HOUSE OF COMMONS

Home Affairs Committee

Oral evidence: Spiking, HC 967

Wednesday 26 January 2022

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Watch the meeting

Members present: Dame Diana Johnson (Chair); Ms Diane Abbott; Simon Fell; Adam Holloway; Tim Loughton; Stuart C McDonald.

Questions 137 - 173

Witnesses

I: Joy Allen, Durham Police and Crime Commissioner, joint lead on addictions and substance misuse, Association of Police and Crime Commissioners; Dean Ames, Forensic Drugs Operations Manager, Metropolitan Police Service; and Deputy Chief Constable Jason Harwin, lead for drugs, National Police Chiefs Council.

Written evidence from witnesses:

SPI0036 - NPCC

Examination of witnesses

Witnesses: Joy Allen, Dean Ames and Deputy Chief Constable Jason Harwin.

Q137 **Chair:** Good morning, everybody. This is the third session of the Home Affairs Committee's inquiry into spiking. We are very pleased today to have this panel before us. I will introduce everybody and then we will have questions.

We have Joy Allen, Durham Police and Crime Commissioner and the joint lead on addictions and substance misuse for the Association of Police and Crime Commissioners; Dean Ames, Forensic Drugs Operations Manager at the Metropolitan Police Service; and Deputy Chief Constable Jason Harwin, lead for drugs at the National Police Chiefs Council. You are all very welcome.

I will start us off. One of the issues that has arisen in all the sessions that we have had has been data and prevalence, and trying to understand, as Members of Parliament, how widespread spiking is. Deputy Chief Constable, could you start us off with your assessment of spiking and whether there have been changes in recent times?

Deputy Chief Constable Harwin: Thank you, Chair, for the opportunity to tell you what we are doing about this horrific crime.

First, it is an under-reported crime. We know that from conversations we have with partners, particularly the charities, and also some victims who may not come forward at the time, but have come forward later.

There are two types of spiking. Unfortunately, drink spiking is not new. It has been happening in the UK for a long time. If you look at the levels of recorded crime for drink spiking for the years 2016-19—recognising that it is not a specified offence; there are a number of offences that it could be, which is an issue we will talk about later—you will see that the numbers have increased every year. In 2019, 1,903 crimes that could be related to spiking were reported. A challenge is that if it goes on to a second offence—rape or other offences—the original offence that could be linked to spiking, while recorded, is no longer identified in terms of how we flag it within our records. We would be aware of it, but the more serious offence would be the one that would be dealt with as the primary offence for that occurrence.

That is drink spiking. Since the beginning of September, we have seen the emergence of a new phenomenon in the UK: needle spiking. It is an assault. It is not a defined crime, but again is linked to similar crimes such as administering substances, and poisonous substances, all the way through, potentially, to secondary offences such as sexual offences or theft.

Between September and now, the exact figures for needle spiking are 1,382 reported incident crimes throughout the UK. It is not just one

area, but we do have some hotspot locations, which I know we made a submission to you about. As of today, we have 14 secondary offences that we believe are linked to needle spiking, for instance, sexual offences and serious sexual offences—all sexual offences are serious, but I mean even more serious sexual offences—all the way through to theft and robbery offences.

In terms of prevalence, we clearly have an issue in the UK. Importantly, we recognise the impact it has on the victims, particularly those who do not have the confidence to come forward. We recognise the challenges around reporting spiking and since we have been on this, since October, needle spiking in particular has enhanced our understanding of the issue not just from the perspective of law enforcement but also in relation to wider partnerships.

Q138 **Chair:** You mentioned the UK. Is this happening anywhere else in the world? Are we an outlier in this?

Deputy Chief Constable Harwin: Part of the work we do with law enforcement is through the National Crime Agency. We have set structures, with weekly meetings with the NCA since October. We are not seeing this phenomenon elsewhere in the world apart from, during the Christmas period, a spike in events in Australia. We are working with the Australian police to understand what that is about and whether they understand the motives, and the NCA is working with us to understand if there is any connection between what is happening in Australia and here in the UK.

Q139 **Chair:** Joy Allen, could I ask you to answer the question about data and prevalence?

Joy Allen: One of the challenges, and I have heard this from previous witnesses, is reporting and confidence in reporting. If we are to have good intelligence and good data, we need victims to feel confident about reporting things. It is quite staggering that only about 10% of victims of spiking feel confident enough to report it. To be able to work with and support the police with a problem-solving and partnership approach, we need the other 90% of victims to feel confident enough to report the issues. I feel that at the moment we are sometimes working blind because there is a lot out there that we do not know about—a lot of incidences that we are not aware of. Needle spiking has got the national attention—it has got the press on it—and people have come forward, which has been very helpful. Going forward, we want to address this by putting things in place, listening to what victims have said, and getting better data coming in to allow us to identify and prioritise where the problems are. For instance, if we get a trend—if we have been to four places and that happens a number of times—we might identify where the places are where spiking is more prevalent and we can look at the perpetrators, but if we are only getting one out of 100 victims coming forward, it is not very helpful for us. We need to support the victims and give them the services they need so that we can get the information we need.

Chair: Thank you. I will ask Diane Abbott to ask some questions now.

