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Embodying Uncertainty? Understanding Heightened Perception of Drink ‘Spiking’

Abstract

There is a stark contrast between heightened perceptions of risk associated with drink spiking and a lack of any evidence that this is indeed a widespread threat. Through surveys and interviews with university students in the UK and US, we explore general and personal knowledge and beliefs about the spectre of drink spiking and the linked threat of sexual assault. University students in both locations are not only widely sensitized to the issue, but substantial segments claim first or second-hand knowledge about particular incidents. We explore students’ understanding of the DFSA threat in relationship to their attitudes about alcohol and binge drinking; solidarity, in particular among young women; and both explicit and implicit claims about responsibility for personal safety and risk. We suggest that the drink spiking narrative has a functional appeal in relation to the contemporary experience of young women’s public drinking.

Keywords: drug-facilitated sexual assault; uncertainty; personal safety; drugs; alcohol; universities

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The Problem: Powerful Concern, Little Evidence

‘As far as I am aware, there has never been a case of Rohypnol in this country found ever. We ask women when they are out to look after themselves and they say “I always put my finger over the bottle so it can't be spiked.” I want to tear my hair out because what is in the bottle is what's lethal!’

(Cited in Camber 2007)

This complaint was made by the Chief Executive of the Suzy Lamplugh Trust, a charity concerned with reducing crime. Although there has been no academic research into such concerns, some cultural indicators suggest worry over having drinks ‘spiked’ to be a relatively consolidated anxiety amongst young British and American women, especially within universities. ‘Date rape is the new student fear’ declared an article in the *Times Higher Educational Supplement* (Hill 2004), for example. Interviews within the article confirmed it is specifically anxiety about the ‘spiking’ of drinks with drugs by a stranger, leading to ‘drug facilitated sexual assault’ (DFSA) that is the focus for contemporary date rape concerns. According to a survey of 2,000 young females by women’s magazine, *More* (6 December 2005), 23 per cent of young women say they have had their drink spiked, and two thirds say that it has happened to a friend.

The spectre of DFSA first appeared in the USA in the mid-1990s (Jenkins 1999), but may now have become more pronounced in Britain and Australia, at least as indicated by comparative media coverage. It is the drug rohypnol (commercial name for flunitrazepam) that is most associated with DFSA, reflected in the popular designation, ‘roofie rape’. ‘Constraining behaviour’ may have developed around drink spiking, as in relation to other crime fears (Griffith et al 2004; Turner and Torres 2006; Jennings, Gover and Pudrzynska 2007). The *More* survey found that 77 per cent of women claimed to keep hold of their drink even when they go to the toilet, with only eight per cent admitting they ‘leave their drink on the table and hope that no-one touches it’. The character of this reaction suggests the extent to which a standard narrative of drink spiking in a public place by a stranger with malign intent may have been consolidated.

These concerns have been reflected and affirmed by popular drama, official health advice and precautionary ‘risk products’. Since the ‘soap opera’ *Brookside* featured a spiking story line (broadcast 17 December 1999, Channel 4) others have followed suit, such as the teen drama *Hollyoaks* (broadcast 20 October 2005, BBC1), and *Eastenders* (broadcast 24 January 2006, BBC1). Online guidance from the National Health Service (NHS Direct 2007) highlights the dangers of rohypnol, and recommends preventative behavioural measures. A range of commercial devices are available in supermarkets, such as the ‘Drink Detective’ and ‘Safeflo’ to facilitate drink policing and testing.

Yet there is a dramatic contrast between an apparently strong perception, cultural embedding and behavioural change in relation to DFSA concern, and the conclusions of scientific and police investigation. A research based consensus has found little evidence of drink spiking with drugs among those who suspect that it facilitated their own sexual assault, and have instead principally only identified alcohol. Large scale blood tests on victims in the UK and US have found little evidence of specific date rape drugs, whether administered involuntarily or not (Slaughter 2000; Hindmarch and Brinkman 1999; Scott-Ham and Burton 2005; ACPO 2006; Hughes et al 2007). Summarising a consensus, Hindmarch and Brinkmann (1999: 225)

conclude that: 'These data clearly indicate that there is no evidence of widespread use of flunitrazepam in sexual assault. Alcohol remains the substance most frequently associated with this type of crime'. Testing methodology can no doubt be improved to accommodate the often late timing of rape reports to police. Yet this consensus is difficult to simply dismiss based as it is on an accumulation of consistent findings independent of the different circumstances under which they were carried out.

