



House of Commons
Home Affairs Committee

Spiking

Ninth Report of Session 2021–22

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 20 April 2022*

Home Affairs Committee

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Summary

Drink spiking is a heinous crime which often has a damaging physical or mental health impact on its victims and that undermines their confidence. Improvements in reporting, investigating and prosecuting spiking incidents are urgently needed, to improve support for victims and to act as a deterrent.

Victims often experience memory loss or blackouts that hamper their ability to provide details of the spiking incident, if indeed they are prepared to report it at all. Barriers to reporting include: the belief that the police won't do anything; not knowing where to report; and concern that it's too late to report. The Home Office should conduct a national communications campaign to encourage victims to report spiking, tell them how to go about it, reassure them they will be believed, and signpost where and how to access support.

Even when victims report the crime, a victim-blaming culture can compound trauma and mean missed opportunities to collect evidence. Despite safeguarding training requirements for door supervisors, many victims criticise nightclubs' treatment of victims, saying staff dismiss their concerns, eject them for "being drunk", or refuse to provide CCTV footage. The Government should support night-time industries to help boost security measures such as recruitment and training of security staff.

Inadequate forensic testing capacity is another barrier to successful prosecution. Victims are often ping-ponged between the health service and the police, who told us they have insufficient forensic testing capacity and that late reporting reduces the viable testing window. The police piloted a rapid forensic testing service in response to a spate of needle spiking in autumn 2021. To help drive up prosecution rates, the Government should extend this service to all spiking victims, to ensure timely provision of forensic testing, admissible as evidence in court.

In 2018, licensing authorities conducted 600 licensing reviews, and revoked 212 licenses. There are 212,800 premises licenses in England and Wales. Local licensing authorities could make better use of their powers to regulate the night-time economy. We call on the Government to work with local authorities to develop an anti-spiking strategy. We are encouraged by a range of anti-spiking initiatives but concerned that some, while well-intentioned, may give victims false assurance about safety. The Government should evaluate the relative efficacy of anti-spiking initiatives and develop a national strategy that promotes best practice and requires all police forces and local authorities to publish their chosen approach.

Several offences may be used to prosecute spiking but there is no specific offence. This, together with limited reporting, investigation and prosecution, means there are few deterrents for offenders. As part of our recommended national anti-spiking communication campaign, the Home Office should send a clear message to offenders that there is no acceptable defence for spiking, that it can have devastating consequences for victims and that it is punishable by up to 10 years in prison.

We are pleased that the Government is considering the case for a separate criminal offence for spiking. However, the most pressing need is for police to collect more data on perpetrators and their motives for spiking innocent victims. The Home Office should commission research to feed into a national strategy for prevention, detection and prosecution of spiking.

1 Scale of the problem

Types of spiking

1. Drink spiking is when someone puts drugs or alcohol into a person's drink without their knowledge or consent. It can include putting alcohol into a non-alcoholic drink, adding extra alcohol to an alcoholic drink or slipping prescription or illegal drugs (such as tranquillisers, amphetamines or GHB—also called liquid ecstasy) into an alcoholic or non-alcoholic drink. It can be difficult to tell whether a drink has been spiked, as substances used for spiking usually have no taste, odour or colour.¹
2. 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.²
3. We launched this inquiry following a sudden increase in the number of spiking incidents across the country in October 2021 and reports of a new form that involved individuals being spiked with a needle. We conducted a survey to give individuals who had experienced or witnessed spiking an opportunity to explain what happened and what support was provided. Some 1,895 victims and 1,413 witnesses of spiking incidents responded. We are grateful to all who filled in the survey or provided evidence.

Prevalence of spiking

4. Drink spiking has existed in the UK for many years.³ Michael Kill of the Night Time Industries Association said “despite the rise in reported incidents, this has been happening for some 20 or 30 years within the industry”.⁴ The Alcohol Education Trust (AET) told us that it has been widespread in the 12 years that it has worked with young people across England and Scotland.⁵ Recorded crimes for drink spiking have increased every year between 2016 and 2019, with 1,903 that could be related to spiking reported in 2019.⁶
5. The National Police Chiefs' Council (NPCC) told us it is very difficult to get a true picture of how widespread spiking is due to poor data.⁷ In a nationally representative YouGov poll of 2,000 people commissioned for the Independent, 11% of women and 6% of men said they had been spiked. A third of women and one in five men have been spiked or know someone who has (Figure 1).

1 Alcohol Education Trust, [Drink Spiking Factsheet](#) [last accessed 13 April 2022]

2 [SPI0036](#), NPCC, para 4.1

3 [SPI0026](#) Anonymous victim, spiked in 1973

4 [Q107](#)

5 [SPI0019](#) Alcohol Education Trust, para 9

6 [Q137](#)

7 [SPI0036](#) NPCC, paras 4.5 and 5.3

Figure 1: YouGov Survey results

Which, if any, of the following statements apply to you?

	Total	Male	Female	18-24	25-49	50-64	65+
	%	%	%	%	%	%	%
I have personally had a drink spiked	8	6	11	4	14	5	4
Someone in my family has had a drink spiked	6	4	8	4	5	7	6
A friend of mine has had a drink spiked	10	8	12	22	13	7	1
Someone else I know has had a drink spiked	10	7	12	23	10	9	3
No one I know has had a drink spiked	63	69	58	35	57	70	82
Don't know	6	7	6	11	7	5	4
Prefer not to say	3	3	2	14	3	1	0
Note: Sample size: 1,693 adults in GB Fieldwork: 28– 29 October 2021							

Source: [Copy of Internal_Spiking_211029.xls \(yougov.com\)](#)

We heard from several sources that recorded incidents underrepresent true prevalence as the crime is hugely underreported.⁸ The NPCC said “the true figure of spiking occurrences are likely to be much higher”.⁹

Needle spiking

6. Needle spiking appears to be a new phenomenon unique to the United Kingdom,¹⁰ which started to attract widespread press coverage in late October 2021.¹¹ Our survey results reflect the novelty of needle spiking, with 499 of 525 incidents happening in 2021. The NPCC reported 1,032 cases of needle injection between the beginning of September 2021 and the end of December 2022, most of which occurred in October 2021. The peak in incidents coincided with the start of the university year.¹² By 26 January 2021, this figure had risen to 1,382.¹³

8 [Q37](#) [Stamp Out Spiking] [Q107](#) [NTIA], [Q109](#) [SIA], [Q117](#) [LGA], [SPI0019](#), Alcohol Education Trust, paras 13, 16; [Q137](#) [NPCC]

9 [SPI0036](#) NPCC, para 5.3

10 [SPI0036](#) NPCC, paras 2.1 and 4.20, [Q137](#)

11 The Guardian, [Priti Patel wants police briefing on needle spiking incidents](#), 20 October 2021, BBC, [Nottinghamshire Police investigate 15 reports of needle spiking - BBC News](#), 21 October, BBC, [Injection spiking: How likely is it? - BBC News](#), 22 October 2021

12 [SPI0036](#) NPCC, para 4.7

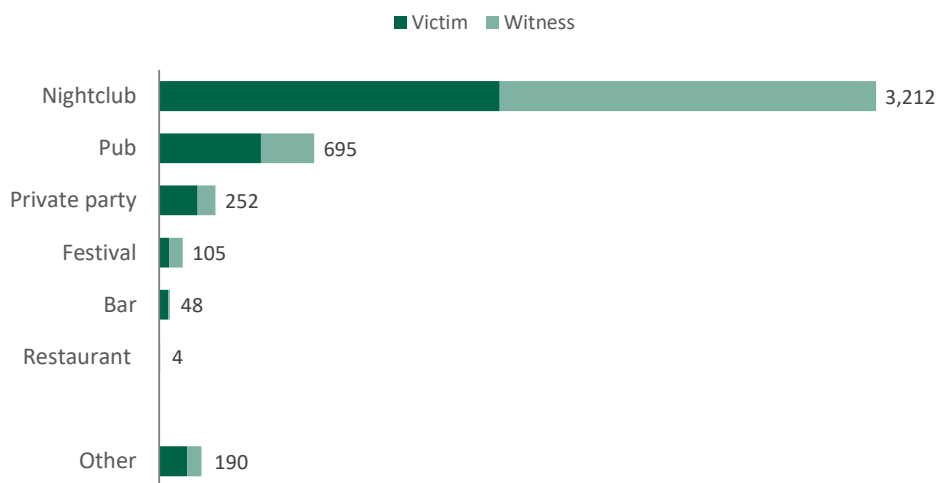
13 [Q137](#)

Spiking venue

Pubs and nightclubs

7. Police data show that 93% of needle spiking incidents where a venue was recorded occurred in the evening and night-time economy, most frequently in pubs and clubs, with a smaller number of reported crimes at private parties or similar.¹⁴ Similarly, the majority of incidents in our survey occurred in pubs and nightclubs (Figure 2), though we heard about spiking incidents at festivals¹⁵ and at house parties, for example among students¹⁶ and underage drinkers.¹⁷

Figure 2: 3,907 of 4,506 (87%) of incidents occurred in nightclubs and pubs



Source: Home Affairs Committee survey of spiking victims and witnesses

House parties

8. Devon and Cornwall Police say that house parties are “an easier environment for perpetrators to ply their trade. There’s no bar staff to pour drinks, someone can go get a drink and pop something in there because there’s no CCTV”.¹⁸ UK Hospitality also raised risks posed by unregulated events and house parties, which they said do not have “the protections offered by venues with the training and extensive safeguards in place”.¹⁹ Julie Spencer, Head of Student Wellbeing at the University of Lincoln, told us that lack of education can lead students inadvertently to spike their friends’ drinks at house parties. “We need to start to educate people about what is a measure of alcohol, for a start... we think we are being friendly, but actually we are over-pouring or free pouring, as the students say”.²⁰

14 [SPI0036](#) NPCC, paras 4.14 and 4.16

15 [SPI0002](#) Anonymous; [SPI0010](#) Stamp Out Spiking, para 11; [SPI0016](#) PsyCare UK; [SPI0052](#) Judith Cummins MP, Bradford South

16 [Qq 34, 37, 66](#)

17 [Q38](#)

18 BBC News, [Drink spiking at house parties ‘big concern’ for police](#), 15 October 2021

19 [SPI0029](#) UK Hospitality, para 7

20 [Q37](#)

Spiking at festivals

9. Judith Cummins MP expressed concern that several factors make outdoor music festivals “more dangerous an environment than pubs or clubs for spiking”, such as: the size and scale of festivals; out-of-town location, away from normal support networks and easily accessible public services; prevalence of drugs; lack of policing, appropriate medical facilities and safeguarding; the young age of some festival goers and sleeping arrangements (campsites with reduced lighting and lower security presence).²¹

10. PsyCare agreed that the prevalence of drugs at festivals created safety issues: “at many UK music festivals many, if not most, attendees consume illicit drugs. Victims of sexual violence may have consumed illicit drugs themselves and are scared that if they disclose this they will either get ‘in trouble’, be arrested, or be asked to leave the venue”.²² On the prevalence of drugs, a female survey respondent told us “As I was spiked at a festival, where drug culture is the norm, I got the impression that event staff and police thought that I had taken drugs willingly as opposed to being spiked, which is untrue”.

11. Paul Reed, Chief Executive for the Association of Independent Festivals, was unable to comment on the extent of drink spiking at festivals and pointed to a dearth of research: “We haven’t done anything on drink spiking. If we are being truthful, support from those who have had their drinks spiked is an area which needs some work”.²³

12. ***We recommend that all staff working at music festivals, including vendors, be given compulsory safeguarding training, and this be a requirement that licensing authorities consider when approving events. This might be done along lines similar to training provided in voluntary schemes in other licensed premises, such as Ask Angela or the licensing security and vulnerability initiative (Licensing SAVI). We believe that a more formal and higher standard is required for outdoor music festivals owing to the comparatively younger age of festival-goers and the additional vulnerability that arises from their camping over at such festivals.***

Geographical location of spiking

13. In our survey, respondents reported the highest numbers of spiking incidents in the East Midlands, North West and the South West (Figure 3). Victims have reported needle spiking incidents in all police force areas except Wiltshire,²⁴ with hotspots in Nottinghamshire, Merseyside, Northumbria, Avon and Somerset, and Sussex.²⁵

21 [SPI0052](#) Judith Cummins MP, Bradford South

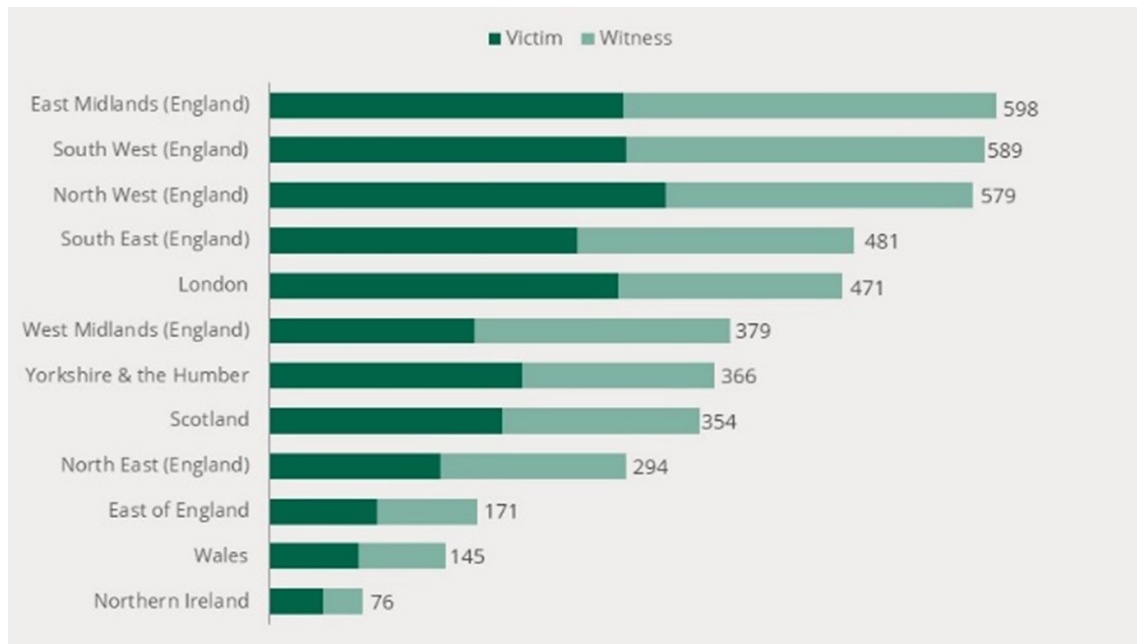
22 [SPI0016](#) PsyCare UK, para 7

23 The Independent [A&E generally do not test people who fear drink was spiked, health leader says](#) 31 October 2021

24 [SPI0036](#) NPCC, para 4.8

25 [SPI0036](#) NPCC, para 2.4; [SPI0051](#) Home Office, para 10

Figure 3: Geographical distribution of spiking incidents



Source: Home Affairs Committee survey of spiking victims and witnesses

Spiking victims

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. [Source: Alexi Skitinis, evidence to the Home Affairs Committee, 12 January 2022]²⁶

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. [Source: Hannah Stratton, evidence to the Home Affairs Committee, 12 January 2022]²⁷

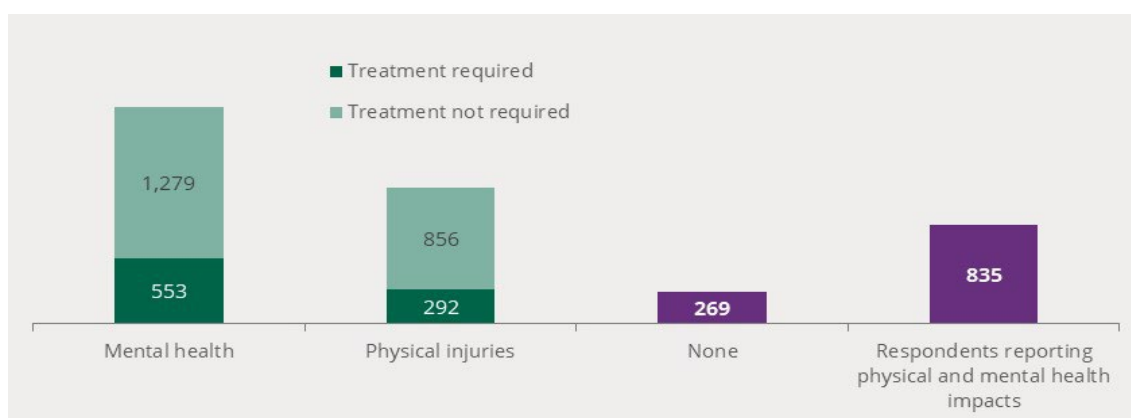
14. Police data show the majority of drink spiking victims are females in their early twenties, but there are male and female victims of all ages.²⁸ Females account for 88% of needle spiking victims, and where the victim's age is recorded, 73% are aged 18 to 21. Where the occupation of the victim is identified, 81% were students.²⁹ Our survey showed a slightly different age profile of victims, with 68% aged up to 24, 24% aged 25 to 44, and 8% aged 45 and over. Nikki Garnett, a 54-year-old drink spiking victim, said:

It is presumed to be a crime solely targeting young women. However, since writing about it on my Instagram account which has 30k followers I have learned that it is increasingly happening to midlife women and men.³⁰

Impact on victims

15. Spiking can affect victims' physical and mental health and emotional wellbeing. Survey respondents reported more mental health than physical health impacts, with 835 victims reporting both, and a low proportion saying the incident had no impact (Figure 4).