Q140 **Ms Abbott:** I want to ask our witnesses to reaffirm that they think needle spiking is a new phenomenon. I was struck when we took evidence from a doctor who said that he had not seen any needle spiking before last autumn. While we can understand that people might have reservations about reporting spiking to the police, a doctor either sees victims of needle spiking or does not. Maybe Deputy Chief Constable Harwin could explain why this is suddenly a real thing and not just a media phenomenon.

Deputy Chief Constable Harwin: First is the volume of calls received by the police service about this type of offence. We have not seen that before. Recognising the challenges about the different ways spiking can be recorded is clearly an issue that is starting to emerge. Universities were starting to raise the phenomenon of students saying they were worried about going into the night time economy because these things were happening to their friends and colleagues. We have not seen this, or the scale of this, before. In my role as national police chief lead for drugs, linking to all forces, when I started to have conversations with all forces, I found that each force was experiencing some level of reported incidences of needle spiking.

At the same time, we started to work around social media to understand what was being reported there and found there was lots of activity and concern, and a fear of crime around needle spiking from family and friends. Some work that has been coming back from the charities has highlighted more people coming to them for services.

Going back to health provision, when someone is needle-spiked, there is clearly a health need in terms of blood-borne viruses and disease. From our side, if this is happening, we need to make sure people know where to go to get the help they need, even if they do not want to make a complaint. We need to make sure individuals get the support to make sure there are no other consequences for them, let alone also being the victim of crime.

The volume of reported incidences and feedback, particularly from student unions, are issues—this is different—and that is why we have done all the things that we have done since September and October around new national working groups, working with all forces around investigation plans and so on, from first trying to understand the motive—because that is still not clear—all the way through to what more we can do to stop the offending. The reality is that the only way we will stop this is by stopping the offending, and if I am honest, that is what we have to do—we have to do that.

Q141 **Ms Abbott:** Do any of the other witnesses want to come in?

Joy Allen: I can give you an example from Durham, my force. Between October and December, 82 spiking incidents were reported. Of those, 37

were thought to be injection-related. After investigation, that number was reduced to 25, but that is still a significant number and it demonstrates a trend. As sometimes happens with a local MP in a university town, students were going to Mary Foy, our local MP, to report some of these things. Thinking again about the confidence in reporting—in coming forward—I think that number is just a drop in the ocean, because we know that a lot of people are not coming forward, but that does give an example of what is happening in my force area over a particular period.

Dean Ames: I concur, from the London perspective. Drink spiking has been an issue for many years, but needle spiking is very new.

Q142 **Ms Abbott:** To DCC Harwin: what difference would it make to the policing of spiking, particularly needle spiking, if there was a specific crime code for spiking?

Deputy Chief Constable Harwin: First, in terms of being able to identify it more quickly, nationally. While local forces should be picking up the trends through their systems, as they are doing, learning from what we have done around mobilisation and whether there is a national connection to the events is not as easy because we cannot get the data together as quickly because it might be spread over a number of offences. Even if spiking is not an identified specific offence, an offence being flagged as linked to a spiking event—whether drink-related or needle spiking—would help us to pick it out more quickly.

Ms Abbott: Making it easier to collate data.

Deputy Chief Constable Harwin: Yes, it does, and importantly, as Joy Allen said, we want to show the connection. We might get lots of calls about the same venue or location, and there may be a theme with other similar locations in one part of the country, but the same offender could be committing the offence in another part of the country, and the reality at the moment is that we cannot flag it easily as we would like to be able to without a lot of work, which is what we are doing at the moment around needle spiking. The reality is that we cannot readily connect offences or offenders straight away. It would help us to be able to identify the offence.

Q143 **Ms Abbott:** Have there been any successful prosecutions for drink or needle spiking which have not been linked to sexual assault or robbery?

Deputy Chief Constable Harwin: There are some ongoing investigations. It is a bit too soon to say. I cannot go into detail because it could compromise the investigations. Dean Ames will be able to tell you about the work we are doing on toxicology and some of the early results coming back from that work that would give us some indication of whether it is more feasible that someone could have been needle spiked because of the way the offence might have been committed. That work is in an early stage. Since October, we have had no positive outcomes in terms of people going to court. We recognise that the number of people

being prosecuted is too low. Despite the work we are doing with all forces to make sure we share practice and improve our response, the reality is that we need to do a lot more offender work: first stopping people, but recognising that they are committing a serious offence here and changing the behaviour of individuals, which is not just about when it is too late—when they have already committed the offence—but all the way through to before people even considering committing the offence. Again, we need to work with partners on that.

Q144 **Ms Abbott:** Why have there been so few prosecutions? Are you are saying that is because victims do not come forward and report.

Deputy Chief Constable Harwin: It is a mixture. First, if it is not reported, we cannot investigate it. If a third party, say the university, reports it, we can still investigate so I can give you an assurance that just because the victim has not reported it does not mean that we cannot do anything—we still do.

Secondly is the question of how long it has been since the offence was believed to have been committed that it is reported. Dean Ames will talk to you about the toxicology window of opportunity to get the best results.

Thirdly, and importantly, is taking account of the way this horrific offence is committed. Predominantly it is happening in a crowded place and it becomes more difficult if it is reported late after the offence. An important and clear message is that that does not mean we do not investigate it, but identifying potential suspects later means trawling CCTV whereas we could have captured some evidence at the time, through personal devices and so on, and caught the suspects at the time. I do accept it is very difficult for victims because the effect of a needle spike could come 30 minutes after it has been administered.