Originally the principal international voice of concern about drink spiking, Detective Chief Superintendent Dave Gee oversaw a UK-wide study into the issue from 2005 (ACPO 2006). Particularly regarding the role of rohypnol, Gee concluded that the conventional drink spiking narrative is an 'urban legend', as have policing authorities in Australia (Mayes 2003; Kate-Templeton 2004). Routinized DFSA is improbable as a widespread crime, involving as it does a stranger extracting an individual from her social group unnoticed, precisely controlling drug effects, administering a substance undetected, and reliably erasing memory of the experience. In this respect it shares some characteristics of a 'crime legend' that preys upon personalised anxiety (Donovan 2002).

It is impossible to account with certainty for what happened to those who claim to have been 'spiked'. The effects of assumed drink spiking cannot be clearly distinguished from an inexplicable loss of control of indeterminate cause, no matter how certain one may *feel* that a loss of control was disproportionate to the quantity of alcohol consumed. If verified, the widespread belief in the imminence of the spiking threat among those who do not claim to have been attacked suggests something in the general experience of public drinking today that renders common spiking plausible. A parallel experience in this regard may be that of 'alcohol amnesia', another phenomenon discussed in cultural women's fora and related to what is experienced as a disproportionate loss of control following what is recalled as moderate alcohol intake (e.g. *Company* 2005).

Context and Framework for Understanding the Problem: Uncertainty and Alcohol Effects

The disjuncture between what appears to be a powerful fear of DFSA and the absence of evidence confirming this as a widespread crime invites explanation. If belief among students that spiking is a common threat is widespread, 'sociological imagination' is needed to understand the relationship between perception and social reality (Mills 1959). It is established that perceptions of crime, 'stranger danger' and resultant precautionary behaviour cannot be understood simply as a response to personal victimization (Scott 2003; Gidycz, McNamara and Edwards 2006). More important may be indirect victimization and crime specific risk perception (Ferraro 1995), and local media exposure, all of which can: '...mediate the effects of victimization on emotional worry, making those effects almost entirely indirect' (Chiricos, Padgett and Gertz 2000: 245).

Social theories of risk may provide a useful perspective for linking the sense of being disproportionately 'at risk' to the experience of uncertainty (Taylor-Gooby and Zinn 2006; Zinn 2008). The individualized dilemma of the 'risk society' is that social constraints have at least partially disintegrated, making behaviours and consequent opportunities possible that were previously constrained (Giddens 1991; Beck and Beck-Gernsheim 2001). Harris (2004) explores a transformation in the position of women in this regard, contrasting the 'can do' with the 'at risk' girl. Stigma and barriers have fallen away; so too along with them has certainty as to how new space and opportunities are to be negotiated. As patriarchal oversight

over the social lives of young, single women decreased, the necessity for self-reliance, instead of the hoped-for solidarity and mutual peer protection, emerged in its place. Further, uncertainty about the rules and norms of social interaction occurs in *generally* more individualized societies where decision making is more personal than ever before. Nonetheless, some aspects of moral pressure and constraint remain, but have been reconfigured; to an extent the language of risk provides a new means through which moral concerns may be expressed (Ericson and Doyle 2003).

Such a perspective might be applied to the contemporary experience of female alcohol consumption. Women have a newfound freedom to drink relatively unrestrained by stigma and open disapproval. Meanwhile, despite greater gender equality of public drinking there is no clear language through which the female experience can be discussed, let alone celebrated in the manner that remains central to masculinity (Day, Gough and McFadden 2004). Further, real biological limits and uncertainties remain intrinsic to the social experience of alcohol, and young women may be driven by greater social pressures to conform to one's peers, and display sexually availability (Tolman 2002).

Particularly in the UK stigma against female public drinking has significantly diminished, and is partially responsible for an increase in average consumption and 'heavy' levels among a significant minority (Plant and Plant 2001; 2006). A range of indicators suggest more alcohol is being consumed more intensively among females in particular. Women do not tend to drink the beer that characterises male public drinking, instead favouring more alcoholic wine and spirits. The average alcohol content of wine has increased since the 1970s, as have the typical measures of wine served (Plant and Plant 2006). There is also an increase in heavier student drinking in the UK, which exceeds levels among their peers in the general population (Gill 2002). The Harvard College Alcohol Survey notes a rise in female drinking over a short, 6 year time span of the study in the 1990s (Wechsler et al 2002). Patterns of student drinking are uneven in both the UK and US, however, with a characteristic pattern of a minority of heavier drinkers at one end and abstainers at the other with a majority consuming more moderately (Wechsler et al 2002). As with males, heavier female drinking has a pronounced 'bingeing' character; some female students are now 'drinking like the guys' even if important differences remain in how the experience is managed and rationalised. Those 'drinking like a guy' did so because of the impression they could make on their male peers; they are drinking more *like* men, but also *for* men - even though it might also, 'increase their vulnerability to sexual assault and alcohol use related problems' (Young et al 2005: 241). Female drinking, then, may still be understood to be constrained by the company of males, as it was thirty years ago (Orford, Waller and Peto 1974).

