

Spiking in Berlin Clubs

Definition and Recommended Actions

This guide is the shortened result of an internal Awareness Akademie roundtable in June 2022 and numerous discussions between experts in the fields of awareness, harm reduction, safer use and (party) drugs, as well as the resulting working group on spiking. The Clubcommission's Awareness Akademie Team, Andrea Piest, Rüdiger Schmolke, Rafi from TS Raver, Lyu Azbel, Constanze Liebel as well as Lukas Rödiger and Antonia Bendau from Charité Berlin were involved.

1. Definition

The administration of substances without the knowledge or consent of the person concerned is known as "spiking". This involves the secret administration of legalised or illegalised substances. This offense can be divided into three main forms: drink spiking, lubricant spiking and needle spiking.

A. Drink spiking:

In drink spiking, the person perpetrating the violence secretly adds substances to the person's drink, whether alcoholic or non-alcoholic. These substances may include additional alcohol, prescription drugs or illegalised substances, often colloquially referred to as knockout drops. The primary motivation for drink spiking is often to exert control, with intentions ranging from sexual abuse to robbery. Sedative substances are often used to achieve this goal.

B. Lubricant Spiking:

Lubricant spiking involves mixing a substance with water-based lubricant, which is then applied using lubricant applicators before or during sexual activity.

C. Needle spiking:

Needle spiking, on the other hand, involves the involuntary injection of a substance into the person involved. In contrast to drink spiking, the motivations behind needle spiking are currently not explicitly known.

From a legal perspective, spiking is classified as a criminal offence of bodily harm under Section 223 of the German Criminal Code (StGB). The seriousness of the offence underlines the violation of personal autonomy and safety inherent in such acts.

2. Recommended Actions

A. In an emergency:

If a person suffers a respiratory arrest, loses consciousness, shows psychotic states or mental overload reactions, this is a medical emergency. **Always dial 112 in an emergency.** If only the symptoms (e.g. unconscious person) and no substances are mentioned on the phone, the police will not usually be involved in the emergency call and called to the scene. Furthermore, the emergency services are bound to confidentiality. The next steps can be discussed on the phone. Club staff and other people in the vicinity should be involved in emergencies. If possible, accompanying persons should be asked whether they know about the person's substance use or other important information (e.g. psychotropic drugs, allergies, etc.).

If a person suffers an overdose, the most important thing is to minimise possible dangers:

- If the person is unconscious, they should be placed in a recovery position (lie on their back, place both hands up at right angles, bend the left leg, place the outer palm of the left hand against the right cheek and turn the person onto their right side).
- Not every person is unconscious during an overdose; persistent palpitations and panicked breathing can also be an emergency. Even with these symptoms, the emergency services can be called on 112.
- Water or food are not a good idea in this situation as they increase the risk of vomiting or choking. If the person is still responsive, hydration or sugar intake can stabilise the circulation. Here it is important to orientate yourself to the needs of the person
- Be aware of hazards in the environment, e.g. make sure the person does not fall if they move.
- Do not leave the person alone, question more closely whether accompanying persons are trusted persons.
- Friends should also accompany the person to the rescue centre in the event of an emergency call.
- Do not let the person go (home) alone, even if they are feeling better.

B. For affected people

If you become aware of symptoms that you cannot categorise yourself, it is important to remain calm and talk to your friends, club staff or other guests to reflect on the situation together. If the symptoms do not subside and spiking is suspected, club staff should be contacted.

Hospital emergency departments are open around the clock. They will also help in cases that do not require an ambulance, but the waiting time must be taken into account.

The risk of HIV infection from an injection is extremely low. In view of the fact that sexual activity during a blackout cannot be ruled out, the risk of infection is significantly higher. In this case, doctors should be consulted immediately (ideally two hours afterwards, otherwise within 24 hours, if possible after 48 hours at the latest) to discuss whether post-exposure prophylaxis against HIV is necessary. A reliable HIV test can only be carried out around two weeks after the incident. Testing for other STIs should also be carried out.