For me, this comes back to how we work with industry to make the environment very hostile for offenders, saying that we are not going to accept this in any venue, private or public, and that if people do see suspicious behaviour, they should report it to us early and not wait for the offence itself to be committed so that we can intervene if we believe there is reason to be suspicious. Unfortunately, we get very little intelligence about offenders. We need to do more with our intelligence systems and we are doing so.

Q145 **Ms Abbott:** We know that some cases have made it to court. What was different about those cases?

Deputy Chief Constable Harwin: Some of it is to do with the window of opportunity around the investigation and if more evidence is collected at an early opportunity. Some of it will be if it is a repeat offender, and we have seen a connection between offences and—without going into too much detail—can therefore start to show some of the digital examination work that we will do to locate individuals at certain times of the day in certain locations. Also the victim and witnesses to the offence may be

able to give us more detail about the potential perpetrator, which supports a stronger case for prosecution.

Q146 **Chair:** You mentioned flagging spiking on the system so that you are able to identify data much more easily. Are you saying that there does not need to be a change to a specific offence of spiking but that your computer system needs to be changed so that you can flag spiking? Is that what you are saying?

Deputy Chief Constable Harwin: Ideally we would have a specific offence of spiking but in the interim—and we are doing some of this for the needle spiking work—flagging spiking within the systems of how crimes are reported nationally through the regional crime units and so on would help us to identify the picture quickly now. My personal view is that in the longer term we need a separate offence for spiking because, first, it would highlight the importance of this crime and, secondly, and importantly for me, it would show how important we see it is to do everything we can to stop it in the first place.

Q147 **Chair:** So now we have that flagging on the system as an interim measure?

Deputy Chief Constable Harwin: Yes, and that continues to evolve because of the learning from needle spiking. We have that interim fix, but it is not the long-term fix we need. There are other things we could do to make it better, which would make it better for victims as well.

Q148 **Tim Loughton:** Clearly the big problem in this area is the lack of data, particularly around needle spiking, as it is more recent. The evidence that we had, largely from surveys and from students, which is obviously quite a rich source, said that only about 25% of incidents are reported to the police. For a host of reasons, it is not reported. The incidents that are reported to the police tend to be reported too late for the reasons you have just mentioned, DCC, and where you need to have quick testing. It looks as though probably there has not been a successful prosecution just for spiking. There have been prosecutions for sexual, financial and criminal offences in which spiking was a tool, but the prosecution was not for spiking. You agree that on the face of it there have been no prosecutions for spiking per se, other than there may be some ongoing things that you cannot, quite rightly, go into detail about, which is part of the problem, and I would like a comment from everybody on this, just to understand why. We have heard that about a third of spiking happens at private parties—preves, as they are called—according to students or whatever, rather than being perpetrated by a criminal unknown to the victim, probably, who are spiking for sexual gratification or, as we have heard, cases of people being taken off and having their cashpoints cleared and things like that.

We heard from witnesses that quite a lot of spiking is for kicks, which is extraordinary and seems so sadistic. As the DDC said, it is abuse, no different from punching somebody in the face in a nightclub. It is spiking

people to see them make fools of themselves. How true is that? Why do people do it for kicks? Is that a large part of it? What can we do about that, where clearly there is not a clearly prosecutable sexual or financial offence at the end of it? DCC, do you want to start?

Deputy Chief Constable Harwin: Yes, I am very happy to do that.

Part of the work we have done with the National Crime Agency is to engage their major investigations teams, their behaviour-assessments scientists ultimately—and again without going into detail because we do not have enough time. They would support an ongoing investigation, particularly where we see a series of crimes, trying to get underneath the motive.

The initial work, which continues, evolves as we get more information into the system, including on toxicology and so on. It shows the extremes of individuals seeing it as fun—which it is not: you can go to prison for a substantial amount of time if you are caught—through to individuals targeting victims, predominantly females, with a view to inciting continued fear of crime and looking for control, so not wanting females to go into the environment of the night time economy. We have seen four elements so far and the work of the assessment team suggests there are certain ways we could target our interventions around them. For individuals who see it as fun—I say again here that it is not fun; I must emphasise that—it is about changing behaviour and recognising that spiking is not fun. There is more opportunity through targeted campaigning, using the influence of the victim's voice, to say perpetrators need to understand the impact that spiking is having on the individual. Restorative justice is a good example of that, putting the victim in front of the perpetrator.

Campaigns will not work for the extreme piece. That is more for law enforcement—wider policing tactics—to identify and prosecute perpetrators. Again, that will not be just about spiking but will include other things.

With regard to are we clear about what the motive is, no we do not know exactly why we are seeing these numbers. We are working to hypothesise from believing it is fun all the way through to the extremes, looking at different tactics to address those issues and, importantly, focusing on the offender. I have said it already: the only way we will stop this offence is by targeting the offender, firstly through getting the offender to not commit the offence, particularly at the level of seeing it as fun, all the way through to making sure we are putting before the courts those who spiking intentionally, including to induce fear of crime.

Dean Ames: My perspective is that victims in a home environment tend not to report. Samples we have examined through forensic testing so far relate to incidents in the environment of the night time economy and not to the home environment. Awareness that there is still a window of opportunity to detect drugs several days after an incident, and

encouragement of victims to report, would help because there is still an opportunity to find evidence in support.