Figure 4: Impact of spiking on victims' physical and mental health



Source: Home Affairs Committee survey of spiking victims and witnesses

26 [Q3](#)

27 [Q18](#)

28 [SPI0036](#) NPCC, para 3.4

29 [SPI0036](#) NPCC paras 4.10, 4.12 and 4.13

30 [SPI0050](#) Nikki Garnett

16. We received harrowing testimony about and from spiking victims, relaying their experiences and the impact they have had on their lives.

St John Ambulance staff were concerned about me, I was struggling to stand up, I had been sick and I was struggling to speak. A friend got me home where I became paralysed in bed. I remember shaking uncontrollably, my legs are numb and I couldn't stand up, I could barely lift up my head. The effects from that night lasted for the next three days and I was considering a trip to the hospital if the symptoms didn't stop. [Emily Ware, spiking victim]³¹

I have had several anxiety attacks since this night and have now had to start Cognitive Behavioural Therapy, as well as Sertraline medication. I feel violated to this day and have nightmares most nights. It's been [a few] months now and I'm affected everyday by this experience. [Anonymous spiking victim]³²

As well as a range of physical and mental health impacts, spiking victims spoke of embarrassment, shame, loss of confidence, self-blame, and trauma.³³

Long-term impact

17. Spiking can have lasting repercussions on victims' lives.³⁴ One victim told us: "These crimes have more long-lasting effects than people realise. More help should be available for victims, the guilt is horrendous. It took 30 years before I could even talk about it to my husband".³⁵ A survey respondent said "I was 16. I told no-one. I am now 67. The humiliation never goes away". A student survey asked victims how they felt about drinking having been spiked. Of 118 respondents:³⁶

- 46 now experience a level of anxiety while in drinking environments;
- 35 are extra cautious when they go out drinking, in comparison to before they were spiked;
- 25 are scared to go out into drinking environments;
- 24 are taking more preventative measures against being spiked; and
- 19 said they are 'paranoid' about being spiked again.

18. **No-one knows how prevalent spiking is, whether by drink, drug or needle, and no-one knows what causes perpetrators to do it. Anecdotal evidence suggests the practice is widespread and dangerous, and that many people, particularly young, particularly women, are affected by it and are afraid they will be spiked on evenings**

31 [SPI0003](#) Emily Ware

32 [SPI0002](#) Anonymous

33 [Qq1-32](#), [Q36](#), [SPI0002](#) Anonymous; [SPI0003](#) Emily Ware; [SPI0004](#) Miss Davey; [SPI0011](#) Mair Howells; [SPI0014](#) Ronak; [SPI0023](#) Tara; [SPI0025](#) Chloe Ward; [SPI0026](#) Anonymous; [SPI0030](#) Anonymous; [SPI0033](#) Meg; [SPI0046](#) Geraint Davies MP; [SPI0050](#) Nikki Garnett

34 [SPI0025](#) Chloe Ward; [SPI0026](#) Anonymous

35 [SPI0026](#) Anonymous, para 5

36 The Last Taboo CIC, [Spiking at UK Universities Report](#), 18 January 2022, pp30-33

out. An absence of accurate data makes it impossible, however, to judge accurately just how widespread, how dangerous spiking is. Policy initiatives to reduce both spiking and the fear of it cannot be well-founded or well-targeted without reliable evidence.

19. *We call on the Home Office to increase education and awareness about spiking and welcome its considering whether a specific new offence of spiking is required. We urge the Home Office, however, to focus its efforts first on improving reporting of the crime of spiking and on gathering information about the reasons for and outcomes of such reports. We invite the Home Office to set out steps it will take to improve data on the prevalence, scale and dangers of spiking.*

2 Legal framework

Existing criminal offences

20. Several criminal offences on the statute book can be used to prosecute drink and needle spiking, with sentences of between six months and life imprisonment (Figure 5).³⁷

21. From 13 April 2022 GHB, a drug that is used to spike drinks, has been reclassified as a Class B drug along with two related substances, GBL and 1,4-BD. This means that those found in unlawful possession of those drugs will now face sentences of up to five years imprisonment.³⁸

Figure 5: Criminal offences which can be used to record spiking, depending on the circumstances

Offence	Description	Sentence
Applicable to both drink spiking and needle spiking		
Section 61: Sexual Offences Act	Administering a substance with intent to stupefy or overpower the victim so that any person can engage in sexual activity with the victim	Maximum 6 months (Magistrates Court) 10 years (Crown Court)
Section 23: Offences Against the Person Act 1861	Administer poison with intent to endanger life/inflct Grievous Bodily Harm (GBH)	Maximum 10 years imprisonment
Section 24: Offences Against the Person Act 1861	Administer poison or noxious thing with intent to injure, annoy, or aggrieve	Maximum 5 years imprisonment
Applicable to needle spiking only		
Section 18: Offences Against the Person Act 1861	Grievous Bodily Harm	Maximum life imprisonment
Section 20: Offences Against the Person Act 1861	Malicious Wounding	Maximum 6 months (Magistrates Court) 5 years (Crown Court)
Section 47: Offences Against the Person Act 1861	Assault Occasioning Actual Bodily Harm	Maximum 6 months (Magistrates Court) 5 years (Crown Court)
Section 39: Criminal Justice Act 1988	Assault by Beating	Maximum 6 months

Source: [SPI0036](#) - National Police Chiefs' Council - Written Evidence to the Spiking Inquiry

22. There is a precedent for a specific drink spiking offence in Queensland, Australia. While acknowledging that various offences against the person adequately covered serious forms of drink spiking, the Model Criminal Law Offices' Committee of Attorneys-

37 [SPI0036](#) NPCC, paras 3.2, 4.3 and 4.4

38 Home Office press release, [Harsher sentences introduced for 'spiking' drugs](#), 13 April 2022; GHB (gamma-hydroxybutyric acid), GBL (gamma-butyrolactone), 1,4-BD (1,4-butanediol)

General recommended that a model law be enacted to cover the act of drink spiking alone, involving no further criminal behaviour.³⁹ The Queensland parliament enacted the ‘Criminal Code (Drink Spiking) and Other Acts Amendment Act 2006 (Qld) (Amending Act) in December 2006, which introduced the offence of unlawful drink spiking into the Criminal Code 1899 (Qld).⁴⁰

Calls for legislative change

23. The National Police Chiefs’ Council (NPCC) told us that poor data quality and the absence of a clear criminal offence presented a challenge in policing spiking. A more defined standalone offence of spiking would help the police to “understand the scale of the problem” and “enable a far more accurate picture to be realised” than the current approach where data about needle spiking depends on keyword searches and flagging by individual forces.⁴¹ Deputy Chief Constable Jason Harwin told us a defined offence for spiking would also allow “enhanced support for victims”.⁴²

24. Three parliamentary petitions were open during our inquiry concerning a criminal offence for spiking, two of which related specifically to needle spiking.⁴³ They had a combined total of around 2,400 signatories, compared with over 175,000 signatures for a petition to make searches on entry to nightclubs a legal requirement.⁴⁴ This may reflect greater public concern for practical rather than legal deterrents.

25. The Police, Crime, Sentencing and Courts Bill will require the Home Secretary to report to Parliament within 12 months of its becoming law on the nature and prevalence of spiking and set out Government steps to address it. Kit Malthouse, the Policing Minister, also agreed to report to Parliament within six months of Royal Assent a decision on whether to proceed with a separate criminal offence.⁴⁵ The Home Secretary told us the Home Office needed time to understand the “genesis, the details, the evidential base and the prevalence” of spiking before creating a new offence.⁴⁶

26. *The Home Office should give the Committee a written update six months from the date of publication of this Report on progress towards creating a separate criminal offence of spiking. The existence of a spiking offence would not in and of itself stop spiking, but it would have several benefits. First, it would facilitate police work under way to identify perpetrators and patterns of offending by enabling the police to collect better data on the prevalence of spiking incidents. Secondly, it would act as a deterrent by sending a clear message to perpetrators that this is a serious crime which attracts severe penalties. And thirdly, victims would be more likely to report spiking if it were a recognised criminal offence.*

39 [Model Criminal Code Officers’ Committee of the Standing Committee of Attorneys-General, Drink Spiking Discussion paper](#), May 2006

40 [Criminal Code 1899 \(Qld\) s316A](#), page 220

41 [SPI0036](#) NPCC, paras 2.8, 4.5 and 6.5

42 [Q173](#)

43 E Petition 599422, [Make drink spiking a specific, notifiable criminal offence](#) [2,261 signatures on 20 April 2022]; E Petition 601138, [Make spiking by injection a specific criminal offence](#), [102 signatures at 20 April 2022]; E Petition 600135, [Make spiking with needles a specific offence with a minimum 5-year sentence](#) [46 signatures at 20 April 2022]

44 E Petition 598986 [Make it a legal requirement for nightclubs to thoroughly search guests on entry](#) [accessed 5 April 2022]

45 [Police, Crime, Sentencing and Courts Bill - Hansard - UK Parliament](#), Columns 785 and 786, 28 February 2022

46 [Qq 261 and 262](#)

3 Preventing and deterring spiking

Education and awareness

27. The need for improved education on and awareness of spiking aimed at victims, perpetrators and the night-time economy was a common theme in evidence submissions we received.

Victim awareness

28. Individuals need to be able to access advice if they are to take responsibility for their personal safety. Information on how to take precautions against drink spiking is provided by schools,⁴⁷ higher education institutions,⁴⁸ and campaign organisations⁴⁹ and is also available online.⁵⁰ Following a sudden increase in spiking incidents in the autumn of 2021, many victims posted about their experiences on social media to alert others to the dangers.⁵¹

29. The Alcohol Education Trust (AET), which helps secondary schools educate students about responsible drinking, considers there needs to be more focus on teaching 16 to 18-year-olds how to keep safe and look after each other and to navigate the night-time economy. The Head of Student Wellbeing at the University of Lincoln agreed that more needed to be done to educate students before they started higher education.⁵² This is particularly relevant given the context provided by Michael Kill from the Night Time Industries Association (NTIA), that the Covid pandemic has resulted in around 850,000 18-year-olds coming of age without having experience of the night-time economy.⁵³

30. We heard concerns from witnesses that some nightclubs are aware of spiking taking place but do not warn customers, for fear that being transparent about drink spiking might be bad for business.⁵⁴ In the words of one survey respondent:

Perhaps the most alarming fact is how most nightclub bouncers and bar staff either dismiss concerns or instead eject people who believe they have been spiked, over a fear that their establishment will be brought into disrepute or suffer financially if spiking is proven to have taken place there. [Witness]

31. Jacob Oppon, managing director of several night-time venues, countered this view saying, “it is unfair and inaccurate to suggest that venues ‘turn a blind eye’ or are lazy regarding apprehending suspects”. He said that venues are in fact strongly motivated to help eliminate spiking—citing a legal duty of care, a moral duty and that ultimately “it is simply good business to look after our customers”.⁵⁵

47 [SPI0019](#) Alcohol Education Trust

48 [SPI0008](#) Universities UK

49 [SPI0010](#) Stamp Out Spiking; [SPI0035](#) Spike Aware UK; [SPI0039](#) Our Streets Now

50 [Drinkaware Home | Drinkaware](#); <https://www.talktofrank.com/news/spiking>

51 [Qq 13, 18](#)

52 [Q37](#)

53 [Q107](#)

54 [Qq 17, 30](#)

55 [SPI0041](#) Jacob Oppon Oxford Leisure Ltd, paras 29 and 30

32. Improving victim awareness alone will not prevent spiking, as demonstrated by our survey, in which 355 victims had been spiked twice, 76 three times, 17 four times and 21 on five or more occasions. Zara Owen told us how she fell victim to needle spiking, despite taking steps to stay safe:

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.⁵⁶

Raise Your Voice suggested that the guidance on protection could in fact be “gamed” by perpetrators - by identifying protection measures which they can then work around.⁵⁷

Educating perpetrators about the consequences of spiking

Warnings for those spiking drinks are missing from the conversation. Society accepts the twisted inevitability of date rapists, thieves and ill-conceived pranksters, yet constantly blames the victims.

Source: The Independent, [Stop telling women to ‘cover their drinks’ - I was spiked by people I trusted](#), 19 September 2018 [accessed 21 February 2022]

33. Messaging on spiking often focuses on victims taking responsibility for their own safety with very limited communication targeted at perpetrators.⁵⁸ The Greater Manchester Anti-Spiking Partnership saw spiking as part of a wider pattern of predatory behaviour against women and girls and have designed a campaign aimed at boys and men that challenges unacceptable behaviours.⁵⁹ Others supported messaging around ‘non-malicious spiking’.⁶⁰ For example, Norfolk and Norwich University Hospitals Trust are working with Norfolk Police to create short educational videos for Year 11 and university students to raise awareness of spiking. They said: “The message will be clear; adding a few extra ‘shots’ of a spirit into your friend’s drink is still classed as spiking.”⁶¹

34. The Home Office said its Tackling Violence Against Women and Girls (VAWG) Strategy committed to a national communications campaign “with a focus on targeting perpetrators and harmful misogynistic attitudes, educating young people about healthy relationships and ensuring victims can access support”.⁶² The Home Office launched the multi-year “Enough” campaign in March 2022, but there is no mention of spiking in the campaign material.⁶³

35. Nikki Garnett, and Helena Conibear from the AET, commented on the lack of deterrents for perpetrators:

56 [Qq2, 13, 15](#)

57 [SPI0022](#) Raise Your Voice, para 3.7

58 [SPI0008](#) Universities UK, para 14; [SPI0019](#) Alcohol Education Trust, para 80; [SPI0022](#) Raise Your Voice, paras 3.7, 3.8; [SPI0027](#) Nottinghamshire Sexual Violence Support Services, para 28; [SPI0032](#) Nottingham Collective, para 5.3; [SPI0033](#) Meg, para 6; [SPI0039](#) Our Streets Now, Key takeaways, para 5

59 [SPI0042](#) Mayor of Greater Manchester, paras 18 and 20

60 [SPI0021](#) Local Government Association, para 4.10; [Q173](#)

61 [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 16

62 [SPI0051](#) Home Office

63 Home Office press release, [Home Secretary says ‘Enough’ to violence against women and girls](#), 1 March 2022

Nikki: There need to be severe and clearly publicised penalties in place to deter perpetrators - at the moment it is almost guaranteed that they will get away with it. There have been no prosecutions that I'm aware of. It is also a cheap crime to commit with these drugs being available to buy for pence on the dark web. There is no deterrent.⁶⁴

Helena: 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.⁶⁵

36. Deputy Chief Constable Harwin said “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”.⁶⁶

Educating night-time economy and frontline workers

37. Just 16% of victims in our survey received any support following their first (or only) experience of being spiked, and 11% of those spiked a second time received support. Of those who received support, around half were somewhat or very satisfied with the support provided (Figure 6).

Every single person I have been in contact with from the day I went to A&E has been really supportive and continue while the investigation is ongoing. (Female victim, aged 25–44)

Police were very quick contacting me the day I reported it. They took a very detailed statement the day after which is still currently being investigated. The day after they took the statement, they called to ask if I could provide a urine sample even though it is likely the drug would not be picked up anymore (5 days after). (Female victim, aged 0–24)

38. However, around a quarter of those who received support were somewhat or very dissatisfied (Figure 6). Many commented that the authorities disbelieved them or treated them disrespectfully.

