

**Written evidence submitted by NPCC (SPI0036)**

**1. Introduction**

In response to the Home Affairs Select Committee investigation into Spiking, the following report provides a high-level summary of the National Police Chiefs Council approach to drinks spiking and more recently, the emerging issue of the believed use of needles to administer drugs or other substances to victims – needle spikings.

**2. Executive Summary**

2.1 Whilst drink spiking is unfortunately not a new occurrence, having been reported on for many years the emerging feature of using hypodermic needles appears to be unique to the United Kingdom with limited occurrences outside the U.K.

2.2 We recognise the significant impact on individuals of being a victim of spiking, particularly when it disproportionately affects females more.

2.3 Since the beginning of September 2021, we are aware of 1,032 cases of needle injection, most of which occurred in the month of October. Information is still required regarding substances; delivery means and motivation or communities of offenders. Of these 1032 cases, where gender has been recorded, 868 victims have been female and 123 males. Although not exclusively targeted against young persons, the average victim age is 22.

2.4 The force areas with the most reported needle spike cases are Nottinghamshire (154), Merseyside (92) and Northumbria (85).

2.5 Police have responded swiftly to co-ordinate the response to this issue nationally and locally. Support has been provided by the National Crime Agency (NCA) and other law enforcement partners. The National Police Chiefs Council (NPCC) has engaged with key partners from other portfolios including Violence Against Women and Girls, night-time economy, sexual offences, and alcohol, bringing together other stakeholders from the security industry and Public Health. Locally, forces have engaged with industry, health, and local authority partners to develop a response. The evidence base continues to build and develop to support effective prevention and intervention, and ultimately to bring offenders to justice.

2.6 A Police Gold Group has been chaired by Deputy Chief Constable Jason Harwin (NPCC Drugs Lead) and a Partnership Coordinating Group was chaired by Deputy Chief Constable Rachel Kearton (NPCC Lead for Alcohol Licensing and Harm Reduction). Both groups brought Law Enforcement, industry leads and stakeholders together to understand concerns and allow for relevant information sharing around this topic, with a key focus on understanding the motive of these offences and identify and bring those responsible to justice

2.7 An effective Police response requires a collaborative approach with partners. Solutions could include but are not limited to more robust searching prior to entry to pubs and nightclubs. Whilst it's

important we look to prevent such offences in the first place, its essential victims have confidence in reporting and law enforcement work hard to identify those responsible.

2.8 There are several challenges experienced by Police. These include:

- A clear understanding of motive, particularly for needle spiking related offences where very few have seen further connected offences.
- Data quality and clear criminal offences • Forensic capacity for toxicology examinations. • Confidence of victims to report early
- The limitations of testing kits.
- A consistency in approach by Accident and Emergency departments.

### **3. Response to Drink Spiking**

3.1 Drink Spiking is when someone puts drugs or alcohol into a person's drink without them knowing.

3.2 There are several criminal offences which can be recorded depending on the circumstances.

- Section 61 of the Sexual Offences Act 2003 makes it an offence for someone to administer a substance (or cause any substance to be taken) by another person who does not consent to taking that substance, and where the offender intends to stupefy or overpower the victim so that any person can engage in sexual activity with the victim – this covers the “date rape” situation.
- Administering a substance with intent, Section 61 Sexual Offences Act 2003. This can be tried in either the Magistrates court where the maximum sentence is 6 months imprisonment or Crown Court where the maximum sentence is 10 years imprisonment.
- Administer poison with intent to endanger life/inflct Grievous Bodily Harm (GBH), Section 23 Offences Against the Person (OAP) Act 1861, maximum 10 years imprisonment.
- Administer poison or noxious thing with intent to injure, annoy, or aggrieve, Section 24 OAP 1861. This is an alternative offence that could be utilised for investigative purposes and carries a maximum 5 years imprisonment.

3.3 “Hot spot” locations feature night-time economy venues frequently, but not exclusively. National profiling revealed more offences were reported in University towns, with the Nottingham area being one of the more prevalent areas.

3.4 In relation to victims, the majority of victims have been found to be females in the early 20's age bracket, however, victim demographics have included males and female genders with varying ages.

