

Citizen Participation and Public Petitions Committee

18th Meeting, 2023 (Session 6), Wednesday
6 December 2023

PE1995: Improve support for victims of spiking

Lodged on	12 January 2023
Petitioner	Catherine Anne McKay
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to develop a multi-agency approach to investigating spiking incidents to ensure victims are given access to appropriate testing and incidents are investigated robustly.
Webpage	https://petitions.parliament.scot/petitions/PE1995

Introduction

1. The Committee last considered this petition at its meeting on [22 March 2023](#). At that meeting, the Committee agreed to write the Scottish Government and Police Scotland.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new responses from Police Scotland and the Scottish Government which are set out in **Annexe C**.
4. The Committee also requested a SPICe summary of a roundtable session on spiking held by the Education, Children and Young People Committee which is at **Annexe D**.
5. Every petition collects signatures while it remains under consideration. At the time of writing, 305 signatures have been received.

Action

The Committee is invited to consider what action it wishes to take on this petition.

Clerk to the Committee

Annexe A

PE1995: Improve support for victims of spiking

Petitioner

Catherine Anne McKay

Date lodged

15/12/22

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to develop a multi-agency approach to investigating spiking incidents to ensure victims are given access to appropriate testing and incidents are investigated robustly.

Previous action

I have contacted Clare Adamson MSP.

Background information

We strongly believe a member of my family was spiked. The police officers who came to our house ruled there was insufficient evidence to investigate so therefore did not complete a urine drug test. If this had been done, we would have been able to establish with certainty if she was spiked. We pursued CCTV footage ourselves and pieced together a timeline of events. She was discovered unresponsive in the street by passers by and an ambulance was called. She was taken to the Royal Infirmary where several medical staff commented that it looked like she had been spiked but no drugs test was completed and police were not informed. She feels failed by a system that makes assumptions and judges a victim before investigating a potential crime. She would not have contacted the police if she did not believe with some certainty that she had been spiked. The police involvement or lack of made a traumatic incident worse.

Annexe B

Extract from Official Report of last consideration of PE1995 on 22 March 2023

The Convener: PE1995 has been lodged by Catherine Anne McKay. The petition calls on the Scottish Parliament to urge the Scottish Government to develop a multi-agency approach to investigating spiking incidents to ensure that victims are given access to appropriate testing and that incidents are investigated robustly. A member of the petitioner's family feels failed by the system after her negative experience of reporting a suspected spiking incident. I read, with some concern, about the incident as described.

The SPICe briefing notes that the Education, Children and Young People Committee held a round-table evidence session on spiking at its meeting on 26 January 2022.

In response to the petition, the Scottish Government outlines its work to address spiking, and that includes an investigative strategy to provide guidance and direction to staff responding to and investigating incidents of spiking; senior investigating officers leading on local spiking-related investigations; and round-table, cross-organisation meetings.

Do members have any comments or suggestions for action? Bear in mind that we cannot pursue the individual circumstance that the petitioner identified, because it is not competent for us to do so. There is a general issue in there, however, and that general issue certainly raised concerns within me about a potential variable attitude to such incidents.

Fergus Ewing: I, too, read the petitioner's description of the experience that a member of her family underwent and was struck by how serious it was, and must still be, for that family.

The Convener: It is about that person's reputation as well.

Fergus Ewing: Yes. I was just going to make a distinction—perhaps a fine distinction—which is this: although it is not really open to us to investigate individual circumstances, nonetheless a couple of general points arise, namely why a urine test was not carried out and whether one should have been carried out. Is that an issue to which we should get a reply? If a urine test was not carried out because the police formed the view that there was insufficient evidence to proceed, that delimits any later possibility of establishing that there was spiking, because the medical evidence, which would have come from a urine test, would not be available if the test had not taken place fairly promptly. We should therefore be asking the police whether urine tests should be routinely taken. Is that part of the advice that they have got? To be candid, I am not quite sure, but I would like clarity on that.

The petitioner also states that hospital personnel appeared to form the view that spiking may well have taken place, so, although we cannot look at that particular issue in that particular case, where there is apparently some corroborative evidence,

or potential corroborative evidence, surely that should make the conducting of a urine test almost routine.

It is our duty to pursue properly petitioners' pleas. When a very serious incident has occurred, that duty is a higher level of duty. I am therefore keen that we investigate the matter further and ask the Scottish Government and the police whether a urine test is something that should be routinely carried out or carried out where there is any evidence available or where more evidence may emerge. Evidence is not always necessarily available from the first 24 or 48 hours, and, after that, it is too late to conduct a urine test.

