



# Home Affairs Committee

## Oral evidence: [Spiking, HC 967](#)

Wednesday 12 January 2022

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Members present: Dame Diana Johnson (Chair); James Daly; Simon Fell; Tim Loughton; Stuart C McDonald.

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### Witnesses

**I:** Zara Owen; Alexi Skitinis; Hannah Stratton.

**II:** Helena Conibear, Chief Executive Officer, Alcohol Education Trust; Dawn Dines, Chief Executive Officer and Founder, Stamp Out Spiking; Julie Spencer, Head of Student Wellbeing, University of Lincoln.



## Examination of witnesses

Witnesses: Zara Owen, Alexi Skitinis and Hannah Stratton.

**Q1 Chair:** Good morning, everybody. Welcome to the first Home Affairs Select Committee meeting of 2022. Today, we are starting our inquiry into spiking, and this is the first evidence session of that inquiry. We are very pleased that we have two excellent panels this morning.

First of all, I welcome the first panel of witnesses. They are people with lived experience. Zara Owen is actually with us in the Committee Room. Welcome Zara. Alexi Skitinis is on Zoom and Hannah Stratton is also on Zoom. As we know from the last couple of years, IT does not always work as well as we would like it to. That is just to put you on notice that if anything goes wrong, please bear with us and we will do our best to sort it out.

A very big thank you to all three of you for coming along today and sharing your experiences with us. We are really very pleased to have the opportunity to hear directly from you, and to listen to what you have to say. If, at any stage, you want to take a break, please feel free to do that. We will take this at the pace that is most appropriate for you. Thank you again for spending time with us this morning.

What we would like to do as a Committee is give you three the opportunity to tell us what you want to say this morning. Perhaps I could start with you, Zara. Would you introduce yourself and tell us what you think the Committee needs to be aware of when looking at spiking, and what happened to you?

**Zara Owen:** My name is Zara. I am a student at the University of Nottingham. I am here to shed light on spiking via injection as that is what, unfortunately, happened to me a few months ago. Despite it being spread over the media with people's stories, more light needs to be shone on this growing horrid act. Reforms need to be implemented to stop this malicious act happening.

**Q2 Chair:** Do you want to say anything else about the particular circumstances of what happened to you?

**Zara Owen:** Yes. I was at a night club with my friends. I had not had much to drink that night. There was a specific time when I thought it was going to be like any old normal night out with my friends. I remember going to the club; going to the bar; going to the photo booth and toilets with them; and from then until being at home I have no memory of the entire event.

It is something that never happens to me. It gave me a feeling of scaredness and horror in the morning because I woke up with a really sharp, agonising pain in my leg which left me limping. I thought, "This is a bit strange. I don't know how this could have happened." When I touched that part of my leg, I found a pinprick mark. The pinprick mark was the epicentre of all the pain. That, combined with the lack of memory



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that I had, really confused me. As I had heard of people being spiked by injection, through social media and not through the news, I thought that could have happened to me.

Over time, I researched a little bit more and I thought, "Yes, this is what happened to me." It is a scary thing to admit to having had done to you because when you go out you protect yourself. You cover your bottles; you check your drinks; you never leave them unattended. The fact that somebody injected a narcotic into my body without me being aware is terrifying. When I go clubbing I have to keep aware of my surroundings and my friends' surroundings to see if anyone is acting a little bit maliciously or suspiciously at all. That is not what we should be doing on a night out. We should be enjoying ourselves. We should be having fun and letting our hair down, but with these added risks you cannot do that.

**Q3 Chair:** Thank you for that. I am sure we will want to ask you some further questions. Could I move on to Alexi? Would you like to introduce yourself and explain why you are before the Committee this morning and what happened to you, if you feel able to do that?

**Alexi Skitinis:** My name is Alexi. I am from south Wales. I was spiked on a trip to Las Vegas. It was a traumatic time, to be honest. I was with a colleague at the time. We were in one of the biggest nightclubs in Las Vegas. There was a group of people around us, mainly females, just talking because we were the two foreigners, I guess.

We were drinking. I think I was on my second drink of the night, and then they brought over a round of shots. We drank them and within 10 or 15 minutes I started to feel confused. My feet were going numb. I could not move my hands. When I say I could not move my hands, I actually could not make a fist. All of a sudden everything just became heightened. All my senses became heightened apart from my feeling. I could hear the music, but everything was really loud. I could not actually move my hands.

There was a booth on the dance floor. I came off the booth and hid myself. Obviously, I was scared because I was in a different country on my own. I went into the corner and I was there for about two hours, speaking to security and just trying to make myself come around.

I got separated from the colleague I was with, and I was on my own in Las Vegas for about six hours of the night. Then two or three days later I ended up in hospital, which obviously was a very scary time. I want to make people aware. I know that the majority of spikes are females, but anyone can be spiked at any time in any place. I want to shed light on that.

**Q4 Chair:** Thank you for that. Could I move on to Hannah? Could you introduce yourself and explain what happened to you, Hannah?

**Hannah Stratton:** My name is Hannah. I am from Newquay in Cornwall. I went out a few months ago to a very quiet bar which I specifically chose



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because I did not want to be in the busyness of Newquay in the late summer. My drink was drugged. I do not like to use the word “spiked” any more, although that is what I have always talked to my daughters about, because I do not think that I was spiked. I think my drink was drugged. I personally would like to move away from that term because I think it belittles the experience that so many people are going through.

I was sitting very happily in this very quiet little bar with two friends. I said, “I’m only going to have a couple of drinks because I’ve got a busy weekend.” We were sitting talking, and then the next minute I had no ability to hold my upper body up at all. I just put my head on the table. I physically could not lift it up. I remember the top of my legs, predominantly, being just like lead. They were solid. I could not move at all.

I remember my friends saying things like, “Oh, it’s okay, it happens to us all.” I just kept on repeating over and over again how embarrassed I was. My other friend was saying, “Look, we’ll get a taxi and get you home.” I was saying, “I can’t move. I cannot move out of here.” This is all quite blurry and put together with things they have told me.

I was violently ill. It was so degrading. I was violently ill in the place where we were. They managed to get me out, literally holding either side of me to get me out, down the stairs and outside into a taxi. Then these are the bits that they have told me about. The taxi driver was really quite judgmental towards me. He thought that I was drunk, as I think is probably what happens in society. I think that needs to change. We need to be much more aware that this is so commonplace and offer assistance and support and not be judgmental with predisposed ideas.

My friends got me home, thank God. None of us had any idea at all that this had happened. I had no idea at all. It was not until the next day that I was trying to work it all out. I was with another friend and I was saying to her, “I’m just so embarrassed. I can’t believe this happened. I only had a couple of drinks.” Then she said, “I think your drinks have been spiked.” The more that we talked and got involved with the people I went out with, we put two and two together and realised that is what had happened. It was overwhelming shame—so shameful that it had happened.

**Q5 Chair:** Thank you for telling us about that. Did you feel able to report it to anybody?

**Hannah Stratton:** No. I absolutely did not. I regret that. I am very aware of why I did not: first, because I doubted myself. All the time it was, “I had too much to drink; that’s what it was. I had too much to drink.” Even now, I can allow my head to think, “Yes, I had too much to drink.” Then in a sane and rational moment you are like, “Absolutely not. There is just not a hope that I had had too much to drink at all. I am 51 years old. I have never behaved like that in my life, and I am not going to behave like it after a couple of glasses of wine.”



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That was one reason—a kind of self-doubt. The other reason, which is going to sound really clichéd, and I never understood this sort of thing despite working with vulnerable children and people in my past, is that you just feel so disgusted in yourself. That may make sense to the other victims here. It sounds really silly, and a number of people have said to me, “No, no, don’t blame yourself. Why are you feeling disgusted in yourself?” But you do. It takes quite a while to actually switch that round and realise that I have no self-blame, or I should not be blaming myself. That is why I did not report it.

**Q6 Chair:** Thank you. Alexi, did you report it to anybody?

**Alexi Skitinis:** No. I felt the same. It was just embarrassing for me that I let myself be that vulnerable. I was staying with friends in America, so I obviously did not tell my family here at the time because I did not want anyone to worry about me. When I got home I told my family. Even now, before today, it is only my family and my partner who know. I just thought it would be easier to keep it to myself rather than feeling embarrassed about it, because it really does mentally affect you.

For me, it took away the enjoyment of going out with friends or planning anything with my friends. To be honest, I did not touch alcohol for nearly two years after that. It was a big experience.

**Q7 Chair:** Zara, did you feel able to report it to anyone? Did the university help you, or were you able to get any support from them?

**Zara Owen:** Yes. I actually reported it to the police, maybe a few days after the attack; I was not embarrassed, it was more reasoning with myself: “This has happened to you. You’ve got to seek support for it.” As the way I got spiked was not as common, and still is not as common, as the spiking you hear about where it is a drug in a drink, I felt I had to spread the word out and tell the police. Without doing so, who knows how escalated it could have been. There could have been more cases, and increasingly higher. Unfortunately, we ended up hearing that. There were a few other places in cities with the same incident happening.