3.5 Offender profiling has been very limited to date – frequently reports are “delayed” with limited investigative opportunity around exactly when and where the incident happened, which therefore impacts on finding out who is reasonable for committing the crime.

3.6 In more recent times the response to drink spiking nationally has included safety message campaigns to members of the public in relation to looking after their drinks, not leaving them unattended, and not accepting drinks from strangers. There has been limited opportunity to put in place meaningful prevention measures across night-time economy venues. In 2019 an initiative in Plymouth took place in response to a rising number of drink spiking reports (Operation Opossum).

3.7 This saw a coordinated and focussed approach when reacting to reports of potential spiking. Despite numerous venues in the Plymouth area being engaged with the police, 51 customers requested drink spiking kits, with only 1 testing positive which led to an arrest. There were a further 11 reports made directly to Police. Of these reports of potential spikings being investigated, only 4 were recorded as a crime, which includes the report leading to an arrest. The remaining were not crimed due to admissions made of voluntarily taking illegal drugs in 3 of the cases and negative tests in 5 of the samples. (Source – [www.24hourbristol.co.uk/plymouthdrinkspikingtrial](http://www.24hourbristol.co.uk/plymouthdrinkspikingtrial) . There are currently no plans to roll this initiative out wider.

3.8 There are numerous challenges surrounding reports of drink spiking. Firstly, identifying those reasonable for committing such horrific crimes because of the environment the offences are committed in. The importance of continuity of evidence around where/when a victim's drink was spiked. With a typical scenario being a victim quite mobile within a night-time economy venue, this presents several potential opportunities for an offender to administer a substance. There are often varying delays in the victim having a reaction to the substance, and a variance in any substances being administered, and this results in investigative opportunities to gather definitive evidence being sometimes limited. Depending on the time between a spiking incident taking place and the evidential securing of a urine/blood sample, the forensic detail which can be established can also vary greatly which is an additional challenge.

#### **4. Needle Spiking**

4.1 Needle spiking (sometimes referred to as injection spiking) is where someone surreptitiously injects, with a hypodermic needle, (or other form of administration e.g., combi-pen) a victim with a substance.

4.2 Needle spiking incidents are recorded as violence with injury offences. At individual force level where there are significant numbers of incidents recorded, this trend may drive significant increases in recorded serious violence both within police data but also potentially within hospital admissions data. In Merseyside and Nottinghamshire for example the volume of recorded incidents in the 3month period considered accounted for 11% and 20% respectively of their recorded most serious violence offences (Section 18 Grievous Bodily Harm with Intent, Section 20 Malicious Wounding both Offences Against the Person Act 1861 and personal robbery). This may drive transient increases in recorded serious violence nationally.

4.3 Whilst there is no specific offence of 'needle Spiking' the most recorded offences are:

- Administering a substance with intent (Section 61 Sexual Offences Act 2003) This can be tried in either the Magistrates court where the maximum sentence is 6 months imprisonment or Crown Court where the maximum sentence is 10 years.
- Administer poison with intent to endanger life/inflict GBH (Section 23 Offences Against the Person Act 1861) Maximum 10 years imprisonment
- Administer poison or noxious thing with intent to injure, annoy, or aggrieve (Section 24 OAP 1861) Maximum 5 years imprisonment.
- Section 18 Grievous Bodily Harm or Section 20 Malicious Wounding, Offences Against the Person Act 1861. Section 18 the maximum sentence is life imprisonment, whereas for

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Section 20 this can range from 6 months imprisonment up to 5 years imprisonment dependant on whether the sentencing is in a Magistrate's or Crown Court.