Uncertainty is at the heart of alcohol's effects. Alcohol research studies demonstrate the significant and generalised underestimation of alcohol intake (Stockwell et. al., 2004). Subjective judgements of intake – and other experiences associated with alcohol consumption – are particularly unreliable because alcohol has a specific effect on memory (Goodwin 1995; White 2003). Drinking too quickly is associated with inexperience and, in turn, having memory 'blackouts' (Goodwin 1995; Anthenelli et al 1994). The effects of alcohol are subject to a variety of both bio-medical and social influences. The basic factors are: the amount of food consumption that precedes or accompanies drinking, mood states of the person, and the time frame of the drinking session (Wolburg 2001: 23). The extent and range of alcohol's unpredictable, even surprising effects may be widely underestimated. The rate at which we can eliminate alcohol and thereby limit its effects vary threefold between individuals and are influenced by a wide variety of factors including

simply the time of day during which it is consumed (Zakhari 2006). Over 150 medications interact negatively with alcohol (NIH/NIAAA 2007).

The effects of alcohol differ between men and women. On average, women become more impaired by alcohol's effects than men (Dawson, Grant and Chou 1995; Alcohol Alert 2004; Zakhari 2006). Among other factors, women's bodies generally have less water than men's and because alcohol mixes with body water a given amount of alcohol is less diluted in women. Compared with men, women develop alcohol-induced liver disease over a shorter period of time and after consuming less alcohol (Gavaler and Arria 1995). Pressures on women to be slim may lead to individuals 'sacrificing' their caloric intake from food for alcohol, deliberately setting out for an evening's drinking on an empty stomach. Such pressures are a recognized factor in smoking among females for whom it can operate as a conscious appetite suppressant (Gucciardi, Celasun, Ahmad and Stewart 2004).

Understanding fear of drink spiking involves 'unpacking' the *social experience of uncertainty* around female social drinking. Asking why certain risks are selected for social attention and others are not, Douglas and Wildavsky (1982) examined their social function in marking out boundaries. Particular risks, often those deemed 'unnatural', might become elevated and fetishized through a process serving to maintain social cohesion. More recent work highlights the externalising role of risk in creating an 'other' (Joffe 1999). It remains central to the psychological tradition of risk research that exotic and unlikely hazards can be more feared and fixated upon than more mundane, if more regularly occurring hazards (Zinn 2007). The heightened perception of risk may be usefully understood as the projection of the experience of uncertainty; such a process may be functional in at least fixing, confining and embodying otherwise nebulous worries. The particular, conjunctural factor may be that the stigmatization of female public drinking has diminished to the extent that the effects of alcohol are less considered, even as its greater effects (due to increased consumption) have to be interpreted, because of individualization, in a more privatized fashion than previously.

The Studies: Explaining Belief in Routine DFSA: Fixing Uncertainty and Drinking with the Girls

There is a widespread belief in the US, UK, and Australia that drink-spiking is an established problem on university campuses, and in bars and clubs. This research sought to explore the nature, extent, and basis of belief in DFSA. Two hundred questionnaires, twenty in-depth interviews, and four focus groups were carried out at 3 UK universities (Kent, Sussex and London). Most of the interviewees were also female (85.3%), second year undergraduates, and their mean age was 21. The questionnaire was based partly upon a survey (n=334, 219 were females) among undergraduate students at a state university in the US. The 21-item survey sought to investigate students' knowledge of date rape drugs, whether they or someone they knew had been victimized, and whether they had changed their behaviour in relation to the perceived threat.

Most students exhibited a strong, often unshakeable, belief that DFSA was a significant risk, even though only ten people in the UK sample (n=236) claimed to have personally experienced drink-spiking, and none had been subject to sexual assault as a result. In the American survey 17 believed they were the likely or possible victims of drugging, though not all mentioned assault. Very few who thought themselves spiking victims, or knew other spiking victims, expressed any uncertainty about the idea of drugs being the means of

producing the events and symptoms described. There are 'push' and 'pull' factors at work here that make the co-optation of the drink-spiking story particularly likely amongst university students. A need to explain feelings of vulnerability associated with 'big nights' may well impel young female students to assimilate the discourse of drink-spiking awareness, whilst the desire to find a way of framing the masculine practice of binge-drinking in feminine terms may well make the same discourse particularly appealing.