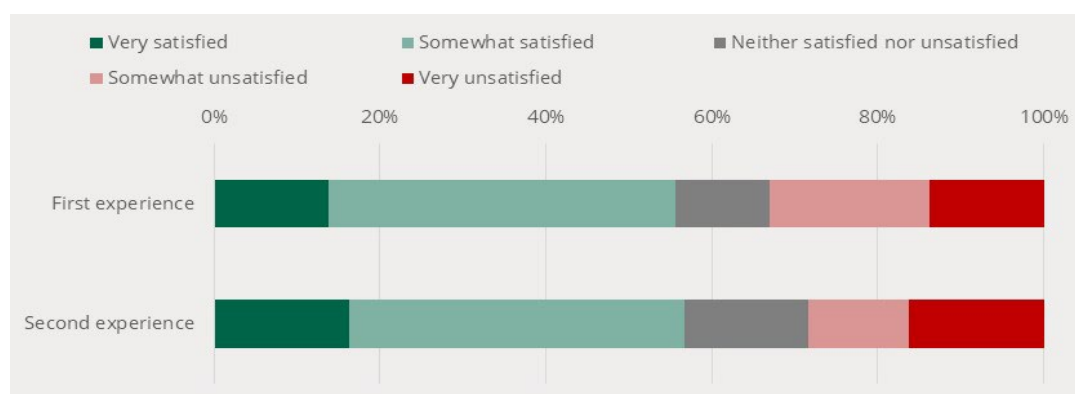
It was brushed off as a ‘you had too much to drink’ situation and I felt like none of the staff at A&E were treating me in an adult way or believing me despite my friend/partner giving testimony. (Female victim, aged 25–44)

Nobody took it seriously. My youth worker encouraged me to push gp for help. Police took statement but didn't give a shit. Nhs 24 wouldn't see me til I saw police. It took 3 days after spiking for police to engage with me. (Male victim, aged 0–24)

64 [SPI0050](#) Nikki Garnett, para 3

65 [Q58](#)

66 [Q149](#)

Figure 6: Spiking victims' satisfaction levels with support provided

Source: Home Affairs Committee survey of victims and witnesses

Perceived versus actual spiking incidents

39. Several people raised the sensitive issue of perceived versus actual spiking incidents.

- Venture identified 10 reasons for individuals making themselves unintentionally vulnerable through inebriation such as first-time drinkers, pre-loaders, those drowning their sorrows, and people celebrating special occasions.⁶⁷
- Jacob Oppon spoke of two factors which might lead to people thinking they had been spiked—the use of recreational drugs, which, when mixed with alcohol will have similar psychological effects as if maliciously spiked with the same substances; and the large number of students who would be finding their drinking limits for the first time because of the restrictions imposed during the Covid pandemic. “If you suffer unfamiliar effects and you are aware that there is a spiking epidemic then it is understandable that you suspect you have been a victim”.⁶⁸
- The Royal College of Emergency Medicine said: “The academic literature that exists on spiking in the UK concludes that the majority of people who present to EDs with concerns about spiking usually do not have illicit drugs in their blood or urine samples” but acknowledged that “alcohol can be used as a spiking agent by a perpetrator”.⁶⁹

40. Helena Conibear told us that a change in culture was required among “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”, to move away from presuming someone was drunk, to recognising that they could be a victim of spiking.⁷⁰ Many others also referred to the culture of victim blaming.⁷¹ Geraint Davies MP said, “The non-reporting or action

67 [SPI0034](#) Venture

68 [SPI0041](#) Jacob Oppon Oxford Leisure Ltd. paras 10 to 14

69 [SPI0017](#) Royal College of Emergency Medicine

70 [Q39](#)

71 [SPI0027](#) Nottinghamshire Sexual Violence Support Services, paras 18 and 19; [SPI0032](#) Nottingham Collective, paras 2.2, 5.3; [SPI0037](#) NI Women’s Policy Group, para 3.5; [SPI0039](#) Our Streets Now; [SPI0050](#) Nikki Garnett, para 19

by the police on the “she’s probably drunk” assumption is a cultural and operational deficiency that needs correction and explains the gulf between police understanding and assumptions”.⁷²

Police guidance and training

41. The Code of Practice for Victims of Crime (Victims’ Code) sets out the services and a minimum standard for these services that must be provided to victims of crime by organisations (including the police) in England and Wales. According to the Victims’ Code, victims have the right to be treated with respect, dignity, sensitivity, compassion, and courtesy, and “have services provided to assist you and your family to understand and engage with the criminal justice process and that are offered in a professional manner, without discrimination of any kind”.⁷³

42. College of Policing guidance on the Victims’ Code emphasises that everyone in policing has a professional and personal duty to victims as part of their core role. It reminds police that “The way victims are spoken to, dealt with and the way policing and the wider criminal justice system works can be confusing, stressful and traumatic for victims. The way officers and staff act, behave and are perceived by victims, should not lead to re-traumatisation and it is really important police personnel do what they say and fulfil their responsibilities in the Code.”⁷⁴

43. Many witnesses suggested ways to improve training for police officers (and others working in the night-time economy). Raise Your Voice recommended that police who respond to reports of spiking should have dedicated training, covering in detail the potentially traumatised victims who may not remember any of what happened after they were spiked.⁷⁵ The Local Government Association (LGA) thought all venues and frontline authorities, including the police and health workers, should have training and the right equipment to respond to suspected spiking incidents appropriately and gather evidence.⁷⁶ The Nottinghamshire Sexual Violence Support Services recommended that police officers working in the night-time economy should receive extra training on spiking to ensure they respond in a way that is aware of the effects that drugs can have on a person, focus on their safety and undertake early evidence collection if appropriate and the victim-survivor consents.⁷⁷

Training for night-time economy staff

44. Under the Private Security Industry Act 2001, all door supervisors working in the United Kingdom must have a licence to practise issued by the Security Industry Authority (SIA).⁷⁸ To get a licence, door supervisors must attend an approved accredited training course,⁷⁹ pass the examinations, and pass a criminal records check. Paul Fullwood, Director

72 [SPI0046](#) Geraint Davies MP, para 23

73 Ministry of Justice, [Code of Practice for Victims of Crime in England and Wales \(Victim’s Code\)](#) (updated April 2021)

74 College of Policing, [Victims’ Code for policing](#)

75 [SPI0022](#) Raise Your Voice

76 [SPI0021](#) Local Government Association, para 4.4

77 [SPI0027](#) Nottinghamshire Sexual Violence Support Services, para 16

78 Night Time Industries Association [Standards of Good Practice - Door Supervision](#)

79 The Door Supervision training takes 44 hours over 6 days (with self-study) and 52 hours over 7 days (without self-study). Since April 2021, applicants must have a first aid qualification before attending the training.

of Inspections and Enforcement at the SIA, told us that accreditation and training “is in a far better place now than it has ever been”.⁸⁰ The NTIA said many venues already provide staff training to identify cases of spiking and provide support to victims but accepted that there was more work to be done to educate staff and the public on dealing with spiking.⁸¹ UK Hospitality, together with industry partners across the UK, has recently enhanced its drink spiking guidance to members, consolidating the range of resources for all venues (large and small) to access for free, as well as advice on staff training and clear messaging for customers.⁸²

45. Despite evidence of training for night-time economy workers, three-quarters of respondents to our spiking survey selected ‘more or better training for venue security staff’ in response to a question on which measures they thought would help to prevent future incidents from occurring. Several respondents felt venue staff needed better training on recognising drink spiking victims and treating them with respect:

Often victims are just assumed to be too drunk or to have gotten into a messy state themselves, but this is not the case with spiking, and they need care, not to just be thrown out on the street. Whether it is additional staff that can take the extra time to assist suspected spiking victims, or just better training for current staff, this needs to improve. (Female victim, aged 0 to 24)

Both times I felt like we were failed by people who were sober and should have had a duty of care. Security at the bar just kick you off the premises, taxi drivers refuse to drive you because they don’t want a mess in their taxi, the bar men just keep serving drinks. All these people could have training or show more care. (Witness)

46. We also heard concerns around the training of premise licence holders. Dawn Dines of the campaign group Stamp Out Spiking told us that her training for a publican’s licence did not mention spiking.⁸³ Councillor Bell from the LGA agreed it would be sensible to include training on the topic of spiking for publicans and thought this would be welcomed by the trade, given “It is not in their best interests, as a business model, to allow things like spiking to go unchallenged and un-dealt with”.⁸⁴

47. There is an urgent need for improved education and awareness around spiking across several sectors. As part of its national communications campaign to say “Enough” to violence against women and girls, the Government should engage with the night-time industry, the education sector, and the health sector to produce a national anti-spiking communications campaign. The awareness raising campaign should:

(i) send a clear message that there is no acceptable defence for spiking, whether done for fun or malicious intent; that it can have devastating consequences for victims; and that spiking is a crime punishable by up to 10 years in prison;

80 [Q125](#)

81 [SPI0024](#) NTIA, paras 1 and 5b

82 [SPI0029](#) UK Hospitality, para 10

83 [Q52](#)

84 [Q128](#)

(ii) encourage victims and venues to report incidents to the police, with the promise that all reports will be investigated; and

(iii) communicate immediate and longer-term sources of support for spiking victims, including testing.

Security measures

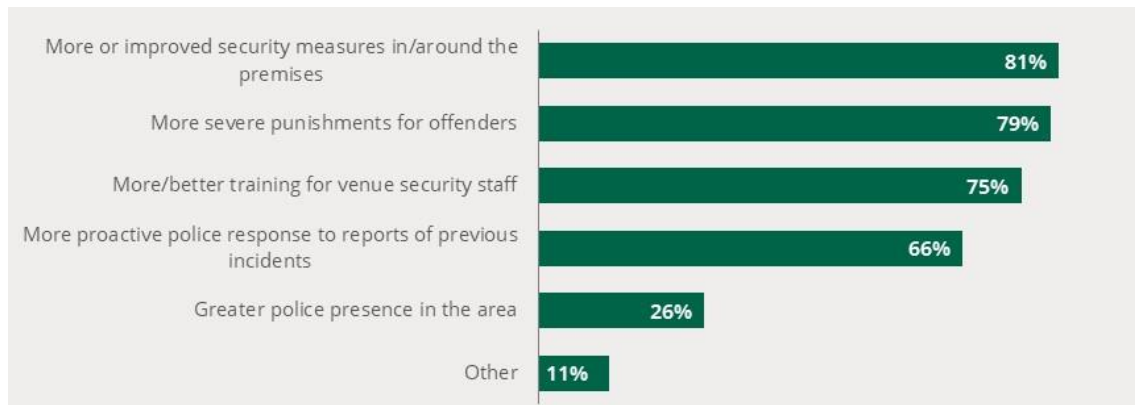
Searches

48. In our spiking survey, the most popular measure to help prevent future incidents from occurring (chosen by 81% of respondents) was ‘more or improved security measures in/around premises’ (Figure 7). The high level of concern around venue security was also apparent in the response to an e-petition ‘to make it a legal requirement for nightclubs to thoroughly search guests on entry’, which received over 175,000 signatures and was debated in Parliament on 8 November 2021.⁸⁵ The Government response said:

The law already allows licensing authorities to impose conditions such as searches. Decisions on this should be made locally, taking account of circumstances, and there are no plans to change the law.⁸⁶

Figure 7: Spiking preventative measures

Survey question: Which of the following do you think would help to prevent future incidents from occurring? Please select the three you believe would make the most difference.



Source: Home Affairs Committee survey of spiking victims and witnesses

49. Michael Kill told us about the mitigating measures being implemented by the night-time economy to prevent drink spiking including “staff training and security, enhanced searching, mechanical barriers, welfare training, increasing the number of female security members coming on board, and things like safe spaces”.⁸⁷ However, the NTIA said “ While thorough security checks are commonplace as a condition of entry to venues, security searches alone will not be enough to tackle spiking, given the statutory and practical

85 HC Deb, 8 November 2021, [cols 26–48](#) [Westminster Hall]

86 [Hansard, e-petition 598986, Make it a legal requirement for nightclubs to thoroughly search guests on entry](#)

87 [Q108](#)

limits on searches”.⁸⁸ And Jacob Oppon from Oxford Leisure Ltd said “I consider entry searches are irrelevant to spiking by alcohol and ineffective against drug spiking. Their greatest effect is to make people *feel* safer”.⁸⁹

50. One practical limitation on searching capacity is the shortage of security staff in the night-time economy caused by factors such as low wages, poor conditions, the pandemic and the UK’s exit from the European Union.⁹⁰ A City Hall report into London’s night-time economy found door security staff levels were at about 80% of pre-Covid levels.⁹¹ Shahzad Ali, Chief Executive of Get Licensed, said: “[Drink spiking] incidents are increasing and venues are unable to act because there is currently a shortage of security staff in the country [and] a lack of skilled CCTV operators at venues”.⁹²

51. There is a particular shortage of female security operatives, with around 10% of license holders being women.⁹³ The NTIA said it would be helpful to attract more females into the security industry as “young women, who are often most vulnerable to spiking, may feel less comfortable confiding in male security staff than female staff”.⁹⁴

CCTV

52. We received mixed views about the benefits of CCTV coverage in deterring and identifying spiking incidents. In a questionnaire run by Egalitarian on how venues could be made safer, 89% of respondents said they would feel comfortable or very comfortable if there were CCTV improvements *inside* venues, and 92% would feel comfortable or very comfortable if there were CCTV improvements *outside* venues. Better CCTV also featured regularly in survey respondents’ suggestions for addressing spiking. However, others recognised the inherent difficulties of capturing spiking incidents on CCTV, particularly in crowded and dark venues.⁹⁵ Helena Conibear talked of “busy clubs where you have strobe lighting and people dancing. Capturing anything on CCTV is very difficult”.⁹⁶ Some survey respondents told us about the difficulties they had had trying to access CCTV footage as evidence:

I was told by the police and bar owner that I could not see CCTV footage because of GDPR and the assaulter not giving consent—THE IRONY!!
[Male victim, aged 0 to 24]

The police were very helpful with my case but due to poor CCTV quality/half of the cameras being turned off in the club they were unable to do anything—so that in itself should be flagged with the police (that the venue were not keeping us safe) but no action was taken about that as it was deemed ‘unrelated’ to my case. [Female victim, aged 0 to 24].

88 [SPI0024](#) NTIA, para 1

89 [SPI0041](#) Jacob Oppon Oxford Leisure Ltd. para 26

90 [Qq130–132](#)

91 [Night Vision: Rebuilding London’s Night-Time Economy](#), December 2021, pages 10 and 11

92 [London World, Drink spiking: Met Police charge just 3.2% of offences as clubbers avoid NYE nights out 29 December 2021](#)

93 [SPI0015](#), Security Industry Authority, para 11

94 [SPI0024](#), NTIA, para 5c

95 [SPI0028](#), The Egalitarian, para 41; [SPI0033](#) Meg, paras 29 and 30; [SPI0035](#) Spike Aware UK, para 6; [SPI0036](#) NPCC, paras 4.24 and 6.7; [SPI0043](#) Trusted CCTV Improvement Project

96 [Q43](#)

Drink protectors

53. Pubs, clubs and universities increasingly use bottle caps and drink covers as preventative measures against drink spiking.⁹⁷ However, these are no defence against needle spiking. Dawn Dines told us that smokers are not allowed to take their drinks to smoking areas therefore have to leave them unattended.⁹⁸

54. **There is strong support for increased security measures in night-time venues, but critical shortages in door security staff. As part of its wider VAWG strategy, the Government should consider a support package for night-time industries to boost security measures including the recruitment and training of additional door security staff, particularly female staff.**

Local authorities' use of licensing powers

55. As licensing authorities, councils play an important role in regulating the night-time economy. Licensing authorities have a range of powers to tackle premises causing problems under the Anti-social Behaviour, Crime and Policing Act 2014:⁹⁹

- **Conditions:** As well as mandatory conditions set out in the Licensing Act, authorities can add 'voluntary' conditions to a licence, such as installation of CCTV or imposition of noise limits.
- **Licence reviews:** Where there is a failure to respond to warnings or where concerns are particularly serious, licensing authorities can modify or add conditions, remove the Designated Premises Supervisor, suspend all or any of the licensable activities for up to three months, or revoke the licence.¹⁰⁰
- **Closure powers:** These may be sought where necessary to prevent disorder.¹⁰¹

56. There is limited data on the extent to which licensing authorities use these options. The Home Office collect statistics on reviews and revocations, but not on use of conditions, and the data are out of date as they have been paused during the Covid pandemic. Available statistics show that reviews are rare. In the year to 31 March 2018 (the latest for which statistics are available),¹⁰² there were 212,800 premises licences in England and Wales and 600 licensing reviews were carried out. Where action was taken following a completed review, 212 licenses were revoked, or a club premises certificate withdrawn. In specific relation to spiking, in November 2021, Tunbridge Wells Borough Council suspended the licence of one local premises after the police shared evidence of multiple drink spiking reports at the venue.¹⁰³

97 [SPI0019](#) Alcohol Education Trust; [SPI0029](#) UK Hospitality, para 13; [SPI0035](#) Spike Aware UK

98 [SPI0010](#) Stamp Out Spiking, para 33

99 [SPI0021](#) Local Government Association, para 2.6; [Written questions and answers – Written questions, answers and statements – UK Parliament](#), 1 November 2021, HL3595

100 Local Government Association, [Licensing Act 2003, Councillor's Handbook, England and Wales](#), p 46

101 Home Office, [Anti-social Behaviour, Crime and Policing Act 2014: Anti-social behaviour powers Statutory guidance for frontline professionals](#), revised January 2021, p 71

102 [Alcohol and late night refreshment licensing England and Wales 31 March 2018 \(publishing.service.gov.uk\)](#) Note: the Home Office has cancelled the 2021 alcohol and late night refreshment licensing data collection to reduce the burden on licensing authorities who are responsible for collecting these data. The next data collection exercise will be in 2022.

