

2022-2025 Drink Spiking Survey Findings



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Research conducted in collaboration with the Drinkaware charity.



BACKGROUND

Spiking, the act of introducing drugs or substances, including alcohol, into beverages or food to incapacitate individuals for various malicious purposes, including sexual assaults, theft, pranks, or abuse, has become a concerning societal issue. In the UK, reports of increased incidents of drink spiking, particularly in house parties, as well as cases of 'needling',¹ a relatively new phenomenon emerging since 2021, have gained attention.

The Drinkaware Monitor surveys in 2022, 2023 and 2025, contained questions related to spiking (both drink spiking and needling). The data was collected by YouGov as part of the Drinkaware Monitor. The panel consists of 1 million people in the UK (representative of the demographics of the national population – Census 2021). Each participant was sent an email inviting them to participate in the survey, with a unique link to the YouGov online platform. Informed consent was obtained from all participants. At the start of the relevant questionnaire, the participants were informed that participation is voluntary and they could choose to opt out at any time by closing their browser. Only fully completed survey responses were used.

The questions were a mix of multiple choice and multiple answer. Most questions also allowed free text comments.

This report aims to provide comparison of the three surveys, looking at trends, as well as similarities and differences. Ethical approval has been received from the Faculty Research Ethics Panel under the terms of ARU's Research Ethics Policy.

Keywords: Drink spiking, chemical submission, drugging

¹ Needling, or spiking by needle injection, is the act of covertly injecting someone with a substance, such as drugs of abuse or pharmaceutical compounds, without the person's prior knowledge or consent

DEMOGRAPHICS

The percentage of respondents who reported² spiking in 2025 has decreased (1.8%, n = 128, N = 7256) as compared to the 2023 survey (2.2%, n = 231, N = 10473). Table 1 in the appendix summarises the sociodemographic data of the survey participants who said they had been spiked across the three surveys: 2022, 2023 and 2025.

Gender: The percentage of reported cases of spiking has decreased from 2.2% (231 out of 10473) to 1.8% (128 out of 7256) in 2025. Although a higher proportion of cases in 2025 were reported by women (57.8%) as compared to 2023 (52.8%), the percentage affected participants within each gender decreased (women: 2.3% to 2.0%; men: 2.1% to 1.5%). There was no statistical significance found, except for the data from the 2022 survey (lifetime experience of drink spiking).

Age: The age group that had the highest percentage of reported spiking changed from 18-24 year-olds (3.7%, n = 46) in 2023 to 25-34 year-olds (3.2%, n = 40). Respondents in the age groups 18-44 (2023) and 18-34 (2025) reported statistically significantly more times than in the other age groups. Notably, in the 2025 none of the 582 participants aged 76 or older reported being spiked whereas in 2023 survey, one out of the 739 participants in that age group reported having been spiked.

Ethnicity: Spiking incidents by ethnicity show no consistent pattern across surveys.

- **2022:** Highest – Black participants (13.9%, n = 11); Lowest – Asian participants (5.0%, n = 13). The smaller percentage of Asian participants who reported spiking was statistically significant.
- **2023:** Highest – Mixed/multi-ethnic participants (5.0%, n = 12); Lowest – Black participants (1.8%, n = 2). The higher percentage of Mixed/multi-ethnic participants who reported spiking was statistically significant.
- **2025:** Highest – Mixed/multi-ethnic participants (4.9%, n = 9); Lowest – Asian participants (1.4%, n = 4). The percentage of Mixed/multi-ethnic and Black participants who reported spiking was statistically significant.

Sexuality: When considering sexuality, people identifying as pansexual were the ones most affected by spiking (10.5%, n = 9 out of 86), statistically significantly higher, same as for participants identifying as bisexual in 2023 and queer in 2025 (6.3%, n = 3 out of 48, no statistically significant difference).

Relationship between drinking frequency and self-reported spiking incidents: Drinking frequency does not affect the possibility of being spiked. Respondents in all groups, including people who drink six or more times a week, and teetotallers³ reported being spiked (Figure 1), a pattern consistent in both the 2023 and 2025 surveys. Comparable data

² By reporting we mean reported in the survey.

³ Teetotaller refers to a person who abstains from consuming alcoholic beverages.

from the 2022 survey is not available, as it asked for lifetime experiences of spiking, and the drinking frequency might have changed since the spiking incident.