With regard to the university, I actually did not tell them, in the sense that I felt okay in myself. I know that they are there if I need to speak to them. Fortunately, I was okay. I did not suffer any nausea or behaviour that was not like me, according to my friend who saw me. I thought it was best just to report it to the police and then, if I needed to, I could go to the university. I have friends and family surrounding me who are equally there for mental support if needs be. I felt okay in myself to not really actively seek it, but I feel that if my incident was worse and maybe I had suffered with worse consequences, I would have 100% taken that up.

It is quite a shocking thing, especially as it was quite new at the time for people to hear about. I thought if it had happened I needed to spread awareness of it, and hopefully something could be done about it and



more people would be aware, so that they can be a lot more aware of their surroundings.

**Q8 Stuart C McDonald:** Thank you very much to our witnesses for your evidence this morning. It is very helpful indeed. I want to ask a little bit more about the issue of reporting what happened. Hannah, for very understandable reasons you decided you did not want to report this to the police. What changes do you think we could suggest that would make it easier for you to feel that it was something you would report? Is there anything that you think we could do to try to encourage people to come forward when this happens to them?

**Hannah Stratton:** For me, the whole transparency needs to change. It needs to be very open and very easy to report. For me personally, if there had been some sort of anonymous, online system and while filling that in there was a box you could tick to say that you needed support and that support would be provided by somebody contacting you, I would probably have done that. That could be a local charity contacting me to offer the support that I needed.

The other thing is report it to whom and report it how? What do you do? Do you phone 999? Do you go to your local police station, which is shut? How do you report things? What I would like to see is an anonymous reporting online system, and then perhaps that would give the local police force the figures that they need to be able to do more in their locality.

**Q9 Stuart C McDonald:** Did you report any of this to your GP or another health service at all?

**Hannah Stratton:** No, I didn't report it to anybody at all. People say to you that you can go and have your hair tested up to X number of hours or days afterwards—I am not too sure—to check if you were actually drugged. There is always that element of, "What if I wasn't?" There is self-doubt all the time. That ties in very closely with the shame that you have going on. Then you think, "Well, okay, if I did have it done and it turned out that I wasn't, then that would be so shameful." Your brain is weaving itself into all kinds of scenarios, which is not helpful, but it is what happens. So, no, I did not report it to anybody.

**Q10 Stuart C McDonald:** Thank you; that is very helpful. Alexi, you obviously alerted the venue where you were, but your situation would have been even more complicated in the sense that you were overseas at the time.

Did you think about reporting it to law enforcement at all? What were your thoughts, and what do you think could be done to make it easier for people to report these sorts of things?

**Alexi Skitinis:** I reported it obviously to the venue over there. Luckily, I knew the customer service manager of the actual night club. He openly said himself that it happens quite a lot. I am not sure what it is like over there compared with here. As I say, I was in hospital after it, and then



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when I came back to the UK I was back and forward to the hospital to check on my kidneys and liver. They cannot be certain that it was a drug that caused it, but I was having severe issues with my kidney and liver afterwards.

I agree with Hannah that it is very difficult to report it. You do not want to waste police time. You do not want to just say, "I think I've been spiked." You need to be certain within yourself and have evidence of that, otherwise I feel you would just be dismissed. I do not feel, especially as a man, that I would be acknowledged as much.

**Q11 Stuart C McDonald:** It is trying to build confidence in people who have been victims of this crime.

**Alexi Skitinis:** Yes, maybe even the anonymous side of things. An online form you can fill out, and whether you wish to be contacted or just added to the stats, maybe.

**Q12 Stuart C McDonald:** Thank you. Zara, you did go to the police. How was your experience of that? How did you feel that they handled your report?

**Zara Owen:** I feel it was helpful in the sense that they asked me some questions and they were talking about it. They took my statement and they seemed to give a great deal of care. Unfortunately, the case was filed undetected, so nothing more really came from my claim to them.

It seemed quite okay when I went to them, and they listened to me. If I had reported to them on the day or the next morning, it might not have had the same effect. I am not sure. I felt like it was okay, and they gave me a test to see if I had any drugs in my system, but because I waited a while to speak to them—because I needed to come to terms with it myself and needed to process it—unfortunately nothing was detected, rather than if I had given the sample there and then.

If this thing becomes more prevalent and it happens a lot more, I think the main issue is for people to fully understand and not victim blame. There is the chance that people turn away and say, "Oh, you're too drunk," or, "Oh, you've just had a little bit more than usual," or something. The chances are that these things have not happened. I myself had not drunk nearly enough. I know my limits and the amount I had would not affect me at all, nor would it anyone if they had a few drinks.

To really shine a light on it and make people more aware of it—to echo what both Alexi and Hannah have been saying—maybe an anonymous form would help further progress people coming out and becoming a bit more confident in saying it. I feel that if I had had the opportunity to say it anonymously, I would have done that a lot sooner than waiting a bit. It is pride for me. The fact that this happened to me really knocked me a bit. I just thought how shocking it was that it had happened to me.



I received support from the police, but unfortunately, as I said, it was filed undetected. That was a kick in the teeth in the sense that they could not find out who did it, but it was in a night club. In night clubs, you are packed like sardines almost. It happened in my leg, so to spot it would be insanely difficult for them, to go through CCTV and find it. Unfortunately, that is how it happened with me. I feel quite comfortable with the support I was given and for the statement I gave they were really informative. They helped me out and they spoke to me and asked me everything they needed to know about the case.

**Stuart C McDonald:** That is helpful. Thank you all very much.

Q13 **Simon Fell:** Thank you to our witnesses for this evidence. It is really useful. I am keen to understand how much you knew about spiking or drugging before this happened to you. Perhaps I could start with you, Zara. Did you have PHSE lessons on it? Did your university make you aware of the risks and what mitigations you needed to take?

**Zara Owen:** From when I was younger, we had obviously heard about drink spiking through a drug in a glass or a bottle or something. Naturally, whenever I or my friends go out, we always cover our bottles. We would never leave our glasses unattended in case something happened. Obviously, we were made aware of this, so we take those actions on our own behalf.

With regard to injection spiking, I had only heard of it through social media posts and stories of people's friends who have had it done to them, but it had just been passed on, so no one knew exactly who it was. When it happened to me, I questioned it a lot to myself. I thought, "Did this happen? Did it not?"

Then I realised it had happened because, obviously, it matched with what people were saying. A few people had had it in the back of their hands; mine was in my leg. Hearing about it through an injection was not so much in my knowledge. Not many people had heard about it, which is why I took it upon myself to make a big post about it on social media, explaining what had happened, making people aware that it is happening and spreading it out. People need to know that this is happening as well as the other form of spiking that people normally think about when they think of the term spiking.

The post gained a lot of attention, and a lot of people messaged me saying that they thought it had happened to them as well, but they were not too sure. I find it amazing that people are reaching out and saying that it has happened to them, or they think it has happened, and are aware of it. Hopefully, with more people coming out and telling their stories, people will know about both forms of spiking. They will have both forms of it in their mind. Obviously they will still protect their glasses and bottles and not leave them unattended, but they will also keep their eyes out for their friends, themselves or anyone around them who is acting a little bit oddly, to protect themselves.



Q14 **Simon Fell:** Thank you. Victims' voices are hugely important.

**Zara Owen:** Yes, 100%.

Q15 **Simon Fell:** That is why we have you in front of us today. I think your peers will obviously listen to your experience with due attention. What I am trying to get to is whether, in terms of the safeguarding that your university should be providing for you, or perhaps your school would have done before university, you had anything in that formal context when they said, "These are the sorts of things that you should be aware of if you are going out for the night," and how to look after yourselves.

**Zara Owen:** I do not remember ever being taught about it. I just always have known about it. Maybe I had been taught about it, but it has slipped my mind. We hear these things, even through my mum. She was telling me when I was younger to watch out for these things. It could have happened, but my memory of it has gone over time. We know that these things happen, so we take precautions ourselves and make sure that our friends are doing it. Even if they were not, they are aware through us as well.

Q16 **Simon Fell:** This is my last question to you. What is your view on the prevalence of spiking in your community? Obviously, you have put a post out there, so I imagine that you are getting quite a lot of feedback from it. Is it a common occurrence?

**Zara Owen:** I would say so. I have not heard many cases at the moment that have come out, whether or not that is due to people not saying that it has happened to them. I had heard of a few before it happened to me and then a little bit after. People have shown photographs of maybe a bruise on their arm that had happened to them, or someone in hospital explained that it had happened to them. At the moment, I am not sure how common it is. If it is, not many people are coming out and vocally saying it. Whether they are reporting it, I am not entirely sure. They could be. I hope that they are so that they are seeking support and wellbeing from the people they speak to.

