Drink Spiking Literature Review

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The Domestic, Sexual, & Gender-Based Violence Prevention Initiative (DSG) have completed a literature review pertaining to drink spiking, with the purpose of uncovering consistent themes. Before diving into what the research says, what is drink spiking? According to Boston's City Council (2025), "Drink spiking occurs when a person deliberately puts alcohol or drugs… into someone else's drink without their knowledge or permission." Drink spiking disregards consent in that it takes away an individual's choice, forcing them to ingest a drug or additional alcohol. While this literature review has a focus on drink spiking, it is important to mention spiking can occur through other methods as well. These can include adding drugs to an individual's food or lacing a cigarette or vape with other drugs (Victim First, n.d.). At the root of any spiking is ingesting a drug without consent, and that can be done through many different forms, not solely through a drink.

While reviewing the literature, several themes arose:

- Alcohol is the most prevalent drug used in spiking drinks and drug facilitated sexual assault (DFSA) (Ison et al., 2024; Recalde-Esnoz et al., 2024).
- As reported by individuals who have spiked drinks, the biggest motivations to do so are, "To have fun or create a more enjoyable social space (Burrell et al., 2023)."
- Oftentimes, in DFSA cases:
    - The party responsible is known to the survivor, and
    - The assault occurs in a private location (Bendau et al., 2025).
- In colleges and universities, the individuals who have the highest risk of drugging victimization are:
    - Undergraduates who engage in binge drinking,
    - Members of a Greek sorority, or
    - First year students (Lasky et al., 2017).

The theme of alcohol's prevalence in drink spiking and DFSA was stated consistently across the literature (Anderson et al., 2017; Burrell et al., 2023; Ison et al., 2024; Krebs et al., 2007; Madea & Mußhoff, 2009; Recalde-Esnoz et al., 2024; Weiss & Colyer, 2010). Additionally, Anderson et al. (2017) found that no other specific drug categories were associated with DFSA, while Burrell et al. (2023) further supports this, stating, "So-called 'date rape drugs' were rarely found in spiking cases." These findings debunk the long-standing narrative that date-rape drugs (specifically GHB, Rohypnol, and Ketamine) are the main threat but instead point to alcohol (Burrell et al., 2023). Furthermore, after an 87 source, global literature review Burrel et al. (2023) states, "…focusing on 'date rape drugs' is misleading and dangerous (Slaughter, 2000) and that more attention should be paid to risks from alcohol rather than drugs (e.g., Burgess et al., 2009, Hurley et al., 2006, Scott-Ham &

Burton, 2006, Taylor et al., 2004, Wille et al., 2021)." This is essential in understanding how to best prevent drink-spiking because if the focus is on looking for the stereotypical drugs, that would allow most drink spiking incidents to go unnoticed.

In terms of the motivation behind drink spiking, an investigation by McPherson (2007) found that: of individuals who had previously spiked someone's drink, 43% did it "for fun." This is backed by a literature review completed by Burrell et al. (2023), finding, "To have fun or create a more enjoyable social space," as main motivations. Beliefs around drink spiking further illustrate this idea, with research from Swan et al. (2017) finding, "Women were more likely to identify sexual assault as a motive, while men were more likely to mention motives related to fun." While motives related to sex were found (McPherson, 2007), the assumption that spiking a drink directly leads to assault is flawed. This is *not* to say that sexual assault does not occur after drink spiking, but that sexual assault is not the *only* reason drink spiking occurs. In addition to the aforementioned motives, others include getting someone more drunk or high, or getting someone relax (Swan et al., 2017). Suzanne Swan states it best when discussing her research, "'Most of the people who had been drugged didn't say they were sexually assaulted… So of those people who were drugged, 85% of them said they were not.' But '15% being sexually assaulted is a huge number (Diaz, 2024)."'