Those affected should not be afraid to turn to trustworthy sources with their experiences:

- In order to obtain certainty, a self-financed toxicological examination in doctors' surgeries is also possible. This costs around 80 euros per substance depending on the screening (hair, blood, urine)
- WITHOUT a police report, urine can only be tested for substances privately in Berlin. This costs around 50 euros and can be carried out in the following laboratories, among others:
 - Labor Wisplingshoff, Ostseestraße 111, 10409 Berlin, Tel: 030-400064862
 - LADR Laboratory Centre, Alt-Moabit 91a, 10559 Berlin, Tel: 030-3011870
 - IMPORTANT: The urine sample must be taken within 12 hours - preferably directly in the laboratory or in a practice/clinic! Have the urine sample labelled "suspected knockout drops".
- In hospitals or doctors' surgeries, it can be helpful to tell the doctors that it is only a matter of taking the urine and that you are responsible for handing it over or sending it to the laboratory and bearing the costs yourself.
- Confidants in your personal environment can be helpful as a first point of contact.
- The violence protection outpatient clinic of the Charité serves as a documentation centre for visible, external injuries. The visible injuries are recorded in a neutral written report and a set of photos. Medical treatment (e.g. x-rays, issuing of referrals) is not carried out at the violence protection outpatient clinic. Evidence is only collected in cases of rape and in these cases serves to preserve evidence for the police.

- Women, intersex and trans people who have experienced sexualized violence can contact Lara Berlin: Tel 030-2168888, beratung@lara-berlin.de
- Men, inter- and trans people who have experienced sexualized violence can contact Mut Traumahilfe: 030-23633978, anfrage@mut-traumahilfe.de
- If a person wishes to report a case of spiking or press charges, they must contact the police. A trusted person can help to find the necessary strength in this situation. (Only then can evidence be properly secured so that it can stand up in court).

Counseling and support services for people affected by sexualized violence, drug emergencies, consumption reflection and drug counseling:

- **Notdienst Berlin e.V.**
- **Vista gGmbH**
- **Charité violence protection outpatient clinic** (only for sexualized violence)
- **LARA - specialist center against sexualized violence against women***
- **MUT trauma support for men***
- **GLADT e.V.**
- **SONAR Berlin**
- **sidekicks Berlin**

C. For guests:

If visitors notice dangerous or unclear situations, it is always right to act: In situations involving more than one person, approach the person concerned. Offer help or attempt to defuse the situation and accept if the person refuses. If the person is unresponsive or unconscious, ask the staff for help or call an ambulance directly in an emergency.

For users of illegal substances, there is the [drug testing center](#) in Berlin, which tests substances anonymously and free of charge for their ingredients.

D. For clubs:

Clubs are semi-public spaces, which means that, as in other places in society, assaults and discrimination also occur here. There is no absolute protection, for example through a specific door policy. Nevertheless, clear communication of values and behavioral instructions can be a first step in letting people who use violence know that they are not welcome and explaining to (potential) victims that they will be helped in the event of an assault. Clubs should draw consequences from the cases of drink- and needle-spiking - decisively, but thoughtfully.

A zero-tolerance policy towards GHB/GBL makes it particularly difficult for users to report suspected spiking incidents. This policy affects already marginalized

groups who are affected by sexualized violence and have a higher risk of spiking due to prohibitionist measures. A zero tolerance policy therefore creates an additional burden and should be reviewed. If a zero tolerance policy is implemented, the negative effects (e.g. fear of approaching club staff, delay in seeking help) must be addressed. Risk and harm minimization materials (e.g. glass pipettes) should not be taken at the door. If possible, materials should be available in the club. Assistance should always be provided regardless of the cause. Every person who needs help has a right to it - regardless of whether it is a self-inflicted emergency or one caused by spiking and WITHOUT fear of negative consequences (e.g. being banned from the club). Those affected should not be thrown out of a club. In addition, the symptoms expressed by affected persons should always be taken into account. At this point, it is particularly important not to jump to conclusions.

First and foremost, it can help clubs to question the status quo:

- What skills in dealing with sexualized violence, spiking or overdoses exist in the various departments of the team?
- When did the last first aid training for staff take place? Who took part?
- Have other training courses been used, e.g. from Sonar Safer Nightlife, the Awareness Academy or other initiatives?
- Is there any interest in taking part in future training courses?
- What support or awareness structures are established in the club? Are these sufficient?
- Who do those affected turn to in the event of sexualized violence, spiking or overdose, and how would staff deal with this?
- Do people under the influence of substances feel safe approaching club staff?

Awareness structures and emergency services perform important work, especially at larger events, even if there are no emergencies. In cases of sexualized violence, special skills and support structures are required in order to deal appropriately with those affected. Safety, support and personal help are particularly important here. At this point, it is helpful if the club staff themselves represent diverse perspectives in order to create an inclusive space and enable diverse points of contact for visitors. Information materials for those affected, visitors or staff are provided by many different organizations, e.g. Feiern? Safe., SONAR Berlin and sidekicks Berlin. Placing these in clubs, giving them to staff or presenting them in the entrance area can also be an important first step. In addition, the information can be visible on the website so that people outside the club can also obtain information online.