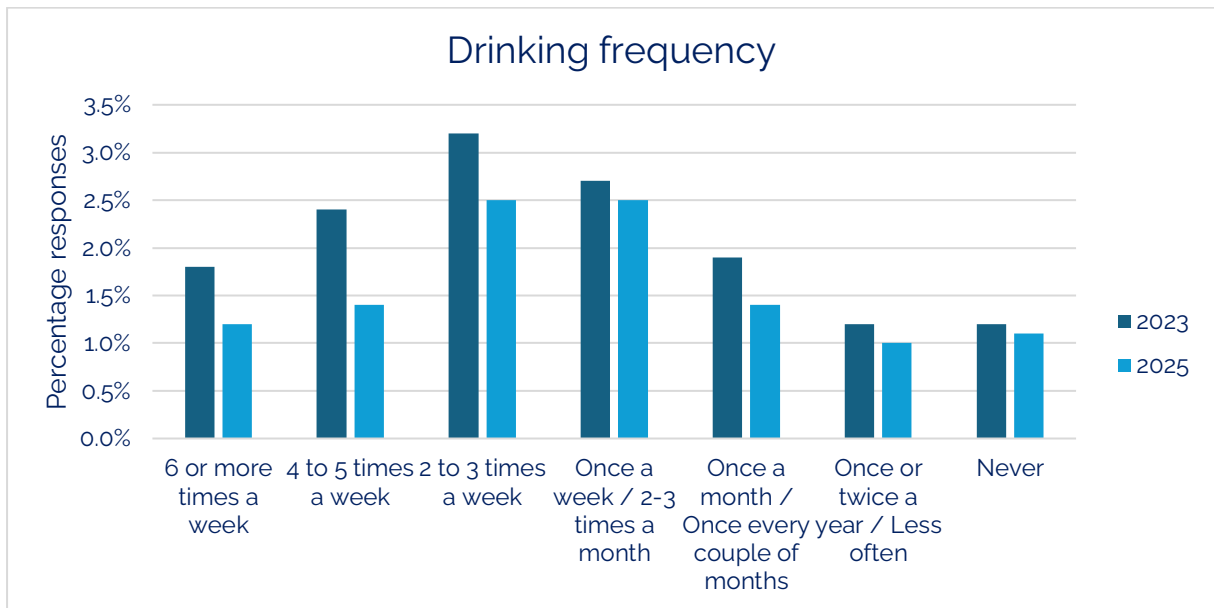


Figure 1 Comparison of the relationship between drinking pattern and self-reported cases of drink spiking (2023 and 2025 surveys).

Key findings:

1. Overall, self-reported drink-spiking incidents decreased. Women continue to represent a higher percentage of those self-reporting spiking. However, reporting decreased for both genders.
2. Being spiked is not influenced by drinking habits (how often a person drinks).

LOCATIONS OF ALLEGED SPIKING INCIDENTS

Within the three surveys (2022, 2023 and 2025) we asked questions regarding where the spiking incidents occurred. For all three surveys, the majority of the respondents were spiked in bars (45.3%, 40.7%, 40.9%), while reported cases in clubs consistently decreased over time (34.2%, 28.5%, 24.8%) – the decrease in cases was statistically significant. Spiking incidents at universities also showed a decline, although this was not statistically significant. When comparing the data from 2023 and 2025 (experiences of spiking in the previous 12 months), there has been a notable increase in spiking cases at family events going from 3.6% to 14.7%, which was also reflected in absolute values: 8 out of 231 cases in 2023 to 19 out of 128 cases in 2025. Increases were also observed at social events (19.0% to 26.0%) and at work (7.4% to 9.4%). Both increases were statistically significant.

The 2025 survey asked only about drink spiking, not needling; therefore, no analysis of needling is provided. For survey results on needling please look at findings from the [previous report](#).