As to the prevalence, I am not too sure. I feel, hopefully, that the number of people who have had this has peaked, in the sense that you would hear day in, day out through social media of people having it done in Liverpool, Leeds or Newcastle—loads of different places—and there would be stories of people who had said it. You see them through the news outlets. I have not personally seen many, or any for that matter, in recent weeks about this epidemic.

Q17 **Simon Fell:** Thank you; that is helpful. Alexi, I will come to you. I am interested to know how much you knew about this as a problem before it happened to you. In the environment where it happened to you, in Las Vegas, were there signs up on the wall or warnings in the bar?

**Alexi Skitinis:** No. A bit like Zara, I cannot remember being taught anything about it at school or university, to be honest. I knew that it



happened. You see it on TV shows and stuff, but it is never actually in the limelight. Where I was, there were no signs. There were no warnings. It shocked me a bit, seeing as the customer service manager and the security operative said it happens quite a lot. You would think they would make more awareness of it.

**Q18 Simon Fell:** Thank you; that is helpful. Hannah, a lot of the focus on this has been on people in a younger demographic, going up to 25 or 28 years old. I am curious as to your view on whether it is something that occurs frequently to people who are outside that age group, if it is the sort of thing that happens frequently in wine bars, or do you think you were perhaps a bit of a one-off?

**Hannah Stratton:** I was very aware of people's drinks being spiked and what have you, but I certainly thought that I was out of the perimeters of that. I thought I was far too old. I educated my daughters, and the ironic situation is that it happened to me, although I have three daughters and two of them have been drugged as well.

Where I live, after I put my post up, I was contacted by many, many friends. When I made it a public post, I was then contacted by a good 100 people saying that it had happened to them as well, and it had happened to people of all ages and both sexes. It seems that the perpetrators are not discriminative at all. My understanding, from the brief looking into it that I have done, is that it seems to be done for sexual gratification, for fun and to access people's bank cards and things like that. For me, it is non-discriminative. That is what I have learnt from it.

**Simon Fell:** Thank you; that is really helpful.

**Q19 Tim Loughton:** Apologies that I missed the beginning of this session and your evidence; I was in another Committee. First of all, can I commend you, Zara? I saw your interview on "BBC Breakfast", which I thought was very brave and really important to publicise what many of us were largely in ignorance of. We have all talked about what information and support was available to you at school. When I was at school, spiking was what Bulgarian secret agents did or it happened in James Bond movies in terms of putting things in your drink. We know about Rohypnol and date-rape drugs, but this is people actually getting jabbed in pubs, night clubs or whatever.

I want to ask our two other witnesses about why they did not really come forward. You just described it, absolutely rightly, as an attack, which it is. In any other context, this is a physical assault against a person that is absolutely an offence, absolutely needs to be reported to the police and absolutely needs to be investigated and, hopefully, prosecuted.

Why do you think this is happening? It is a point that Hannah just made. We understand the motivation where there is a potential sexual predator. We have heard cases, and indeed we have invited a witness case of somebody who had his bank accounts cleared out by being taken to a



cashpoint. There is fraud and a criminal act, but in so many of these cases people seem to be spiked in front of friends, with friends there and with little prospect of them then being taken off for a crime to be committed against them. Why do you think people are doing this if it is not for a clear, criminal gain in that respect?

**Zara Owen:** I think, maybe, the main motive in terms of being with a group of friends is for humour and for a comedic effect. They think, "Oh, let's just inject somebody with this drug and make them seem a little bit weird and maybe a bit drunker than usual," and for people to not quite understand what is happening. Obviously, where I was, people had drinks. They were celebrating and having a good time. Maybe they do it for a comedic purpose—"Oh, look at that, they can't help themselves"—or maybe it is a sexual offence drive. I don't know. It is a question I have asked myself. What is the gain from this? What drives somebody to inject somebody with a drug in the back of their hand, or in the leg in my instance?

I really have no idea what could fuel somebody to do this. It is a sadistic feeling that someone has to do it. That is why I thought maybe some people would just do it for comedic effect. They do it and run. If that is the case, where is the fun? There is no fun at all. It is a dangerous thing. Fortunately, I was okay, but there are some people who are dangerously ill from it. I am really not sure. I am baffled as to what can lead somebody to do this to someone.

Q20 **Tim Loughton:** That is extraordinary. I was about to use the word "sadism", and you have used it for me. It is such low-level gratification, for some sort of entertainment at seeing somebody else's suffering and immobility being caused, and people are doing it just for that. They do not even have the logical excuse of, "We want to get their money," or, "We want to get some sexual gratification." People are just doing it for kicks.

**Zara Owen:** Yes. If it happens, they leave straight after, I assume. If I was to put myself in their shoes, you would not linger, you would just go. If that was to happen, there is no point. It is sadistic. It is abhorrent how someone does it with no other motive than just to please themselves and see it. It is mind-blowing to think how low someone's mind can be to drive themselves to do that act with no ulterior motive.

Q21 **Tim Loughton:** Incredible. Thank you for that. Hannah, you mentioned just now about whether it is being done for sexual gratification or criminal activity. Do you concur with what Zara has just said about people doing it for kicks in many cases? Do you think that you were, potentially, a victim of either financial crime or, potentially horrendously, sexual crime in your position, or do you think it was somebody doing it for kicks?

**Hannah Stratton:** I personally believe that it was somebody doing it for fun. The venue I was in is a very local place. Not a lot of people were in there, maybe 20 at the most. I was out with two women of a similar age



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to me, in our 50s. I think anybody would know that in our age group there is no way that we would leave somebody in trouble in a bar on their own. Therefore, the only reason must have been for fun. I just cannot see what else that person would have gained. My friends would not have left me there with a bank card. They would not have left me to get home on my own. I imagine that the perpetrator would know that if they had looked at the three of us. We literally went out for a couple of glasses of wine so, yes, I believe it was for fun.

My daughter, who is in her 20s, says that now the conversation seems to be not, "Has anybody been drugged this weekend?" but, "Who has been drugged this weekend?" It is so commonplace. Within their circles they believe that it is primarily done for fun, just for the power and control of being able to see somebody so uncomfortable.

**Q22 Tim Loughton:** I was trying to be very discreet, like Mr Fell, when he only specified that you were not in the 25 to 28 age group, but you have volunteered your age.

You did not report it to the police. In retrospect, do you think that would have been a helpful thing to do? Do you think that, as a result, if the police were investigating it properly and taking it seriously, as I hope they would—we will be hearing from police witnesses later in this inquiry—at the very least they should be speaking to the pub, bar or whatever it was you were at, just as with night clubs, to make sure that they are aware of it and are taking sensible and proportionate precautionary measures to do whatever they can to make sure that their clientele is protected from the same thing happening to other clients of theirs as happened to you?

**Hannah Stratton:** I think if it was to happen again—obviously, touch wood, I would not want it to—I would still be reserved about reporting it. With respect, we all know that women and men often come forward saying that they have been victims of attack and rape. How often are those instances followed through and treated in a respectful way when there is a prosecution? It is not the case; that is not what happens. To go through what I personally went through was quite harrowing for me. It is not something that I expected to happen.

Going to the police probably would have made it worse for me in a lot of ways, which is why I think the online anonymous system would have been a better thing for me to do. It would have been another journey to have to go through, and I do not know that I would have been strong enough to feel that I would be judged by somebody other than bar staff, other than the taxi driver, other than possibly my neighbours and possibly society. I am also aware that the venue that I went to is a very popular local place. I felt a responsibility that I did not want to do them an injustice, though that is probably the wrong word. It was not an anonymous night club. It was a small, local place. I did not want their name to get hauled through Facebook or any other social media because it happens everywhere. There was that sort of responsibility. I went back



and spoke to them about it, and we had a conversation. I do not know what they chose to do with the information.

**Q23 Tim Loughton:** Interesting, thank you. Alexi, your story is obviously slightly different because it happened in the States. You did not report it to the police, but then you said you potentially had physical implications from what happened, which makes it all the more important that it is taken seriously and properly investigated at the time.

Hannah has just mentioned that there should be some anonymous way of reporting. My concern with that, and I want to know what you think, is that it is almost downplaying the seriousness of it. This is an attack, as Zara has said. It is a crime. It is abuse on whatever level, and it needs to be treated in the same way as somebody coming up to you in a night club, punching you in the face and beating you up, as it were. The implications are no less. Would you now have reported it to the police, do you think, and done it differently? Is this now a more serious thing where we need to broaden awareness? How do you reflect on it?

**Alexi Skitinis:** Right now, you see quite a lot on social media that it is happening more, so in the current state I probably would bring it forward, but I would not have much faith in that, to be honest. I would just assume it would be brushed under the carpet with maybe a small investigation.

As Hannah said earlier, it can be sexual or for fun. People are strange. In my situation, I think it could have been for theft. I mentioned earlier that it was a big group of people, mainly girls, and they were very hands on, touchy-feely. The day before I won quite big in the casinos. I bought myself a nice watch and had some nice shoes on. People have different reasons for everything. You cannot put it down to one or two reasons. You do not know how people's minds work. There could be a big inquest as such just to find out why people do it. I would not see it going much further than a police interview.