Carol Mochan: I have friends who have children of the age when this is perhaps happening. It is a serious issue, because those young people have said to me that, when they go out, they make preparations with one another to make sure that drinks are not being spiked. If young people are looking out for one another, and raising the issue as a concern among themselves in those groups, it must be taken to be a serious issue by the police.

I would be interested in getting some feedback from the police, as Fergus Ewing indicated, but also some feedback on how seriously they take the issue and whether they have training for police officers in that area.

The Convener: I absolutely agree.

Alexander Stewart: Some work has been done on that already. We note that Police Scotland has had support. Universities have done a lot of work themselves to support any student in that situation. I note from the report that the Scottish Government has had round-table discussions. Those are all good. It would, however, be useful to get a summary from SPICe about what happened at the Education, Children and Young People Committee's evidence session on drink and needle spiking, because it has done a lot of work on that already. We could capture some of that information and use it to our benefit, because what Carol Mochan and Fergus Ewing have said is very valid, but we could maybe—I am going to use the word again—capture some more clarity.

10:15

The Convener: I am very concerned that I have now planted the word "capture" in your vocabulary, Mr Stewart. You are now capturing everything in every petition. I encourage you not to be led down such a dangerous path, but I fully support the sentiments.

That round-table discussion, however, was 14 months ago, and I will tell you what struck me. First of all, this Parliament has a duty to try to ensure that, although the composition of its membership is not youthful, we understand and respond to issues that are of direct concern to many young people, and this clearly is one such issue. In my ignorance, I had assumed that a urine test was probably a fairly routine process, but I was struck by the issue of there being possible reputational damage done to the individual in question, who was thereafter unable to evidence that their drink had been spiked, that was the issue, and that, as a consequence, it was open

to others to suggest that they had just been irresponsible or reckless in their behaviour. That was very damaging, and it would be avoidable if processes were in place to try to properly identify the experience that people had been subject to. I think that we are all minded to pursue the petition further and to make inquiries. Mr Ewing suggested contacting Police Scotland, which is perfectly sensible.

Fergus Ewing: In addition, I did not catch anyone suggesting it, but a good recommendation in the briefing paper is that we should request a SPICe summary.

The Convener: Mr Stewart raised that.

Fergus Ewing: He said that?

The Convener: Yes, he wanted to capture it. [Laughter.]

Fergus Ewing: I failed to capture what he said.

The Convener: We will do that. This is an important petition, and we will keep it open. I hope that I am not being too light as we discuss it because, actually, the issues are quite significant, and we want to find out more.

I do not know who to write to about this, but there is another issue. It was suggested, in the instance that the petitioner discusses, that the hospital staff thought that the drink might have been spiked, but that did not seem to lead to any process or test. I do not know whether there is anybody who could help us to understand the practice around that.

Fergus Ewing: We could certainly ask the Government.

The Convener: Yes, we could ask the Government. I was wondering whether to write to every health board, but that would be quite cumbersome. We could maybe ask the Government whether there is any standard practice on this, identifying the fact that, among the young people who are petitioning us, there is a sense that it is an emerging and growing concern. It may well be that it is something that needs to happen because of a growing number of incidents.

Do we agree to the suggested action?

Members *indicated agreement.*

Annexe C

Police Scotland submission of 5 May 2023 PE1995/B: Improve support for victims of spiking

I refer to your correspondence of 4 May 2023 addressed to the Parliament and Government Liaison at Police Scotland, seeking information on the above petition to improve support for victims of spiking.

I note the points raised in relation to the petition and I hope you will find the following information helpful.

- **Whether urine testing should take place as a standard in instances where it is suspected that an individual has been spiked and if urine testing is not routine, how a decision is made about whether or not to carry out testing;**

Notwithstanding some limited exceptions, Police Scotland will always ask the victim to provide a urine sample(s) as soon as possible after an incident of suspected Spiking. There may be some occasions when a urine sample is not obtained, such as instances when the reported incident occurred some considerable time prior to reporting to the Police (out with the currently accepted 14 day 'forensic window') or when the victim does not wish to provide a sample.

- **How seriously suspected instances of spiking are taken; and**

Police Scotland take all reports of Spiking very seriously and recognises the impact this can have on our communities. Each report is reviewed and investigated, with an absolute determination to support the victim and, where criminality can be evidenced, bring the perpetrator to justice. Police Scotland will continue to thoroughly investigate all reports, whilst simultaneously engaging with partners to understand the full impact of Spiking, ensuring that a preventative messaging continues.