Joy Allen: What we don't know, we don't know. The perpetrator side is difficult. We have put a lot of focus on the victim's voice but we need to focus on perpetrators. One of the things I would like to do is through something like Crimestoppers: if anyone has a friend doing this for kicks, it is a crime and we want them to report it, and if they want to do it anonymously, they could do it via the Crimestoppers. Having more people coming forward when they see spiking happening or know about it happening might be one way we can get to understand what is happening and why.

Also, Crimestoppers has a facility for young people—Fearless. A lot of these incidents happen around young people. It would be good if we could encourage young people to share information about perpetrators—people who could be their friends who are doing this, sometimes for kicks. We need to get more information coming through because not enough people are reporting and we want to encourage people to come forward and flag the perpetrators up to police officers because we want to know who they are.

Q149 **Tim Loughton:** We heard evidence last week from Michael Kill, head of the Night Time Industries Association. Clearly there is a big problem in nightclubs and clearly that is where needle spiking is more likely to happen, on crowded dance floors where people are in close proximity. The stewards, staff and others should be a rich source of information. They know who is going in and out and they see what is happening. Michael Kill made the comment that when nightclubs hand over details of incidents to the police, "It just seems to fall flat". He is quite senior in that industry. Is that a fair comment? What initiatives are the police now taking to say, "Right, we need to talk to those people and get their take on it because they are there"?

Deputy Chief Constable Harwin: We gave you a submission on hotspot locations. Those areas are now part of the response to the issue that is taking place. In terms of sharing information, proactive looking to identify individuals that are suspicious and ultimately, potentially, are committing offences, all the way through to longer-term data sharing, are being developed. The important issue we have there—again, I cannot talk about individual cases of maybe where someone has given information and nothing has happened, but that is not good enough; it is not where we would want to be from a policing perspective—is that we need to make the environment hostile for potential offenders so that they know we are looking, that we are looking to identify them, and ultimately, that information is going to be reported to the police. The challenge around all this is always that it takes a bit of time, while recognising, as the security industry knows well, a real challenge around resourcing recently and that therefore probably some of them do not have the same capacity as in previous years. For us it goes back to data sharing. While some partners

may want to hide behind data sharing, my view is that under the Crime and Disorder Act, we can share this information because it is about saving lives and ultimately reducing crime.

Q150 **Tim Loughton:** Do you think there is a bit of a mind set—again, we got that impression—from the police and A&E, so that when victims do turn up at A & E, the default position is they have just had a bit too much or perhaps they have been taking drugs and their situation is self-induced, so rather than asking the next layer of questions—particularly when you have friends with the victim saying, "Hold on. One minute she was fine and the next minute she was completely all over the place. That is not the natural progression"—people still think, "Oh no, she or he's had one too many," or whatever?

Deputy Chief Constable Harwin: Trying to identify the difference between someone who may have had too much intoxication and someone who has been spiked, and the offences that might have been committed as a result, can sometimes be very difficult. We need to come with open minds that potentially this individual could have been spiked. That is the kind of work we are doing with police services at the minute if they get a call. It is also not just waiting for the call to come when a person has been a victim, but intervening if an individual appears to need help because clearly something is not right. It is intervention by any of the partnerships, including friends, saying, "Something is not right with you. Let's put you into a safe location. Let's try to understand what has happened, and if there is a medical need, let's get medical support." Ultimately, if we believe an offence has been committed, that a person has been a victim and we can follow the contacts.

As you can imagine, the night time economy is often a complex situation for staff, bearing in mind they are dealing with lots of different things at different times and in quite difficult circumstances, but that is not an excuse not to do the professional curiosity of asking what is happening here. It cannot be just a policing response, but that wider partnership response.

Q151 **Adam Holloway:** When this inquiry came up I asked my staff, "Why on earth would we be doing this? Is this a fashionable thing?" and they both—two women who had recently left university—corrected me. They both said they had friends who this had happened to.

To the deputy chief constable: obviously motivations are different but presumably you have been in an interview room with some of these people, so think about one of them and tell us what you thought afterwards about what their motivation was.

Deputy Chief Constable Harwin: The first question is why. It does not ever make it right, but when it is also the means to commit a second offence—a sexual offence or robbery—you can understand why they have committed the spiking offence. An issue for us is when we cannot see any particular gain for the individuals committing the spiking offence apart

from the one extreme of making sure that the person feels uncomfortable enough to no longer come out into the night time economy, all the way through to it was really funny to see the effects. We get those extremes.

Q152 **Adam Holloway:** Think about one particular case.

Deputy Chief Constable Harwin: The incidents that we have more success with are the ones where individuals have committed the spiking offence with a view to a committing secondary offence.

The incidents that are seen as being for fun are the ones where we do not have enough time to interview the individuals or are not identifying the individuals we need to have a conversation with.

Going back to the other ones—

Q153 **Adam Holloway:** Think about one particular person—a guy, presumably. Think back to that and tell us a bit about what you felt.

Deputy Chief Constable Harwin: The issue around it is that they do not get any financial gain or other behaviour gains from it. They do not get anything; it is just that they have managed to have the opportunity to see the effect on an individual that they may not have had any previous contact with, somebody they have never met before. They have seen a very quick response—and it is often very quick—and an impact on the victim. What that kind of perpetrator does not see—this is from conversations with any offender—is the consequence of their action, and not just the there and then, but what it feels like for the victim.

