



VERDICT AT INQUEST

File No.: 2011:0278:0202

An Inquest was held at The Coroners Court, in the municipality of Burnaby

in the Province of British Columbia, on the following dates March 11th and 12th, 2013

before Lisa Graham, Presiding Coroner,

into the death of SMEARS Duncan Leslie Roy, 23, Male Female (Last Name, First Name Middle Name) (Age)

and the following findings were made:

Date and Time of Death: July 16th, 2011 at 1250 am

Place of Death: 1161 Granville Street Vancouver, British Columbia (Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Methamphetamine Toxicity DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b) DUE TO OR AS A CONSEQUENCE OF

Giving rise to the immediate cause (a) above, stating underlying cause last. c)

(2) Other Significant Conditions Contributing to Death:

Classification of Death: [X] Accidental [ ] Homicide [ ] Natural [ ] Suicide [ ] Undetermined

The above verdict certified by the Jury on the 12th day of March AD, 2013.

Lisa Graham Presiding Coroner's Printed Name

Lisa Graham Presiding Coroner's Signature

Handwritten mark



## VERDICT AT INQUEST

### FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE INQUEST INTO THE DEATH OF

FILE No.: 2011:0278:0202

SMEARS

SURNAME

Duncan Leslie Roy

GIVEN NAMES

#### **PARTIES INVOLVED IN THE INQUEST:**

Presiding Coroner: Lisa Graham

Coroner Counsel: Rodrick MacKenzie

Court Reporting/Recording Agency: Verbatim Words West Ltd.

Participants/Counsel: Vancouver Police Department / Bronson Toy

The Sheriff took charge of the jury and recorded 2 exhibits. 18 witnesses were duly sworn and testified.

#### **PRESIDING CORONER'S COMMENTS:**

*The following is a brief summary of the circumstances of the death as set out in the evidence presented to the jury at the inquest. The following summary of the evidence as presented at the inquest is to assist the reader to more fully understand the Verdict and Recommendations of the jury. This summary is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.*

At approximately 8:30 pm on July 15<sup>th</sup>, 2011 a tenant of 1161 Granville Street in Vancouver called the front desk staff of the building to complain that the resident above him was making a lot of noise and seemed to be throwing furniture around the room. One of the desk clerks attended the suite rented by Mr. Duncan Leslie Roy Smears and confirmed that there was someone inside the room who was yelling and making loud banging noises. She called out to the occupant of the room and knocked on the door; receiving no reply to her efforts, she returned to the front desk and advised her shift partner of the situation. The second desk clerk also attended the suite and failed to illicit a reply from inside the residence. The decision was made by the two employees to contact the Vancouver Police Department and request that they attend.

Two patrol members of the Vancouver Police Department were dispatched to the building at 9:30 pm. Before arriving at the residence, one of officers checked the tenant of the suite in the BC police database PRIME. They noted a report from May 2011, two months previous, in which there was a caution that Mr. Smears was suffering from a contagious bacterial heart infection that could be transmitted through body fluids. They also found an earlier report of Mr. Smears resisting a *Mental Health Act* apprehension and attempting to remove a service firearm from a police officer.

Upon arriving at the building, the two patrol officers spoke with the desk clerks and confirmed that there had been no resolution to the disturbance complaint. They attended the hall outside Mr. Smear's suite and confirmed that there was at least one individual within who was making banging noises and speaking loudly, although they could not make out what was being said. Although they knocked on the door and announced themselves, they failed to gain a response from within. They observed that the loud noises would be followed by periods of quiet that would last for several minutes before the noise would resume.



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Due to Mr. Smears' previous history and his current behaviour, the two officers believed that they were likely dealing with an individual who was suffering from a mental illness and that for his own safety they may need to apprehend him under *The Mental Health Act*. They requested the room access key from the desk clerk and opened the door to the room in order to check on the occupant. They found the room in a state of considerable disarray and noted that there was an adult male seated on the floor on the far side of the room. He had his eyes open and was breathing, but appeared to be unaware of their presence. As one of the officers had met Mr. Smears on a previous occasion, they were able to confirm that it was in fact him in the room and that he was alone.

The two patrol members made the decision, based on the previous PRIME entries they had reviewed, that they may be placing themselves at risk if they attempted to remove Mr. Smears for transport to the hospital on their own. They did not see any evidence at this time that Mr. Smears required emergency medical intervention. They placed a call to their Sergeant and advised him of the situation.

The district Sergeant arrived at the scene at approximately 10:00 pm. After reviewing the circumstances with the patrol officers and checking all the PRIME entries related to Mr. Smears, the Sergeant contacted Car 87, a mental health nurse who works in partnership with the Vancouver Police Department. The Car 87 nurse confirmed for him that there was a diagnosis of a bacterial endocarditis, but her review of the Vancouver Coastal Health database P.A.R.I.S. (Primary Access Regional Information System) was unable to find any information about whether it had been successfully treated or was currently active. The nurse advised the Sergeant that should the endocarditis be active, it could pose a significant risk to the officers. The Sergeant made the decision to alert Car 10, the Inspector for that shift, and requested the Emergency Response Team (ERT) attend to aid in safely removing Mr. Smears. He also requested that paramedics and a police negotiator be dispatched to the building to be on stand-by in case they were required.