**Q24 Tim Loughton:** Why do you say that? Why do you have little confidence that it would be taken seriously and properly pursued in the UK if you were to report a similar incident to the police?

**Alexi Skitinis:** Because it has happened so much over the years, and it is still happening. If it was seen as a serious thing, maybe the levels would go down a bit, but you still see it on social media. I know people who have had it done for revenge, as such. As a man as well, it would be, "You're okay. Brush it under the carpet. We are aware of this sort of thing. Add it to the stats and move on."

**Tim Loughton:** Interesting. That is why it is so important that we have your testimonies today and that we can broadcast this as widely as possible to show what a serious and widespread problem it is. Thank you for all your testimonies today.

**Q25 James Daly:** Thank you very much to all the witnesses for their



testimony, which is horrifying and illuminating at the same time. I was a criminal defence lawyer for 16 years prior to becoming an MP. I cannot remember being involved in one case where this type of offence was brought before a court. We are going to hear some evidence, and I certainly hope that the police take these matters very seriously because they deserve to be taken seriously. They are the most outrageous assaults.

Colleagues have asked you some questions that I was going to cover, but running the risk of sounding very old when I ask these questions, I will start with you, Zara. There seems to be an acceptance or knowledge that this is just a standard thing that happens. Perhaps people always knew it, but certainly for younger people there is knowledge that before you go out on a Saturday night there is a risk that something like this could happen. Is that a generally held view now in universities across the country and elsewhere?

**Zara Owen:** Yes, most definitely. It has always been in my mind when I go out to protect what I am drinking and what my friends are drinking. It is always there. I have always known it to have happened when I go on nights out and everything.

Q26 **James Daly:** That is a very interesting point. If that is the case, and it is a widely held view—I know my colleagues have touched on this—are universities not interacting with the students coming in, or not taking proactive steps to address the issue and to make sure that people are aware and feel safe? Are they talking to the local bars or doing something? Are you aware of anything like that?

**Zara Owen:** I think it just depends. Obviously, certain student unions have come out and given all these measures. Also, people know that it is happening. People can seek support through universities and their wellbeing team, and speak about it. Obviously, there should be more done to educate people that it is happening, despite us all being aware that it is happening. It is to lift a taboo and say, "This thing is happening, unfortunately, so please take these precautions." That is happening. Fortunately, a lot of people in bars or clubs that I go to offer a little device that you can put inside your bottle to put a straw in, to prevent anything from going inside it. That is an amazing step because not many people would have thought of doing that to protect themselves. It is a great way of keeping an eye on it, and nothing can be slipped in that way.

Yes, a lot of people are aware of it; when we go out clubbing we have to be. Even in a bar we have to remember that this is happening, and just be aware as well as having a good time. It is not what you want to be doing. You want to be enjoying yourself. You want to let all your inhibitions go, but having this in the back of your mind prevents you from doing so. More people knowing that you can reach out to people in wellbeing or to support through academic tutors, or people you can feel



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you can confide in, would make a grand effort for people's morale, knowing that they can have help.

**Q27 James Daly:** Normally, when you are looking at such appalling behaviour—straightforward criminals carrying out this type of conduct—it is an assault and a very serious matter. From what you are saying, and these are your experiences and what you know, it seems that this is a bit of a joke for people. They go out and do this for some odd gratification.

As Mr Loughton has just said, in terms of offending, somebody has an intent to rob or some other criminal intent, but from your perspective there are people doing this simply to see other people struggle or be in a state in which they find it very difficult to act normally. I do not know how to describe it, but I think you understand the point I am making.

**Zara Owen:** Yes, I know where you are coming from. I feel it is that, mainly because when I woke up the next morning my bank account was still roughly the same; I still had all my belongings; my clothes were intact; and I was completely fine. I feel that some people must do it for the thrill of it somehow. It is disgusting when you think about how people find it amusing to see people go from one stage to another in the blink of an eye and lose everything. Some people lose their mobility and everything.

**Q28 James Daly:** Zara, I have to ask you this question in terms of your opinion. Are fellow students and people going about their daily lives doing this? Literally, it could be anybody. It is not people with a specific criminal intent. It is people who appear to be nice, decent people who are going around the university, or elsewhere?

**Zara Owen:** I would see it that way, yes. It could be anybody who would have a horrible mindset. Obviously, it is not to do with injection spiking, but you hear of people going to a bar and a man buys them a drink if they find them attractive. If they look away for a second, they could have dropped something in. Whether that is for a sexual motive or even just for fun, they have still done it. It could be anybody. That really brings out the nastiness. People could be as sweet as anything in person to look at and even have a conversation with, but someone could be behind injecting somebody and doing it that way. It is all really deceiving, and it means that you have to keep aware of all your surroundings when you are out in case anything happens to you.

**Q29 James Daly:** I am very sorry that you have had to go through that. Hannah, I will ask you a question. Again, I am genuinely sorry for the experience that you have gone through because it is absolutely horrible. I do not really know what to say in respect of that.

You were saying that you had come into contact with a group of perhaps up to 100 people who had gone through similar experiences. I do not know whether that was a Facebook group, or what it was. I wondered what your general view was in respect of what those people were saying. I am sorry to ask a similar question to what you have already been



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asked, but I am struggling to see the mindset of the people who are doing this. Do you see what I mean, Hannah? Can you talk a little bit more about the information you have about why people think others are carrying out this type of offending?

**Hannah Stratton:** I do not have lots of information about why people think it is happening, apart from the conversations that I have had within my family. It seems to be for financial gratification, sexual or for fun. I cannot comment above and beyond that. I do not know why people are doing it, but I feel that it is something that needs to be explored further.

At the moment, there is such a massive emphasis on us, as a society, keeping ourselves safe. It is us having to go up to the bar and ask for our drinks to be checked. It is us having to go up to the bar and ask for covers to be put over the drinks. It is us having to seek telephone numbers for who we report these things to. The responsibility totally lies on the victim. As the others have said, you are totally and utterly powerless to be able to do anything once your drink has been drugged. There is such an emphasis being put on victims. There needs to be much more understanding from the perpetrator's view as to why they are doing that. Good luck with trying to find that out, because it seems that this has been going on for decades. I do not know how many people have gone to court for drugging other people's drinks, but that is the understanding that we need to get into—their mindset.

**Q30 James Daly:** I have two final questions. As a takeaway for us, as a Committee, we have heard the harrowing experiences that all three of you have gone through. What do you want to leave us with? What is it that you think we should be concentrating on in this investigation? Should it be how the police investigate matters? Should it be how a victim of this offence is supported? What is the sort of thing that you think we should concentrate on? This is a wide inquiry, and we are obviously going to look at everything to do with it, but what would you say is the thing that you want us to concentrate on?

**Hannah Stratton:** I genuinely think that reporting it should be done online, without a doubt. It could be done anonymously, as I said before, and then you could be contacted, if you feel you need to be, for support. I think less emphasis needs to be put on victims or people keeping themselves safe. I, personally, would like all night clubs predominantly, just because that is a sensible place to start, to become absolutely transparent with their message: "We will not tolerate people's drinks being drugged. If we find this to be the case, you will be immediately detained"—if they are allowed to do that; I don't know—"and the police will be called."

I would like all security people and door people to be absolutely transparent about it, welcoming people into their clubs but saying, "Guys, please report anything suspicious that you see. We have zero tolerance towards it. Please keep yourselves safe, but it is not just down to you to



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keep yourselves safe. We are actively making our venue a drug-free venue”—as in people being drugged.

Forget all this nonsense about posters just being in the ladies’ toilets, which seems to be the case in the town that I live in. There are posters just in the ladies’ toilets. First of all, why are they not in the men’s as well, because we all know that it happens to men and women? Why in the toilets? This has been going on for decades. We need to be much more open about it. We need to be having many more conversations about it, and to be transparent about it.

The venues that are open like that could almost have a badge up to say, “We have done this training. Our staff have been trained. Our bouncers have been trained. Our door staff have been trained.” There could be a country-wide programme that you buy into, if you like, so that people go to venues knowing that that level of understanding and intolerance has been met.

**Q31 James Daly:** Thank you, Hannah. Alexi, I think we are probably running out of time, but I want to thank you, as with Hannah and Zara, for being brave enough to come and give this evidence today.

We are a Committee investigating this. We want to make sure that victims are protected in the best way that they can be. We want to make sure that the police investigate these matters, if that is what victims want. We want to make sure that people feel safe. What is your final takeaway as to what you think we should be looking at in respect of this?

**Alexi Skitinis:** I think the most important thing to investigate would be prevention. This has to stop happening. I know it is not going to be an easy task, but there are ways you can prevent being spiked through your drink. Being jabbed is obviously a whole different investigation, but at least for the drink spiking there are ways it can stop. If that was prevented, a large amount of spiking would not happen, especially now that the jabbings are only a recent thing.