Q154 **Adam Holloway:** I am sorry to press you, but can you just try to think of a face and think of an interview, and tell us what you thought, coming out of that particular interview, was the motivation?

Deputy Chief Constable Harwin: Why? Why would you do it? First, it is horrific. The reality for me is that there is no sense behind it. Why would you do it, apart from if you are getting a kick from seeing the effects? The reality is that if they are doing it, they need to understand the consequences. My frustration is that they also need to understand that it is a serious offence.

Q155 **Adam Holloway:** A final attempt: can you think of one particular interview and tell us what you thought, during that interview and afterwards, about the motivation of that particular individual?

Deputy Chief Constable Harwin: It is that piece of not understanding why you would do this. Why? You do not understand the consequences of what you have just done.

Q156 **Chair:** I think Mr Holloway is trying to ask you if there is one particular case you could refer to that perhaps was a successful prosecution. What was the motivation of that individual in that case and what did you think when you came out from the interview?

Deputy Chief Constable Harwin: My point, I suppose, is that I am giving you generalisations about what I know from the investigations we have been told about.

Where we have had success are cases where there have been secondary offences and supporting evidence. I hope that answers the question.

Chair: Okay. It might be helpful—

Deputy Chief Constable Harwin: I hope you appreciate that I wasn't—

Chair: You are probably not interviewing, yes.

Adam Holloway: Have any of you other guys interviewed these people?

Chair: I am not sure we can do that, Adam.

Adam Holloway: It is an important point, isn't it?

Chair: It is.

Adam Holloway: It goes back to why is it happening—why is this taking place?

Chair: I don't know whether you might have an opportunity to provide some reflections to us, if you do have officers who could give us some examples of what their understanding was of the motivation. Okay? Thank you.

Q157 **Simon Fell:** Picking up from Mr Holloway's point, Deputy Chief Constable Harwin, I think you spoke about 14 secondary cases, which is a staggeringly low number from the primary cases. In your minds, what drives that drop off? Is it that people are not coming forward? Is it that you are not seeing the secondary crime because you are not necessarily picking it up? Is that people are just going home and then there is no evidence base to do anything with?

Deputy Chief Constable Harwin: I think it is a mixture of those things. First, clearly some will see being the victim of the secondary offence as more serious than the original spiking offence. We get evidence such as, "I don't know if something happened to me or not. I am not certain if I have been spiked or not," so we get into that dilemma for the victim of being not certain and so not reporting it.

Spiking is a serious offence in itself, but in our response to other serious sexual offences, the well-established protocols of the sexual offences referral centres will kick in where, as we are now doing for needle spiking, there is extra capacity in terms of support for the victim. The SARCs are a good example. A victim would be referred to the SARC, samples would be taken and there would be ongoing support for that individual looking to make sure that they are not just supported there and then, but also through the ongoing investigation. There is an extra

layer of investigation because of the secondary offence that will not necessarily be there for that first offence.

The point I go back to, because it is so important, is even if it is through third parties that these offences are reported, it helps us to build the picture to do what we are trying to do, which is catch the offender. As the commissioner touched on earlier, the fact it may have been at the same location on a number of occasions provides us with an investigation opportunity to do some work with the industry and the location, without going into the details of that now, to say where is the commonality and what may have been happening in that location at that time and at these events.

To me, it is a mixture of all that and the reality is that the protocols that already exist and are well established around the secondary offences provide an extra layer of support and, ultimately, hopefully, confidence for the victim as well. We need to get back to spiking so we will talk a little bit about the A&E piece and everything else we can do around that.

Q158 **Simon Fell:** Thank you. Could I build on that for a second before coming on to the main point? I am interested in understanding how organised this is. We have heard from previous witnesses in other sessions of a lack of awareness about the spiking of drinks or physical spiking reaching certain age groups and demographics that it is seen as perhaps not a problem in middle-class wine bars but more of a clubbing thing. We are seeing some of those prejudices being broken down, but as a result of the lack of reporting and the lack of follow up through prosecution, we have a gap in our intelligence. I am trying to understand from your perspective how much of this you think is organised and is being driven by a controlling mind of some kind and how much of it is random activity?

Deputy Chief Constable Harwin: We do not know the exact detail of the levels. Motive-wise, it could be the extremes. Clearly for anybody to commit the offence, there has to be some organisation, individually or collectively. Offenders are going to have to have alcohol to put into other alcohol, or other illicit substances that could be used to spike drinks or for needle spiking, and will have to go with a means to deliver the effect.

The issue for us again goes back to trawling to see is there any connection between these offences across the country or region. That work does not just link into toxicology, because we may see the connectivity with toxicology, but goes through to online presences, both dark and open sources. Without going into detail now, at the minute there is nothing to say we are seeing a national co-ordinated activity but clearly we need to keep an open mind around that and that is an ongoing conversation we have with the National Crime Agency, recognising that social media is not confined to the UK, that there is an international flavour to it and looking to see if there is anything else happening outside the UK that can influence individuals in the UK to commit the offences?

Simon Fell: Thank you. Ms Allen, you looked like you were chomping at the bit to get in on that.