Once the ERT members had arrived on scene, an action plan was created and approved by the Inspector. Acting on the information that they had received from multiple sources, they believed that it was imperative that they enter the suite to apprehend Mr. Smears only after they had reduced any risk to themselves by obtaining biohazard suits (Type B Tyvec) from the main police station. The retrieval of these suits for the officers designated to enter the suite caused a delay of approximately 40 minutes.

Upon arrival of the Tyvec suits, the ERT members staged outside Mr. Smears door and the negotiator called out to Mr. Smears, trying to gain a response from within the suite. After several failed attempts at eliciting a response, the ERT members entered Mr. Smear's suite. He was discovered lying prone on the floor with his hands located below his chest. His hands were extracted and placed in handcuffs before he was carried out of the suite by the four members of the ERT team. It quickly became apparent that Mr. Smears was unresponsive. At the request of paramedics, he was carried to the far end of the hallway where there would be more room for resuscitation. The handcuffs were immediately removed; paramedics and the Vancouver Fire Department personnel began CPR. After 30 minutes of full resuscitative measures, paramedics called the Emergency Room physician at St. Paul's Hospital and obtained the direction to cease CPR. Mr. Smears was pronounced deceased at 12:50 am on the 16<sup>th</sup> of July 2011.



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An autopsy and toxicological analysis were conducted, after which the Pathologist determined that Mr. Smears died as a result of a methamphetamine toxicity. The jury heard evidence that Mr. Smears had suffered from a dependence on illicit drugs for many years and that despite many attempts to stop using he had been unsuccessful at abstaining for any prolonged period of time.



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*Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:*

#### JURY RECOMMENDATIONS:

**To:** The Honourable Robert Nicholson  
Department of Justice Canada  
284 Wellington Street  
Ottawa, Ontario, K1A 0H8

1. That legislation be enacted to allow individuals identified as addicted to illegal drugs or suffering specified mental illnesses be detained for treatment in a treatment centre.

**Coroner Comments:** The jury heard evidence that the brain chemistry of individuals dependent upon drugs such as methamphetamine is altered by chronic use. They were advised that the brain can take as long as five months to return to its normal dopamine levels and that during this period they are often unable to abstain from use on their own due to the way the neurotransmitter changes affect their drive to obtain and use the drug.

**To:** Mayor Gregor Robertson  
City of Vancouver  
453 West 12<sup>th</sup> Avenue  
Vancouver, BC, V5Y 1V4

Chief Constable Jim Chu  
Vancouver Police Department  
2120 Cambie Street  
Vancouver, BC, V5Z 4N6

2. Provide each ERT member of the Vancouver Police with a Type B Tyvec suit to be included with their daily work equipment

**Coroner Comments:** The jury heard evidence that there was a delay in entry into Mr. Smears' suite to extricate him due to the need to return to the police station to obtain biohazard suits.

**To:** The Honourable Dr. Margaret MacDiarmid  
Ministry of Health  
Room 337, Parliament Buildings  
Victoria, BC, V8V 1X4

3. That there should be established a working group involving organizations such as Vancouver Coastal health, Providence Health Care, Vancouver Police Department, Covenant House and other stakeholders to provide coordinated mental health services to adolescents and youth.



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**Coroner Comments:** The jury heard testimony that many individuals between the ages of 19 and 30 “fall between the cracks” as they transition from the child mental health system to the adult mental health system. Evidence was heard that this age group has particular needs that are not being addressed during this transition period. They also heard that the information that was obtainable to the police through Car 87 was incomplete, as P.A.R.I.S is not consistently used across health authorities, hospitals and community medical facilities.

**To:** Chief Constable Jim Chu  
Vancouver Police Department  
2120 Cambie Street  
Vancouver, BC, V5Z 4N2

4. That officers, particularly patrol officers, should receive specific training in dealing with and assisting individuals with addictions / mental health issues.

**Coroner Comments:** Mr. Smears was suffering from an illicit drug addiction and addiction related mental health issues.

5. That for an ERT event a formal debriefing be held

**Coroners Comments:** The jury heard testimony from members of the Vancouver Police Department ERT that they had not had any form of debriefing to learn from their involvement in this incident.

**To:** BC Association of Chiefs of Police  
C/O CFSEU mailstop #408/409  
14200 Green Timbers Way  
Surrey, BC, V3T 6P3

6. That officers responding to a call involving a known individual have better access to medical/psychiatric information on PRIME such as the data on P.A.R.I.S.

**Coroner Comments:** The jury heard testimony from witnesses that the limited access to Mr. Smears’ medical and psychiatric history may have played a role in the delay in retrieving Mr. Smears from his suite and providing him aid.