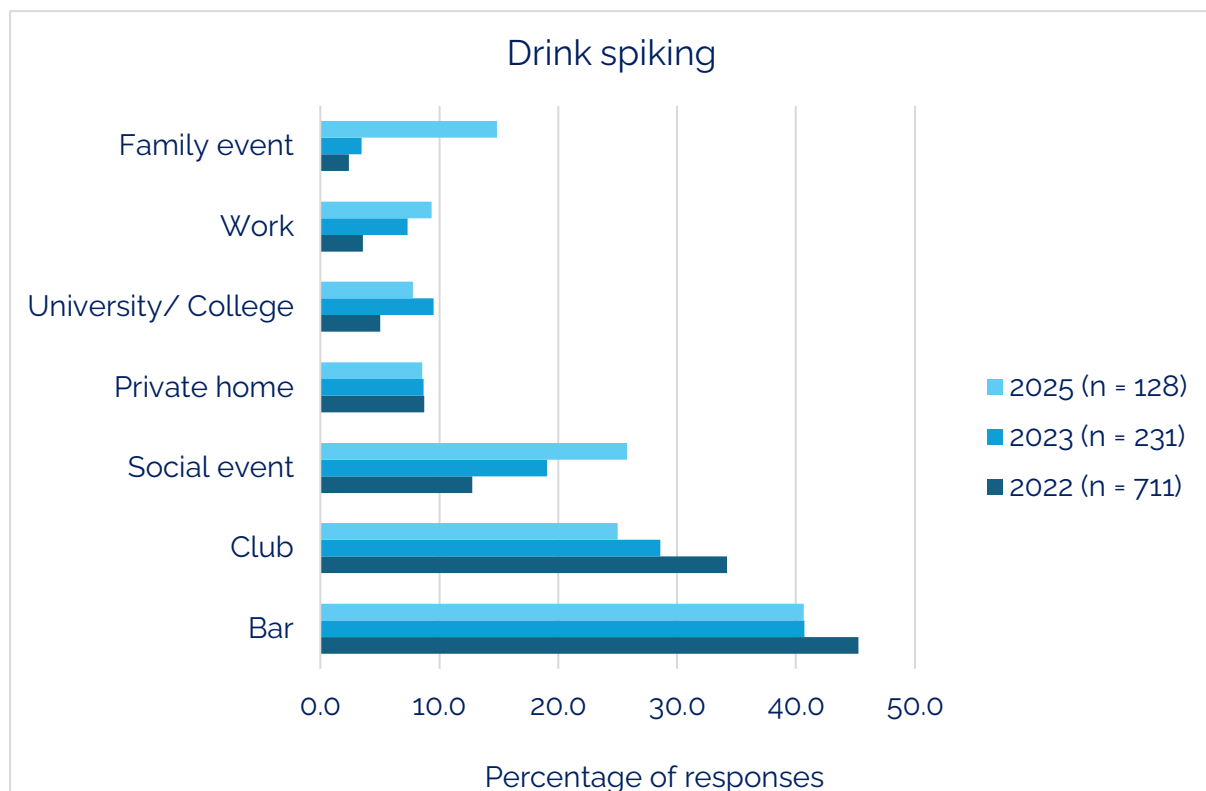


Figure 2 Locations of spiking reported by the survey participants in all three surveys. Participants could select multiple answers.

Key findings:

1. Bars and clubs remain the most common venues in which drink spiking was self-reported, however, there has been a steady decrease in incidents at clubs.
2. There has been a statistically significant increase in drink spiking cases at family and social events.

DEMOGRAPHIC DIFFERENCES IN NOT REPORTING SPIKING TO POLICE

According to the 2025 Drinkaware Monitor, 23.4% (n = 30) of the respondents said they reported the spiking incidents to the police, as compared to 7.0% (n = 52) in the 2022 survey, which captured lifetime experience of spiking.

Not reporting by Gender

Among those who had been spiked, 31.5% of the men and 17.6% of women reported the incidents. Analysis of reasons for not reporting across gender, ethnicity and sexuality (Figure 3) showed both similarities and differences. A common reason for all groups was the perceived lack of action by the police. Women were more likely to not report because they could not remember what happened, while men often felt that the incident was not serious enough – potentially reflecting perceived stereotype that men are stronger and less fragile than women. On the other hand, only women selected the option of not reporting due to fear of retaliation and getting in trouble for reporting, suggesting a potential power imbalance between the (known) perpetrator and female survivors. None of these differences are statistically significant.