The next theme relates specifically to drug facilitated sexual assault (DFSA) in that oftentimes, the survivor knows the perpetrator and the assaults occur in a private setting (Bendau et al., 2025; Ison et al., 2024; Recalde-Esnoz et al., 2024). This contradicts common myths that it's strangers spiking drinks and it only happens in bars or clubs (KnoMore, 2025). A systematic review of 773 publications narrowed down to 19 by Recalde-Esnoz et al. (2024) learned that, "The assailants are men, who mostly know victims before the assault… Most assaults occur in private spaces, particularly the aggressors' own homes." In a study discussed by Bendau et al. (2025), it was discovered that, "Half of the examined alleged DFSA-cases occurred in private residences, and in half of the incidents, the perpetrators were known to the complainant."

When looking at higher education institutions, the same groups of individuals continue to be found to have the highest risk of having their drink spiked: first year students, binge drinkers, and sorority members (Hall & Moore, 2008; Lasky et al., 2017; Schramm et al., 2018; Warner et al., 2017). Warner et al. (2017). **They cautioned that these findings are not meant to blame or place the burden on women or those who have had their drink spiked but instead chose to look at what is happening in these situations that increase the risk for these groups**. When using this lens, they first looked at defensive drinking or protective measures women used and when the chose to *refrain* from using them. The researchers noted, "Campus party culture is organized around a dictum of shared trust, and among Greek members, some sorority women presume strong social bonds exist

between them and their Greek brothers (Warner et al., 2017)." As a result, women may not feel the need to use protective measures in the first place, not due to being reckless or irresponsible, but because this notion of trust and social bonds within party culture removes the perception that there is potential risk (Warner et al., 2017). **Warner et al. (2017) stated it best in that they hope this research is not used as a catalyst to shame women, but, "To shift the burden away from focusing solely on individual women and what they *should* do to instead consider how the context may so heavily influence what they *do* do."**

While the research on this topic is limited, what *is* available continues to validate these themes.

Drugs and Symptoms

While 'date rape drugs' were always considered to be the most prevalent drug used in spiking incidents, research has disproven this, crediting alcohol instead. This is not to say *only* alcohol is used, but that GHB, Rohypnol, and Ketamine are not used nearly as frequently as people believe *and* they are not the only drugs used in drink spiking. Nothing comes close to alcohol's prevalence, but it is still important to know what drugs are being found, and how they may affect an individual. Additionally, a drug's effect may differ from individual to individual and that effect may differ even more due to alcohol ingest, medications, or other illicit drug use. Therefore, the following table is to be used as a list of general symptoms and effects one *might* experience after being spiked.

Drug	(Functional) Class	Effect
Alcohol	Central Nervous System (CNS) depressant	• Decreased coordination, clouded judgement • When alcohol poisoning occurs, it can cause: breathing difficulty, vomiting, hypothermia, unconsciousness [a]
Benzodiazepines	CNS depressant	• Muscle relaxation, slurred speech, loss of motor coordination, headache, drowsiness, impaired decision making [b,c]
Benzodiazepine: Rohypnol[1]	CNS depressant	• Drowsiness, impaired judgement, brain fog, decreased reaction time, disorientation, nausea, loss of coordination, aggression, headache, respiratory depression, anterograde amnesia, slow heart rate, lower blood pressure [d]
GHB	CNS depressant	• Sedative and depressant effects are amplified, loss of coordination, impaired decision-making and mood regulation, vomiting, sedation, memory loss, overdose [e]
Ketamine	Dissociative anesthetic	• Memory loss, slowed breathing, increased risk of hallucinations, raised blood pressure, slowed cognitive and physical abilities, urinary tract issues, coma, overdose [a,f]
LSD	Hallucinogen	• Panic, fear, aggression, hostility, nausea and vomiting, faintness, headaches, panic attacks, increased likelihood of a "bad trip" [g,h]
Marijuana	Cannabinoid / Psychoactive drug[2]	• Nausea and vomiting, drowsiness, anxiety, paranoia, impaired cognitive ability, impaired movement including fine motor skills, poor judgement, slowed reflexes, slowed breathing, increased heart rate [i,j]