103 BBC News, [Drink spiking: Tunbridge Wells bar closes after seven spiking reports](#) 25 November 2021

57. Some licensing authorities have raised the effect of court delays during the appeals process for licence revocations. Venues in breach of licensing conditions can remain open until the appeal is heard which may take several months.¹⁰⁴

58. Jim Dickinson told us that only two statements of licensing policy for the major university towns and cities in England and Wales made “meaningful reference to the crimes of adult sexual harassment or assault, or gender-based violence and the strategies licensees should adopt to reduce or prevent it”.¹⁰⁵

59. **We are concerned that the Government is not doing enough to monitor licensing authorities’ use of powers to regulate the night-time economy, both with specific regard to spiking incidents and more generally in relation to violence against women and girls. Within three months the Government should:**

(i) collect data on local licensing authorities’ use of their powers to impose conditions or revoke premises licenses, where venues do not take sufficient measures to protect and provide support to customers in spiking incidents;

(ii) work with local authorities to develop an anti-spiking strategy which encourages local licensing authorities to make better use of these powers; and

(iii) as part of this, review guidance issued under section 182 of the Licensing Act 2003 with a view to requiring licensing authorities to consider the prevalence, prevention and reporting of sexual harassment and misconduct and gender-based violence in statements of local licensing policy.

Partnership working

60. We received much evidence about the important role of partnership working and collaboration in tackling spiking.¹⁰⁶ The NPCC had engaged with key partners with an interest in issues such as Violence Against Women and Girls, night-time economy, sexual offences and alcohol, and had brought 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”.¹⁰⁷ We heard about good relationships between universities and the police,¹⁰⁸ anti-spiking campaigns organised by partnerships in individual towns¹⁰⁹ and the role played by sexual violence action networks.¹¹⁰

61. Joy Allen, Durham Police and Crime Commissioner, told us that Police and Crime Commissioners were “ideally placed to convene meetings from a partnership perspective”.¹¹¹ The LGA told us that “Councils work in close partnership with businesses, voluntary and community partnerships and initiatives that work to improve safeguarding the night-time

104 [SPI0021](#) Local Government Association, para 3.10; [Q134](#)

105 [SPI0018](#) Jim Dickinson, paras 9 and 10

106 [SPI0029](#) (UKHospitality), [SPI0034](#) Vennture; [SPI0037](#) NI Women’s Policy Group, para 3.2; [SPI0040](#), Bristol City Centre BID; [SPI0042](#) Mayor of Greater Manchester, para 16; [SPI0046](#) Geraint Davies MP, para 9

107 [SPI0036](#) NPCC, para 2.5

108 [SPI0008](#) Universities UK, para 7; [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 9; [SPI0019](#) Alcohol Education Trust, paras 43 and 44; [SPI0032](#) Nottingham Collective, para 1.3

109 [SPI0020](#) Norfolk and Norwich University Hospitals Trust; [SPI0040](#) Bristol City Centre BID; [SPI0042](#) Mayor of Greater Manchester

110 [SPI0027](#) Nottingham Sexual Violence Support Services; [SPI0032](#) Nottingham Collective

111 [Q159](#)

economy” but called for additional funding to ensure the sustainability of such initiatives.¹¹² It referred to partnership schemes and initiatives used by councils and businesses across the UK to promote safeguarding in the night-time economy such as Pubwatch, Best Bar None, Purple Flag, Community Alcohol Partnerships, Ask for Angela and Street Pastors.¹¹³

62. St John Ambulance (SJA) offer night-time economy services commissioned by “local authorities, Police and Crime Commissioners, Business Improvement Districts, and other stakeholders, often working in partnerships focused on making people feel safe during nights out”.¹¹⁴

Information sharing

63. One benefit of partnership working is opportunities to share useful intelligence and information. For example, the SIA told us the NPCC ‘Spiking Working Group’ was a “valuable source of information and intelligence on the prevalence, methods and types of spiking incidents being detected in the community”.¹¹⁵

64. In England, the Information Sharing to Tackle Violence (ISTV) programme requires emergency departments to collect and share non-confidential/non-disclosive data to Community Safety Partnerships about those attending departments following an incident involving violent crime. Such information is collated and shared monthly.¹¹⁶ The Royal College of Emergency Medicine (RCEM) are of the view that spiking cases should also be recorded under ISTV.¹¹⁷ Deputy Chief Constable Harwin agreed: “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”.¹¹⁸

65. The Home Office told us the Department of Health and Social Care, the National Clinical Director for Urgent and Emergency Care and the NPCC met in December 2021 to discuss standardisation of processes and information sharing between health and police and plan to co-produce guidance on this issue for accident and emergency departments with the RCEM.¹¹⁹

66. We are pleased to learn there are many initiatives across the country to tackle spiking but are concerned that without a national strategy to ensure a consistent, wholesale approach, the current patchwork of initiatives may make those in parts of the country that have not yet taken action more vulnerable to spiking. *The Government should evaluate the efficacy of different anti-spiking partnership initiatives and develop a national strategy which promotes best practice and requires all police forces and local authorities to publish their chosen approach.*

112 [SPI0021](#) Local Government Association, paras 2.4 and 4.13 to 4.16

113 [SPI0021](#) Local Government Association, paras 3.11 and 3.15

114 [SPI009](#) St John Ambulance

115 [SPI0015](#) Security Industry Authority, para 45

116 <https://data.london.gov.uk/information-sharing-to-tackle-violence/istv-resources-for-policy-makers/>

Disclosive data may lead to the identification of a specific individual. Non-disclosive data conceals the identity of the individual to which it relates.

117 [SPI0017](#) Royal College of Emergency Medicine para 11; [Qq 67, 75, 97](#)

118 [Q173](#)

119 [SPI0051](#) Home Office, para 22

4 Detecting and investigating spiking

Low levels of reporting

67. The National Police Chiefs' Council (NPCC) told us that one of the challenges the police face in tackling spiking is the low level of reporting.¹²⁰ Several organisations carried out surveys which show that most victims do not report spiking incidents:

- A snap poll of young adults aged 16 to 25 by the Alcohol Education Trust (AET) found that 92% of those who had had their drink spiked did not report it.¹²¹
- In response to a consultation on spiking at UK universities, just 16 of 118 respondents reported their spiking incident to the police.¹²²
- In an online survey conducted by Stamp Out Spiking UK in May 2021 amongst 369 UK respondents, 98% did not report having their drink spiked to the police.¹²³

68. In our own survey, victims did not report 75% of incidents,¹²⁴ and reported only 14% of incidents to the police (Figure 8). In contrast, 34% of witnesses did not report incidents, but the level of reporting by witnesses to the police was also very low (15%).

Figure 8: Levels of reporting incidents

Did you report the incident? If so, to who? (check all that apply)	Victims	Witnesses
	% of total Incidents	% of total Incidents
No	75	34
Yes - to the venue where the spiking occurred	16	47
Yes – to the police	14	15
Yes – to the hospital	9	22
Yes – to the GP	3	0
Other	2	8

Source: Home Affairs Committee survey of spiking victims and witnesses

Lack of confidence in the police

69. We asked victims who did not report their incident(s) to explain why. The most common reason chosen was that respondents didn't think the police would do anything about it (Figure 9). This was a recurring theme.¹²⁵ Emily Ware said, "I fear that if I go to the police, I will need to relive my experience in front of people who are not compassionate

120 [SPI0036](#) NPCC, paras 4.24, 6.6

121 [SPI0019](#) Alcohol Education Trust, para 13

122 The Last Taboo, [Spiking at UK Universities Report](#), 18 January 2022, p 26

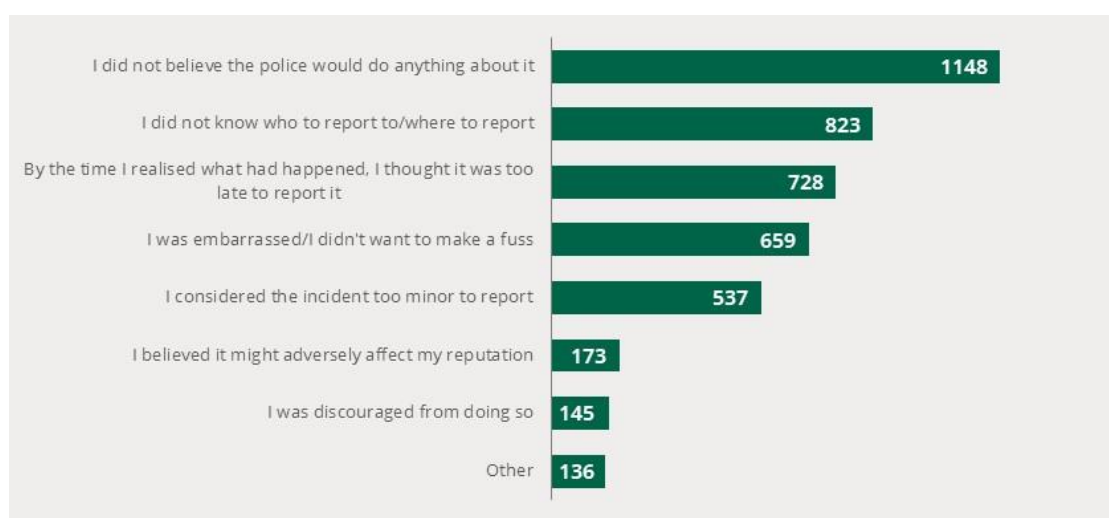
123 Stamp Out Spiking, [Research from anti drink spiking organisation StopTopps](#) 21 October 2021

124 Victims reported 608 out of 2401 incidents

125 [Q139](#); [SPI0004](#) Miss Davey, para 14; [SPI0010](#) Stamp Out Spiking, para 31; [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 18; [SPI0024 NTIA](#); [SPI0027](#) Nottinghamshire Sexual Violence Support Services, para 19; [SPI0032](#) Nottingham Collective, paras 3.2 to 3.5; [SPI0033](#) Meg, para 17; [SPI0040](#) Bristol City Centre BID, para 32

and see me as a number, much like with sexual assault cases”.¹²⁶ Alexi Skitinis told us “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”.¹²⁷ In a recent poll for the Independent, four in 10 women did not think police officers would take them seriously if they reported their drink had been spiked. Similarly, 38% of men said they were sceptical they would be believed by police, while 43% thought they would.¹²⁸

Figure 9: Reasons given for not reporting spiking incidents



Note: Respondents were asked to check all reasons that applied

Source: Home Affairs Committee survey of spiking victims and witnesses

Lack of awareness around reporting

70. The second most common reason for not reporting was a lack of awareness about how to do so. As Hannah Stratton said “... 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?”¹²⁹ Nikki Garnett talked about the need for better education surrounding spiking so that “people would have a clearer instinct of what to do. Currently it goes only as far as telling people not to leave their drinks unattended, it does not map out a clear path of action if this happens to you”.¹³⁰ The AET recommended an awareness campaign which includes advice on how to report incidents.¹³¹

71. Some witnesses suggested an anonymised reporting system as one way of increasing reporting.¹³² As part of the Tackling Violence Against Women and Girls (VAWG) Strategy,

126 [SPI0003](#) Emily Ware

127 [Q10](#)

128 [The Independent 1 in 9 women in UK say they've been victim of drink spiking, polling finds](#) 17 November 2021, accessed 29 November 2021

129 [Q8](#)

130 [SPI0050](#) Nikki Garnett, para 9

131 [SPI0019](#) Alcohol Education Trust, para 80

132 [Q8, Q11, Q148](#); [SPI0019](#) Alcohol Education Trust, para 80; [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 7

the Home Office is piloting a tool, StreetSafe, for the public to report anonymously areas where they feel unsafe and to identify what it was about the location which made them feel this way.¹³³

Too late to report

72. The third most common reason given for not reporting the incident was: “By the time I realised what had happened I thought it was too late to report it” (Figure 9).¹³⁴ Reasons for delays in reporting include:

- Fear, confusion and memory loss caused by the spiking itself, leading to a reluctance to engage; and
- Physical unwellness caused by the spiking or associated activity, causing victims to prioritise a quiet recovery.¹³⁵

For example, Dawn Dines from Stamp Out Spiking said, “many victims do not immediately report incidents to the police, given that they often will have experienced blackouts”.¹³⁶ This was the case for 43% of victims responding to a spiking survey conducted by the Last Taboo; and 55% stated they had experienced memory loss.¹³⁷

Other reasons for not reporting

73. Helena Conibear told us that people were reluctant to report incidents at house parties for fear of getting the hosts into trouble; and that they don’t want to become social pariahs by reporting friends who they think may have been responsible.¹³⁸ Along similar lines, Hannah Stratton said she didn’t want the venue to suffer any consequences if she reported that the incident took place there:

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 nightclub. 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.¹³⁹

74. “Zero tolerance” approaches to drug use can put victims off coming forward and can be a barrier to their reporting incidents.¹⁴⁰ Real or perceived victim blaming also featured in many evidence submissions as a reason for not reporting.¹⁴¹

75. As we set out in paragraph 47 above: ***The Home Office, in partnership with key stakeholders, should conduct a national communications campaign to raise awareness of how to act when people suspect they have been spiked. This campaign should emphasise the importance of individuals and venues reporting incidents or concerns to the police.***

133 [SPI0051](#) Home Office, para 39

134 This reason was chosen for 728 incidents.

135 [SPI0040](#) Bristol City Centre BID, para 32

136 [SPI0010](#) Stamp Out Spiking, para 33

137 The Last Taboo, [Spiking At UK Universities Report](#), 18 January 2022, p19

138 [Q34](#)

139 [Q22](#)

140 [SPI0016](#) PsyCare UK, para 7; [SPI0032](#) Nottingham Collective, para 3.4

141 [SPI0008](#) Universities UK, para 15; [SPI0027](#) Nottinghamshire Sexual Violence Support Services, para 18; [SPI0032](#) Nottingham Collective, para 3.1, para 32

An option to report spiking incidents anonymously should also be included, possibly via Crime Stoppers. Increased data from increased reporting of incidents would help the police to profile offenders and identify the causes of offending.

76. We asked victims who did report incidents what happened as a result (Figure 10). Whereas venues did not act in most cases, the police often took some action but it rarely led to offenders being identified or taken to court.

Figure 10: Actions taken following victims reporting a spiking incident

Response	Number
No action was taken by the venue	370
The venue took action	42
No action was taken by the police	130
Police investigated but the case resulted in no further action being taken	118
Police made contact but no further action was taken	97
Unsure, as there was no communication from police after the report	88
Unsure for other reasons	75
Police investigated and made an arrest/s	12
The offender was taken to court and received a penalty (e.g. fine or prison sentence)	1

Source: Home Affairs Committee survey of victims and witnesses

Lack of evidence

77. The level of prosecutions for spiking offences is very low, a key factor being absence of evidence in many incidents, arising from delay in reporting, insufficient forensic testing provision and difficulties in identifying and apprehending perpetrators.

