misuse detected in our study were opiates (codeine and morphine), amphetamines, ecstasy and cocaine. No ketamine, GHB or rohypnol was found in the samples, which suggests that they are not commonly used in this area to spike drinks. On questioning, none of the patients with positive results admitted knowingly taking drugs of misuse before presentation or being on any regular medication.

Only 14% of patients in our study had informed the police about their alleged spiked drink. In 2005, the police in northeast Wales had recorded only three cases of alleged spiked drinks (persons self-reporting). So it is likely that the police are unaware of the scale of the problem. The numbers in this study are likely to be an under-representation of the true scale of the problem in the community as many may not seek medical help or may seek alternative forms of advice and support. This is evidenced by five of the patients having friends also affected at the same time but not attending the department.

The places identified as being a particular problem for suspected drink spiking are also the busiest establishments in the town centre on a weekend. The positive results did not imply any particular establishment as having a problem. This may be because of our low numbers. Departments receiving larger numbers of patients with suspected drink spiking might identify establishments in their area as having a problem. Collecting data like this could help the police target their resources on those establishments which seem to have a problem with spiked drinks.

There have been a number of publicity campaigns in recent years to raise the awareness of drink spiking. Emphasis should also be laid on how excess alcohol consumption makes people more vulnerable to assaults and injury.

In conclusion, this study confirmed our suspicion that most of the patients presenting with suspected drink spiking would test negative for drugs of misuse. We could also pass on
anonymous information to the police as to the scale of the problem as we see it. We were also able to highlight possible establishments, that may have a problem with alleged drink spiking.

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Authors’ affiliations
Hywel Hughes, Rachael Peters, Emergency Department, Wrexham Maelor Hospital, Wrexham, Wales, UK
Gareth Davies, Biochemistry Department, Wrexham Maelor Hospital, Wrexham, Wales, UK
Keith Griffiths, Biochemistry Department, Ysbyty Gwynedd, Bangor, Wales, UK

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Ethical committee approval for this study was granted by the North East Wales Local Research Ethics Committee (application reference number 04/WnoO3/33).

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