



**IN THE MATTER OF THE DEATH OF A MALE
AS A RESULT OF DRUG CONSUMPTION
WHILE IN THE CUSTODY OF THE RCMP
IN PRINCE RUPERT, BRITISH COLUMBIA
ON OCTOBER 29, 2022**

**DECISION OF THE CHIEF CIVILIAN DIRECTOR
OF THE INDEPENDENT INVESTIGATIONS OFFICE**

Chief Civilian Director:

Ronald J. MacDonald, KC

IIO File Number:

2022-289

Date of Release:

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INTRODUCTION

In the early morning hours of October 29, 2022, the Affected Person ('AP') was transported to hospital after ingesting illegal drugs while in custody at the Prince Rupert RCMP detachment. At the emergency department, AP was administered sedatives and subsequently became unresponsive. Resuscitation attempts were unsuccessful and AP was declared deceased. Because of the connection between AP's death and police custody, the Independent Investigations Office ('IIO') was notified and commenced an investigation. The narrative that follows is based on evidence collected and analyzed during the investigation, including the following:

- statements of three civilian witnesses, two paramedics and five witness police officers;
- police Computer-Aided Dispatch ('CAD') and Police Records Information Management Environment ('PRIME') records;
- video recordings from RCMP cells;
- scene examination;
- B.C. Emergency Health Services records;
- medical records; and
- autopsy report.

NARRATIVE

On October 27, 2022, the Affected Person ('AP') was arrested by Prince Rupert RCMP members for assault and breach of a court-ordered 'no go' condition. The arresting officers conducted a 'pat down' search before placing AP in a police vehicle for transport, and did not locate any drugs other than a bottle of prescription pills in another person's name, which AP had secreted in his sock. At the time of his arrest, AP did not appear to be impaired by narcotics.

In accordance with police policy, AP was subjected to a more thorough but non-invasive search for weapons and contraband at the detachment. Although the accounts of the involved officers were not entirely consistent in describing how this was conducted, IIO investigators were able to review a video recording of the process.

AP was generally cooperative with police as he was transported to the RCMP detachment and lodged in cells, but he was known to have a history of violence and resistance to police. Because of this, he was taken directly into a holding cell, and knelt before being placed face down, still in handcuffs, to be searched on the floor. AP was wearing a tee shirt and pants, and socks but no shoes. One officer searched the right side of his upper body while a second officer searched his left side. A third officer held AP's ankles and ran a hand along his pant legs. No drugs were found. At 12:02 p.m. on October 27, AP was left in the cell.

He remained in custody at the detachment for approximately 39 hours. During that time, he was given access to his legal counsel several times by telephone, and took part in two bail hearings. He was remanded in custody to a correctional institution, and was scheduled to be taken there on October 31.

While in his cell, AP was provided with meals and drinks and spent periods asleep. He was continuously monitored by a guard who conducted frequent checks, as documented in the guard log book. A review of detachment video shows no noticeable issues with his behaviour or with his interactions with staff until about 3:14 a.m. on October 29. At that time, the video shows AP covering himself with a blanket, and movement can be seen under it. Shortly after this, his behaviour changes significantly. He starts pacing around in the cell, apparently talking to himself, and is then seen covering his ears.

At 3:41 a.m., a note in the guard log book indicates that AP is "freaking out saying he is OD'ing". When officers were summoned to the cell, AP told them he had taken "meth" and needed to go to the hospital. An ambulance was called, but AP was agitated and resistant, and paramedics were not able to obtain his 'vitals'. He was handcuffed and shackled, and was then strapped onto a stretcher for transport to hospital.

As AP was being moved from the ambulance, an officer noticed a hole in his right sock, and recovered from the sock a small folded cigarette package and a baggie containing a small amount of a white substance.

Hospital records indicate that AP was "highly agitated, shouting and screaming" and "constantly attempting to free himself from the restraints". Sedative medications were twice administered in attempts to settle AP sufficiently for staff to examine him. Shortly afterwards, though, AP became unresponsive. Despite resuscitation attempts, he was declared deceased at 6:47 a.m.

AP was found to have naloxone and lorazepam in his blood, consistent with medications administered during his treatment at hospital. He also had THC, amphetamine,

methamphetamine and aripiprazole in his system (AP had a prescription for aripiprazole and the concentration was within the therapeutic range). The concentration of methamphetamine found in his blood has been known to be associated with fatalities. Of particular note, the combination of aripiprazole and methamphetamine can increase the risk of cardiac toxicity. The autopsy report indicates cause of death as “mixed drug toxicity” (aripiprazole and methamphetamine).

LEGAL ISSUES AND CONCLUSION

The Independent Investigations Office of British Columbia has been given the task of investigating any incident that occurs in the province in which an Affected Person has died or suffered serious physical harm and there appears to be a connection to the actions (or sometimes inaction) of police. The aim is to provide assurance to the public that when the investigation is complete, they can trust the IIO’s conclusions, because the investigation was conducted by an independent, unbiased, civilian-led agency.

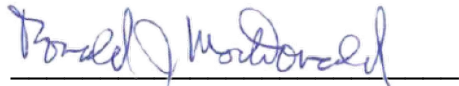
In the majority of cases, those conclusions are presented in a public report such as this one, which completes the IIO’s mandate by explaining to the public what happened in the incident and how the Affected Person came to suffer harm. Such reports are generally intended to enhance public confidence in the police and in the justice system as a whole through a transparent and impartial evaluation of the incident and the police role in it.

In a smaller number of cases, the evidence gathered may give the Chief Civilian Director (‘CCD’) reasonable grounds to believe that an officer has committed an offence in connection with the incident. In such a case, the *Police Act* gives the CCD authority to refer the file to Crown counsel for consideration of charges.

Where there has been harm apparently caused by the ingestion of drugs while in custody, the focus will generally be on two areas of concern: how the detainee was able to access the drugs; and whether in-custody supervision was adequate.

The evidence here indicates that AP was able to secrete narcotics on his person, either internally or in his clothing, in a way that avoided detection by officers conducting a routine search. Police policy, in accordance with Canadian law, limits more invasive strip searches to situations giving rise to reasonable grounds to believe the detainee is hiding contraband. Those grounds did not exist in this case, so officers acted reasonably in the way they dealt with AP upon taking him into custody. As noted above, it appears that AP’s need for medical attention only arose during the last minutes of his detention, and jail staff and RCMP members reacted promptly and appropriately at that point.

Accordingly, as the Chief Civilian Director of the IIO, I do not consider that there are reasonable grounds to believe that an officer may have committed an offence under any enactment and therefore the matter will not be referred to Crown counsel for consideration of charges.

A handwritten signature in blue ink, reading "Ronald J. MacDonald", is written over a horizontal line.

Ronald J. MacDonald, KC
Chief Civilian Director

April 28, 2023

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