Impact of delays in reporting

78. Deputy Chief Constable Harwin told us the window of opportunity to collect forensic evidence is limited. A delay in reporting will affect police ability to collect viable evidence,¹⁴² as recognised by this survey respondent: “I went to a&e first rather than the police as I was worried about catching any needle transmitted infections. By the time I did report it to the police a few days later, any drugs that could’ve been in my system from the spiking were a lot less likely to show up on any tests - therefore potential evidence was lost”. [Female victim, aged 0 to 24]

79. Dean Ames, forensic expert at the Metropolitan Police, explained that 12 hours is “the optimum time after an incident for a forensic sample of urine to be collected”. However, because drugs metabolise differently, he also said: “24 hours is still a good window of opportunity”. More widely, police commonly consider three to five days as valid time to collect samples.¹⁴³ To overcome the barrier of late testing, Norfolk and Norwich University

142 [Q144](#)

143 [Q160](#)

Hospital Trust's anti-spiking pilot provides testing kits in the community so that a sample can be obtained immediately, giving the best opportunity to detect substances before they pass through the body.¹⁴⁴

Provision of forensic testing

80. There are misconceptions and confusion about who is responsible for obtaining forensic samples in spiking cases. Mair Howells told how her sister was “ping-ponged between the police and the NHS. With no support. The police wouldn't report the crime unless she had a blood test, and A&E said they don't do forensic testing”.¹⁴⁵ A survey respondent said:

I didn't know where to go to even get “tested” which meant I only realised to go after the 72 hours. This was too late and therefore left me with unanswered questions which testing may have bought closure to. Even now (3 months later) I don't know if I should have gone to my GP, A&E or a sexual health clinic. None of this info has been easy to find online. [Male victim, aged 0 to 24]¹⁴⁶

81. Several witnesses spoke about lack of forensic testing facilities for spiking victims in A&E departments.¹⁴⁷ The Royal College of Emergency Medicine told us: “There is a widespread perception among the public that EDs provide toxicology testing for patients who suspect they may have been spiked. This is not the case, and NHS England does not have a uniform policy for screening patients who suspect they may have been spiked. This is because EDs do not routinely collect blood and urine samples for drugs and only use toxicology testing if there is a clinical justification”.¹⁴⁸

82. Dr Adrian Boyle, Vice President of the Royal College of Emergency Medicine, explained that their job “is not really to judge whether somebody may or may not have been assaulted; it is to know whether they are medically ill and require intervention or can be safely discharged home”.¹⁴⁹ The questions they ask are: “Is this causing a medical problem that requires the attention of a doctor? Have they become acutely psychotic? Are they seeing things, or hallucinating? Are they becoming unconscious? Are they developing some other consequence of ingesting poison? The vast majority of cases that we see don't have any of those, and we tend to send them home without doing any testing”.¹⁵⁰ Vennture told us the lack of capability in A&E departments to test for drugs or alcohol spiking “perpetuates anecdotal evidence surrounding spiking and hinders investigation”.¹⁵¹

Resource constraints

83. St John Ambulance said it does not “have the laboratory tests that our hospital colleagues have, nor the bed space and referral process to further look after these

144 [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 7

145 [SPI0011](#) Mair Howells, para 4

146 Home Affairs Committee Survey

147 [SPI0017](#) Royal College of Emergency Medicine, paras 5 to 9; [SPI0011](#) Mair Howells, para 4; [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 20; [SPI0050](#) Nikki Garnett, para 19

148 [SPI0017](#) Royal College of Emergency Medicine, para 5

149 [Q90](#)

150 [Q73](#)

151 [SPI0034](#) Vennture, page 2

individuals. It is near impossible, pre-hospital to confirm that spiking has occurred, so we treat any obvious abnormalities and refer to hospital for further investigations and a period of safe observation.”¹⁵² The NPCC said they were talking to partners in A&E “to establish opportunities for evidence recovery and safeguarding, recording and referrals of spiking admissions and taking of samples”.¹⁵³

84. The Faculty of Forensic & Legal Medicine said no forensic medical services are commissioned for adult spiking victims. “The individual would not be seen at a SARC [Sexual Assault and Rape Centre] and only in rare cases are complainants taken to be seen by HCPs [Health Care Professionals] embedded in custody”.¹⁵⁴ Dean Ames told us a shortage of forensic expertise in the UK means “many cases where policing cannot submit samples because there is insufficient forensic capacity to examine them”.¹⁵⁵ In response to the sudden spate of needle spiking incidents in autumn 2021, the NPCC secured extra toxicology forensic capacity with a third-party supplier¹⁵⁶ so that they could “rapidly test urine samples ... to give the assurance to the victim whether they have been spiked or not”.¹⁵⁷ While forces have to pay for additional testing, Dean Ames told us “it is a fraction of the cost of the full toxicology analysis”.¹⁵⁸ The rapid urine drug screening service costs £350 and takes between two to three weeks, as opposed to costs of between £500 to £2,000 for a full-case toxicology submission which takes eight weeks. “However, owing to limited national forensic toxicology capacity and expertise, policing may have to wait several months before a case can be submitted, which is delaying investigations”.¹⁵⁹

85. **Accessibility to testing is an issue for many victims and the lack of forensic testing capacity creates evidential difficulties for the police. To ensure adequate, timely provision of forensic sampling of a standard sufficient to be admissible as evidence in court, the Government should introduce a duty on all police forces to provide those who report any spiking incident with the rapid testing service introduced in response to the outbreak of needle spiking.**

86. Many organisations have offered alternative forms of testing to reassure alleged spiking victims. For example:

- In November 2021 the University of Lincoln’s student wellbeing service started to offer rapid drug testing, in conjunction with the student union and Lincolnshire Police, in response to an increase in students’ anxieties around being spiked and lacking confidence to go out.¹⁶⁰ The Tab found that Lincoln was one of six Student Unions to offer drink testing kits inside its venues and named three other universities that were considering it.¹⁶¹
- East Midlands Ambulance Service (EMAS) introduced a vehicle to respond directly to spiking incidents and conduct drug urine tests.¹⁶²

152 [SPI009](#) St John Ambulance

153 [SPI0036](#) NPCC, para 4.28

154 [SPI0031](#) Faculty of Forensic & Legal Medicine, para 6

155 [Q166](#)

156 [SPI0036](#) NPCC, para 4.17

157 [Q166](#)

158 [Q168](#)

159 [SPI0048](#) Dean Ames, Forensic Drugs Operations Manager, Metropolitan Police Service

160 [Q33](#)

161 The Tab, [This is exactly what your Students' Union is doing to prevent drink spiking](#) 18 November 2021

162 [SPI0032](#) Nottingham Collective

- A Bristol-based drink spiking initiative provides free drink-testing kits to venues and urine-testing kits to police response teams, to help ensure “best available evidence” is gathered “as immediately as possible. The added advantage is enabling police to determine which incidents require evidential forensic testing to support potential prosecutions”.¹⁶³
- Devon and Cornwall Police have launched an anti-drink spiking initiative, following a successful trial in Plymouth in 2019, which includes drink-testing kits being made available in bars across the region and urine-testing kits in all police stations, “which can be used for up to three days after consumption of the drink to test for evidence of spiking”.¹⁶⁴
- Norfolk and Norwich University Hospitals Trust are part of a partnership running an anti-spiking campaign which provides comprehensive drug testing to an individual if they believe they may have been spiked. The Trust can test for 1,600 compounds.¹⁶⁵

87. The Trust expressed concern about the use of drug testing devices such as drink-testing kits used at venues, “as these devices are beset with difficulties, such as cross-reactions, false negatives, and unreliability when used improperly”.¹⁶⁶ They explained that “the risk is that as the dip sticks only identify specific drugs, they may not be targeted to substances being used as the spiking agents”.¹⁶⁷ Dean Ames also raised doubts about the usefulness and reliability of some tests: “none of them has been verified and validated as fit for purpose, so we do not know whether they can reliably test... 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”.¹⁶⁸ The Home Office said it is “working with police to consider the available testing kits with a view to commissioning a scientific review of their efficacy” but said “This process will be challenging and is expected to take some time”.¹⁶⁹

88. Another limitation of such tests is that they cannot be used to assess whether victims have been spiked with alcohol. Julie Spencer from the University of Lincoln asked, “How do you prove that that somebody has been spiked with a level of alcohol for what they have not chosen to drink?”¹⁷⁰ Michelle Frost, project lead for Norfolk and Norwich University Hospitals Trust’s Anti-Spiking Campaign, said that whilst they are unable to quantify how much alcohol an individual had consumed from their urine sample, “it may be inferred that if the individual has not recently consumed alcohol, or only a small amount, and their signal response on the analyser is very high, then they may have been spiked with alcohol”.¹⁷¹ Many victims told us they knew the difference between the effects which they had experienced after the suspected drink spiking incident and the effects they had previously experienced as a result of drinking too much of their own accord. Given the number of times we have heard from victims and witnesses that they were

163 [SPI0040](#) Bristol City Centre BID, para 26

164 Devon and Cornwall Police [Police statement in response to drink spiking and needle attacks](#) 20 October 2021

165 [SPI0020](#) Norfolk and Norwich University Hospitals Trust, paras 1, 13 and 14

166 [SPI0048](#) Supplementary written evidence submitted by Michelle Frost, Norfolk and Norwich University Hospitals Trust, para 4

167 [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 11

168 [Q164](#)

169 [SPI0051](#) Home Office, para 24

170 [Q57](#)

171 [SPI0020](#) Norfolk and Norwich University Hospitals Trust, para 14

disbelieved when they told the authorities they had not consumed much alcohol, and the acknowledgement that alcohol is regularly used as a spiking agent, we are concerned at the lack of options for testing for alcohol spiking.

89. We are pleased that the Home Office is planning a scientific review of testing kits but are concerned that in the meantime victims could get false assurances from such kits. The Home Office should require commercially available drug-testing products to carry warnings about their limitations; expedite its planned scientific review of the relative merits of the various spiking testing pilots being run by the police, universities and hospitals and report back to the Committee in three months' time; and provide support to allow wider adoption of the best schemes across the country once the review is completed.

Lack of understanding around the motives for spiking

90. There is limited evidence about the motives and characteristics of those responsible for drink and injection spiking. The Alcohol Education Trust says spiking is often done as a “prank”, but many victims have been subject to robbery or sexual assault.¹⁷² Alexi Skitinis told us he thought theft may have been a motive in his experience of spiking:

In my situation, I think it could have been for theft... 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.¹⁷³

Hannah Stratton attributed her experience to someone's idea of fun:

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.¹⁷⁴

91. Our survey provided insights into motives and perpetrators, which reflected the often-quoted categories of fun, sexual assault, and financial crime, but also identified a fourth category - that of unintended victims, where individuals drink someone else's drink (Figure 11).

172 Alcohol Education Trust, [Drink Spiking Factsheet](#); BBC News, [Fraud: 'I had £18,000 stolen after my drink was spiked'](#) 21 December 2021

173 [Q23](#)

174 [Q21](#)

Figure 11: Examples of survey respondents' views on motives for spiking

Motives for spiking
<p>For fun</p> <p>It was part of a hazing ritual for a sports team. In hindsight, very dangerous. One guy put ground codeine in my beer because he thought it would be funny without telling anyone.¹⁷⁵</p> <p>2018 I was spiked in my own home when having a gathering. It was someone I knew who admitted to it later when they realised I got extremely ill from it and their excuse was "I wanted everyone to have fun"</p>
<p>For financial gain</p> <p>I was naive and they spiked champagne to take money from my credit card, the staff were involved as were security. I was away from friends in the club at that point. Don't stay alone.</p> <p>I lost money as I was asked to withdraw cash from cash machines without realising I was doing it.</p>
<p>Sexual assault</p> <p>I was spiked, then raped. I would never wish anyone to go through what I've been through. More needs to be done to protect young women. I have taken my case to the police in hope YOUR daughter won't have to.</p> <p>My 18-year-old daughter's drink was spiked and she was kidnapped and taken to a flat in an unknown location. She was then raped multiple times.</p> <p>My spiking resulted in a sexual assault. Until very recently I blamed myself for the whole incident and have been too embarrassed to seek help or support.</p>
<p>Unintended victim</p> <p>The drink was drunk unknowingly by a 6ft 7 man, it was intended for a 5ft 2 girl. The hospital said had the girl drunk it, it would have been deadly.</p> <p>I was spiked when I drank my girlfriend's drink. I was an unintended victim, she was also successfully spiked.</p> <p>I believe that it was not intended for me, but for my female colleague, and I am so glad that she decided to go home when she did. I regretfully conclude that at least one of the three gentlemen opposite were the perpetrators of the drug, and that their intention was for my colleague.</p>

Source: Home Affairs Committee survey of spiking victims and witnesses

92. The NPCC told the Committee a national assessment was being compiled with participation from all law enforcement agencies, focusing on understanding motive and identifying offenders, as well as victims and locations. Their initial assessment of needle attacks highlights the lack of understanding of motive with offences appearing to be random, in crowded places (mainly the night-time economy), and most victims are female.¹⁷⁶ Referring specifically to needle spiking, the NPCC said secondary offending

175 Hazing: initiation ceremony involving harassment, abuse or humiliation.

176 [SPI0001](#) NPCC

was extremely rare. “Indeed in 692 recorded incidents only one offender was identified and only one secondary offence was recorded”.¹⁷⁷ The Home Office said, “it is currently unclear what intentions offenders have beyond committing the act of spiking”.¹⁷⁸

93. There has been limited academic research on spiking. Helena Conibear told us “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”.¹⁷⁹ Available research is often dated,¹⁸⁰ narrowly focused or based on small, non-statistically representative sample sizes. For example, research by the University of South Carolina in 2016 looked at survey data from 6,064 students at three universities;¹⁸¹ and Anglia Ruskin University is carrying out research on spiking based on two surveys with 69 and 91 respondents.¹⁸² Despite the limitations of existing research, however, and other than the apparently new phenomenon of needle spiking, the findings and recommendations from research conducted almost 20 years ago echo evidence to our inquiry.¹⁸³

Relationship between perpetrator and victim

94. In an online survey conducted by Stamp Out Spiking in May 2021, 23% of respondents believe they were spiked by someone they knew, but not well, and 2% that they were spiked by a good friend.¹⁸⁴ In our survey, one victim said she was spiked by a colleague, another by a man she had rejected, and another had the address from an Uber receipt and photos of the men who spiked her.

Inability to identify perpetrators

95. The NPCC acknowledged that the only way to stop spiking is by targeting offenders¹⁸⁵ but that lack of intelligence on offenders makes active intervention challenging. The police could not flag spiking offences as easily as they would like without a lot of work, and they were unable readily to connect offences or offenders straight away.¹⁸⁶ Offender profiling had been very limited to date but the National Crime Agency was undertaking such work.¹⁸⁷ The Home Office said, “A large-scale effort is being made by law enforcement to centrally track cases and understand the scale of the threat and the motivations of the perpetrators”.¹⁸⁸

177 [SPI0036](#) NPCC, para 4.11

178 [SPI0051](#) Home Office, para 17

179 [Q37](#)

180 Taylor, Prichard and Charlton, National project on drink spiking: investigating the nature and extent of drink spiking in Australia, (AIC 2004); [\(56\) \(PDF\) Drink Spiking Report | Jim McVeigh – Academia.edu](#) [Caryl Beynon, Sara Edwards, Michela Morleo, Zara Anderson and Jim McVeigh – Centre for Public Health, Faculty of Applied Social Sciences, Liverpool John Moores University, June 2005

181 Swan, S. C., Lasky, N. V., Fisher, B. S., Woodbrown, V. D., Bonsu, J. E., Schramm, A. T., Warren, P. R., Coker, A. L., & Williams, C. M. (2016, May 23). [Just a Dare or Unaware? Outcomes and Motives of Drugging \(“Drink Spiking”\) Among Students at Three College Campuses](#); Psychology of Violence. Advance online publication.