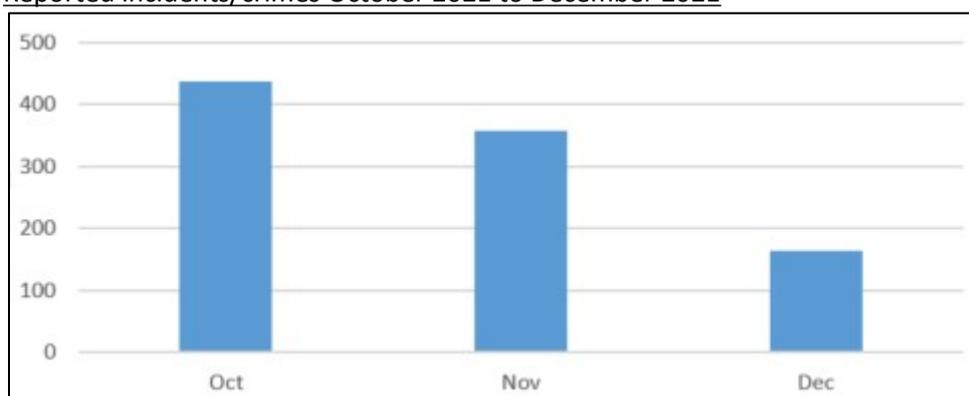
4.4 In addition to the four offences listed above, there are also the more well-known offences of Assault by Beating (Section 39 Criminal Justice Act 1988) and Assault Occasioning Actual Bodily Harm - AOABH (Section 47 OAP 1861) that can be considered. These carry maximum sentences of 6 months imprisonment for Assault by Beating and either 6 months or 5 years imprisonment for AOABH dependant on whether the sentencing is in a Magistrate's or Crown Court.

4.5 Given the wide range of offences available that can be crimed, data about needle spikings is dependent on keyword searches and flagging by individual forces. Therefore, it is only an estimate of the true volume of offences and comparisons between forces and should be treated with caution. With a specific offence of Spiking, this would enable a far more accurate picture to be realised, rather than relying on individual force applying the relevant flags.

4.6 Data has only been collected since the beginning of September when early reports began to emerge.

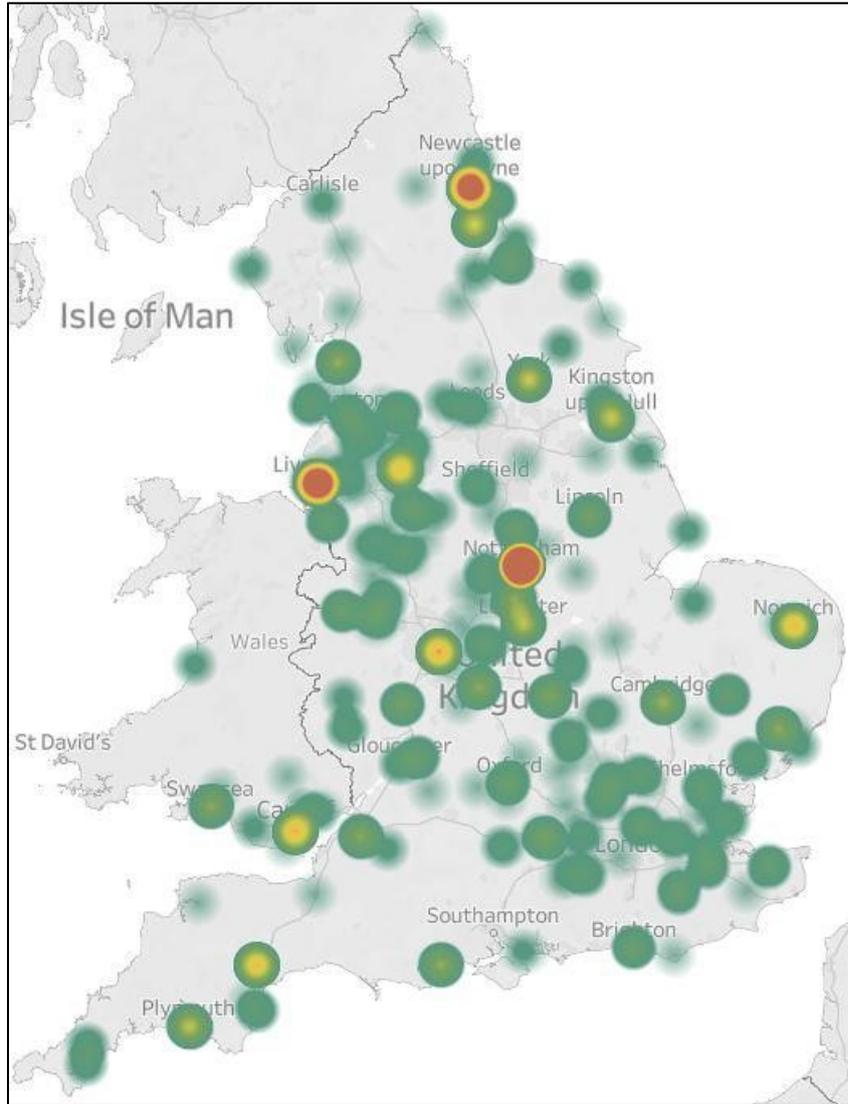
4.7 Nationally 1032 incidents were recorded between the beginning of September and the end of December. During September low numbers of incidents were reported. A significant increase in the volume of reported incidents started in the week ending 17th October, peaking in the week ending 31st October. In subsequent weeks there has been a steady reduction in the number of incidents recorded. Widespread press coverage of the issue started in the week ending 24th October coinciding with the largest step change in the volume of recorded incidents. However social media reports of needle spiking, especially among students pre-dated this.