- **What training is provided to police officers on responding to suspected instances of spiking.**

Police Scotland have developed and circulated a comprehensive Investigative Strategy to provide guidance and direction to all staff responding to and investigating incidents of Spiking.

Senior Investigating Officers have been appointed within each territorial Police Division to act as Divisional Single Points of Contact (SPOC) for all Spiking related matters and investigations.

Police Scotland take every report of spiking seriously and have a clear protocols in place to ensure full and thorough investigations are carried out in all reported incidents. This includes conventional investigative methods supported by forensic analysis where appropriate. The welfare of potential victims of suspected spiking incidents is always our primary concern. We continue to work with partners to raise awareness and provide support for anyone affected by spiking.

I trust this information is of assistance.

Scottish Government submission of 1 June 2023

PE1995/C: Improve support for victims of spiking

Thank you for your correspondence dated 4 May, in which you requested a written response from the Scottish Government to a number of points raised during the Committee's most recent consideration of Petition [PE1995: Improve support for victims of spiking](#).

The Petitioner, Catherine Anne McKay, has called on the Scottish Parliament to urge the Scottish Government to develop a multi-agency approach to investigating spiking incidents to ensure victims are given access to appropriate testing and incidents are investigated robustly.

I have set out information in response to the specific questions below, which I hope is helpful and addresses the points raised.

1. Whether there is a standard practice for Police Scotland and NHS boards to respond to suspected instances of spiking?

- Police Scotland responds to all reports of suspected spiking. Operation Precept is the national response in respect of this

issue and the Precept guidance is available to officers on their intranet. This documents guidance for officers and staff and covers all action that should be taken when attending such an incident.

- Police Scotland also have available a Spiking Information Toolkit which is directed towards guidance and information for the licensed trade, rather than for police officers and staff.
- If a person presents to an Emergency Department concerned that they have been spiked, the clinical response is to respond to the presenting symptoms and carry out an assessment to make sure the person is safe and clinically well. Information on how to contact the police will also be provided should the person wish to do so.
- Where a person is concerned that they have been spiked via injection, there may be clinical concern regarding the transmission of potential blood-borne viruses. In such cases, the person would ordinarily be referred to sexual health services which are highly experienced in the prevention, testing for and management of blood-borne viruses.

2. Whether urine testing should take place as a standard practice in instances where it is suspected that an individual has been spiked?

- Early urine testing is the preferred method for detecting any drugs, although this cannot determine the likely level of impairment. Any samples provided are given with the consent of the person. It is important to note, in some cases, the reporter declines to provide any form of sample for analysis.
- There is no single blood or urine test which can determine if a person has been spiked and, if so, what a person may have been spiked with. Furthermore, toxicology testing is not available in all health boards. Regardless of any blood or urine test, it would not usually change the general treatment plan for that particular person, which is based on their symptoms and clinical condition at the time. This is further complicated by the fact that a blood or urine test is unable to determine whether

any drugs found were taken by the person for recreational purposes or given against their knowledge or will.

3. Information on the guidance provided to NHS health boards on responding to suspected instances of spiking?

- No specific guidance is currently provided by the Scottish Government to health boards in terms of the clinical response to patient presentations that may involve spiking. Health care practitioners, including practitioners in Emergency Departments, will have access to relevant general clinical advice including that available from the [National Poisons Information Service](#). The Royal College of Emergency Medicine has also published a [statement](#) related to spiking.
- Where a person presents in an Emergency Department and considers that they may have been assaulted, including by being spiked, health care professionals will of course deal with any clinical issues but also advise the patient that the police are the appropriate authority to pursue such a complaint.
- Where a person considers that they have been raped or sexual assaulted, whether or not a spiking is suspected, they may also seek healthcare and a forensic medical examination through the [NHS Sexual Assault Response Co-ordination Service \(SARCS\)](#).

I can advise that for some time the Scottish Government has taken a proactive approach to address concerns about the incidence of reported spiking in Scotland. Throughout 2022 several round-table meetings have taken place to help steer the joint Scottish Government and public sector response to the act of spiking. The round-tables brought together partners from across the justice system including policing, victims organisations and prosecution in addition to representatives from higher and further education, community safety and night time economy.

These meetings have been designed to discuss the range of initiatives and information available on spiking and to reassure the public that there is an ongoing co-ordinated response to the dangers of spiking, in whatever form it might take. This includes

increasing training and awareness of spiking for night time industry staff and continuing to implement 'Equally Safe'- Scotland's strategy to prevent and eradicate all forms of violence against women and girls.

In addition and in collaboration with partners, a Police Scotland Communications Toolkit was designed to provide consistent messaging and reassurance about Police Scotland's approach to incidents of spiking in pubs and clubs across Scotland.