182 The Independent, [Why is so little known about the horrifying drink spiking trend?](#) 8 November 2021

183 See Footnote 180

184 Stamp Out Spiking, [Research from anti drink spiking organisation StopTopps](#), [online research survey conducted in May 2021 amongst 369 respondents]

185 [Q148](#)

186 [Q142](#)

187 [SPI0036](#) NPCC, para 4.9

188 [SPI0051](#) Home Office, para 9

96. Deputy Chief Constable Harwin told us, “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”.¹⁸⁹

97. **Limited police understanding of the motives and profile of spiking offenders hampers their ability to develop a national strategy on tackling spiking. *The Home Office should commission academic research into the motivations and profile of spikers, to feed into a national strategy for preventing, detecting and prosecuting spiking offences.***

Low levels of prosecution

98. Prosecutions for drink spiking are rare but possible, when the perpetrator is identified and sufficient evidence is collected.¹⁹⁰ At individual force level, data provided by Avon and Somerset Police demonstrate the low level of prosecutions for drink spiking. In the five years between 2016 and March 2021 there were 486 drink spiking incidents reported across the Avon and Somerset police area culminating in 27 arrests. No perpetrators were taken to court for drink spiking.¹⁹¹

99. Across all forces, there have been significant increases in offences recorded by police under one of the offences which can be used to record spiking offences—the Offences Against the Person Act 1861—with over 1,000 in each of the last three years (Figure 12).¹⁹² However, fewer than 100 people a year are convicted of these offences (Figure 13).¹⁹³ It is not known how many of these relate specifically to spiking offences.

189 [Q143](#)

190 [Gillingham man Tadas Rasciauskas jailed for spiking woman’s drink at The Source bar in Maidstone \(kentonline.co.uk\)](#) 4 August 2015, accessed 24 March 2022; LBC, [Man jailed for spiking drink in London pub with viagra with intention of sexual assault](#) 3 December 2021, accessed 24 March 2022; BBC News [Reynhard Sinaga: How the Manchester rapist found his victims](#) 6 January 2020, accessed 24 March 2022

191 [SPI0040 Bristol City Centre BID](#), para 6

192 [Hansard, Written Answer 66256](#), 12 November 2021

193 [Hansard, Written Answer 66255](#), 3 November 2021

Figure 12: Offences recorded under the Offences Against the Person Act 1861 (sections 23 and 24) April 2015 to March 2021 across England and Wales^{1,2}

Offence description	Financial Year						Total
	15/16	16/17	17/18	18/19	19/20	20/21	
005/10 – Endangering Life Or Causing Harm By Administering Poison	63	80	110	105	128	147	633
008/02 – Administering Poison With Intent To Injure Or Annoy	401	578	963	1,425	1,663	1,076	6,106
Notes:							
1. Data from the Home Office Data Hub, as of 1st November 20212.							
2. Data has not been reconciled and is subject to change.							

Source: [Hansard, Written Answer 66256, 12 November 2021](#)

Figure 13: Defendants prosecuted and convicted under the Offences Against The Person Act 1861 (sections 23 and 24) 2015 to 2020

Year	2015	2016	2017	2018	2019	2020
Endangering life or causing harm by administering poison (Contrary to section 23 of the Offences Against the Person Act 1861)						
Prosecutions	5	9	5	4	9	3
Convictions	1	5	6	5	5	3
Administering poison with intent to injure or annoy (Contrary to section 24 of the Offences Against the Person Act 1861)						
Prosecutions	22	17	30	89	84	104
Convictions	12	18	13	55	69	85
Notes:						
1. The figures in this table have been drawn from administrative IT systems which, as with any large scale recording system, are subject to possible errors with data entry and processing.						
2. The figures presented relate to defendants for whom these offences were the principal offences for which they were dealt with. When a defendant has been found guilty of two or more offences it is the offence for which the heaviest penalty is imposed. Where the same disposal is imposed for two or more offences, the offence selected is the offence for which the statutory maximum penalty is the most severe.						

Source: [Hansard, Written Answer 66255, 3 November 2021](#). The data supplied is a subset of published information from the Courts Proceedings database.

Factors that affect prosecution rates

100. A report by the Australian Institute of Criminology on drink spiking identified that a successful prosecution of spiking requires “knowledge of the offender, a willingness by the victim to report to and cooperate with the police, confidence that one’s testimony will be credible, evidence that the incident occurred, a chain of evidence which can be upheld

in court and a belief by the Director of Public Prosecutions that there is some chance of success”.¹⁹⁴ Figure 14 shows how the absence of these factors leads to high attrition rates in the prosecution of spiking offences.

Figure 14: Attrition factors at different stages of the prosecution process



Source: Home Affairs Committee analysis of evidence

101. Deputy Chief Constable Harwin highlighted the importance of reporting when explaining why there were so few prosecutions for spiking offences: the police cannot investigate an unreported offence. Given the limited window of opportunity to collect forensic evidence, a delay in reporting will also affect the police’s ability to collect viable evidence. As offences predominantly happen in crowded places, delay in reporting means the police rely on CCTV; reporting an incident as soon as it occurs may allow them to collect evidence immediately (for example, through personal devices) and to catch suspects at the time of the offence.¹⁹⁵

102. Deputy Chief Constable Harwin told us the police have more success “where individuals have committed the spiking offence with a view to committing a secondary offence”.¹⁹⁶ He said: “There is an extra layer of investigation because of the secondary offence that will not necessarily be there for that first offence”.¹⁹⁷ However, the NPCC said that secondary offending (sexual offending or robbery) is very rare¹⁹⁸ with 14 of 1,382 reported needle spiking cases having secondary offences.¹⁹⁹ PsyCare UK said “we have not had someone report to our service who has alleged that a spiking has resulted in a secondary offence (e.g. a sexual assault). This contrasts with other forms of drug facilitated sexual assault, where we have had victims present to our service who have been sexually assaulted”.²⁰⁰

194 Australian Institute of Criminology, [National project on drink spiking: investigating the nature and extent of drink spiking in Australia](#), November 2004, p116

195 [Q144](#)

196 [Q152](#)

197 [Q157](#)

198 [SPI0036](#) NPCC, para 4.11

199 [Q137](#)

200 [SPI0016](#) PsyCare UK, para 4

103. Successful prosecution has a deterrent value for both actual and would-be spikers and sends a clear message that spiking is a crime. We are therefore disappointed by the very low number of successful prosecutions for spiking offences. *To increase the deterrent effect of increased prosecutions, Government should devise a strategy to address each of the factors that inhibit prosecution from lack of reporting through to failure to collect forensic evidence.*

Conclusions and recommendations

Scale of the problem

1. *We recommend that all staff working at music festivals, including vendors, be given compulsory safeguarding training, and this be a requirement that licensing authorities consider when approving events. This might be done along lines similar to training provided in voluntary schemes in other licensed premises, such as Ask Angela or the licensing security and vulnerability initiative (Licensing SAVI). (Paragraph 12)*
2. We believe that a more formal and higher standard is required for outdoor music festivals owing to the comparatively younger age of festival-goers and the additional vulnerability that arises from their camping over at such festivals. (Paragraph 12)
3. No-one knows how prevalent spiking is, whether by drink, drug or needle, and no-one knows what causes perpetrators to do it. Anecdotal evidence suggests the practice is widespread and dangerous, and that many people, particularly young, particularly women, are affected by it and are afraid they will be spiked on evenings out. An absence of accurate data makes it impossible, however, to judge accurately just how widespread, how dangerous spiking is. Policy initiatives to reduce both spiking and the fear of it cannot be well-founded or well-targeted without reliable evidence. (Paragraph 18)
4. *We call on the Home Office to increase education and awareness about spiking and welcome its considering whether a specific new offence of spiking is required. We urge the Home Office, however, to focus its efforts first on improving reporting of the crime of spiking and on gathering information about the reasons for and outcomes of such reports. We invite the Home Office to set out steps it will take to improve data on the prevalence, scale and dangers of spiking. (Paragraph 19)*

Legal framework

5. *The Home Office should give the Committee a written update six months from the date of publication of this Report on progress towards creating a separate criminal offence of spiking. (Paragraph 26)*
6. The existence of a spiking offence would not in and of itself stop spiking, but it would have several benefits. First, it would facilitate police work under way to identify perpetrators and patterns of offending by enabling the police to collect better data on the prevalence of spiking incidents. Secondly, it would act as a deterrent by sending a clear message to perpetrators that this is a serious crime which attracts severe penalties. And thirdly, victims would be more likely to report spiking if it were a recognised criminal offence. (Paragraph 26)

Preventing and deterring spiking

7. There is an urgent need for improved education and awareness around spiking across several sectors. (Paragraph 47)

8. *As part of its national communications campaign to say “Enough” to violence against women and girls, the Government should engage with the night-time industry, the education sector, and the health sector to produce a national anti-spiking communications campaign. The awareness raising campaign should:*

(i) send a clear message that there is no acceptable defence for spiking, whether done for fun or malicious intent; that it can have devastating consequences for victims; and that spiking is a crime punishable by up to 10 years in prison;

(ii) encourage victims and venues to report incidents to the police, with the promise that all reports will be investigated; and

(iii) communicate immediate and longer-term sources of support for spiking victims, including testing. (Paragraph 47)

9. *There is strong support for increased security measures in night-time venues, but critical shortages in door security staff. (Paragraph 54)*

10. *As part of its wider VAWG strategy, the Government should consider a support package for night-time industries to boost security measures including the recruitment and training of additional door security staff, particularly female staff. (Paragraph 54)*

11. *We are concerned that the Government is not doing enough to monitor licensing authorities’ use of powers to regulate the night-time economy, both with specific regard to spiking incidents and more generally in relation to violence against women and girls. (Paragraph 59)*

Within three months the Government should:

(i) collect data on local licensing authorities’ use of their powers to impose conditions or revoke premises licenses, where venues do not take sufficient measures to protect and provide support to customers in spiking incidents;

(ii) work with local authorities to develop an anti-spiking strategy which encourages local licensing authorities to make better use of these powers; and

(iii) as part of this, review guidance issued under section 182 of the Licensing Act 2003 with a view to requiring licensing authorities to consider the prevalence, prevention and reporting of sexual harassment and misconduct and gender-based violence in statements of local licensing policy. (Paragraph 59)

12. *We are pleased to learn there are many initiatives across the country to tackle spiking but are concerned that without a national strategy to ensure a consistent, wholesale approach, the current patchwork of initiatives may make those in parts of the country that have not yet taken action more vulnerable to spiking. (Paragraph 66)*

13. *The Government should evaluate the efficacy of different anti-spiking partnership initiatives and develop a national strategy which promotes best practice and requires all police forces and local authorities to publish their chosen approach. (Paragraph 66)*

Detecting and investigating spiking

14. *The Home Office, in partnership with key stakeholders, should conduct a national communications campaign to raise awareness of how to act when people suspect they have been spiked. This campaign should emphasise the importance of individuals and venues reporting incidents or concerns to the police. An option to report spiking incidents anonymously should also be included, possibly via Crime Stoppers. Increased data from increased reporting of incidents would help the police to profile offenders and identify the causes of offending. (Paragraph 75)*
15. Accessibility to testing is an issue for many victims and the lack of forensic testing capacity creates evidential difficulties for the police. (Paragraph 85)
16. *To ensure adequate, timely provision of forensic sampling of a standard sufficient to be admissible as evidence in court, the Government should introduce a duty on all police forces to provide those who report any spiking incident with the rapid testing service introduced in response to the outbreak of needle spiking. (Paragraph 85)*
17. We are pleased that the Home Office is planning a scientific review of testing kits but are concerned that in the meantime victims could get false assurances from such kits. (Paragraph 89)
18. *The Home Office should require commercially available drug-testing products to carry warnings about their limitations; expedite its planned scientific review of the relative merits of the various spiking testing pilots being run by the police, universities and hospitals and report back to the Committee in three months' time; and provide support to allow wider adoption of the best schemes across the country once the review is completed. (Paragraph 89)*
19. Limited police understanding of the motives and profile of spiking offenders hampers their ability to develop a national strategy on tackling spiking. (Paragraph 96)
20. *The Home Office should commission academic research into the motivations and profile of spikers, to feed into a national strategy for preventing, detecting and prosecuting spiking offences. (Paragraph 97)*
21. Successful prosecution has a deterrent value for both actual and would-be spikers and sends a clear message that spiking is a crime. We are therefore disappointed by the very low number of successful prosecutions for spiking offences. (Paragraph 103)
22. *To increase the deterrent effect of increased prosecutions, Government should devise a strategy to address each of the factors that inhibit prosecution from lack of reporting through to failure to collect forensic evidence. (Paragraph 103)*

Annex 1: Survey results

Methodological information

The survey for spiking victims and witnesses ran for 8 weeks between 9 December 2021 and 31 January 2022 (excluding 6 to 11 January). It was advertised on the [Spiking Inquiry homepage](#) and on the Home Affairs Committee [twitter feed](#). The survey was also sent to people who signed e-petition 598986: [Make it a legal requirement for nightclubs to thoroughly search guests on entry](#). This petition was signed by 175,010 people. Around half of people who sign petitions give consent to be contacted again with updates on the issue raised by the petition. You can see the email that people received at the bottom of the petition under “Other parliamentary business”.

The survey was completed by **1,895 victims** and **1,413 witnesses**.

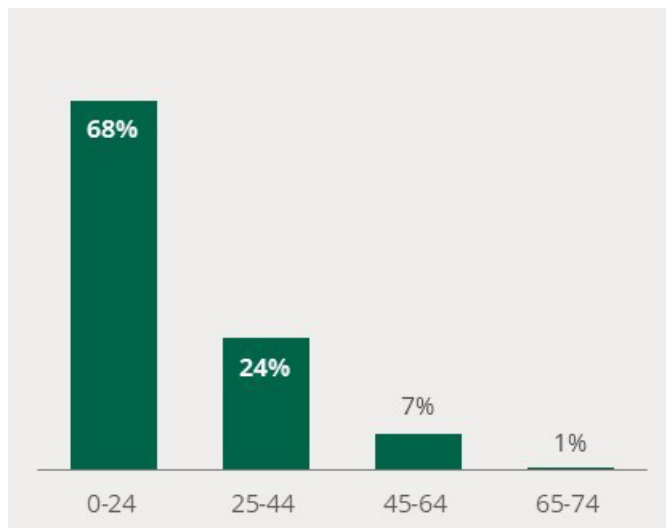
Respondents were asked if they had been spiked / witnessed spiking on more than one occasion and were given the opportunity to complete questions for two incidents, with an open question allowing them to provide further details of any further incidents.

Respondents completing the survey as victims were asked demographic questions around age, gender and ethnicity. Both victims and witnesses were asked for the geographical region where the incident/s took place.

Characteristics of respondents

Victims of all ages responded to the survey, with the highest number of responses received from respondents aged between 0 and 24.

Chart 1: Age of respondents

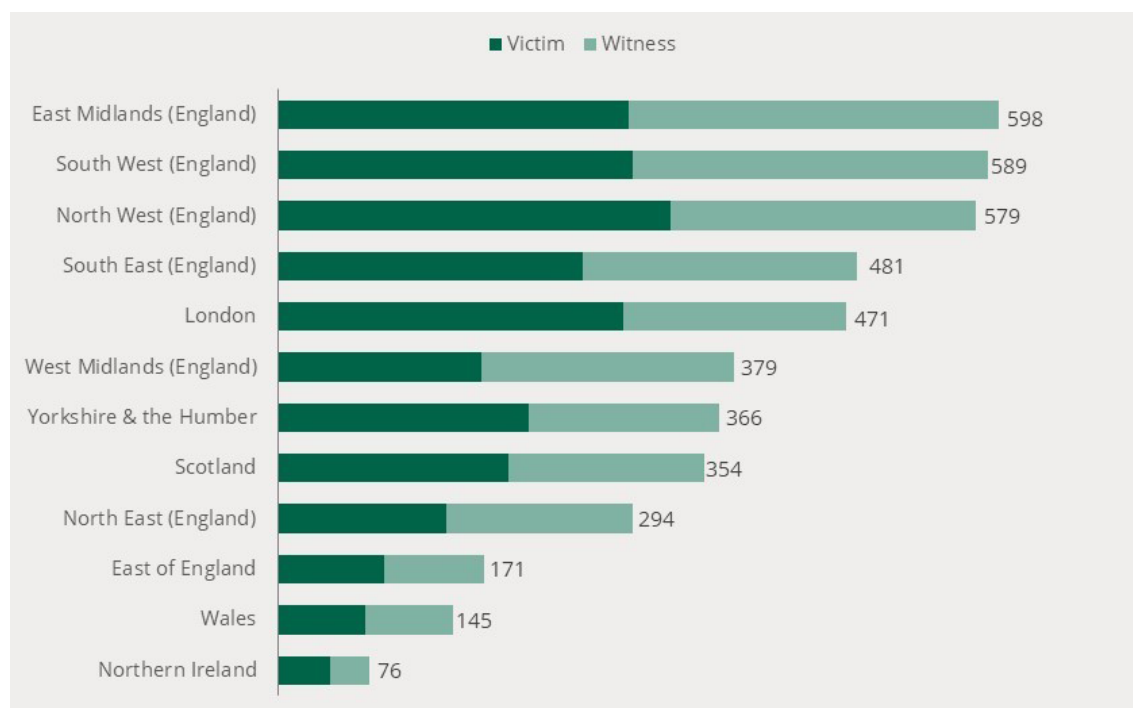


Most victims identified as female (1,734), 139 identified as male, and 21 people chose an “other” option.

