

FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



Registered Charity No 1119599

Spiking – Call for Evidence

Comments from the Faculty of Forensic & Legal Medicine

Background

The Faculty of Forensic & Legal Medicine (FFLM) was established by the Royal College of Physicians of London in 2005 with the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine in all its classes;
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

It is recognised as the authoritative body for the purpose of consultation in matters of educational or public interest concerning forensic and legal medicine.

The Faculty is composed of professionals working in the following disciplines:

- forensic medical practitioners (forensic physicians, forensic nurses, forensic paramedics, forensic pathologists, forensic psychiatrists, forensic odontologists);
- medico-legal advisers & dento-legal advisors;
- medically-qualified coroners;
- clinicians working in secure and detained settings.

How spiking should be prevented and addressed

Management of cases by Healthcare Professionals (HCPs)

Following the recent reports of 'drug spiking', where a person is allegedly injected/'spiked' from an unknown source, there was a discussion at the [FFLM's Forensic Science Subcommittee](#) on 08 November 2021. Following the meeting, a reminder about the management of such cases was circulated in the FFLM's weekly members' newsletter on 12 November 2021 – see below:

Members are reminded to review the FFLM Recommendations document for the collection of forensic specimens from complainants and suspects:

<https://fflm.ac.uk/resources/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects>

Alcohol is the most likely used substance in drug facilitated crime (DFC) but other drugs such as gamma-hydroxybutyrate or gamma-butyrolactone (GHB/GBL) may also be used. GHB/GBL are very short acting drugs. If a Forensic Healthcare Professional (HCP) is contacted about a suspected case of DFC then they should advise the police/first responder to take a urine sample as soon as possible, and follow this up with a blood sample, as per the Recommendations' document.

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If the incident happened three days or more ago, it is recommended that a hair sample should be taken a minimum of 4-6 weeks after the date of interest. This is important for drugs that are quickly eliminated, such as GHB/GBL, even if a urine sample is taken. In this instance, it is advisable for any urine samples to be stored and analysed later, if applicable, following the results from the hair analysis.

Targeted forensic examination, of clothing if there is a suspected injection site or absorbed spillage, and other drug paraphernalia (such as syringes, even if only residue remains inside), may be helpful as the residue of certain drugs may be found – please advise the police as appropriate.

The HCP should assess the complainant of suspected DFC taking a detailed history in relation to substance use, noting any symptoms, as well as examining for any signs of drug use, and for any injuries, including a potential needlestick injury. Further treatment may be required. Consideration may need to be given to HIV Post-Exposure Prophylaxis (see the BASHH guidelines <https://www.bashhguidelines.org/media/1269/pep-2021.pdf>); hepatitis B status and prophylaxis if appropriate; testing for Hepatitis C at 3 and 6 months; and referral to a local Sexual Assault Referral Centre (SARC) if appropriate.

How effective are the measures used to prevent spiking, including the advice and guidance that is used to train, educate and support those involved in handling this type of crime (such as police officers, nightclub security staff and A&E staff)?

It is worth noting that victims would not only be examined by A&E staff – they would also be examined by HCPs working in the custody environment and within SARCs. Therefore, advice/guidance and support would also be required for those HCPs.

What barriers do victims face in reporting spiking incidents and obtaining treatment and support?

There is currently a gap in commissioned service provision for adults who have been assaulted by spiking as there are no forensic medical services commissioned. The individual would not be seen at a SARC and only in rare cases are complainants taken to be seen by HCPs embedded in custody.