In the UK interviews, female first year students often implied that alcohol introduced an element of uncertainty into an already difficult social situation. As one 18-year old put it,

You don't always know everything about a person, especially at university. The guys I know here, I don't *know* them, but, like at the 'Flirt' night [a nightclub event], everyone's *all over* each other

Other first years described 'Fresher's Week', an introductory week characteristically dominated by parties and nightclub events, as distinctly anxiety-inducing:

Interviewer: "How was Fresher's Week?"

Interviewee: "I tried to stay in during Fresher's Week, cos there's only a few people I know properly here, and I really wanted to get to know people before we went *out* out...I've been out with my house mates and I've only been off campus once...I like not so big groups, because you know where everyone is then"

Interviewer: "So going out is risky?"

Interviewee (f, 18): "Yeah...like, I don't even like going to the toilet on my own. I went out last night [to a local nightclub], and two guys came up to me, talking as if they *knew* me"

A sense of anxiety prompts precautionary behaviour, illustrated by the following typical exchange with another first year student:

Interviewee: "I'm always quite precautionary, 'cos when you're drunk you've got to be, you can't...you've always got to be aware of things. But I think there is always [the threat of drink-spiking] in the back of your mind now. And I don't necessarily think that's a *bad* thing, it just means you're more cautious...it's a slight paranoia. I mean, I wouldn't get paranoid to the extent that it ruins a night, but it's a concern. Especially because I don't really drink bottled drinks...I mean, you don't always want to carry [your drink] around everywhere but, really, that's inevitable...Like, before, in the Venue you could leave your drinks and go for a dance. But not so much now. I only leave [my drink] with friends, but even then...[hesitates]"

Interviewer: "You wouldn't leave it with a friend?"

Interviewee: "No, I *do* trust my friends, I don't know why I said that..."

What is interesting about this conversation, beyond the student's marked level of distrust, is that concern about alcohol is elided by concern about drink-spiking. Alcohol makes it necessary to be cautious, this young woman suggests, but it is the more specific threat of DFSA – of a drink being spiked rather than the drink itself – that becomes the focus of attention. Whilst a few students give up drinking altogether, most continue to drink, and increasing numbers drink heavily, and for those in the last two categories – the drinking majority – alcohol is deemed to be less of a problem than, say, drink-spiking. Being vigilant against the 'exotic' risk of drink spiking does not require a significant disruption to social

routine. The mundane risks associated with drinking are a different matter. It appears that heightened spiking-concern can actually enhance a sense of group security and act as a substitute for acting upon the problems associated with drinking too much in public.

Alcohol consumption might produce a sense of unease, but interviewees also confirm that it is an integral component of becoming a 'Fresher'. Those interviewees who had limited their alcohol consumption spoke of an unrelenting pressure to drink. "It's almost impossible not to drink", was a typical comment. The following conversation captures the sort of pressure many feel:

Interviewee: "Before every night out there's a drinking circle at the bar.... And last night I couldn't go...and this morning I had loads of text messages saying 'where were you'? It's terrible, you're a Fresher, you should be out'. Now I don't drink *that* much, but it's definitely seen as a bonding thing, like the Freshers should get to know the Seniors by going out and drinking...There are a few people who don't really drink in the club, and after a while they've been forced into doing it. Like I've been offered a drink, and when I said no I've been given very funny looks...

In this context, alcohol consumption is functional, and framing this behavior as 'the problem' in terms of feelings of anxiety and vulnerability is, as those interviewees who chose to drink less found, likely to elicit disapproval amongst peers. Yet the difficulties created by excessive alcohol consumption amongst female students – the 'false intimacy' it creates in nightclubs where you don't *really* know anybody, the way in which it opens you up to threats – still requires negotiation. Whilst ostensibly more threatening, embodying the threat of ambiguous experiences such as loss of control or gaps in one's memory may perform such a role. The spectre of the drink spiker may provide such embodiment.

Whilst drunkenness created a sense of unease for many of the participants, alcohol consumption was very rarely *explicitly* framed as a problem, and limiting alcohol intake was very rarely seen as a means of mitigating risks to one's safety and health. Only one of the 200 questionnaire respondents in the UK study and 3 in the US reported that they had limited their alcohol intake in response to the threat of drink-spiking. In contrast, drink-spiking often elicited a rehearsed-sounding language of precautionary behaviour and figured in participants' consciousness as a very real risk. This was most clear in the questionnaire data. The vast majority of questionnaire respondents had heard of 'date rape' drugs (95%, of participants in UK, 97.3% in US), and an even higher number in the UK had heard of drugs being slipped into people's drinks (96.5%). Moreover, one hundred and ten (55%) of the respondents in the UK sample claimed to personally know someone who had had a drug slipped into their drink. In the American sample 33.5% (n=112) had heard about such drugs being slipped into drinks at the university, and 17.1% (n=57) said that they personally knew of such an incident. Nearly all respondents had seen media reports (92.8%, n=310) and been cautioned by someone not to leave a beverage unattended (91.9%, n=307). The contours of DFSA as a problem are, then, well recognised by university students: rumours about someone being a victim of DFSA and stories told by friends about unexpected feelings of wooziness or blackouts have a certain currency and are recognisably part of a broader cultural narrative of drink-spiking.