Most victims were White (1,719 respondents, or 90.7% of victims), with the remainder from minority ethnic backgrounds (143 or 7.5%), preferring not to say (11 or 0.6%) or not answering this question (22 or 1.2%).

The East Midlands had the highest number of spiking incidents.

Chart 2: Spiking incidents by region



Highlights from the survey

Highlights from the survey are below. The body of this report draws on some open-text comments, as well as further quantitative results.

Combined victim and witness responses

Chart 3: Year in which spiking incidents occurred

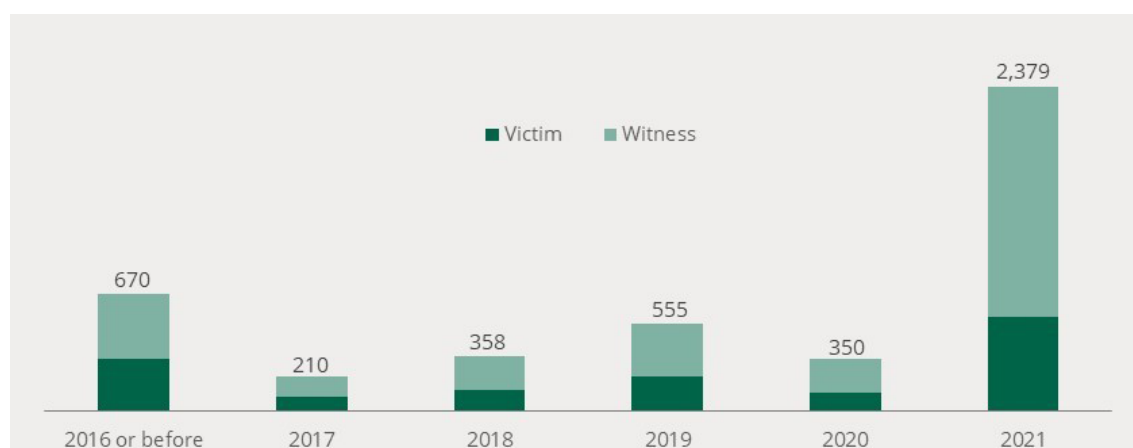


Chart 4: Type of spiking

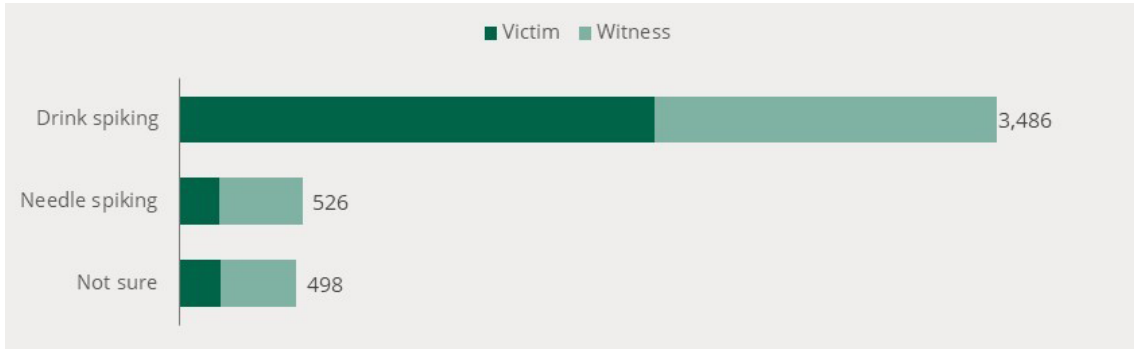


Chart 5: Type of spiking by year

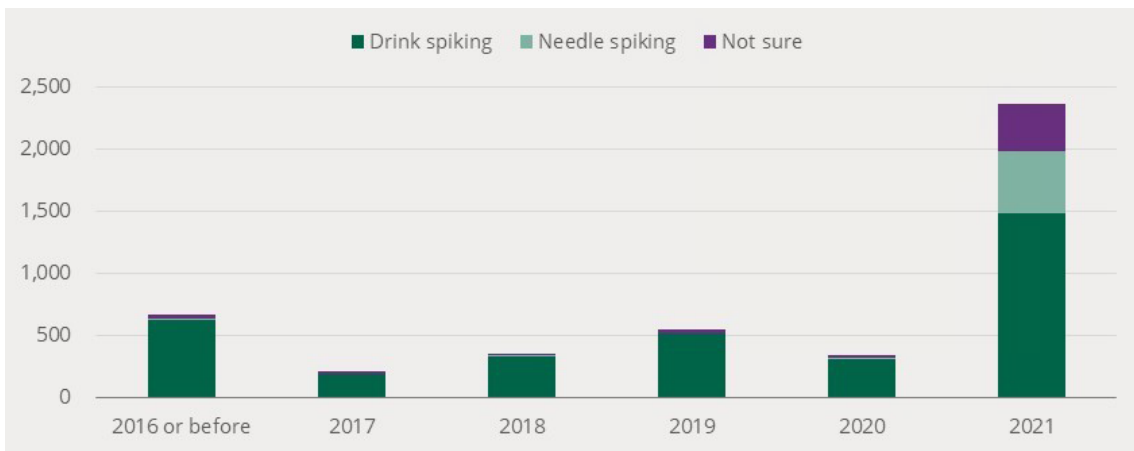
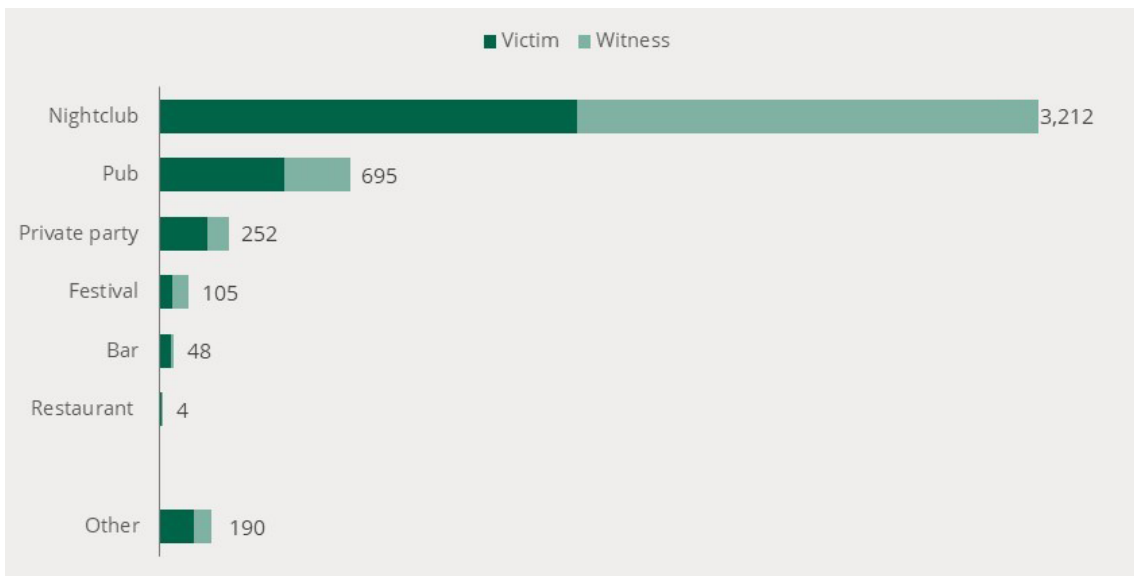


Chart 6: Venue where the spiking occurred



Victims only: support sought and provided

Chart 7: On how many occasions have you been the victim of spiking?

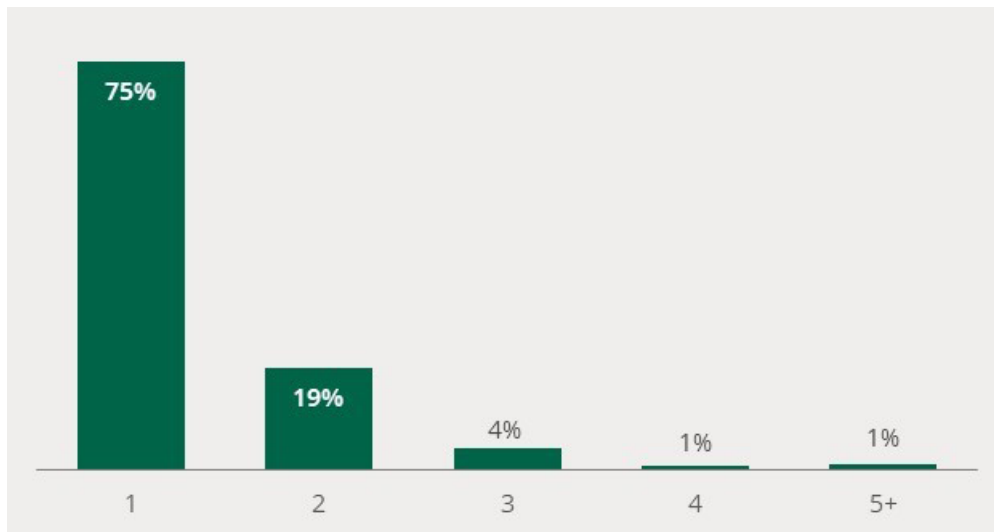


Chart 8: Did you receive any support after you were spiked?

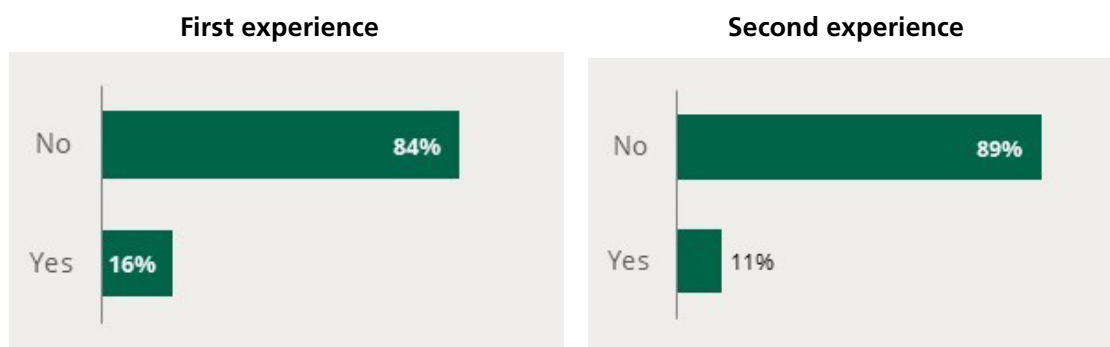


Chart 9: Of those who answered "yes" to receiving support, source of support (multiple answers possible)

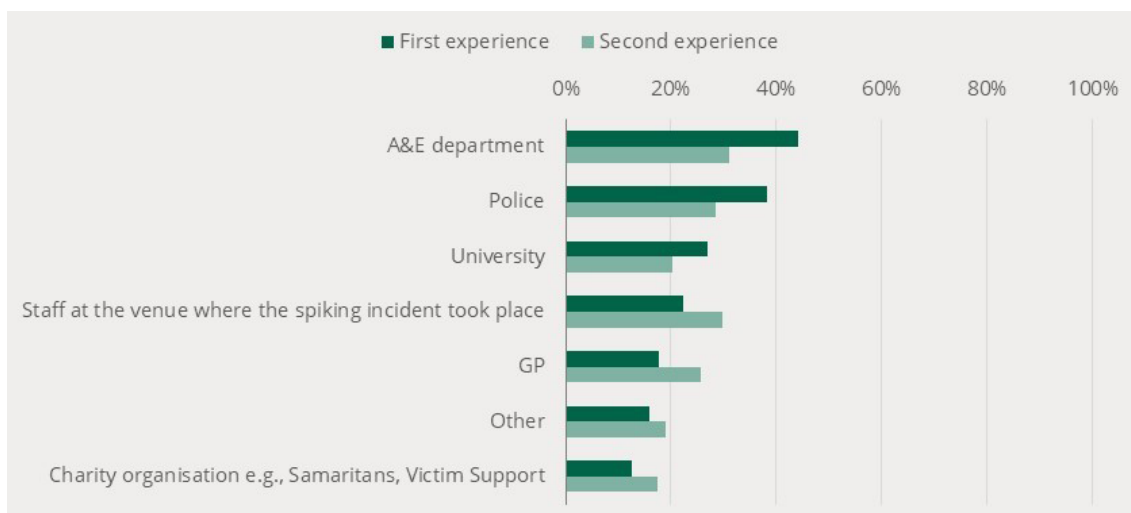
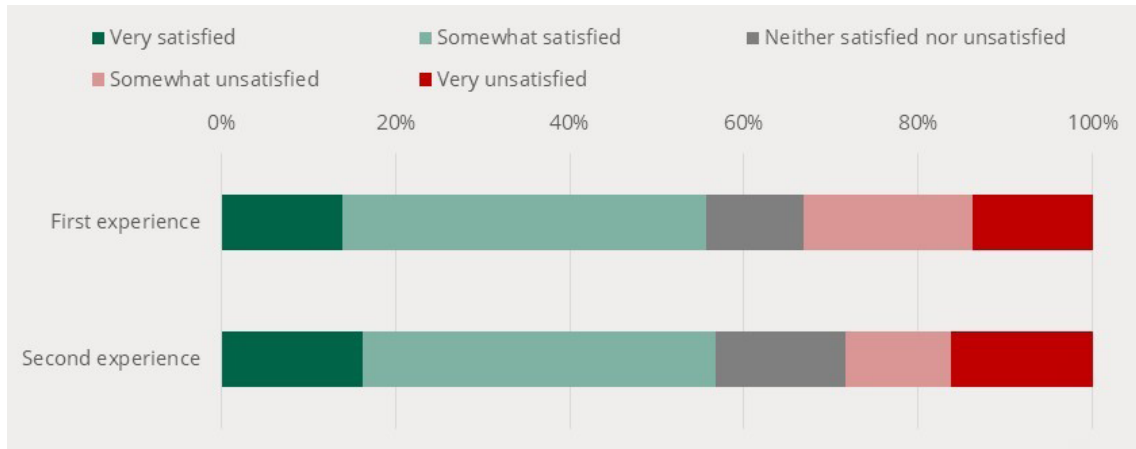


Chart 10: Of those who answered “yes” to receiving support, satisfaction with support received



Victims only: reporting and outcome

Chart 11: Did you report the incident?