Reported incidents/crimes October 2021 to December 2021

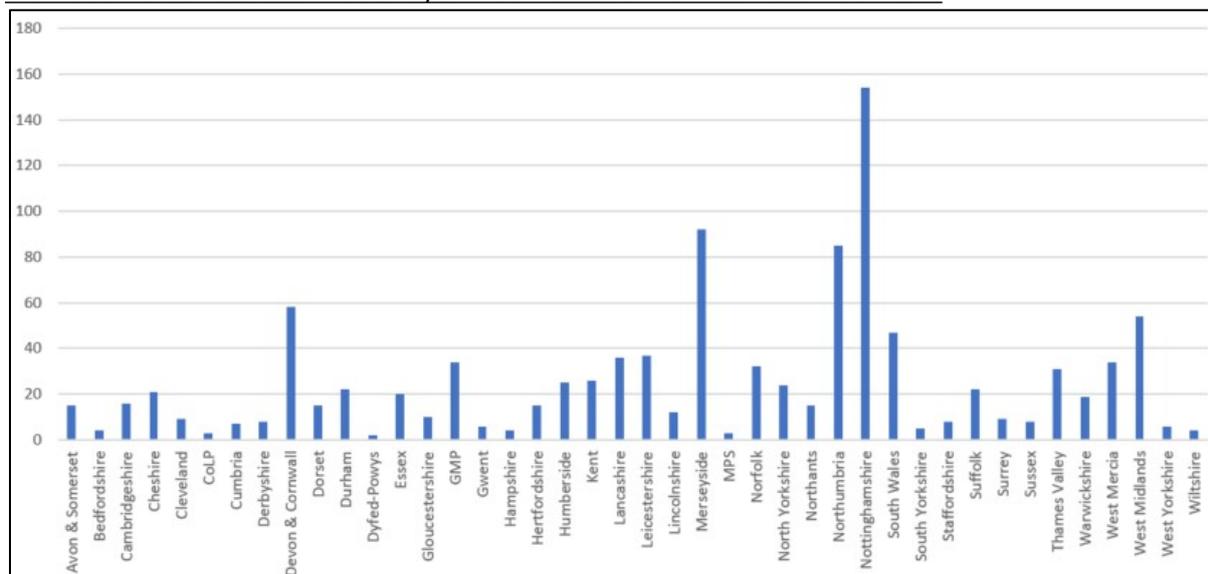


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Hotspot mapping of reported Needle Spiking October 2021 to December 2021



### Individual Force recorded Incidents/Crimes – October 2021 to December 2021



4.8 Victim profiles suggest that students and the student-aged population are selectively vulnerable to drugs needle spiking. The peak in incidents coincided with the start of the university year and have been reported in all police forces except Wiltshire.

4.9 Offender profiling work has been undertaken by the National Crime Agency (NCA) in the form of a behavioural assessment. The assessment is based on an emerging, changing, and fragmentary picture of threat and will be reviewed regularly on receipt of new intelligence and information.

4.10 Female victims account for the largest proportion of victims (88%). But males are also reporting similar incidents. Information about offenders is rare with offenders often only identified where there is secondary offending present (sexual offending or robbery) or arrested at or near the scene.

4.11 Secondary offending is also very rare which makes understanding the motive behind needle spiking difficult. Indeed in 692 recorded incidents only one offender was identified and only one secondary offence was recorded.