Risk perceptions are contextual, relative and subject to change (Zinn 2006). To better establish whether they had become quite central to the rationalisation of experience or were more incidental, UK respondents were asked to rate their sense of risk and sense of worry for

the following four crimes: being a victim of drink-driving, being mugged, having a home or room burgled, and being a victim of DFSA. UK respondents were more likely to express acute worry about DFSA than any of the other crimes they were asked about. Almost all of the respondents who displayed a high level of worry about DFSA were female. Further, first- and second-year students were far more likely than those in their third or fourth years to rate the risk of DFSA to be high or very high, reflecting, it is reasonable to suggest, the sense of vulnerability associated with the experience of becoming a 'Fresher'. Respondents were also asked to rate the circumstances under which they considered themselves to be most at risk of sexual assault. A choice of six answers was given: when drunk, when walking alone at night, after having taken drugs, after having your drink spiked with drugs, in your home, when walking in an area where crime is known to be high. Having a drink spiked with drugs was the most commonly cited risk factor for sexual assault, with one hundred and fifty (75%) of participants identifying this as an important risk factor -- a more significant risk factor than drinking alcohol or taking drugs. Furthermore, DFSA elicited a more acute sense of worry amongst female students than mugging.

If drink-spiking has achieved a central place in the student consciousness, this is partly due to the fact that it is accompanied by a ready-made discourse and narrative that convey the perils of DFSA. The sudden loss of control (after only a few drinks), the unexpectedly uninhibited behaviour, and the unaccountable blanks in someone's memory are all recognisable signposts in a story of DFSA, and were frequently used by participants asked to describe the incidents of drink-spiking they had heard about. In the UK study, the vast majority of participants' accounts of drink-spiking do not involve any identifiable perpetrator -- the actual person of the drink-spiker is strikingly absent in all but ten of the stories told by questionnaire respondents and interviewees. In fact, incidents of drink-spiking relayed by participants were generally framed as 'lucky escapes' due to the judicious intervention of female friends; 27 of the 133 questionnaire respondents who noted down stories they had heard of drink-spiking incidents make reference to friends rescuing or helping the alleged victim.

Not only did we find a stock narrative of drink-spiking in the questionnaire and interview data, but an established coda of drink-spiking awareness. The UK questionnaire respondents were asked to note how they had changed their behaviour (if at all) in response to the threat of DFSA, and the results reveal a standard language of drink-spiking awareness.

Table 1

Questionnaire respondents were asked the following question: "On a scale of 1-5, how worried do you feel about each of the following? (5 being extremely worried, 1 being not at all worried)".

	1	2	3	4	5
Being a victim of dangerous driving (n=198)	71	55	39	22	11
Number who were male (n=50)	23	13	9	3	2
Number who were female (n=148)	48	42	30	19	9
Being sexually assaulted after having had your drink spiked with drugs (n=198)	64	54	35	24	21
Number who were male (n=50)	31	11	6	1	1
Number who were female (n=148)	33	43	29	23	20
Having your home/room burgled (n=198)	60	61	42	23	12
Number who were male (n=50)	18	13	6	6	7
Number who were female (n=148)	42	48	36	17	5
Being mugged (n=198)	42	48	50	40	18
Number who were male (n=50)	18	12	7	8	5
Number who were female (n=148)	24	36	43	32	13

Table 2

Respondents were asked the following question: "Under what circumstances do you consider yourself to be most at risk from sexual assault? (please tick no more than three boxes)"

	Number and percentage that identified the given risk factor
When drunk	144 (72%)
When walking alone at night	140 (70%)
After having taken drugs	44 (22%)
After having your drink spiked with drugs	150 (75%)
In your home	10 (5%)
When walking in an area where crime is known to be high	58 (29%)

Out of the 74 questionnaire respondents who commented on how their behaviour had changed, 60 mentioned watching their drinks when out, 17 mentioned not accepting a drink from a stranger, 14 looked out for their friends, 7 kept their thumb over their bottled drinks, and 6 reported that they only bought bottled drinks. In the American survey, 34.7% (n=116) said they had changed their behaviour and described how. (It is worth noting that most respondents did not feel the need to change their behaviour.) The most common response (n=62) was increased physical surveillance of drinks. Questionnaire respondents' answers in both studies were remarkably similar in terms of how these measures were outlined.