At the end of 2022, and prior to the festive period, we published information on the [safer.scot](https://www.safer.scot) website, to inform and support the public around the subject of spiking. Recent feedback received from the University of Edinburgh stated that the online resource has been very helpful to those affected and they continue to signpost these materials on their own webpages. This website is currently undergoing a significant refresh to update messaging, and improve accessibility for users, which will be monitored and updated on a regular basis.

Furthermore, the Scottish Government will hold a further round-table meeting to seek updates from operational partners on their progress to tackle incidences of spiking, to consider what further action may be required and to provide an opportunity to seek views on the extent to which partners consider that this forum provides the multi-agency response that the petition suggests .

I hope that the information set out in this letter is helpful to the Committee.

Annexe D

Briefing for the Citizen Participation and Public Petitions Committee on petition [PE1995](#): Improve support for victims of spiking, lodged by Catherine Anne McKay

This paper provides further information to the Committee on issues raised by the petition.

It begins with a short overview of the petition, and the work of the Committee so far. The main body of the paper is a summary of the [evidence session held by the Education, Children and Young People Committee in January 2022 on the topic of drink and needle spiking](#). This session was a one off round table looking at the impact of spiking on young people, and it predates the petition.

Background

The [petition](#) argues for the development of:

“a multi-agency approach to investigating spiking incidents to ensure victims are given access to appropriate testing and incidents are investigated robustly”.

The petitioner believes that a family member was spiked and that the police should have taken more action to investigate whether this had indeed occurred.

The term ‘spiking’ is generally used to refer to situations where:

- someone adds alcohol or drugs to another person’s drink without their knowledge or consent (‘drink spiking’)
- a needle is used to inject drugs into a person without their knowledge or consent (‘needle spiking’).

Spiking can be prosecuted under various offences. As well as being harmful in itself, it can leave a person more vulnerable to a range of offending behaviour.

Further background information can be read in the [SPICe briefing on the petition](#).

Previous consideration by the Committee

The Committee first discussed the petition on [22 March 2023](#), after receiving the Scottish Government's initial [written response](#) (January 2023). The response comments on Police Scotland's approach to reports of spiking, seeking to provide reassurance that all reports are taken seriously and thoroughly investigated.

At the meeting in March 2023 the Committee agreed to write to Police Scotland and the Scottish Government for additional information on the procedures followed if drink spiking is suspected. They also agreed to request a summary from SPICe of the evidence session held by the Education, Children and Young People Committee in January 2022 on the topic.

Police Scotland responded to the Committee on 5 May 2023. [Their submission](#) noted that it is normal procedure for a urine sample to be collected where drink spiking is suspected, and that every reported incidence should be taken seriously and investigated. It also discusses the training available to officers and the fact that:

“Senior Investigating Officers have been appointed within each territorial Police Division to act as Divisional Single Points of Contact (SPOC) for all Spiking related matters and investigations.”

The Scottish Government [submission from June 2023](#) goes into further details regarding the Police Scotland response to cases of suspected spiking, including the protocols that are followed. It also discusses the information available to NHS Health Boards on responding to suspected instances of spiking.

Education, Children and Young People Committee session on spiking

The Education, Children and Young People Committee held a [roundtable evidence session](#) on the topic of drink and needle spiking on 26 January 2022. The panel consisted of:

- representatives of universities and student associations
- representatives of trade bodies

- the Girls Night In campaign
- Victim Support Scotland
- Police Scotland.

The topics covered by the panel are summarised below.

Data and reporting

The first part of the session discussed the rise in spiking related offenses in the fourth quarter of 2021. Figures in the [SPICe briefing for the session](#) showed that Police Scotland recorded 20 cases of common law drugging in 2020, but 137 cases in the period up to 31 October 2021. Superintendent Sloan from Police Scotland noted that the rise in reports occurred around university fresher's weeks and Hallowe'en, and that numbers had subsequently dropped.

The conversation then moved to the difficulties in monitoring trends in incidences of spiking due to perceived barriers to reporting. The barriers mentioned included:

- a culture of victim blaming
- a misunderstanding of the process to report incidents
- the range of offences that spiking may be reported under.

Superintendent Sloan explained to the Committee that there had been significant partnership working and collaboration involving a number of the organisations represented at the evidence session in order to create a communications toolkit. This was intended to ensure that the messaging on how to report suspected spiking to Police Scotland would be consistent across organisations. Other witnesses however noted that there remained a lack of clarity on the procedure for reporting.