4.12 Where the victims age is recorded 73% of victims are aged between 18 and 21.

4.13 From the data available, where the occupation of the victim is identified 81% were reported to be students. Of all the incidents recorded where the victim was a student, 94% of these occurred in October 2021. Of all incidents that recorded the victim as not a student 49% occurred during October. I.e., there was a peak of students being spiked in October, by contrast among the wider population victimisation has been more temporally distributed over 3 months.

4.14 Incidents have been widely reported. More incidents have been reported in the North of England and in the Midlands. Nottinghamshire and Merseyside have recorded significantly more incidents than other police force areas. 93% of the incidents that had a venue recorded occurred in the evening and night-time economy. Pubs and clubs being the most frequently identified venues.

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4.15 Needle spikings are most frequently reported in crowded venues such as nightclubs, although the selected victim has not necessarily been out for an extended period or has become noticeably intoxicated. Attacks appear to be opportune and if planned at all, intended to minimise the risk of suspect identification. Hotspots occur in areas with a high density of pubs and clubs which makes identifying offenders problematic.

4.16 There have been a smaller number of reported crimes at private parties or similar.

### **Toxicology**

4.17 The NPCC have secured additional toxicology forensic capacity with a third-party supplier because of the concerns of these offences.

4.18 Early data identified two cases where Rohypnol and Ketamine were present in the victim's forensic toxicology results. A total of 55 urine samples from 19 forces have been tested with the following results:

- 15 samples detected no drug
- 12 samples resulted in detection of a drug of no concern
- 14 samples resulted in detection of one or more medicinal drugs that are likely to have been used by the victim (but requires clarification)
- 14 samples resulted in detection of one or more controlled drugs. These could have been used (or prescribed) by the victim or could have been administered by spiking. Before any interpretation can be finalised, we need to know what the victim has declared.

4.19 The above summary does need to be caveated: The ideal forensic sampling window is within 12 hours of a crime, but any time up to 24 hours still provides a very good opportunity to detect almost all potential drugs. Some drugs can potentially be detected up to 7 days after administration, but as each day passes since an incident, the chance of detection diminishes. More samples need to be tested, as this total to date represents less than 10% of the national incidents reported. However early indications are approximately 25% of the incidents tested to date could contain an administered spiked drug in a needle/syringe.

4.20 Needle spiking appears to be unique to the United Kingdom, the only other reports of assault with a needle is during the AIDS epidemic from the late 80s / early 90s. There were several incidents in West Midlands some years ago involving young women being injected just out of spite or some bizarre thrill. Those arrested were released without action and the attacks petered out.

4.21 More recently during the Christmas period, similar crimes have been reported in Australia and we are exploring these for any connection and learning.

4.22 Police have responded strongly and swiftly to co-ordinate the response to this emerging issue nationally and locally. A National Co-ordination Group meeting to ensure a full law enforcement response was convened. Support has been provided by the National Crime Agency and other law enforcement partners. The purpose of the National Co-ordinating Group is to:

- Understand the current local and national situation and likely motivations
- Consider any connections/co-ordination to identify offenders
- Agree national communications
- Ensure appropriate briefings to key stakeholders.

4.23 The NPCC has also engaged with key partners from other portfolios including Violence Against Women and Girls, night-time economy, sexual offences, and alcohol, bringing together other stakeholders from the security industry and public health. Locally forces have engaged with industry, health, and local authority partners to develop a response. A programme of work to increase the number of forensic examinations of toxicology samples is underway. The evidence base continues to build and develop to support effective prevention and intervention, and ultimately to bring offenders to justice.

### **Challenges**

4.24 There are several investigative challenges that affect the quality of the available data and the confidence of this summary assessment. Lack of identified offenders, Victims' confidence, and courage to report a crime, timeliness of obtaining toxicology samples, a lack of clarity about the Modus Operandi (MO) used, late reporting and the effect of crowding on the availability of good CCTV evidence capture are all among the factors that affect the data quality.

4.25 In summary the evidence suggests that there may have been some early clusters of needle spikings which were highly publicised, especially among the student population. The media and social media noise may have led to an increase in reporting, but more evidence is needed to verify the reports.