UK responses:

"Not accepting drinks from strangers and watching my drink at all times"

"Don't leave my drink alone. Usually have a bottled drink. Wouldn't let a stranger buy me a drink"

"Never let anyone you don't trust implicitly buy a drink. Always be aware of your drinks and never leave them unattended"

"Watch my drink – always!"

US responses:

"I watch my drink, get it myself"

"Don't leave my cup out unattended"

"never drink anything I haven't seen poured."

"Never leave drinks unattended. Even in Commons, around friends!!!"

A number of participants made it clear that drink-spiking awareness is deemed a matter of 'common-sense', as one of the young women put it. The following exchange demonstrates the extent to which rules of social conduct shaped by drink-spiking awareness have been assimilated:

Interviewer: "Do you think an awareness of date rape has altered your experience of going out?"

Interviewee: (21, f) "I wouldn't say it's *altered* my behaviour going out. But...well I suppose it's altered it in the way I'm now conscious of my drink *all* the time. In the sense that I don't let it out of my sight and I don't leave it anywhere, and if I do my eyes are always on it".

Interviewer: "What about if a stranger offered you a drink?"

Interviewee: (emphatically) "I would *never* accept a drink off *anyone*"

The etiquette encapsulated in the drink-spiking awareness discourse is not seen to require *conscious* behaviour modification, rather, it is experienced as a normative set of rules that is easily internalised because it apparently answers to the 'reality' of risky socialising. It is a discourse that is reinforced by conversations with friends, parental warnings, university awareness campaigns, and the media:

Interviewer: "Is [drink-spiking] something you talk about with friends, with family, with parents, perhaps?"

Interviewee (f, 20): "It tends to crop up quite a lot with my parents. I mean every time I'm on the phone and about to go out, they're like 'watch your drink'. They've been like that for quite a few years. And the same with friends, I think. We've had quite a few discussions, generally about friends who *don't* look after their drinks. And I'm constantly telling them, 'look after your drinks'. Especially in the Venue, where you can't take drinks onto the dance floor. So you end up...you've got a pint in your hand, or whatever, and you've got to put it down and

keep an eye on it. Some people *aren't* looking at their drinks. And so the opportunity's there for it".

Interviewer: "What sort of things do you hear?"

Interviewee: "People say 'drink as fast as possible', or they just, generally, say 'always buy your own drink, *never* let a guy buy the drinks'...There's also a little bit about cigarettes, as well; a lot of my friends won't take cigarettes off people now, because of them being spiked"

One of the fascinating things about this conversation is the extent to which the risks associated with alcohol consumption have been sublimated; the recommendation that one drink 'as fast as possible' in order not to leave a drink unattended might allow one to evade the drink-spiker, but it also, ironically, opens up a much more significant set of risks associated with rapid alcohol consumption. This is the broader issue: the discourse surrounding drink-spiking displaces the risks associated with alcohol consumption, not because the former represents a more serious threat, but because the latter is a more convenient and acceptable way of framing the uncertainty experienced during 'big nights out'. Yet the question remains: why is it drink-spiking specifically that has become the focus for concern, as opposed to, say, mugging or personal theft in clubs? Why does the threat of drink-spiking eclipse the more widely accepted vulnerability to assault associated with alcohol consumption in party settings?

Drinking with the Girls

Drink-spiking awareness appears to operate as an assertion of capability in public drinking venues. For the interviewee above drink-spiking awareness is, implicitly, an issue of rightful and wrongful behaviour. Her conversations with friends revolve around those "who *don't* look after their drinks", those, in other words, who do not act against this threat, though this is framed as a problem of personal safety, as opposed to morality *per se*. In understanding why drink-spiking has come to be seen as a significant risk, it is important to recognise that it has inspired a female code of conduct and a language that gives licence to binge-drinking.

The upward trend in female drinking raises two interesting questions. First, how do young women – those most likely to 'binge-drink' in groups – discuss, explain, and understand a behaviour that is so closely associated with masculinity? Second, how are the genuinely unpredictable and often physically unpleasant effects of excess alcohol – in the culture of a generation that increasingly sees binge-drinking as a normal element in young women's conviviality -- interpreted?