Mike Grieve of the Night Time Industries Association stated that:

“If I may be so bold, I would encourage the Scottish Government to introduce clear and simple protocols for venues, student services, students themselves and others in the community—without alarming people—to make those pathways clear to people.”

Work by universities

The session included examples of universities taking measures to support students reporting incidences of gender-based violence, including spiking. This included training staff to take disclosures, instituting centralised reporting systems and a focus on communication and awareness-raising.

The [equally safe in colleges and universities core leadership group](#) was also raised as a response to these types of concerns. It was noted that it had developed a joint strategy for preventing and tackling gender-based violence in universities, which included training as a key priority.

Reporting and trade bodies

Differences between pubs and late-night venues were brought up during the round-table discussion.

It was noted that there are mandatory incident reporting procedures for late-night venues in Scotland, it being a licensing condition that all incidents of any sort are reported. However, this is not the case for pubs and other venues.

The safeguarding policies of pubs were highlighted as one of the ways that trade bodies encourage members to take reports of spiking on their premises seriously. However, it was also noted that there is not a common framework for how incidents are recorded or handled. It is ultimately up to individual venues to determine their own policies.

There was some discussion about whether or not regulation would be welcomed by the sector. Andrew Green of the Scottish Beer & Pub Association noted that:

“Any legislative or mandatory requirement would have to be underpinned by solid evidence showing why that was being brought in. We would want to be happy that the evidence justified any regulation being brought in... We should not be looking at spiking in isolation, as there are other welfare and safeguarding issues that can occur in venues, and they should also be recorded. Any framework that is adopted should go wider than thinking only about drink spiking.”

The conversation then turned to the training that staff in pubs, night clubs and other venues receive, and the types of suspicious behaviours that they look out for. This included looking out for individuals who

appear to be buying an unusually high number of shots or who are asking for triple measures in drinks. Reporting mechanisms within these venues were also discussed.

Evidence was provided to the Committee that experiences of reporting incidents to venues were very mixed. One response to concerns that venues did not take reporting seriously was the [Girls Night In campaign](#), which held a boycott of venues. This was done to start a conversation about the need for venues to do more to tackle incidents of spiking. It was felt that the campaign had been successful, and that some venues had taken positive action in response.

Support for victims

Jill Stevenson of the Association of Managers of Student Services in Higher Education brought up the fact that while some people report suspected spiking immediately, many others may take a longer time to come forward. She noted that universities were working hard to train staff to support those who come forward with a sensitive, trauma-informed approach. She also highlighted partnership working between universities and groups like Victim Support Scotland and Women's Aid. The topic of wider investment in mental health services in universities, and the fact it had benefitted from Scottish Government support, was also raised.

What followed was a broader discussion regarding the third sector organisations that provide support to victims of spiking in Scotland.

Concerns were mentioned by a number of panellists that the strain on the NHS, especially in the area of mental health, was preventing individuals from seeking out the support that they needed. The difficulty in student areas of registering with a GP was also noted as a barrier to accessing support.

Experiences of the justice system

The roundtable discussion also noted concerns that very few reported cases of spiking result in convictions, and that this can discourage people from coming forward. There were further concerns that delays in the justice system were resulting in negative experiences for those who did report suspected spiking, and that this also acted as a deterrent to reporting incidents.

There was some discussion of whether making spiking a specific criminal offence would be helpful, in both raising awareness and raising

the confidence of victims in the criminal justice system. Comparisons were drawn with the specific offense of stalking, and the perception that it has given victims that their report will be taken seriously.

Jill Stevenson, dean of diversity and inclusion and director of student services at the University of Stirling, felt that a specific offence may provide a better sense of the prevalence of spiking in Scotland. She also stated that creating a specific offence would not be a panacea. Other measures would be needed to ensure that confidence in the system was improved and there was a rise in conviction rates.

National structures

Superintendent Sloan explained that Police Scotland have a command structure in place that includes a group where emergency services can meet to discuss their collective response to spiking. She also mentioned that a separate group that includes a number of partner organisations meets with Police Scotland to discuss similar issues. It was suggested that this existing structure could be a starting point for continued conversations and progress to be made on the issue of spiking.

Professor Mapstone, the principal and vice chancellor of the University of St Andrews and the vice convener of Universities Scotland, agreed that existing structures were valuable for engaging with the issue. She also noted the importance of drawing and building upon the work of the equally safe group.

There was general agreement that the Police Scotland partner group structure could act as the basis for an expanded implementation-type group where stakeholders could work together to draw on best practice and make progress on the issue of spiking.

Laura Haley
Researcher
17/10/2023

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

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