**James Daly:** Thank you Alexi, and everyone.

**Q32 Chair:** I thank all three of you for that very powerful testimony this morning. It has set us on opening this inquiry in a very positive way. I am really grateful to you for being so open and willing to share your experiences, obviously in really difficult and harrowing circumstances at times. Thank you very much for the willingness to be so open with us today.

We are very grateful. Hopefully, we will write our report in the coming weeks and will be able to incorporate some of the suggestions that you have put forward this morning, which I think have been very useful. Thank you again for spending time with us today.

### Examination of witnesses

Witnesses: Helena Conibear, Dawn Dines and Julie Spencer.



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**Q33 Chair:** I welcome our second panel this morning. All the witnesses are in the room. You are very welcome to this rather chilly Committee Room in the House of Commons. Our heating, as usual, does not seem to be working very well. I apologise for it being rather fresh in here. Obviously, we have the windows open for Covid-secure reasons.

We are joined this morning by Helena Conibear, chief executive officer of the Alcohol Education Trust; Dawn Dines, chief executive officer of Stamp Out Spiking; and Julie Spencer, head of student wellbeing at the University of Lincoln. You are very welcome. I am very pleased that you were able to listen to our first panel this morning, who I think gave really powerful evidence about what had happened to them and the prevalence of spiking.

I want to start by asking each of you this question. One of the issues for the Committee is the lack of data about this. One of the key points that has just been made very strongly to us by those three witnesses was the fact that people did not feel able to report or did not want to report. Could each of you say something about what you feel the prevalence of spiking is, whether it has changed in recent times, whether there are new trends happening in spiking, and whether you think that particular groups are affected by spiking? There is quite a lot in that. Who would like to start?

**Julie Spencer:** I am Julie Spencer. I am head of student wellbeing at the University of Lincoln. I am not an expert on drug testing, but I have been at the university for 20 years, so I feel that I understand students' mental wellbeing.

We started our journey around support for spiking because we were seeing an increase in students' mental wellbeing issues, in terms of the anxieties that were going around; students who may have been spiked and students lacking confidence to go out. We started doing some rapid drug testing, in a collaboration with our student union and Lincolnshire police. We are really grateful in Lincolnshire because we have an excellent relationship with both the student union and Lincolnshire police.

We only started it in November. We have started taking data on student wellbeing. At the moment, it is very small numbers, but it seems to be providing what I wanted for us, which is reassurance to students about what was happening for them. Do you want me to go on to what we are doing?

**Q34 Chair:** We might want to come back to what is happening specifically at the university and what the experiences are there, but at the outset I am interested to try to find out more generally what we think about the prevalence.

**Helena Conibear:** I have a lot of data, if that is helpful.

**Chair:** Yes, please.



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**Helena Conibear:** In response to the injecting, and the media requests as a follow-on from that, I like the term “malicious drugging” because certainly drinks spiking has existed for the 12 years that we have been supporting young adults across the UK. What has changed this year is the level of reporting to police. The evidence we were able to get from 23 different police forces is that levels of reporting have risen to about 1,400, which is almost a doubling, but prosecutions are extraordinarily low. The gathering of evidence is one of the key things we would like to see addressed.

Due to requests, mainly from investigative journalists, we are working with 4,500 organisations, including universities, further education colleges and young people up to age 25. We put out a call for evidence to the young people we work with. We had 747 responses, 94 of whom had been spiked and gave us very detailed testimony as to what had happened to them. Out of interest, that showed a prevalence rate of about 15% of females and about 7% of males. Something that has not been mentioned yet today is the very high prevalence rate among the LGBTQ community, which is at a similar level to young women.

What is also important to note is that nearly a quarter of the drinks that were spiked were non-alcoholic. We are finding that spiking is taking place not only in more obvious places such as night clubs and bars, but that the highest prevalence, at 35%, was at private house parties and in other places, including fast-food outlets, cafes and beach parties. What is very frightening about that is that we know the spiking is taking place or being committed by a wider friendship group. That, again, is raising anxiety and fear among not only young people going out, but all age groups.

Shockingly, only 8% of those who had been spiked reported it to the police or to a medic. Talking to Zara earlier, for example, there was no outcome from A&E. She was made to wait for eight hours. She was told by her GP to wait for two weeks for an appointment. Why don't we have evidence or any prosecutions? It is because after 24 to 48 hours the evidence of spiking has disappeared, and that evidence is no longer there.

That was our own data. “The Tab”, which is a very big student media body, did an Instagram survey and had 23,000 responses. With our own survey you could say that people who had been spiked were more likely to respond, so are our figures genuine or did we have more people who were spiked coming forward to say they had been spiked, rather than those who had not? They found a very similar level. Among 23,000 students from 19 different universities, it showed that 11% of them had been spiked. It was very similar to our own findings.

*The Independent* commissioned YouGov. They did a statistically relevant poll of all age groups with 2,000 young people. They found that 11% of women and 6% of men had experienced spiking. What was particularly



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interesting about their study was that 14% of those, the highest level of spiking, were among the 24 to 49 age group. Our message is very much that it can be any drink in pretty much any location, and it can happen to any person. Obviously, the lowest level of spiking was among the over-60s, but as we heard from Hannah this morning we can all be victims, I am very sad to say.

The other thing that is very important to mention is the lack of confidence among those who are brave enough to report their stories and details about reporting what has happened to them. As I say, only 8% of those in our study were brave enough to go to the police or the GP. In 50% of cases nothing happened as a result.

The barriers that came through were that in A&E they are often considered to be drunk of their own volition or to have taken drugs, so they are not taken seriously, and they are not often offered a drugs test. They are then sent to the police. The police say, "I'm sorry, we are not carrying out a test," and they are told to go to A&E. Shame and social embarrassment came out very strongly. Memory loss and blanks, not being able to remember what happened, and trauma, leading to a time lag before they are prepared to report to anybody is also a huge barrier.

Hannah mentioned the worry about getting a venue into trouble if you know a venue well. If you have been at a house party, you do not want the hosts to get into trouble. In many cases, there is some suspicion about who has spiked their drink, when it is the wider friendship group, and they do not want to become a social pariah among their own friendship groups and be seen as causing trouble.

Q35 **Chair:** That is really very helpful. Thank you for that. Dawn, I want to ask about your specific campaign to get an offence around spiking. That is clearly one of the other issues. There is not a specific criminal offence. If a drink is spiked or if an injection takes place, it is rolled into a different criminal offence.

**Dawn Dines:** It is, yes.

Q36 **Chair:** Could you say something about that, and whether you think that would help?

**Dawn Dines:** Of course. My name is Dawn Dines. I am the CEO and founder of Stamp Out Spiking. I have been campaigning against this horrendous crime since 2005.

As you were just asking, I have been lobbying to try to get the law changed on a specific offence code. It is so difficult for us. I contacted all the police forces throughout the country to request their freedom of information data, so that I could try to find out exactly the extent of this crime. Because it does not have its own specific offence code, that is virtually impossible. We cannot paint an accurate picture of exactly the extent of drink spiking because of all the different offences. For example, if there had been a sexual assault, that would lead over the offence code.



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There are different types of drink spiking. Obviously, alcohol is still a drug. Everybody seems to assume, "Oh no, they've just had too much to drink." If you are sticking an extra shot in somebody's drink without their knowledge or consent, they still may have to operate machinery. They might have to drive later. They might be on medication. Education is key in what we are talking about. At the end of the day, unless we educate and explain, some of the nicest people I know in the world will always buy somebody a double. I say, "Why would you do that?" They say, "Well, I thought I was just being kind." Probably people who love you and care about you are actually spiking your drinks. It is not only for malicious intent. That is one thing that we have to make very clear.

There is something totally different between drink spiking with alcohol and drink spiking with date-rape drugs. If somebody spikes you and puts extra alcohol in your drink, it can have a bad effect, but if somebody puts Rohypnol, GHB or one of the diazepam family into your drink that is going to be something completely different. You will be compliant. You will not be able to put up a fight. You will leave with the assailant. You will have no memory of what has happened to you. That is something that desperately needs to be educated about, because you only have a very small window. If somebody spikes your drink and if you start to get certain feelings like chattering teeth, blurred vision and loss of bladder control, those are massive tell-tale signs. If that happens to you, you need to get to a trusted friend or trusted member of staff as quickly as possible.

I am sorry, I think I have gone off on a small tangent there.

**Chair:** No, that is helpful. Stuart McDonald is going to come in on the education point.

Q37 **Stuart C McDonald:** I feel a little bit naive, in that I really was not aware of the prevalence of this until this morning, after reading the background papers. It is even just the point you made that if someone asks you to buy them a small wine or whatever don't get them a large one, or if they ask for a single don't get them a double. We seem to be talking about quite a large range of types of behaviour, from really malicious and premeditated for a specific purpose such as theft or a sexual assault to the culture that Mr Loughton was talking about earlier where it seems to be just a laugh. There is a lot going on.