As Gough and Edwards (1998: 409) put it: "Western cultures advertise (excessive) alcohol usage as an exclusively male activity". Day et al (2004: 166), for example, argue that women who drink are presented as 'problems' in the media, and as "subverting their normal feminine virtues (modesty, nurturance, etc)". Some have suggested that female binge-drinking has been represented in the media as transgressive. Thus, female binge-drinking might be seen and experienced as somehow liberating, as a show of female empowerment, a matter of being able to 'drink like the guys'. Young et al (2005) tested this hypothesis, though their interviews with young women suggested that heavy drinking was more likely to be a means of showing off one's sexual availability (that is, lack of prudishness and inhibition) than a gesture of gender equality. Female drinking is widely seen as challenging gender norms, either as a deviant subversion of ideals of femininity, or as part of a broader project of female

emancipation. These interpretations ignore the actual experience of binge-drinking, the fact that lots of young women do it without questioning their sense of femininity or conventionality. This research suggests that female drinking is by no means at odds with a dominant discourse of femininity, and one of the central ways in which these two are allowed to co-exist is through recourse to drink-spiking awareness. Watchfulness, concern for personal security and predatory males, looking out for others, and policing one's physical boundaries, are all integral aspects of traditional femininity, as well as at the heart of drink-spiking awareness.

In the US survey, a number of respondents (n=29) answering the behavior change question referred to narrowed social trust, or a dwindling of the normally accepted environments in which a young woman may be properly sociable.

"I typically don't attend parties where I don't know the people."

"No longer drink unless with personal friends"

"Don't get trashed at parties, only go to places I know & trust the people very well"

"It makes you not want to go out and have fun because you can't trust anyone."

These responses were prompted specifically by the threat of date-rape drugs rather than more generalized cautions. Many UK interviewees and some survey respondents invoked a sense of female camaraderie when speaking about going out, drinking, and drink-spiking. Women are frequently held up as people who look out for each other, drink-spiking incidents often involved a thoughtful female friend stepping in and taking someone home 'before it was too late', and a number of interviewees spoke about mentally mapping the area of a club or bar so that they always knew where their friends were. Drinking alcohol in groups, on 'big nights out', opens up the possibility for women to express an ethic of care towards others, and this is made possible by the discourse of drink-spiking awareness and the drinking etiquette it recommends.

It may therefore be unsurprising that drink-spiking is a topic of conversation between women, female friends and even mothers and daughters. Our data suggests that students' perceptions of DFSA are strongly shaped by local, interpersonal relationships, such as those with friends and family. Notably, 76 (38%) of UK respondents indicated that friends had cautioned them about leaving drinks unattended, whilst 86 (43%) pointed to family members. Whilst similar numbers of male and female respondents cited friends as sources of advice, the latter were twice as likely to report having received advice from their parents and mothers than the male participants. Similarly, female interviewees (n=11, 9 were first years), unprompted, mentioned receiving advice from their mothers concerning DFSA. Such advice was often described as consisting of generalised warnings such as 'watch your drink', and 'don't let anyone buy you a drink'. One student, who was in her first year, reported that her mother and grandmother had warned her about drink-spiking every time she had talked to them since coming to university. The following exchange is characteristic:

Interviewee (18, f): "The first time I heard about [drink-spiking] was probably, I don't know, by watching one of those programmes where it shows some girl going to a party, and, you know, she wakes up somewhere. It's not like I saw anything incredibly traumatising, or anything. It's just that I was *aware* of that possibility from that point. But then I really became really *aware* about it when I first started going out and my mum started talking about it. And that was when I was sixteen or something".

Interviewer: "So your Mum's warned you about it?"

Interviewee: (laughing) "Yeah, she's like 'if you leave your drink anywhere, just get another one, don't even *think* about it. If a friend gets a drink for you, you know, say thank you *nicely*, and then just get yourself somewhere and put it *down*' (laughs). And she says if someone buys you a drink to go to the bar *with* them and see them pour the drink".

Interviewer: "That's very detailed advice..."

Interviewee: "She's *very* paranoid".

It was by no means unusual to find that interviewees' first recollection of drink-spiking involved conversations with their mothers. This is deeply suggestive of the extent to which DFSA is implicated in a complex process of gendered socialization and risk acculturation. Acquiring the social rules concerning drink-spiking is, in other words, not simply a matter of keeping safe, but a means of marking one's femininity. The discourse of male drinking might urge men to learn to 'drink like one of the guys'; today, women are no less acculturated into a drinking culture, one that allows them to 'drink with the girls'.

Restricted sociability is associated in our respondents with the threat of drink spiking, but this restriction appears to pertain much less to alcohol consumption itself. In fact, often in American respondents' accounts of suspected drink-spiking incidents there was a distinctly defensive view negating the role of alcohol in producing the events or symptoms. This was accomplished either by identifying symptoms with a specific drink (n=21) rather than "drinking" or by including information about how little alcohol the victim had consumed (n=12), such as:

"They were given a drink and woke up in a guys room"

"I accepted a drink from someone I didn't know & woke up a day later w/ no clothes in someone's car."