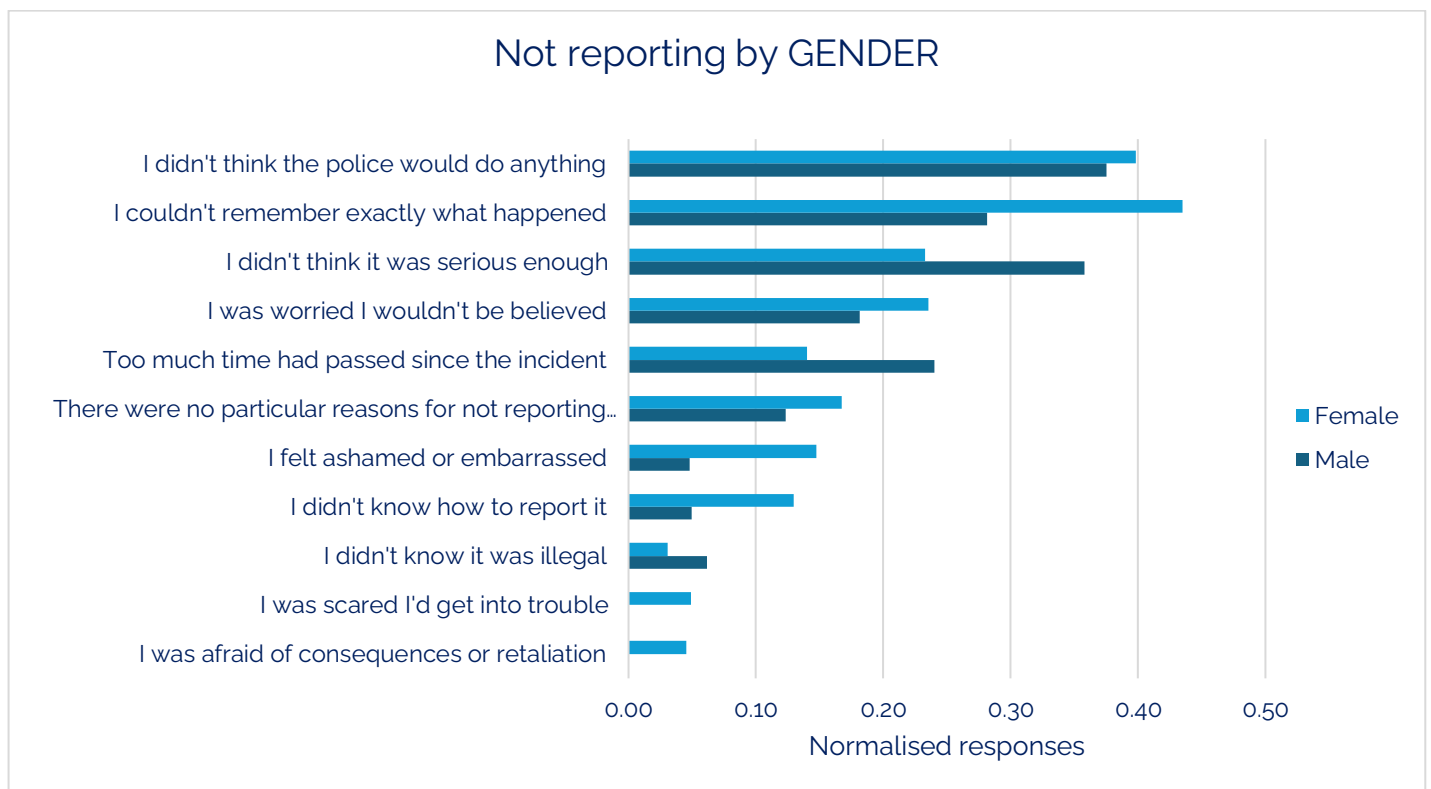


Figure 3 Reasons for not reporting spiking incidents to police by gender. Data from the 2025 Drinkaware survey only. Values are normalised. Participants could select more than one answer.

Not reporting by Ethnicity

When looking at the reasons for not reporting based on the respondents' ethnicity, there are some stark differences emerging (Figure 4). Participants from ethnic minority groups are more likely to not report out of fear of not being believed and retaliation, as well as not knowing that spiking is illegal or not knowing the process of reporting. On the other hand, white participants were more likely not to report the spiking incident to the police because they did not think the police would do anything and out of fear of getting in trouble.



Figure 4 Reasons for not reporting spiking incidents to police by ethnicity. Data from the 2025 Drinkaware survey only. Values are normalised (calculated out of total number of respondents from that group). Respondents could choose more than one answer.

