Patient presents with suspected drink or injection spiking

Significant symptoms or unwell:

Manage in appropriate area depending on triage category.

- A-E assessment
- 12 lead ECG
- VBG

Further investigation as guided by assessing clinician.

Tox screen of limited use. Discuss with senior clinician if considering.

If unconscious and cause unclear consider:
- CT head.
- Blood glucose.
- Naloxone.

If ongoing concern consider discussing with the NPIS.

May need admission or observation in EDOU depending on clinical progress.

Evidence of injection spiking

Well, normal obs, no significant symptoms.

Evidence of injection spiking

Drink spiking

Unlikely to need investigation.

Take time to address concerns.

Consider discharge from triage.

Provide patient info leaflet.

Send 'virology sample for storage' (clotted blood):

ICE: Blood sciences - Occ Health - Contamination injury

HBV PEP within 48hrs (see table)

GP follow up
- BBV testing 12 and 24 weeks
- HBV PEP

Provide patient info leaflet.

- **Sexual assault** - refer to The Bridge and/or the IDSVA service.
- **Encourage reporting to the police** - 101 in most cases, or 999 if an additional offence is disclosed.
- **Consider appropriate safeguarding response** for patients under 18 or if a minor is at risk due to events.

V1 Jan 2022 Review Jan 2024

Fraser Birse, Sophie Gillett, Jamie Willson, Tim Godfrey

NHS North Bristol NHS Trust

Suspected drink or injection spiking presenting to the Emergency Department

Drink spiking – the addition of alcohol or drugs to a person's drink without their consent.

Injection spiking – the use of a needle to administer drugs without consent.

Asymptomatic patients

If symptoms are minor with reassuring observations and examination, investigation is only necessary if there is evidence of injection spiking. Take time to address concerns but aim for discharge at the earliest opportunity. This may be possible from triage. **Provide the information leaflet.**

Symptomatic patients

- Manage in the appropriate area as determined by symptoms, observations, and triage category. Supportive care and careful explanation is likely to be the focus.
- Likely agents in drink spiking are alcohol, GHB analogues and benzodiazepines .There is currently no data (January 2022) on agents used in injection spiking.
- Ongoing clinical concern can be discussed with the NPIS on 0344 892 0111.
- Patients requiring observation or treatment may need admission or be suitable for EDOU.

All symptomatic patients	Unconscious and cause unclear
• **A-E** assessment. • 12 lead **ECG** • **Venous blood gas** • Other bloods and investigations as guided by treating clinician. • **Collateral history** where available.	• If history of seizure or evidence of trauma consider CTH. • Check blood glucose. • Consider giving naloxone. • Consider ICU review if persistent low GCS or airway concerns.

Drug testing

- No role for toxicology screen in the care of most patients. May be indicated if significantly unwell and presentation unexplained. Discuss with a senior if considering.
- The police may consider a forensic toxicology screen (see below).

Blood borne viruses (HIV, hepatitis C, hepatitis B) - injection spiking

- Blood borne virus (BBV) transmission is not a concern with drink spiking.

- This guideline should only be used to inform the risk assessment and management of injection spiking - not other forms of sharps injury or BBV exposure.
- Most patients with evidence of injection spiking should be managed as a low risk community needle stick. If use of a needle that is known to have been recently used on another person is reported, the risk of BBV infection in the 'donor' should be assessed. If high risk discuss with virology

Investigations - injection spiking

At presentation	Via patient's GP	
	12 weeks	24 weeks
'Virology sample for storage' (ICE: Blood Sciences: Occ Health: Contamination injury)	• HIV antigen/antibody • HBV surface antigen (HBsAg) • HCV antibody	• HIV antigen/antibody • HBV surface antigen (HBsAg) • HCV antibody

Post exposure prophylaxis - injection spiking

HIV	**Not recommended.** Risk of transmission extremely low. No reported cases of transmission from community needle stick.
HCV	**No prophylaxis currently available**
HBV	**Recommended.** See below.

Hep B status	Recommendation
Unvaccinated	Accelerated course of HBV vaccine. Finish course via GP
Partially vaccinated	Dose of HBV vaccine, finish course via GP
Fully vaccinated with primary course	Consider booster dose of HBV vaccine if last dose over 1 year ago
Known non responder to HBV vaccine (anti-HBs < 10mIU/ml 1-2 months post immunisation)	Booster dose of HBV vaccine Give Hepatitis B immunoglobulin (HBIG) Second dose HBIG in 4 weeks via GP

Adapted from Public Health England's Green Book.

- Engerix B and HBVaxPRO are the HBV vaccines available. An accelerated course consists of doses at 0, 1, and 2 months. Administer the first dose at presentation, further doses should be given via the patient's GP.
- HBV prophylaxis should be given as soon as possible, preferably within 24 hours. There is still value in giving it up to a week after exposure.
- If required, HBIG will be supplied by the UKHSA central immunoglobulin service (RIgS). Follow the link below for contact information. The service is only available 08:00 – 19:00. For patients presenting outside these hours issuing of HBIG will need to be organized via RIgS the following day. Email details to the consultant of the day and handover to the EDOU consultant. Administration of HBV vaccine should not be delayed while waiting for HBIG.

  https://www.gov.uk/government/publications/immunoglobulin-when-to-use/rabies-and-immunoglobulin-service-rigs

Sexual assault

Support patients in contacting The Bridge on 0117 342 6999 (www.thebridgecanhelp.org.uk). Consider IDSVA referral. Discuss emergency contraception. RCEM Sexual Assault Guideline.

Police involvement

Encourage reporting of all incidents. 101 is appropriate in most circumstances. 999 if an another associated crime has been committed. The police may arrange a forensic toxicology screen but this is only likely when an additional offence is being investigated.

Safeguarding

Make a child safeguarding referral for all patients under 18. Consider whether any vulnerable individuals or children are at risk when adults present. Ensure a safe discharge destination for all.

References

UK Health Security Agency. Briefing Note: Drug 'spiking' with needles. 4th Nov 2021.

Toxbase: Drug spiking (spiked drinks)

British Association for Sexual Health and HIV: BASHH UK Guideline for the use of HIV Post - Exposure Prophylaxis 2021 Post consultation version.

Public Health England. Hepatitis B: the green book, chapter 18. 2013. Accessed Jan 2022.

NICE: Hepatitis B: Scenario: Prevention of infection with Hepatitis B. Accessed Jan 2022.