"she was given drinks, only a couple, but came back acting severely intoxicated"

"On my 2nd beer, extreme dizzy feeling, had to immediately sit down, once sitting couldn't keep my eye open, began vomiting & soon passed out"

"girl I know had one drink at a party and then blacked out and woke up sitting on a curb"

Unprompted, respondents nonetheless felt the need to address the alcohol contribution in their accounts, if only to deny its role. There appears to be widespread disbelief, or active denial, that excess alcohol could cause the same incoherence, physical distress and incapacity associated with the date rape drugs.

Conclusion

Fear of having one's drink, or of having a friend's drink, spiked in a club or party setting appears to be high among the college students in our surveys. The overwhelming majority was aware of so-called date rape drugs, and significant numbers reported first or second hand knowledge of such incidents. Students in many cases judged certain bad-night-out episodes (loss of memory, blackouts, ill feeling, dizziness) as likely to be related to tampering of drinks rather than the quantity of drink itself. This transference of suspicion from alcohol to drugging is might be seen as curious given the amount of public health promotion about

binge drinking. Few in the US sample endorsed the idea promulgated by American college health authorities and other agencies that “alcohol is the biggest date rape drug.” At least in the US surveys students do indicate some awareness of the effects of alcohol in excess, however (Wechsler et al 2002). This may reflect a culture still somewhat prohibitive against alcohol and where stigma remains, compared to the UK. Even in the US, however, there appears to be limited recognition of what constitutes excess consumption, and the role of a variety of bodily variations and other factors that influence the impact of alcohol in any given setting.

Given scant evidence in support of drink spiking being a widespread threat – especially in comparison to excessive alcohol consumption – as a factor associated with sexual assault, we believe that such a preoccupation needs explanation. This pilot research suggests that the threat of DFSA has certain attractive features as an account for disproportionate loss of control. Since alcohol is voluntarily consumed, it appears to be less desirable as an explanation of vulnerability even though, particularly for freshers, it is far from simply voluntary in real, social terms.

Particularly in the UK sample it appears that a new morality of caution is emerging among students in our surveys – where someone who expects strangers and even acquaintances not to spike their drinks is seen as naïve or foolhardy. As this boundary of good sense is established, the value of “drinking with the girls” is reinforced as a norm. Steer clear of making yourself vulnerable to spiking, and all else – regardless of the amount of alcohol consumed, and the inebriation that follows – seems to be reasonably prudent. The transference of threat from excessive drink to drugged drinks can be seen to operate as a form of solidarity in fact. Women in the course of drinking see themselves as protecting themselves and their friends by being vigilant about the spiking threat. Further, taking certain specific *actions* – perhaps even *rituals* is not too strong a word here – is seen to ward off both threats: that of spiking and of rape. The implication is that a spiking threat avoided is a rape threat avoided. The shrinking of the possible social worlds of young women, and their diminished social trust, given the DFSA threat, was mentioned by a number of respondents.

Open ended answers given by respondents about particular spiking incidents, rarely included reference to sexual assault. More common was the narrated “near miss” where a spiking victim was discovered or shuffled away by friends before the drink spiker could do them any further harm. In this way, the importance of vigilance is reinforced. Indeed, completed assaults by definition would raise more ambiguity – as the vigilant companions are necessarily absent, the assailant has the opportunity to carry out an assault and depart, and the victim’s last 12 hours or so must be reconstructed from partial memories. Only a “near miss” story where someone witnesses a drink tampering or identifies the thought-to-be-unique symptoms can definitively deliver testimony to omnipresent threat of spiking.

If DFSA provides an outlet for anxiety while shifting focus away from alcohol, it also distorts the central elements of sexual assault: the intention of an assailant to exert power over and violate the victim, and the loss of autonomy that the victim experiences as a result. The entire set of claims about why a victim was intoxicated is bound to smuggle back in blame of the victim and displaces attention from the perpetrator’s violence. It is significant that perpetrators play almost no descriptive role during interviews and focus groups. In reality, sexual assault upon intoxicated victims is overwhelmingly opportunistic in nature, where the victim consumes the drugs or alcohol knowingly and the assault is thus easier for a perpetrator to carry out.

The broad preference for spiking explanations belies the best scientific evidence to date. Although only small-scale, this pilot research suggests that the DFSA anxiety does perform certain functions for coping with uncertainty and ambivalence about risk, personal safety, social trust, the age-old desire for the abandonment of inhibition that accompanies intoxication, and the proper social space of modern women. At the same time, it may also represent a defence of excess drink among young adults at a time when authorities are calling for sobriety. Further research will help to establish whether there is a substantial basis to conceiving of drink spiking as a narrative tale disguising a group function.

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