Not reporting by Sexuality

When considering sexuality, the main two reasons for not reporting were lack of trust in the police and not remembering what happened. Heterosexual respondents were more likely not to report due to time elapsed and the perceived shame and embarrassment. LGBTQ+ respondents were more likely not to report because they did not know that spiking is illegal. Fear of consequences, retaliation and getting into trouble were only selected by heterosexual respondents, although these were the least selected reasons (2.8%, n = 2, and 4.2%, n = 3, respectively).

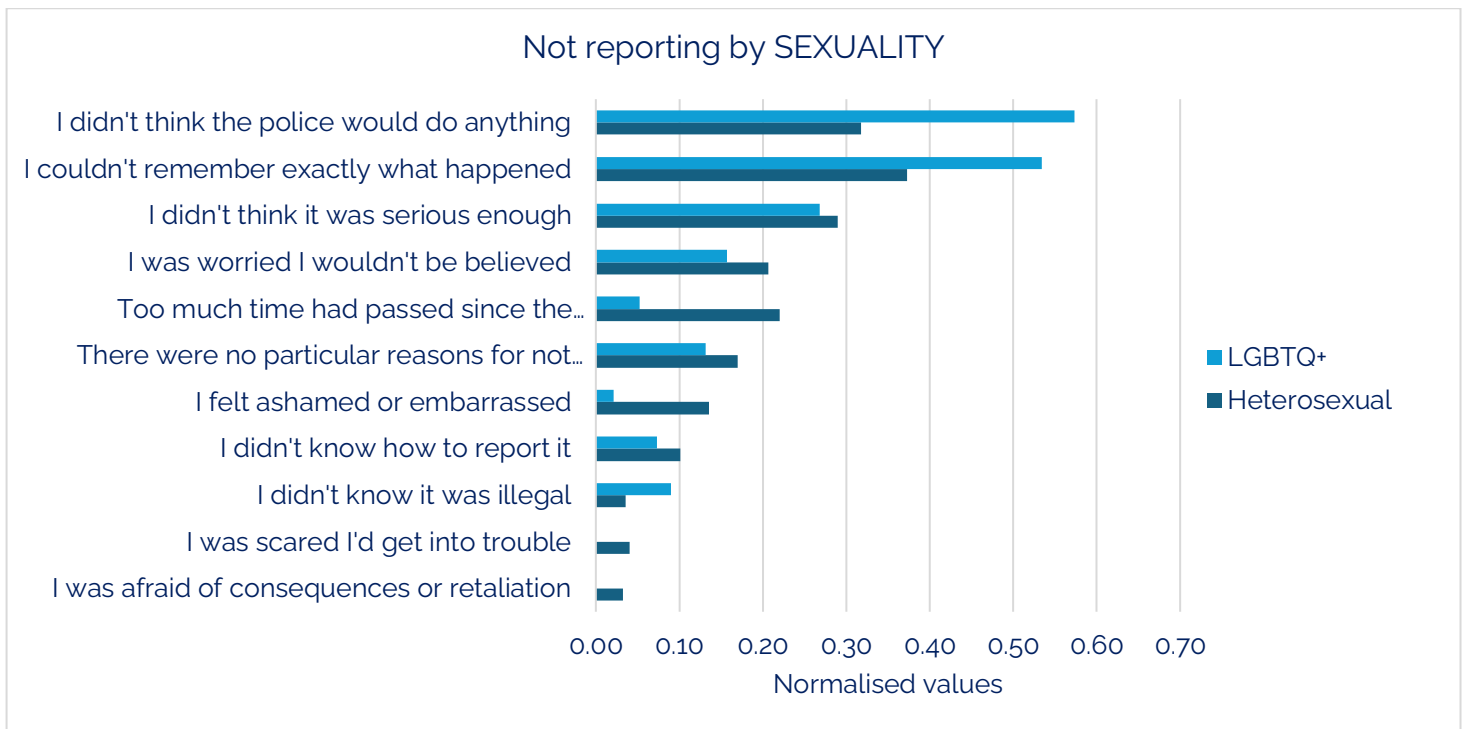


Figure 5 Reasons for not reporting spiking incidents to police by sexuality. Data from the 2025 Drinkaware survey only. Values are normalised.

Not reporting by drinking frequency

People who drank '4 to 5 times a week', as well as those drinking 'Once or twice a year / less often' did not report to the police. The highest reporting rate was among those drinking '6 or more times a week', more than half of them reported the spiking incident to the police 60.0% (n = 3). The lowest reporting rate was observed among those who drank once a week or 2-3 times a month – 20.9% (n = 9). This group was also among the ones who had the highest spiking rate (2.5%, n = 43). There was no statistically significant difference when looking into reporting to police and drinking frequency.