My question is about education. Who is responsible for making sure that there is sufficient awareness about this? I get the impression that there is much more awareness than I thought there was. Is the real problem not so much awareness that this is happening, but that it is serious and will be, or should be, treated seriously, and it is not just for a joke? What message are we trying to get across, and who is responsible for doing that now? I will start with Julie.

**Julie Spencer:** We have an opportunity to see if we can get some education out earlier. I am talking from a university perspective, before



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they arrive at university. One of the things we have definitely seen through the data we are taking is that with students who have been spiked it is likely to have been with alcohol. We are testing for seven different categories of drugs, and they are coming back negative.

When we have been talking to some of our students, they talk about free pouring. I do not think our students are typically aware of what a shot of vodka is, for example. We talk about buying doubles, but it could be with their friends in house parties where they are offering them. We need to start to educate people about what is a measure of alcohol, for a start. I firmly believe what Dawn said. We think we are being friendly, but actually we are over-pouring or free pouring, as the students say.

There is some education that could be done earlier. At Lincoln, we have been giving out Spikeys for a very long time. I think Zara mentioned them. They pop in the tops of bottles. We give those out from the minute students arrive, and onwards. There are stop tops for drugs. It is telling our students about it as soon as they arrive. Student safety is incredibly important. We all need to be safe when we go out and about.

If you feel that you have been spiked, you must get to a trusted friend. We get information out to our students about what they need to do if they feel that they have been spiked, so that they are not putting themselves at further risk. There are consequences of that. There is education about if you are found at a house party, and there are consequences. What is that? It is a crime. It is linked to others, and I understand that, but from a university perspective we have student conduct and discipline and all of those things. Education is definitely key. My view is that it needs to come earlier in things like sixth forms.

**Stuart C McDonald:** Helena?

**Helena Conibear:** First of all, going back a step, we definitely need more data. That is absolutely key if we are to have an informed information campaign. Certainly, there is lots of education in schools. We work with pretty much every secondary school and further education college on what units are, what the law is, responsible drinking guidelines and safety tips. We think that there needs to be a general awareness campaign on how to keep safe and look after each other in what we call the transition stage between further education college and sixth form. There is a lot of prevention and early intervention in years 8, 9 and 10, but there is very little for 16 to 18-year-olds, which will be more about how to keep safe and look after each other, in the transition to the legal drinking age and navigating the night-time economy.

Going back to our victims, the onus must not just be on the individual either. There must be a lot more about the consequences of being a spiker, and confidence in calling out drink spikers. It must become socially unacceptable. How can it be seen as funny or a bit of a joke? It may be driven by misogyny or FOMO—fear of missing out. We do not know. We do not understand.



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I have managed to find two studies looking at motivations for drugging internationally. We need more research into what is driving what is truly an epidemic. If one in 10 young people, and not only young people, are experiencing spiking, we really have to do something about it.

We did a survey, first of all, of lower-sixth students about their main worries about going off to university. Their main worries were keeping up with work and financial worries. We then did a study of second-year students and what their main worries were. The first was anxiety and loneliness, and the second was pressure to drink and take drugs. We know that that has to be part of it, too. We would love to see a piece of work or a programme for 16-plus, and to be part of that.

We think there should be a strand aimed at potential spikers, to understand their motivations and to target them in the sixth-form setting, and also about where spiking takes place. It is not just the night-time economy. We have to be aware in all sorts of settings. Of course, there must be advice on preventing spiking itself, how to recognise the signs, where to go for help and support, and how to report incidents. We have to build confidence in reporting. In most cases, young people are not reporting it to the police because they feel that they will not be taken seriously, or they do not have proof. We have to build confidence there because, unless we have evidence, we cannot bring more prosecutions. Therefore, we are not going to reduce drink spiking.

**Stuart C McDonald:** Dawn, is there anything you want to add to that?

**Dawn Dines:** Yes. Again, we are going straight back to the victim—"It is the victim's fault"—which just seems a little unfair. I truly believe that the majority of frontline workers in the night-time economy need to be drink-spike aware. We need to go in and educate. We need to show the symptoms so that everyone is singing off the same hymn sheet, basically. When a spiking incident happens, we must have the correct policies and procedures in place. Everybody must have a clear line of action. We need an immediate call to action, because we know this is happening. It is hugely under-reported. We have done our own survey and over 97% of victims did not report this crime to the police.

We have had three victims here today, and not one of them reported it. Why is that? We need to be asking these questions. Why is nobody reporting this? I asked 20 male victims to come up to represent here today. Not one of them would come forward. I was like, "Why wouldn't you come forward to help other people?" They were humiliated. They were embarrassed because of the lack of evidence and people not believing them.

It is such a shame at this stage in the game. I know this has been happening for years. I have been campaigning, like I said, for years. At the end of the day, when I look back at all of these experiences, most people I have spoken to did not report it to the police. When I have delved into that to find out why they did not report it, they have come



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back with, "There was no clear or easy way of reporting it." Some people reported it and the police just accused them of having too much to drink. That is lack of training and knowledge.

We need to explain about Rohypnol and GHB and what date-rape drugs actually do to you. The time of reporting it is such a major issue because these drugs can go out of your system in as quickly as six hours. If that is the case, and you have gone for a night out and someone has put Rohypnol in your drink and you have gone home—whether you have been sexually assaulted or robbed—the next day, when you wake up, you are going to feel really hazy. You are not going to know what has happened to you. We need to get a public awareness video and training out there as soon as possible. Then people know that they have to go and get their bloods taken.

Let's give the police a chance to be able to do their job. Let's do public awareness so that people know the extent of this crime and exactly the step-by-step process of what they can easily do. Once that is set in place, I am sure we will get more convictions. People will understand it a lot better. People will be in a better position to do that policy and procedure.

**Chair:** That is very helpful. Tim Loughton, who is a former Children's Minister, might want to come in on the education point, and more generally as well.

**Q38 Tim Loughton:** I completely agree with everything that Dawn Dines has said on that point. Just for the record, one of our witnesses, Zara, did report it to the police, albeit not in as timely a manner as might have been more helpful. You are clearly right, as we have heard from everybody else, about the reluctance, through embarrassment at not knowing what happened or whatever, to report it to the police. As I said earlier, this is assault. You would report it to the police if you had been hit in the face, so you should.

First, I want to come back to you, Ms Conibear, and your really interesting and helpful but alarming statistics. You are right that we need more data along those lines. I was quite alarmed by non-alcoholic drinks being spiked, which is surprising. There is no excuse for you feeling, "Oh, I just had a bit too much to drink." Secondly, there was the prevalence of private parties at 35%. To be clear, is that malicious spiking at private parties rather than a chum getting you a double rather than a single, just to be sociable?

**Helena Conibear:** It is malicious spiking. I should make it clear that our survey was age 16 to 25, so the 16 to 18-year-olds would not be able to drink legally in the night-time economy. That may have led to the house party prevalence being higher. In fact, we looked at the average age of those who reported in depth to us, and it was 20, so we do not think that would have affected the level of prevalence in private settings.

**Tim Loughton:** That takes in private parties on student campuses, for example, whereas we know that many students, as we all did, get a few



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in first before they then have to go and pay more expensive prices down at the club or the pub afterwards.

**Helena Conibear:** Yes.

Q39 **Tim Loughton:** Again, it must predominantly be fellow students who are the culprits.

**Helena Conibear:** It is the wider friendship group. That is why I said that education must cover the social unacceptability of spiking and, sometimes, the lifelong consequences for the person who has been spiked, as well as what to do to avoid drink spiking, which I would argue that a huge proportion of young people understand very well. It is changing a mindset. As Dawn mentioned, it is A&E, GPs, the police and any of the frontline people who first meet somebody, including door staff and anybody in the night-time economy. They must not presume automatically that somebody, if they are aggressive and acting in what may be an antisocial or a drunken way, is drunk. They could well be a victim of drink spiking. Education must cover that.

Q40 **Tim Loughton:** I completely agree, which is why I think Dawn Dines's point about wider education is not just about PHSE at school, the student welcome pack, or SEAL or whatever. There must be far greater awareness that we are not just doing this to go through the motions, but that it is a real problem. Of course, it is not being defined as a real problem because so few people are coming forward, and then we see so few prosecutions. Your point about the number of reports going up to 1,400—which had doubled over whatever period—

**Helena Conibear:** That was data from 23 police forces in 2021. There were 1,466 reports, up from 722 the year before. Interestingly enough, there were 915 in the year before that, so it dropped before coming up again. As far as we can work out, through freedom of information and a huge amount of research by an investigative journalist, there were just nine charges in 2019, eight in 2020, and one that we are aware of in 2021.

Q41 **Tim Loughton:** This Committee is also looking at doing a rape inquiry on the low level of successful rape and sexual abuse prosecutions. The 1,466 resulted in nine actually going to court, of which—

**Helena Conibear:** No. It is too early for 2021. There is only one. Out of interest, 237 of those 1,466 had a sexual offence linked to the spiking.