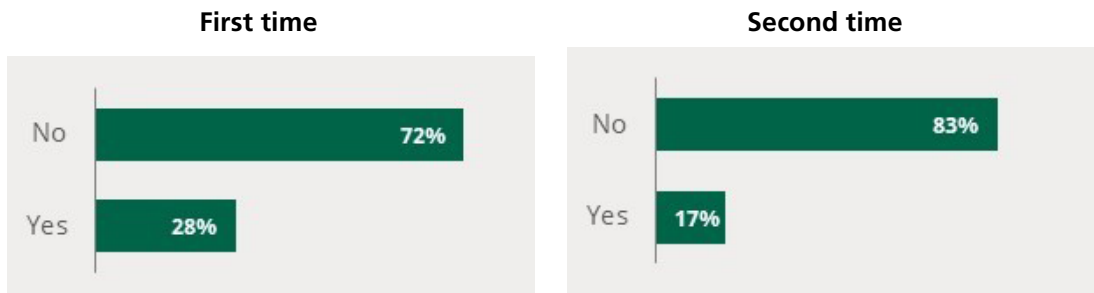


Chart 12: Of those who answered “yes” to reporting the incident, who they reported it to (multiple answers possible)

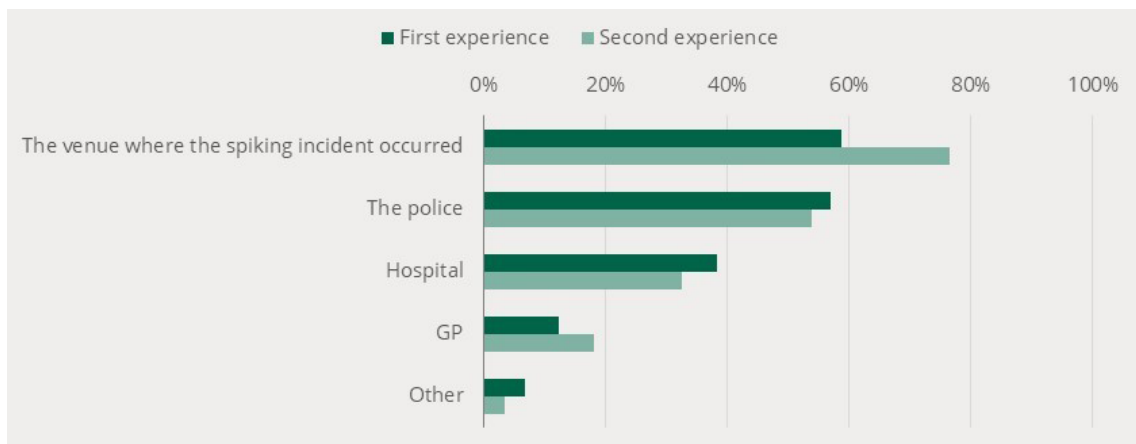


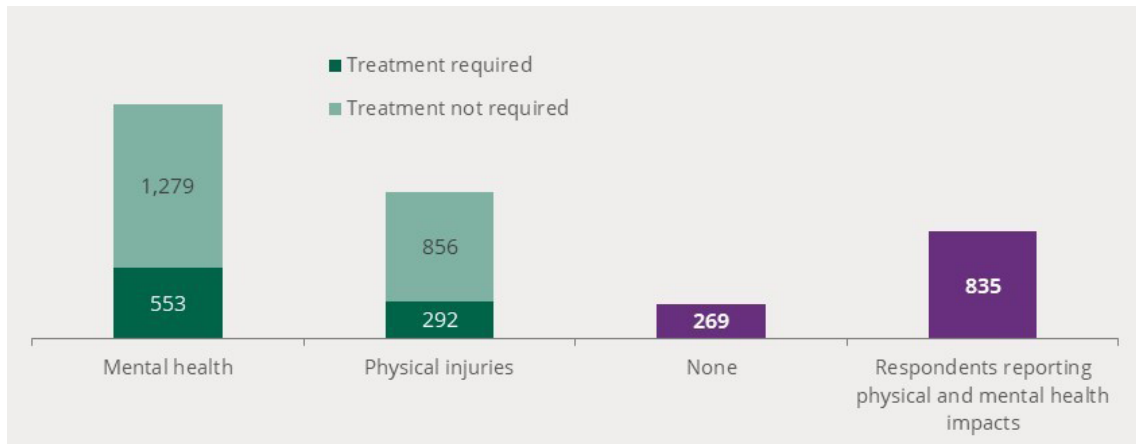
Chart 13: Of those who reported the incident, what happened in response (multiple answers possible)



Chart 14: Reasons for not reporting (multiple answers possible)



Chart 15: Impact of spiking on victims



Witness only responses

Chart 16: How many times have you witnessed spiking?

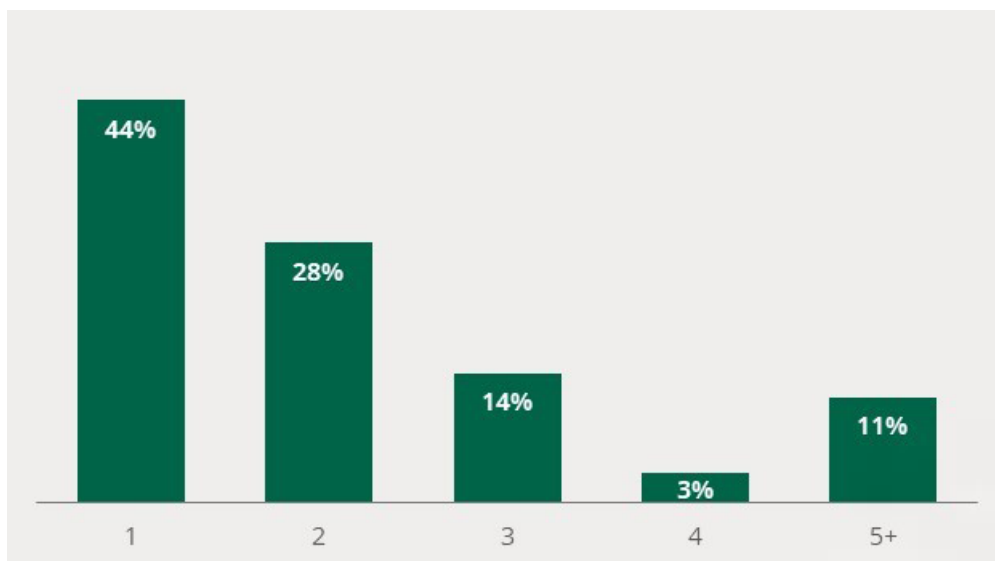


Chart 17: Did you report the spiking incident you witnessed? (multiple answers possible)

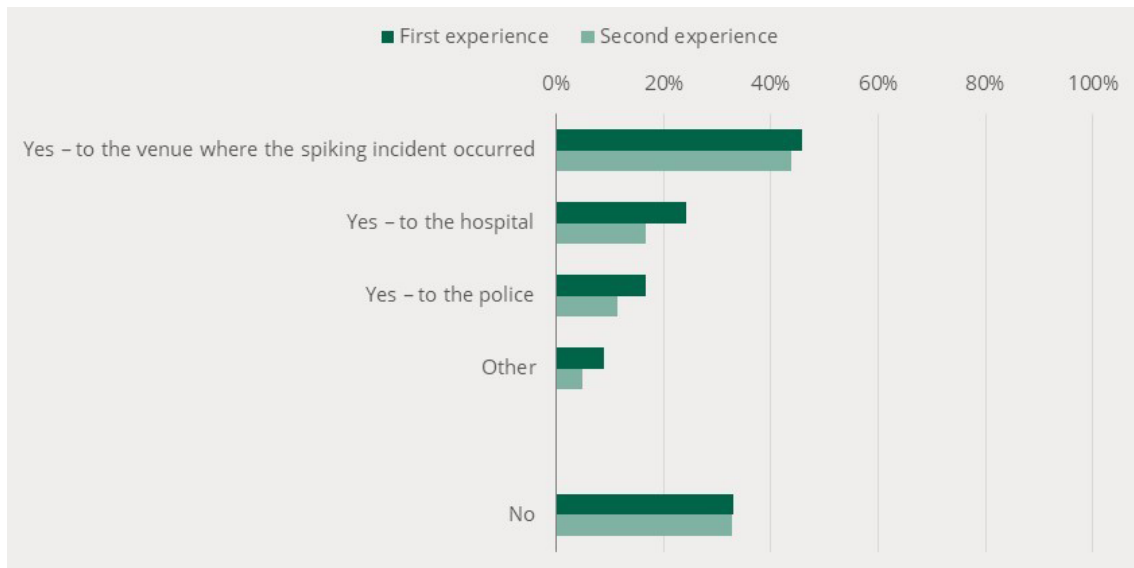
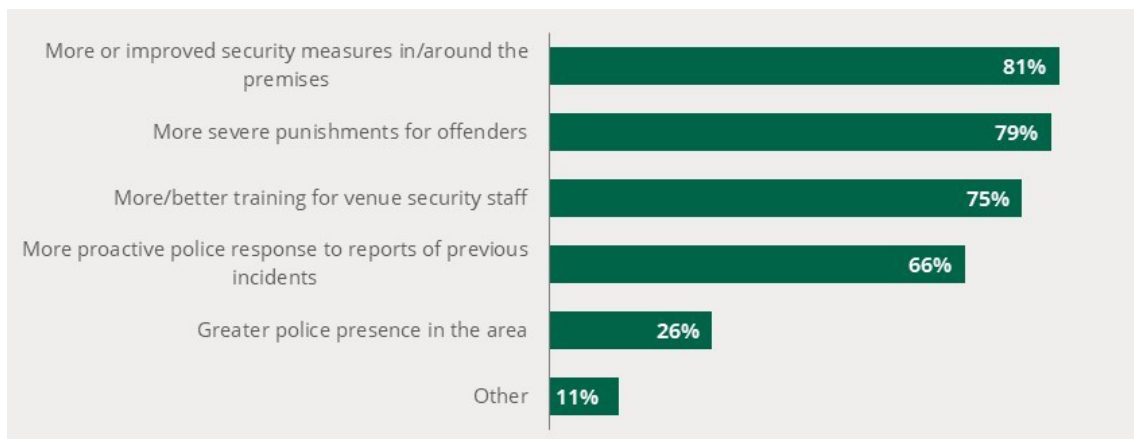


Chart 18: Victims' and witnesses' views on what would help prevent future incidents



Formal minutes

Wednesday 20 April 2022

Members present:

Rt Hon Dame Diana Johnson, in the Chair

Rt Hon Diane Abbott

Carolyn Harris

Tim Loughton

Stuart C McDonald

Gary Sambrook

Matt Vickers

Spiking

Draft Report (*Spiking*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 103 read and agreed to.

Summary agreed to.

Annex agreed to.

Resolved, That the Report be the ninth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Adjournment

Adjourned till Wednesday 27 April at 9.30am.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 12 January 2022

Zara Owen; Alexi Skitinis; Hannah Stratton [Q1–32](#)

Helena Conibear, Chief Executive Officer, The Alcohol Education Trust; **Dawn Dines**, Chief Executive Officer, Stamp Out Spiking; **Julie Spencer**, Head of Student Wellbeing, The University of Lincoln [Q32–66](#)

Wednesday 19 January 2022

Dr Adrian Boyle, Vice President, The Royal College of Emergency Medicine; **Jade Quittenton**, Night time economy lead, St John Ambulance [Q67–106](#)

Councillor Jeanie Bell, member of the Local Government Association's Safer and Stronger Communities' Board and Cabinet Member for Community Safety at St Helen's Council; **Paul Fullwood**, Director of Inspections and Enforcement, Security Industry Authority; **Michael Kill**, Chief Executive Officer, Night Time Industries Association [Q107–136](#)

Wednesday 26 January 2022

Joy Allen, Durham Police and Crime Commissioner, Joint Lead on Addictions and Substance Misuse, The Association of Police and Crime Commissioners; **Dean Ames**, Forensic Drugs Operations Manager, Metropolitan Police Service; **Deputy Chief Constable Jason Harwin**, Lead for drugs, National Police Chiefs' Council [Q137–173](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

SPI numbers are generated by the evidence processing system and so may not be complete.

- 1 Anonymised ([SPI0030](#))
- 2 Anonymised ([SPI0026](#))
- 3 Anonymised ([SPI0002](#))
- 4 Ames, Dean (Forensic Drugs Operations Manager, Metropolitan Police Service) ([SPI0048](#))
- 5 Association of Police and Crime Commissioners ([SPI0053](#))
- 6 Bristol City Centre Business Improvement District ([SPI0040](#))
- 7 Burnham, Andy (Mayor of Greater Manchester) ([SPI0042](#))
- 8 Cogswell, Eliza (Student, University of Exeter) ([SPI0007](#))
- 9 Chief Constable Sarah Crew, (Lead for Adult Sexual Offences, National Police Chiefs' Council) ([SPI0001](#))
- 10 Cummins, Judith ([SPI0052](#))
- 11 Davey, Miss ([SPI0004](#))
- 12 Geraint Davies MP ([SPI0046](#))
- 13 Dickinson, Jim (Associate Editor, Wonkhe) ([SPI0018](#))
- 14 Faculty of Forensic & Legal Medicine ([SPI0031](#))
- 15 Frost, Mrs Michelle (Specialist Biomedical Scientist, NHS - Norfolk and Norwich University Hospitals Trust) ([SPI0020](#))
- 16 Frost, Mrs Michelle (Specialist Biomedical Scientist, NHS - Norfolk and Norwich University Hospitals Trust) ([SPI0049](#))
- 17 Garnett, Nikki ([SPI0050](#))
- 18 Home Office ([SPI0051](#))
- 19 Howells, Ms Mair ([SPI0011](#))
- 20 Local Government Association ([SPI0021](#))
- 21 Meg ([SPI0033](#))
- 22 National Police Chiefs' Council ([SPI0036](#))
- 23 Night Time Industries Association ([SPI0024](#))
- 24 Northern Ireland Women's Policy Group ([SPI0037](#))
- 25 Nottinghamshire Sexual Violence Support Services ([SPI0027](#))
- 26 Nottingham Sexual Violence Support Services, Nottingham Trent University Students' Union, The University of Nottingham Students' Union, Nottingham Women's Centre, and the Office of Nadia Whittome MP ([SPI0032](#))
- 27 Oppon, Jacob (Manager, Oxford Leisure Ltd) ([SPI0041](#))
- 28 Our Streets Now ([SPI0039](#))
- 29 PsyCare UK – Welfare and Harm Reduction ([SPI0016](#))

- 30 Raise Your Voice ([SPI0022](#))
- 31 Ronak ([SPI0014](#))
- 32 Royal College of Emergency Medicine ([SPI0017](#))
- 33 Security Industry Authority ([SPI0015](#))
- 34 Spike Aware UK ([SPI0035](#))
- 35 St John Ambulance ([SPI0009](#))
- 36 Stamp Out Spiking ([SPI0010](#))
- 37 Stint ([SPI0038](#))
- 38 Tara ([SPI0023](#))
- 39 The Alcohol Education Trust ([SPI0019](#))
- 40 The Egalitarian ([SPI0028](#))
- 41 The Trusted CCTV Improvement Project ([SPI0043](#))
- 42 UKHospitality ([SPI0029](#))
- 43 Universities UK ([SPI0008](#))
- 44 Vennture ([SPI0034](#))
- 45 Ward, Chloe ([SPI0025](#))
- 46 Ware, Miss Emily ([SPI0003](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2021–22

Number	Title	Reference
1st	Violence and abuse towards retail workers	HC 141
2nd	The UK's offer of visa and settlement routes for residents of Hong Kong	HC 191
3rd	The Macpherson Report: Twenty-two years on	HC 139
4th	Appointment of the Chair of the Gangmasters and Labour Abuse Authority	HC 814
5th	The Windrush Compensation Scheme	HC 204
6th	Police Conduct and Complaints	HC 140
7th	Appointment of Her Majesty's Chief Inspector of Constabulary and Her Majesty's Chief Inspector of Fire & Rescue Authorities in England	HC 1071
8th	Investigation and prosecution of rape	HC 193
1st Special Report	Violence and abuse towards retail workers: Government Response to the Committee's First Report	HC 669
2nd Special Report	The UK's offer of visa and settlement routes for residents of Hong Kong: Government Response to the Committee's Second Report	HC 682
3rd Special Report	The Windrush Compensation Scheme: Government Response to the Committee's Fifth Report	HC 1098

Session 2019–21

Number	Title	Reference
1st	Home Office preparedness for Covid-19 (Coronavirus): Policing	HC 232
2nd	Home Office preparedness for Covid-19 (Coronavirus): domestic abuse and risks of harm within the home	HC 321
3rd	Home Office preparedness for Covid-19 (coronavirus): immigration and visas	HC 362
4th	Home Office preparedness for COVID-19 (Coronavirus): institutional accommodation	HC 562
5th	Home Office preparedness for COVID-19 (coronavirus): management of the borders	HC 563

Number	Title	Reference
6th	Appointment of the Independent Chief Inspector of Borders and Immigration	HC 1024
1st Special Report	Serious Youth Violence: Government Response to the Committee's Sixteenth Report of Session 2017–2019	HC 57
2nd Special Report	Home Office preparedness for Covid-19 (coronavirus): domestic abuse and risks of harm: Government Response to the Committee's Second Report	HC 661
3rd Special Report	Home Office preparedness for Covid-19: coronavirus: policing: Government Response to the Committee's First Report	HC 660
4th Special Report	Home Office preparedness for COVID-19 (coronavirus): immigration and visas: Government Response to the Committee's Third Report	HC 909
5th Special Report	Home Office preparedness for COVID-19 (coronavirus): institutional accommodation: Government Response to the Committee's Fourth Report	HC 973
6th Special Report	Home Office preparedness for COVID-19 (coronavirus): management of the borders: Government Response to the Committee's Fifth Report	HC 974