Key findings:

1. Men were more likely to report spiking to police than women. Women were more likely to not report due to not remembering the incident, while men were more likely to feel the incident was not serious enough. Additionally, fear of retaliation and fear of "getting in trouble" were reasons selected only by women.
2. Fear of not being believed, fear of retaliation, not knowing spiking is illegal, or not knowing how to report were more likely to be the reasons as to why ethnic minority groups did not report spiking to police. On the other hand, white respondents cited fear of "getting in trouble" as the most likely reason for not reporting to police.
3. Forgetting what happened and mistrust in the police were the top two reasons for not reporting across all sexualities. Respondents identifying as LGBTQ+ were more likely to not report due to not knowing drink spiking was illegal.

DEFINITION OF DRINK SPIKING

A new question in the 2025 Drinkaware Monitor asked participants to define spiking (Figure 6) regardless of whether they had self-reported an experience of drink spiking. The definitions included on the list were taken from the Home Office website on spiking, and the respondents could select more than one answer. The majority of the respondents (more than two thirds) knew that spiking was the addition of drugs and/or alcohol into a drink (both alcoholic and non-alcoholic) without the consumer's consent (Figure 6). The most selected answer within that group/ combination was 'Adding illegal drugs to an alcoholic or non-alcoholic drink without consent' (87.5%, n = 6353), and the least selected was 'Adding extra alcohol to an alcoholic drink without consent' (67.5%, n = 4898).

Notably, the least recognised scenario was pressuring or encouraging someone to drink more than they intended, selected by fewer than one in five respondents (19.4%, n = 1,409). This suggests a substantial gap in awareness regarding coercive drinking behaviours and highlights that many individuals may not conceptualise social pressure as a form of spiking-related harm. The findings point to a potential disconnect between formal definitions and public perceptions, particularly where coercion rather than covert substance addition is involved.

Of concern, 5.8% (n = 422) of participants reported that they did not know the definition and 4.2% (n = 263) were unsure. This upward trend suggests that, despite ongoing public discourse, awareness may not be improving, and many individuals may not fully conceptualise this indicating the need for effective education on the topic.

Key findings:

1. Most respondents correctly identified spiking as adding illegal or prescription drugs to an alcohol or non-alcoholic drink without consent.
2. The least recognised scenario was pressuring or encouraging someone to drink more than intended, indicating a significant misunderstanding of coercive drinking harms.
3. There is still a large number of people who said they did not know or were unsure of the definition, suggesting gaps in public awareness.

Which of the following scenarios do you think can be classed as "drink spiking"?