Joy Allen: It takes me back to an earlier point. Sometimes the victims do not know who the perpetrator is and it is just one of these crimes that happen and seem to be invisible, but somebody is doing this. It takes me back to the point I made earlier. We want the people who know the perpetrator and know that this is going on to tell us who it is and why they are doing it. Some of the motivation is because we are a bit in the dark. We understand what is happening, but we need a lot more people to come forward to report to be able to give you any information about perpetrators and motivations, and how we can prevent the offence from occurring in the first place.

Dean Ames: I can also add some context. The vast majority of secondary offences are sexual secondary offences. When forensic toxicology analysis is undertaken the vast majority of samples detect alcohol in the victim, not drugs. Fewer than 10% of actual samples tested detect an additional drug. I would say that needle spiking is at a similar level, no more than 10%.

Q159 **Simon Fell:** Thank you; that is helpful and takes me neatly on to the next part. You have all spoken about co-ordination and trying to drive best practice. You all represent different parts of the establishment that will be responding to this. What co-ordination is going on to make sure that best practice is being shared? What are your views on whether a national strategy for this is what is required to crystallise what is good here and what needs to be done going forward? Ms Allen.

Joy Allen: PCCs are ideally placed to convene meetings from a partnership perspective, as we did in Durham, to bring people around the table to understand it. We have talked about the night time economy and the leading of the night time economy. In West Mercia, they have spent £9,000 supporting the training of bar staff in prevention to stop people being spiked, but it is very much about local solutions to local problems. University towns have their university drug and alcohol services—the pastors and people like that—as well as your local authorities, the police, and the students unions, so you have the right people who can engage and that is the best way to do it. You are absolutely right: if you get good practice it comes from a partnership approach, and that is where Commissioners, with the support that we have, in small pockets—I think this has been mentioned in previous sessions as well: Safer Streets, violence against women and girls support—but we need more of that to provide for more preventative services, more awareness-raising and bringing people around the table. It is not just about money; it is about how we can influence and get that information out to do the prevention side, to raise awareness and encourage reporting.

Dean Ames: I have worked with all police forces to develop the National Forensic Strategy to help to deal with this issue. It is very focused and the priority is the welfare of the victim; that is the key No. 1 priority.

Secondary are the forensic opportunities that can arise and usually that means a prompt forensic sample of urine is taken. Police have early-evidence kits that are readily available. As long as a urine sample is taken as quickly as possible, bearing in mind that the priority is the welfare of the victim, there are forensic opportunities to determine whether a drug has been used.

Deputy Chief Constable Harwin: Certainly from a national perspective, as we said in our written submission, when we saw the emergence of the needle spiking we triggered what is called the Gold Group, a national co-ordinating group, with all law enforcement. That includes all law enforcement internationally and nationally, along with key stakeholders from other areas of business, including the Home Office and APCC and, in terms of a law enforcement element, what are we doing and what we need to do. That links into a national tactical working group with all forces linking into us on a bi-weekly call to share practice and investigations, seeing if there is any opportunity to connect, and providing opportunities to see if there is anything nationally that we can help with locally.

What we certainly need to do links into the commissioner's point. The commissioners have a great opportunity to hold the community safety partnerships to account for what they are doing around this. They are already established and should be the ones to pick up some of these issues.

In terms of longer-term strategy, we do not want to deal with this in isolation. When you look at the profiles of victims, it does link into the work we are doing around women and girls. We are already working with my colleague, Maggie Blythe, who you have probably heard from or will hear from in the coming weeks and months, to see how we can link this into the framework for that work as well, because the reality is it is very much predominantly women and girls who are the victim in these offences.

Q160 **Stuart C McDonald:** I would like to ask a few questions to go into a little bit more detail about what was described as a toxicology window of opportunity earlier. Dean Ames, the first couple of sessions left me with the impression that it was quite a narrow window of opportunity, but you spoke about several days. Can you clarify that?

Dean Ames: The optimum time after an incident for a forensic sample of urine to be collected is within 12 hours. That is because there are some potential drugs that could be used that are rapidly metabolised and will leave the body quickly. Ideally, 12 hours is optimum; 24 hours is still a good window of opportunity. As days progress, because drugs metabolise differently, they will leave the body at different rates. At the moment we are allowing a forensic submission up to seven days after an incident to give the opportunity to detect a drug. Part of the learning from this approach is to understand what is the viable maximum time a forensic sample can still be taken and detect a drug. Three to five days has been

commonly the window of opportunity used by policing. We have extended it to seven just to maximise the opportunity, but I think three to five days would be the maximum for some slowly metabolised drugs; 12 hours is optimum, if we can.

Q161 **Stuart C McDonald:** The message we need to try to get out there is that even if 24 or 48 hours have passed, it is still worth—

Dean Ames: It is still worth it, yes.

Stuart C McDonald: I take it, though, that even within that seven-day window of opportunity, it is the earlier the better, and there is a significant drop off in effectiveness.

Whose responsibility is it to take that sample? There have been some references in the responses to our survey about the frustration that A&E did not take a sample and the police did not take a sample soon enough. Would it have to be taken by the police if it was ever to be used in evidence in a criminal prosecution?

Dean Ames: We need a chain of continuity. If a medical professional takes a sample, that is fine as long as they can be accountable for it. We have examined a sample in this current testing process taken by the victim. The victim took her own sample, stored it for two days and then we examined it. It does not preclude the building of the knowledge basis if this is happening but ideally for a chain of continuity you would want a proper rigid process that has clear accountability.

Q162 **Stuart C McDonald:** Would that cause complications with a criminal prosecution, though?