Drug	(Functional) Class	Effect
MDMA	Substituted amphetamine[3]	• Dehydration, hyperthermia (heat stroke), hyponatremia (over-hydration), lessens sedative effect of alcohol which can lead to alcohol poisoning due to decreased ability to sense intoxication, neurotoxic effects [a,k,l]
Opioids	Narcotic analgesic	• Over-sedation, impaired motor control, bodily injury, violence, respiratory arrest, anoxic brain injury and other organ damage, fatal overdose, increases risk of overdose toxicity [m]
Stimulants (i.e. Adderall, Ritalin, Cocaine, Methamphetamine)	CNS Stimulant	• Increased risk of cardiotoxicity, high blood pressure, elevated heart rate, irregular heart rhythm, heart attack, stroke, overdose • Cocaine + alcohol can produce cocaethylene ◦ Increases risk of serious health effects such as heart attacks, strokes, and liver problems [n]
General spiking symptoms include: feeling or being sick, feeling 'strange' or drunker than expected, feeling sleepy, blurred or slowed vision, or trouble seeing properly, loss of balance or coordination, having trouble communicating, having hallucinations, acting strangely or out of character [o] **Effects also depend on factors such as:** how much they were spiked with, amount of alcohol ingested, other drugs or medications taken, and size and weight [o]		

Note. Possible effects when drug is *combined with alcohol.* Effects listed are *not* exhaustive. From [a]Editorial Staff (2023a). [b]D'Urso (2026). [c]Grand Valley State University (2024). [d]Nygaard (2025). [e]Editorial Staff (2023b). [f]Wagner (2024). [g]Hilliard (2025). [h]Kaliszewski (2024). [i]Delamere (n.d.). [j]Hudson (2025). [k]Amsterdam et al. (2021). [l]Lautieri (2024). [m]Petty (2025). [n]Hauck (2024). [o]Rape Crisis New England & Wales (n.d.)

[1] A type of Benzodiazepine and is considered stronger than similar medications (Nygaard, 2026)

[2] Sometimes called a depressant, stimulant, or hallucinogen due to its production of similar effects (Stevens, 2024)

[3] Synthetic drug- has both stimulant and psychedelic effects (Lautieri, 2024)

Discussion and Recommendations

From reviewing the literature, it is clear that an individual approach to remedying drink spiking is one small piece of the puzzle. **Education is needed to revise beliefs that blame survivors and counters common misconceptions about spiking.** The trivialization of alcohol as the main drug in drink spiking will continue to allow this method to be overlooked and reinforce false narratives that blame survivors for drinking too much. Additionally, the offense may not be classified as spiking since there is no way to detect what the survivor chose to drink, compared to what was added without their consent (Burrell et al., 2023). While drink testing kits may be useful in some situations, not only has research found them to be unreliable, but they are ineffective in combatting the most common method of spiking (Gautam & Grela, 2024).

Education around consent is necessary and needs to be addressed. Drink spiking at its core is taking away an individual's ability to decide for themselves, to consent to more alcohol, to take drugs, and that is not something to be taken lightly. A better understanding of why "to have fun" is deemed an appropriate reason to justify tampering with a drink is essential. To begin dismantling this idea, it is important to comprehend the rational and

logic behind it. For example, does it stem from a lack of knowledge around consent and boundaries, or is it a more nefarious reason such as the desire to control?

As the research shows, work needs to be done to quell these narratives that drink spiking is only done by strangers and in public spaces. **A fundamental shift needs to be made regarding how drink spiking is done and who is doing it**. **These myths perpetuate a false sense of safety and reinforce the idea that, "It won't happen to me,"** if they just cover their drinks, test their drinks, and/or are with friends or in a private residence.

Conclusion

After reviewing the literature, the need for more research pertaining to drink spiking is evident. From the motivations to common misconceptions, there is much more to be discovered about this topic. Even still, the three discussed themes appeared repeatedly, necessitating further exploration into how this knowledge can be used to prevent drink spiking altogether and better protect survivors.

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