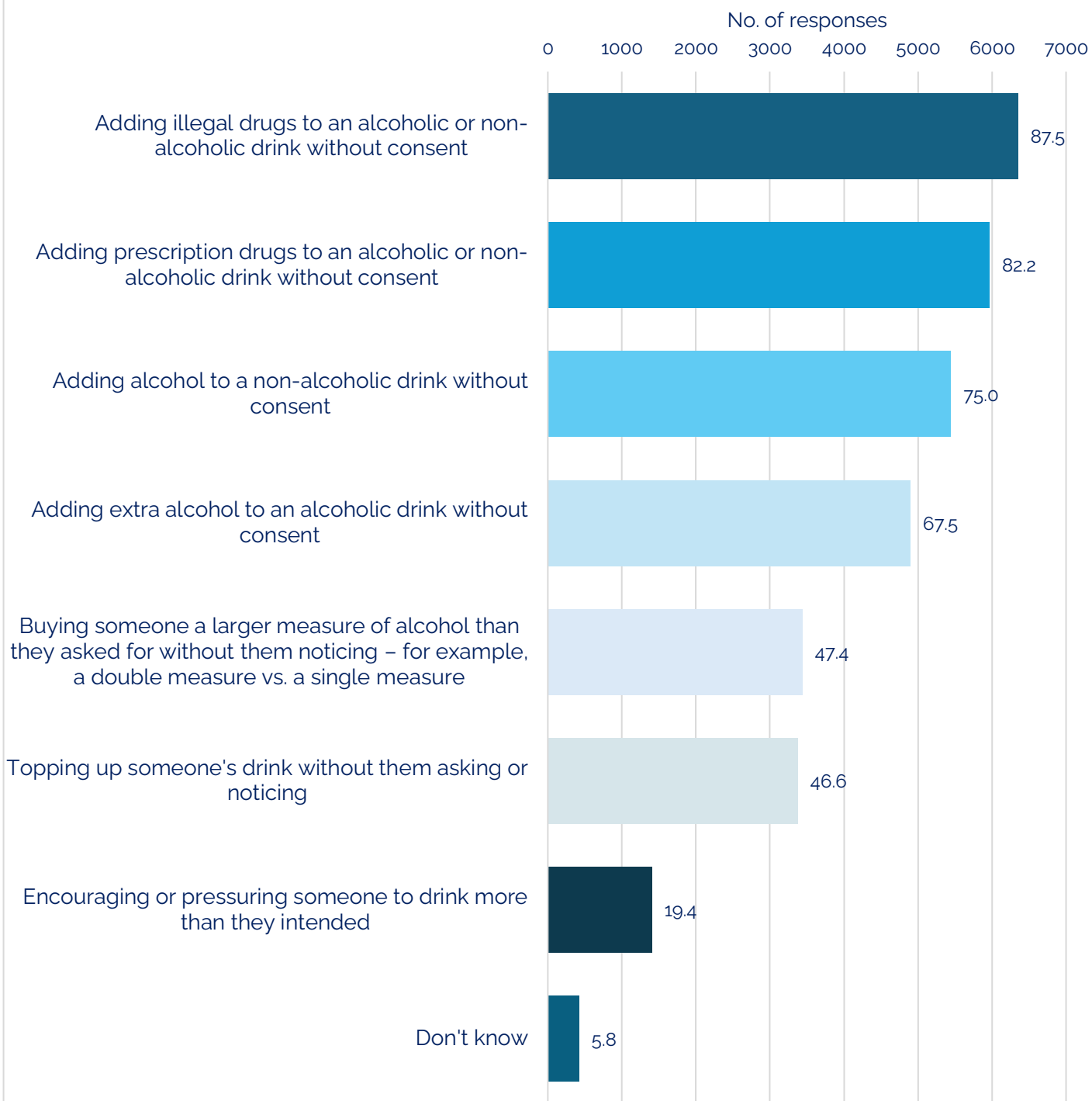


Figure 6 Selected definitions of drink spiking. Data from the 2025 Drinkaware survey only. Numbers by the bar plots indicate percentage of responses.

APPENDIX 1

Table 1 Summary of sociodemographic of the participants who said they had been spiked. Some of the data from the 2022 survey is not available as the time when spiking happened is unknown. The percentage is calculated out of total number of people within that group, e.g. in 2025, 74 out of 3721 surveyed women reported being spiked.

		Within the groups		
		2022 (N = 6318)	2023 (N = 10473)	2025 (N = 7256)
No. of people who said they were spiked		711	231	128
Gender	female	13.4% (432)	2.3% (122)	2.0% (74)
	male	9.0% (278)	2.1% (110)	1.5% (54)
Age	18 to 24	Data not appropriate ⁴	3.7% (46)	2.7% (21)
	25 to 34		3.0% (55)	3.2% (40)
	35 to 44		3.2% (56)	2.4% (30)
	45 to 54		2.0% (39)	1.3% (15)
	55 to 64		1.3% (21)	1.1% (13)
	65 to 75		0.9% (13)	1.0% (10)
	76+		0.1% (1)	0.0% (0)
Ethnicity	White	11.7% (653)	2.1% (196)	1.6% (106)
	Mixed / multi	5.8% (6)	5.0% (12)	4.9% (9)
	Asian	5.0% (13)	2.0% (8)	1.4% (4)
	Black	13.9% (11)	1.8% (2)	3.9% (6)
Sexuality	Bisexual	Data not appropriate ⁴	6.2% (34)	2.0% (8)
	Heterosexual		1.8% (154)	1.7% (100)
	Queer		6.2% (4)	6.3% (3)
	Pansexual		10.5% (9)	2.6% (1)
	Lesbian		2.9% (3)	4.8% (4)
	Asexual		4.6% (4)	1.3% (1)
	Gay		3.3% (12)	1.5% (3)

⁴ The 2022 survey asked for lifetime experience of spiking, therefore the age and sexuality might have been different at the time of the spiking.