4.26 Early indications suggest that controlled drugs were present in 25% of victim's toxicology samples in the first batches tested through the new rapid forensic toxicology screen. But it is not clear how the drugs were administered, and we await clarification of what drug usage has been declared by each victim.

4.27 The absence of secondary offending highlights an intelligence gap about the motive for needle spikings. A lack of intelligence about offenders generally provides challenge for pro-active intervention.

4.28 Ensuring a consistent approach through A&E admissions discussions are being progressed with partners to establish opportunities for evidence recovery and safeguarding, recording and referrals of spiking admissions and taking of samples.

### **5. Possible improvements in policing response**

5.1 Drinks and needle spiking needs a joined-up partnership approach, involving law enforcement and wider partners. While we have done a lot of work nationally to ensure a cross system approach to addressing the issue, we need effective local partnerships between the private sector, NHS, and local authorities to build the evidence base, identify offenders and protect victims.

5.2 We must ensure victims have the necessary access to appropriate timely support, that doesn't just focus on the immediate need but longer-term requirement.

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5.3 As previously stated, there is no specific offence of spiking. This impacts on data quality and recording of offences, the obvious conclusion that can be drawn from this is the true figure of spiking occurrences are likely to be much higher.

5.4 There are also some significant intelligence gaps:

- The identification of the suspect – the incidents occur in crowded settings and are undertaken in a way that masks the offender's identity in most cases, therefore little is known about potential suspects.
- The motive – in very few cases is any secondary offending identified. This could be due to greater awareness among potential victims leading to increased protective behaviour.
- The drug(s) or other substances used – more toxicology samples need to be forensically examined to get a better picture of the types of drugs or other substances being used.
- Drink spikings – is the apparent peak in reports in October also reflected in conventional drink spiking reports? There are some published reports to suggest that it happens every year as the university term starts.
- Reliability of testing kits – further work is required with regards to viable testing kits that can be used at locations to identify more substances used in spiking.

## **6. Conclusion and Recommendations**

6.1 It is acknowledged and understood the impact of spiking, both needle and drink, has on a victim. We are committed to working with victims and key stakeholders to try and prevent such crimes and increase the identification and prosecution of those responsible

6.2 Incidents of drink and needle spiking continue to be reported, although the rate appears to have reduced throughout November and December for needle spiking, with the most incidents occurring at weekends. Whilst victim's accounts provide a picture of their experience, we still lack clear understanding of the nature of the offender, motivation, whether any substance or delivery means is preferred and whether there is any online community supporting this type of activity.

6.3 More evidence is needed to understand the true extent of spiking crimes among the student-age population. There may be potential to use the innovation funding earmarked in the new crossgovernment drugs strategy to support this.

6.4 Targeted multi-agency violence prevention activity is already being delivered through Home Office funded violence reduction units in many forces. The same public health approach should be applied to reduce risk of harm among the student-aged population in hotspot areas.

6.5 A more defined standalone offence of spiking would help understand the scale of the problem

6.6 We must target communications, with a campaign to encourage the increase reporting of persons believed committing these horrendous crimes, along with appropriate messages and signposting to support victims and potential victims.

6.7 Licensed venues should continue to ensure that CCTV is monitored routinely to identify suspicious behaviours and that CCTV is of a sufficient quality and standard to be used for evidential

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purposes. Further, accessibility to CCTV footage needs to be maintained for timely investigations and quick time recovery.

6.8 We need to consider increased searches for drugs and paraphernalia (i.e., hypodermic needles or other equipment that can be utilised for needle spiking) on entry to licensed venues.

6.9 We will continue monitoring of crimes/incidents nationally and identify opportunities to identify any further emerging crimes. Local force must monitor crimes/incidents to provide early warning of further emerging crimes.

6.10 We are planning to Increase in national/international operations targeting those importing and marketing of drugs or other substances used in offences.

6.11 We require increased sustained toxicology forensic capacity.

6.12 Further research is required into testing kits that can be utilised for evidential recovery of drugs or other substances used at point of first reporting.

6.13 Finally, it is essential that addressing spiking isn't taken in isolation, particularly when evidence shows the majority of victims are female. Our current approach will transition into our wider policing priority of Violence Against Women and Girls, as this framework is developed and implemented.

January 2022