Dean Ames: Potentially it is something the defence could challenge, but ideally it would be a police officer that takes the sample. A police officer has the capability of taking a non-intimate sample. Early evidence kits are readily available to collect a urine sample.

Q163 **Stuart C McDonald:** When would police attend and take a sample, for example, if there had been a report? How does that operate?

Deputy Chief Constable Harwin: As soon as we get confirmation that there may have been a victim of an offence. Obviously when we can get to the victim, we should take that earliest opportunity to get that sample. That is how it should work.

Clearly, we do have the potential, as you have touched on already, of delays of reporting, and we do have examples—as have been given in evidence here—of attendance at A&E where people have been very poorly from the effect of what has happened. Again, there is an issue about who takes the sample when it is done at A&E.

We already have protocols from conversations we had with the A&E departments at the minute—and I think with your witness that came forward—to agree policy around it. We already have policy around SARC

and the force medical examiner that she will come to take samples in the hospital. Clearly if the person is in a position where they are not capable, because of how ill they are, their welfare comes first, but the reality is we can utilise the FME structure to get samples if we needed to.

As Dean Ames said, frontline responding officers can also get that first sample if the person is fit to give it.

Q164 **Stuart C McDonald:** We have heard about a pilot that has been put in place by Norfolk and Norwich University Hospital supplying testing kits to venues and handing them out to potential victims. Apparently they can identify 1,600 compounds from a urine sample. A medical witness last week expressed some surprise at that. He said that was very different to the test they were doing in A&E. What are your thoughts on that? Does that provide a reliable test? Is this the answer to the capacity challenge that we face?

Dean Ames: I will put it into context. At the start of these incidents first being reported, policing had very little ability to respond and provide support to a victim. I could understand why policing had taken the option to use a drug testing kit. The problem we have with any drug testing kit that is now being used, that is now available, is that none of them has been verified and validated as fit for purpose, so we do not know whether they can reliably test—certainly 1,600 drugs will be a challenge and we do not know if the test results could be false positives or false negatives. Telling victims they have not been spiked on the basis of a drug test kit does present some risk because that information could be wrong.

In partnership with Eurofins, a forensic provider, we have developed a rapid testing service where the urine can be tested through a validated, accredited process that meets core standards and gives us a reliable result.

Q165 **Stuart C McDonald:** Are you saying that a pilot such as that could be counterproductive if it means that people are relying on an unreliable kit instead of providing a sample to the police directly?

Dean Ames: It has some risk. Such a kit, if it was shown to be proven to be reliable, could have great benefits for policing, interacting at the very earliest stage. The challenge is in providing the evidence to show the kit is reliable. One of the learning objectives of the testing we are doing now is to try to see whether, if police were to use the test kit with the urine sample and produced a negative or positive result, you would want them still to submit the sample for proper forensic testing to validate the result—is it positive; is it negative? Then we will have a much better understanding. The problem is that we do not have that understanding yet.

Q166 **Stuart C McDonald:** My final question then is: are there issues in terms of capacity or cost in connection with the number of these tests that can be carried out?

Dean Ames: I do not know whether the Committee is aware that there are certain challenges in forensic toxicology at the moment. There are many cases where policing cannot submit samples because there is insufficient forensic capacity to examine them. There is a shortage of forensic expertise in this country; we have to manage cases and all 43 forces in England and Wales are facing this problem.

When the drug spiking issue arose with lots of potential samples it caused further strain for the forensic toxicology market. It was a question of finding an alternative solution. That is what we have done. We have found a solution where we can still rapidly test urine samples presented by victims in order to give the assurance to the victim whether they have been spiked or not. In comparison, for a full serious toxicology case, we would have to wait six months or more at times. We can now provide these results within two to three weeks so that we get a rapid response to support the victim, and also build the understanding of what drugs are being used and how common or not they are.

Q167 **Stuart C McDonald:** How were you able to put that in place? How did that transformation occur?

Dean Ames: With the assistance of our friends at Eurofins; they stepped up and we have worked with them to develop this rapid testing service. It is not the same as a full case toxicology service, but it provides us with the information to move forward and learn.

Q168 **Stuart C McDonald:** Would that have any implications for a criminal prosecution? Would it be just as reliable?

Dean Ames: It is. That was the key part of this process. We wanted any result that was produced still to be evidentially viable. It still goes through an accredited process that is validated and if there are positive results that need to be upgraded to be used as evidence, that can still happen.

Deputy Chief Constable Harwin: There is a cost implication for forces, however, which is important. Forces have to pay for that additionality. They are paying it in the short term, but clearly if this is so important—and it is important to us—we need to look at sustained opportunities around it, which is a wider conversation.

Dean Ames: It is a fraction of the cost of the full toxicology analysis.

Stuart C McDonald: Is it possible to get figures sent to the Committee about the cost? Thank you very much.

Q169 **Chair:** Mr Ames, you talked about being able to use urine samples for up to seven days. There was reference in the papers to hair samples as well. Could you just explain that? How long can you use a hair sample?

Dean Ames: Hair samples would be the last resort as an evidential opportunity. Hair analysis takes a long time. It is quite costly and it doesn't provide such a specific result. If a hair sample is taken after an

incident you have to wait four to five weeks for the drug to enter the roots of the hair. You then have a window between five weeks and 11 to 12 months where a drug test is still viable, but it will not be specific to a particular day. There might be a range of a week or two weeks when you can say the drug has been detected in that region, but you cannot be specific to a particular incident. It is useful wider knowledge, but it is not specific to an incident. It has more limitations that way.