Q42 **Tim Loughton:** Were any of them then successfully prosecuted?

**Helena Conibear:** We do not know yet. It is so hard to get hold of the information. The year before, when we have data from the 23 forces, there were eight prosecutions from 722 reported spikings.

Q43 **Tim Loughton:** Again, this is an assumption, but most of those that have gone that far, to investigation, will be linked to a specific case of resulting sexual abuse or financial fraud. For somebody who has been



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spiked for kicks, if I can use that term, as Zara went into detail about, there are probably no instances of that actually leading to a prosecution because the evidence did not back it up. They would have a motive then to abuse in whatever way.

**Helena Conibear:** That is the problem overall—how hard it is to gather evidence. Zara mentioned busy clubs where you have strobe lighting and people dancing. Capturing anything on CCTV is very difficult. There is then any time lag before going to the police or A&E, if they do, or to student wellbeing services. I am very pleased to say that since October the number of programmes coming into place as a result of the publicity on drink injecting is very pleasing.

Q44 **Tim Loughton:** It is not unreasonable to assume that there have probably been no successful prosecutions for somebody spiking, be it by injection or adding something to a drink, which has not then been directly linked to a sexual or financial abuse case.

**Helena Conibear:** As far as I know, but you will have to ask the police directly about that.

**Dawn Dines:** There is one. It is the Wade-Allison case, in our area actually. It was in Dorset and across in Devon. Wade-Allison was a chef, and he abused his position of trust. I believe he raped four women. Three of them did not come forward until the fourth woman came forward. Then the other three went in and testified. I think he received 26 years in prison.

Q45 **Tim Loughton:** Good. But that was linked to a sexual attack. He was not prosecuted because he had spiked a drink without it then resulting in a sexual assault or financial fraud.

**Dawn Dines:** He did spike the drinks. That was part of the case.

Q46 **Tim Loughton:** I understand, but he was prosecuted for rape, presumably.

**Dawn Dines:** Yes.

Q47 **Tim Loughton:** That is the point I am making. In terms of the attitude of the police and education, the police need to be part of that. When we raised this as a side issue in another inquiry with a chief constable, there was a slightly alarming lack of awareness about it as a problem. Is there a problem with the police not really taking it seriously, which is part of the reason why perhaps they do not progress so much?

**Helena Conibear:** Certainly, historically. Up until 2021, there has certainly not been any joined-up thinking or work specifically on spiking to help address its prevalence. There are now some very good campaigns coming into play. We are submitting that in our evidence. In Bristol, for example, I think it is Home Office-funded. It will be excellent to have far more drink-testing kits in Nottingham, Lincoln and Newcastle. There are some very good police campaigns. They are usually joint campaigns. That



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will begin to help gather evidence and make a difference, but it is very early days, and we have no proof yet and will not probably for 18 months, as to their efficacy.

Q48 **Tim Loughton:** I have a final question. My apologies. I have a question in the Chamber, so I am going to be very rude and disappear, but my colleagues will ask further questions. Are there examples of best practice in other countries? You referenced international data and a lack of it. Are we in the lead here, or are there other places that have flagged this up and seem to have much better programmes to deal with it, be it for education, prosecution or whatever?

**Helena Conibear:** I think we are in the lead.

Q49 **Tim Loughton:** We are in the frontline?

**Helena Conibear:** Sadly.

**Tim Loughton:** Thank you very much.

**Chair:** I know that Simon Fell has a question in the Commons shortly as well. Simon, are there any questions that you would like to raise before you have to leave?

Q50 **Simon Fell:** Thank you, Chair. Julie, it strikes me that Lincoln University is probably ahead of the curve in what you are doing to raise awareness with your students and in drug testing. I am interested in your view. How much of the iceberg do you think you can see as a result of raising awareness among people going through your university?

**Julie Spencer:** It is difficult. We have just started this around drink spiking because it has become more and more talked about on social media. For us, at Lincoln, it was around what we could do to support that. Personally—this is not the view of the university; it is my view—I think this has always been there, but now we are encouraging students to come forward. We have carried out 30 tests in two months, but that is 30 tests that we would not have carried out if we had not started doing our social media campaign on the back of this.

Have we touched the iceberg? Quite possibly. I think it is the same as when we started talking, as universities, about sexual misconduct. Now that is increasing. I think that was always there as well. I think that possibly students will be more encouraged and braver. When we listened to the witnesses today, all of them had had an emotional impact. That is certainly what we are seeing in wellbeing. If we can reassure our students that support is available to them across universities, and not just Lincoln, hopefully we will see more come forward. I would be encouraged to see more come forward.

Q51 **Simon Fell:** As would we all; thank you. Obviously, you are equipping your students with knowledge and skills and drug-testing kits. Are you seeing changes in their behaviour as a result? Are you seeing more instances being reported?



**Julie Spencer:** Yes. We have been doing this for two months. We are definitely seeing more incidents reported. Of the instances we have had reported, we have only had one that was positive for drugs. I am not suggesting that they have not been spiked, but probably it is to do with levels of alcohol. Yes, most definitely. What has been reassuring for us at Lincoln is that none of those was in our own venues. The student union is incredibly proactive at Lincoln. They do drug testing in drinks and things at Lincoln, so students can go to the bar.

Again, I appreciate that this is the victims having to go and look for this themselves. I think there is some education there. For us at Lincoln, it is a collaboration. It is important that universities replicate that across the UK. This is an important issue for our students, and we have to keep them safe.

Q52 **Simon Fell:** Thank you very much. I have one last question, if we have time. Dawn, you mentioned earlier that you want to get a PSA ad out, a video to raise awareness. I know that your organisation produces a whole range of content to raise awareness and to help victims. I am interested to know whether you have a view as to what works where, and what works best. What is the most effective way to cut through to people who might become victims and to help those who have been victims?

**Dawn Dines:** We are all about being proactive. It seems to me that it is always after the event: "Oh, let's get a testing kit." Why don't we try to stop it, and nip it in the bud in the first place? That would be my ideal situation.

The criminal offence code needs to be changed as soon as possible. Obviously, we know about unattended drinks, but, personally, I am a smoker. If I am in a pub or a night club, every time I leave, I cannot take my glass outside. Why can't we just decant into a plastic cup like they do across Europe? We are leaving unattended drinks. It is a drink spiker's heaven to leave drinks.

I have taken my publican's licence over the last couple of years. I am actually a licensee now. There was not one question, when I went for my publican's licence, about drink spiking. I could go out and put on a festival or run a pub, and I would have no training whatsoever. I think the policy needs to be changed and updated on drink spiking.

With taxis, if you have someone who is off their head—even if they were drunk or if they have had their drink spiked—no taxi is going to take you home. How unsafe is that? We have people on the streets who have had their drinks spiked who are wandering around and cannot get home. That is a very serious thing.

In the police's defence, I have to say that it must be difficult to try to get convictions because we need to collect samples from the drinking vessel; we need to get urine and blood samples as quickly as possible; and check CCTV of the area. All of those little things add up, but we can do it with



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training and education, once we know that and once the person who works behind a bar knows that as well. Anybody can go and work behind a bar. I did when I was 18 years old. It is a job that is really easy to do, and there is no training whatsoever. Surely, we should have a small amount of training for anybody who is working in the night-time economy so that they understand what can be done about this.

Obviously, there is the drug classification. There is a bit of a wish list from me. For us to be able to get on to this crime and be proactive, first of all, Julie mentioned the Spikeys. They are brilliant. We have some great stuff out on the market at the moment that can help to protect drinks, but that is like putting a plaster over the problem. It is okay to protect drinks, but now we need to educate.

If we put 100 people in a room and asked, "Have you ever put any extra alcohol in someone's drink without telling them?", they probably have, if they are honest. I have done it before to a friend and put a double in. Now, with education, I would not do that. I would never do that again to anybody I know. I would always safeguard them and make sure that that is what they wanted.

Helena explained about the extra alcohol and the non-alcoholic drinks. That is such an important part. We had a young girl—I think she was 13 years old—who drank out of a Lucozade bottle. Someone had put copious amounts of MDMA in it, and she passed away. It is not just alcoholic drinks that get spiked. I think that needs to be shared as well.

**Simon Fell:** Thank you; that is very helpful.

Q53 **James Daly:** I am going to ask your opinion, because this can only be an educated guess. On the basis that I would quite clearly say that we accept that spiking is a criminal offence, and we will come on to the definition of what type of criminal offence it is, would you say that it is widespread? I come with the point of view of Mr McDonald, of naivety in respect of this, and I must apologise to the panel for that.

We are talking about probably the most widespread, repeated criminal acts at this moment in time in this country. On Saturday coming, if we were to have a table of the criminal offences throughout the country that were being committed, this would almost certainly be at the top of that table. Do you think that is a correct viewpoint?

