

# Drug Related Deaths – Investigatory Considerations

National Guidance

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## Introduction/purpose

A Drug Related Death (DRD) is one where there is prima facie (on first impression) evidence of a fatal overdose of controlled drugs. Such evidence would include recent drug misuse, for example; controlled drugs and/or drugs paraphernalia found in close proximity to the deceased, and/or the deceased was known as a person who used drugs. The absence of prima facie evidence does not preclude a death from being potentially drug related, as for example, the deceased may have consumed controlled drugs away from the locus.

The increasing numbers of DRDs has, for many years, attracted the attention of the Scottish Government and general media interest. This has become increasingly focussed given the publication of the National Records of Scotland report which highlighted that the 2019 DRD figures were the highest recorded in Scotland since records began; and detailed that the figures had doubled when compared to those recorded a decade earlier.

Operation ERSO is Police Scotland’s overarching national focus to enhance the understanding, and examine the harms associated with the illegal consumption of drugs, across Scotland. This will allow for continuous improvement in the investigation of DRDs to include evidence capture, information sharing, collaboration between Divisions to maximise intelligence development and operational opportunities.

The Drug Harm Tactical Taskforce (DHTT) consists of dedicated intelligence staff based within the National Intelligence Bureau. Since implementation, work has been ongoing to capture and evaluate the full circumstances of all DRDs nationally, from the start of 2021. This involves collation and review of each death report submitted to the Crown Office and Procurator Fiscal Service (COPFS); review of productions,

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**Exempted section 34(1) of the Act and section 35(1)(a)&(b)**

This guidance document will provide officers and authority/police staff with investigatory considerations along with assistance in providing information to assist with trends and patterns in DRDs allowing for the identification of clusters within community ward areas, and nominals of interest. **‘Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002‘**

**Exempted section 34(1) of the Act and section 35(1)(a)&(b)**

## Initial Response

The initial response to investigation of drug related deaths should be guided by the Investigation of Death National Guidance. In addition to the measures outlined there, officers should consider the following:

### Deceased

* Describe external appearance – clothing, cleanliness, foaming at mouth, injection sites, etc.

### Witness/Reporter

* Consider implementing a trauma informed approach when interviewing/questioning a witness/reporter, consideration and regard should be given to the impact that finding the deceased may have on the witness/reporter
* Does the witness/reporter have any concerns?
* Can the witness/reporter provide background?
* Previous drug/alcohol history of deceased, has routine recently changed (changed dealer/places frequented etc.)?
* Did the deceased mix drugs? If so – what drugs, how much, how often, where did they purchase other drugs?
* What was deceased’s use of drugs/what effect did they normally have on deceased?
* Did deceased socialise, if so who with, how often, are they a person who uses drugs?
* Who would know most about the deceased and their habits?
* Has the deceased recently lost any associates due to a drug death?
* Are any witnesses using drugs? Do they require medical attention?
* Is there any indication that the finder may be involved in the death?

Speak to reporter, next of kin, close family members and associates to obtain a full intelligence/evidence overview.

When a death occurs in specific religions and cultures, family members and friends may seek a quick resolution to enquiries and the release of the body. Advice should be sought from Partnerships, Prevention and Community Wellbeing (PPCW) Equality and Diversity Unit or Community Advisers to ensure a professional approach is adopted in these circumstances.

Officers should be aware that when attending a death, religious rituals may have been carried out prior to police arrival which would not necessarily amount to suspicion. The following are some examples and is not an exhaustive list:

* Members of the Hindu faith may move their deceased, so that the head faces east and a lamp is lit next to their head.
  + In Judaism the deceased person’s eyes are closed and the body is laid on the floor and covered. Candles are then lit next to the body and the body is never left alone.

If an interpreter or translator is required refer to Accessing Translation and Interpreting Services on the intranet for further information.

### Scene

* Consider wearing Personal Protective Equipment (PPE) before entering the locus.
* Carry out a risk assessment of the locus for health and safety considerations, refer to Force Health and Safety Alert should Fentanyl or Carfentanil be suspected to be within the locus. Refer to Investigation of Death National Guidance for further guidance in relation to risk assessments to be considered at the scene.
* Describe the scene - clean, tidy, disorganised and/or dirty?
* Any indication of an overdose? Evidence of illegal drug use e.g. loose pills lying around / prescription not in name of deceased / needles / methadone / foil / spoon etc.?
* Any evidence of how drugs were taken (hiding places/ refuse)?
* Is there blood in the surrounding location?
* Any tablets/powders/liquids present?
* Note colour, markings, quantity of pills, and how they are stored.
* Take photographs of any pills in situ (follow local guidance for capturing images).
* Seize other potential evidence such as syringes and/or other equipment.
* Seize all drugs and bags/containers as productions.
* Note amount of cash in locus, if any, and or any bank receipts printed.
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**Exempted section 34(1) of the Act and section 35(1)(a)&(b)**

Due to the nature of these deaths, witnesses may try to conceal evidence.