Q170 **Chair:** That is very helpful, thank you. Just before we finish, is there anything in particular you feel that we have not asked you about that you would like to tell us about this morning? Is there anything that you think we should be mindful of when we are writing our report. Could I start with Ms Allen?

Joy Allen: One of the things I was going to suggest to the Committee is that the Association of Police and Crime Commissioners does not have a position on spiking as a separate offence, but as DCC Harwin mentioned, it may be something the Committee would want us to ask our PCC colleagues about and report back. I am sure we could do that to see if there was any support among my colleagues that could inform your recommendations.

Q171 **Chair:** I think that would be very helpful so we would like to take you up on that, please. Is there anything else that you feel we need to be aware of?

Joy Allen: We have covered a lot but for me, from the victim's point of view, it would be if there could be a support service where we could get them to report offences or their issues confidentially so that we could get the intelligence to allow us to identify where these things are happening.

Dean Ames: We talked about data at the start, so I will give you some data. We have analysed 100 samples to date and approximately 50% of the samples detected no drug or a drug of no concern. A drug of no concern would be paracetamol, which is commonly used, and another common one we have detected is quinine. Quinine is an active constituent of tonic water, and people might have consumed tonic water or a gin and tonic on their night out.

Approximately 20% of the samples that contain a medicinal or therapeutical drug that is likely to have been voluntarily consumed by the victim. However, one of those drugs is diphenhydramine, a readily available antihistamine, and there is a suspected drug spiking incident—we are yet to confirm it—involving just diphenhydramine. It is a sedating antihistamine used to help travel anxiety. Potentially someone has added that.

Thirty per cent. of the samples contain a controlled drug, but I have to put that into context. Many controlled drugs are prescribed or used in medical emergencies and we are seeing quite a complex range of drugs detected, several in one sample. We have to then account for what the

victim has declared using and remove that, and whether there has been any medical intervention resulting in any drug being detected. Then we are left with the drug that is outstanding and could well have been used. We are going through that process now.

In two samples we have detected psilocin, which is a class A drug—a magic mushroom constituent, likely to be an extract. I do not believe anyone would have voluntarily taken that. Another one is GHB, which is a class C drug. That is commonly used as a sedative in sexual offences. We have had one detection of that so far. We have had a small number of positive suspected spiking incidents to date.

Chair: Thank you, that is very helpful.

Q172 **Tim Loughton:** I have a question on that. We had evidence before from a doctor that suggested it would take quite a big dose of some of those drugs to have the debilitating effect.

Dean Ames: Yes, it would.

Tim Loughton: Which makes it all the more unfeasible for somebody to inject a moving victim on the dance floor or whatever without them noticing before they got an appreciable amount to the bloodstream. That did not seem to gel with needle spiking being such a big thing. I am still confused as to how prevalent it is.

Chair: When you answer that, can you say if when people have been drinking alcohol it magnifies the effect of an injection, if you see what I mean?

Dean Ames: Certainly if people have been taking alcohol and then consume a drug, yes, it can have an enhanced effect, often detrimental. Around the question of how long it takes for a drug to act, some of them can take 20 or 30 minutes before you get the effects. Maybe due to the ignorance of the assailant about how the drug works, they may not know how long it takes. The issue we have with GHB—or GBL, which is the liquid form that is commonly available—it that it is quite a viscous liquid. It would be very difficult to inject that into somebody and for them not to notice. You may not get a sufficient dose to have the effect you want.

Q173 **Tim Loughton:** That is for the needle spiking. So it is more likely that these cases are where somebody has tipped it in their drink, you think?

Dean Ames: Of course somebody could have a drink spiked and then still have been attacked with a needle—that is possible, yes.

Chair: DCC Harwin?

Deputy Chief Constable Harwin: I have an ask of the Committee. Dean has touched on this already. GBL is a class C drug at the moment. It is going through reclassification to class B. We seem to be taking a long time to get that reclassification, so if you could make that quicker, it

would help us. Obviously in sentencing, the significance and so on would be emphasised.

On the classification of the offence, the ideal for us would be for spiking to be a defined offence, which would bring lots of benefits in terms of understanding and, importantly, enhanced support for victims.

I think there has been evidence given about the responsibilities of A&E reception. You will be aware they have some mandatory requirements under regulation to report certain incidents to the community safety partnerships. At the minute there is debate about whether spiking should be one of those because it is a violent crime. My view is that, yes, it should. Even if we do not have the victim willing to support a case due to courage and confidence issue, at least we are aware of it if that event has been reported to the hospital. That would also help us.

The last one for me is to focus on the offenders. We have to do more work through education, particularly of young people, particularly those going into the ages where they could be students and not just in terms of being victims—yes, that support, too—but if they are thinking about doing this as fun, recognising that it is not fun, and it is education all the way through to us needing to get more information from all of the members of the communities, including partners, as to who is committing this offence because at the moment there is not enough information coming into the system and we need to do more about that.

Chair: Thank you. This has been a very helpful session. It concludes our inquiry into spiking and has been very useful. Thank you all for coming along this morning and providing the evidence you have given. It has been very helpful. Thank you very much.