**Dawn Dines:** Yes, I think it is definitely a correct view.

**Helena Conibear:** Yes.

Q54 **James Daly:** If we start off with that, it highlights the significance of this Committee's investigation, because we are talking about the most significant and repeated criminal offending in the country.

I thought that what Mr Loughton was saying to you was a very interesting point. This is probably what you are campaigning for, Dawn. I have just been looking through the Offences against the Person Act 1861.



I have been trying to find a criminal offence for the actual act of spiking. If nothing else happens, when you put whatever it is in a glass or whatever, what criminal offence is actually committed? If you are injected, it is quite clearly an assault of some kind and there are perhaps other offences. If you have witness evidence that somebody sees the injection, you may be able to get an assault conviction in respect of that. You have been campaigning on this for a long time, Dawn. If it is putting something into a drink, tell me what criminal offence that falls under.

**Dawn Dines:** That is exactly what we need to sort out today in this inquiry. At the end of the day, putting something untoward into someone's drink is a criminal offence. You can receive up to 10 years in prison for that offence, but it all depends on what criminal activity then happened—

Q55 **James Daly:** Dawn, let me take you a step back. When you say that putting something into someone's drink is a criminal offence, what criminal offence are we talking about?

**Dawn Dines:** Drink spiking can have a sentence of up to 10 years, but it has to have another crime associated with it.

Q56 **James Daly:** To clarify that, and this is a point that is really important, tell me if I am wrong, but I do not think that if somebody puts something into somebody's glass it is a criminal offence on its own merits. It is potentially an assault or something like that. It has to be related to another offence. It is an aggravating factor in another offence, effectively.

**Dawn Dines:** Yes.

Q57 **James Daly:** When you were quite rightly talking about the most serious sexual offences, it is an aggravating factor if a victim is drugged. That would be reflected in the sentence. What we are talking about here as part of this investigation is finding a way for the criminal law to penalise people for—I wouldn't say the simple act of spiking, but spiking on its own when there is no other consequence. I think that is something that we are going to have to speak to other witnesses about. The evidence from all three of you on that is incredibly helpful.

When Mr Loughton was asking about prosecution, that is one of the problems, isn't it? The police probably do not know what to charge people with. Dawn, you made a very perceptive point. This is nobody's fault, but if the drug is out of somebody's system after potentially six hours, that means that the forensic medical evidence is not there. Therefore, what is the evidence that the police can rely on?

There are challenges in terms of the investigation. We need to find ways or suggestions as to how to assist the police assist victims and see how these things can be investigated in a way that is sympathetic, thorough and can lead to outcomes. All three witnesses we heard from today had the most horrific assaults carried out on them, and nothing is happening. There seems to be a societal acceptance that this is what happens; this is



it.

I think it is really good and strong evidence, and obviously the universities are doing good work, but we have to have a stronger response. Education is very important and putting things on the top of bottles is very important, but we have to have a criminal justice outcome so that people know. It is all right telling people, "You shouldn't be doing this," but I want people to know that if they are doing it, they may well be going to prison. Am I unreasonable in that, Julie?

**Julie Spencer:** I do not think you are unreasonable. As you say, I think it is incredibly difficult. For us, it is being spiked with alcohol. Our data is that it is not drugs that students are being spiked with; it is possibly levels of alcohol. How do you prove that? How do you prove that somebody has been spiked with a level of alcohol for what they have chosen not to drink?

**Helena Conibear:** Sorry, but was that just one case?

**Julie Spencer:** No. Out of all our data we have had one positive for drugs, and the rest are alcohol.

**Helena Conibear:** How many for alcohol, out of interest?

**Julie Spencer:** For the people who have come to us, we are doing drug testing. Of the 32 we have tested, 31 are negative for drugs. Maybe 31 are positive for levels of alcohol.

**Helena Conibear:** Not spiked with alcohol but because they are drinking alcohol.

**Julie Spencer:** Yes.

Q58 **James Daly:** I am sorry for giving more of a speech than asking a question. In terms of the general points that I am trying to flesh out, Helena, what do you think in respect of some of those things?

**Helena Conibear:** The reason why spiking is so prevalent is that the perpetrators know that there are no ramifications at the moment. That is the bottom line of what we have to address and what this inquiry has to do something about.

Q59 **James Daly:** In terms of the criminal justice side and the police, can you give us some direction as to how you think we should suggest to them that we can improve things in respect of how these matters are investigated? We are going to have police officers and law officers, I am sure.

**Helena Conibear:** If we are going to address drink spiking, I think it has to be four-pronged. A&E and GPs should take it seriously and ensure that the evidence is collated and collected quickly. The police should do the same; ensure that it is taken seriously and that they have the equipment on site. I know that is what is happening in Bristol with the pilot



campaign. There will be widely available urine-testing kits and drink-spiking testing kits so that we can gather the evidence and keep the drink. Without that evidence, the prosecutions cannot happen. That is the police, A&E and any frontline services.

We must not forget the voluntary sector. People like Street Angels, Safe Space and Street Pastors do a wonderful job. Empowering them to collect evidence would be very helpful. We need an awareness campaign that also tries to change the mindset of potential spikers in the 16 to 18-year-old age group before they head off into the legal night-time economy or off to college, leaving the safety of home and their trusted friends. That is absolutely key.

Of course, there is a responsibility and a burden on the venues themselves to collect data, to have well-trained staff and to have CCTV footage. Some, of course, do that well through Best Bar None and Pubwatch. It is often the smaller and less regulated venues that we have to try to address in some way as well.

**Q60 James Daly:** Do you have anything to add to that, Dawn?

**Dawn Dines:** What Helena has just said is perfect. She mentioned the voluntary sector. We have the NHS walk-in centres. Why are we not utilising some of the things that are already in place? We know that we need to get bloods taken. It obviously always comes down to money—

**Helena Conibear:** Resources.

**Dawn Dines:** —and resources, and it is very expensive.

**Q61 James Daly:** I may have misunderstood, but at the start of this, Dawn, did you say that you are campaigning for an offence called spiking?

**Dawn Dines:** Yes.

**Q62 James Daly:** Is that what the campaign is?

**Dawn Dines:** It is so that it has its own specific offence code. Then, if we go to Greater Manchester or the Mayor of London and say, "How many drink spiking incidents have happened?" we can get the correct data. The data that you have supplied today has been fantastic, but trying to collect that data and for me to go through to present it to police and crime commissioners, for example—

**Q63 James Daly:** Can we just ignore the data for a second? You are raising a very important point, but what I am trying to say is that this whole thing needs an end point. The end point is that people know, with education and everything else like that, that you are going to get charged if you do this.

**Dawn Dines:** Yes.

**Q64 James Daly:** That is what you are effectively asking Parliament to look



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at, and say that on its merits, if somebody spikes somebody without their consent, there should be a specific offence.

**Dawn Dines:** Yes.

Q65 **James Daly:** We understand the difficulties of investigation, but that does not mean that we should not have the offence on the statute book.

**Dawn Dines:** Perfect. That is exactly what I am asking, and that alcohol is a drug, so that is included. You should also be able to get a prosecution if somebody is putting extra alcohol into somebody's drink without their consent.

**Chair:** James, it may be helpful for the Committee to get some information and advice from academics about how you could introduce a specific offence around this area. I do not know if the Law Commission has looked at it.

**James Daly:** I don't know.

**Chair:** Certainly, as a Committee, we want to investigate further about this specific offence and how that is possible to do, if it is possible to do it.

**James Daly:** Could I ask one more question?

**Chair:** Yes; ask one more question. We have Prime Minister's Question Time coming up.

Q66 **James Daly:** Apart from all the serious things we have discussed, one of the most alarming things for me is this. The reason I asked the question about prevalence is that it means we have a lot of people wandering around who think it is all right to spike people and that as a society that is what we do.

I know we do not have much time, but is that the case, Julie? From your experience, do you have a whole raft of young people in universities who think this is just a bit of a laugh and it is what you do on a Saturday night? Is that the experience that is being fed back to you?

**Julie Spencer:** It is not the experiences that are being fed back to us. I was listening to Zara earlier, and as a student that is what she was saying. We are seeing spiking happening at house parties. Therefore, that indicates it is with housemates. We do not feel that some of it is particularly malicious. It is probably for a laugh. We have to look at what consequences we should have for that. If we can move forward so that it becomes a crime, it is easier for universities to say, "Well, actually, if you do this and you think it's funny, these may be the consequences."

**Helena Conibear:** I should mention that there is outrage too among a huge number of young adults. I think the tide is changing against, "Oh well, it happens, doesn't it?"

**James Daly:** Thank you very much.

**Chair:** A very big thank you for your time this morning. It has been



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incredibly helpful to us at the start of this inquiry, really highlighting the areas we need to look at. We are just discussing a specific offence and whether that is the way to go. Thank you so much.

We have further sessions coming up during January with the police and local government to look at licensing. The points that Dawn raised will be really helpful in the questioning to those panels.

Again, a very big thank you for coming along this morning and spending time with us.