### Examination

* Are there any wounds on body not consistent with current circumstances?
* Bruising, blood, sickness?
* Signs of drug administration inconsistent with history given?
* Was the body moved prior to your arrival?
* If yes, ask for description how found?
* Unusual disturbance at scene?
* Is the property secure? Is it usually secure, any valuables missing?
* Any inconsistencies with the circumstances?
* Who else is there and why?

If you are suspicious that a drug has been administered by a 3rd party - request a supervisor’s attendance.

### CID Involvement

* CID officers will ensure uniform colleagues have full control of the scene and that all witnesses are secured.
* CID officer(s) to attend scene and make enquires with uniform colleagues.
* CID officers to make all appropriate checks **‘Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002‘**

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* CID officers thereafter confirm that circumstances meet the criteria for a suspected DRD and inform CID supervisor.
* If applicable a CID supervisor will follow Divisional CID on call notification protocols.
* Where applicable, consider the deployment of a Crime Scene Manager (CSM) to assess the scene and review all forensic opportunities.

## Police System Checks

All suspected and known DRDs should have full Police system checks carried out. **‘Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002‘**

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Additionally, early identification of any associations to known drug dealers may assist in ascertaining local and/or national drug distribution patterns for further enquiry.

Police system checks should be carried out on the deceased and any individual identified as a person of interest or connected to the deceased. Police system checks should include information pertaining to the locus and any mobile phone numbers identified.

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Investigating Officers should consider requesting the assistance of their Divisional Intelligence Officers to assist with SID related searches requesting the following:

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A general summary of findings should include persons of potential interest, commodity type, description and recommendations for further enquiry or intelligence development; this should be used to investigate the DRD.

## Mobile Telephone Examination

Mobile telephone devices found at a DRD that are assessed as being current / in use by the deceased should be seized and confirmation sought to whether or not they are password protected. At this time, there should be no manual examination of the contents of the device.

Investigating officers should then request initial examination in line with the Cyber Kiosk National Guidance.

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The following should be adhered to where a telephone examination is concerned:

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## Other Investigative Considerations

When investigating a DRD the general investigative principles for all criminality apply. The Crime Investigation SOP provides more detailed guidance. Officers should consider the following where applicable:

* House to House – can neighbours describe a frequent visitor to the locus? Abnormal behaviour of the deceased or guests? Any associates names mentioned?
* Check for any CCTV in the area – consider local shops or a pharmacy visited daily?
* Provide contact details to family.
* Inform local IDU.
* Submit SID log of death and circumstances – message to Specialist Crime Division National Intelligence Bureau (SCD NIB) for the attention of Op ERSO.
* Submit SID logs of any additional relevant information with the SID Headings DRUG DEATH – message to SCD NIB FAO Op ERSO.
* Email Op ERSO **‘Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002‘**

**Exempted section 30(c)**with incident number, death report number and synopsis/copy of report; including additional questions as detailed in the Operation Erso - Checklist (form 084-031).

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When investigating a DRD, it is highly likely that enquiry officers will come into contact with other people who use drugs or those who were aware of the deceased’s lifestyle. The following questions should be considered for use when speaking to associates of the deceased in an effort to gain as much information as possible:

* Do you have any knowledge of the deceased’s drug use?
* Where/who did the deceased purchase their drugs from?
* Can you describe their dealer if you don’t know by name or won’t provide name?
* How often did the deceased consume drugs?
* What quantities of drugs did the deceased consume?
* Describe knowledge of any pills/tablets the deceased recently bought? Markings, colour, size etc.
* Describe quality of drugs bought? What were the effects?

Information gleaned from an associate can assist with the intelligence profile concerning the deceased and their drug use. Questions about recent and previous drug use can provide vital information in confirming the cause the death.

## Key Contacts

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**Exempted Section 30(c)**

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## Compliance record

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## Feedback

All Police Scotland service delivery Policies, Standard Operating Procedures (SOPs) and National Guidance are subject to regular reviews. It is important that user feedback is taken into account when documents are reviewed.

If any officer / staff member wishes to provide comment, or make suggestions for improvements to this or any associated document, Force Form 066-014 should be used.