



Report to the Minister of Justice and Attorney General Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the _____ Courthouse
in the _____ City _____ of _____ Wetaskiwin _____, in the Province of Alberta,
(City, Town or Village) (Name of City, Town, Village)
on the _____ 14th and 15th _____ days of _____ June _____, _____ 2010 _____, (and by adjournment
year
on the _____ day of _____, _____),
year
before _____ Hon. B. Rosborough _____, a Provincial Court Judge,
into the death of _____ Arthur Ross Lafrance _____ 49 _____
(Name in Full) (Age)
of _____ #15, Ermineskin Reserve, Hobbema AB T0C 1N0 _____ and the following findings were made:
(Residence)

Date and Time of Death: _____ October 15th, 2007 8:45 p.m. _____

Place: _____ R.C.M.P. Detachment, P.O. Box 490, Hobbema, AB, T0C1N0 _____

Medical Cause of Death:

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – The Fatality Inquiries Act, Section 1(d)).

Acute Ethanol and Doxepin Toxicity

Manner of Death:

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – The Fatality Inquiries Act, Section 1(h)).

Unclassifiable.

Circumstances under which Death occurred:

See attached.

Recommendations for the prevention of similar deaths:

See attached.

DATED August 10th, 2010 ,

at Wetaskiwin , Alberta.

A Judge of the Provincial Court of Alberta

CIRCUMSTANCES UNDER WHICH DEATH OCCURRED

Background

Ross Lafrance ('Lafrance') was born on March 3rd, 1958. He appears to have resided in the Calgary and Wetaskiwin areas for most of his life. In 1992, Lafrance entered into a 'common law' relationship with Mary Ann Cutarm. They resided together at House #15 on the Ermineskin Reserve near Hobbema, Alberta.

Lafrance appears to have developed an addiction to alcohol early in life. This likely contributed to conflict with the law from the age of 16 onward. From then until 2007, he amassed a criminal record including approximately 40 convictions. Sentences for those convictions included jail, fines and probation. In 1995, he received his longest jail sentence, 14 months imprisonment, for the offences of 'Over 80' (s.253(b) C.C.) and 'Driving while Disqualified' (s.259(4) C.C.). The content of his criminal record appears to support the conclusion that he suffered from alcoholism.

R.C.M.P. in Hobbema and Wetaskiwin had dealt with Lafrance on several occasions in the past. On many of those occasions, he was in a state of alcohol intoxication. This previous involvement may have contributed to their faulty assumption on October 15th, 2007 that his state of sobriety on that day was attributable to alcohol intoxication alone.

In mid-September of 2006, Lafrance suffered a motor vehicle accident resulting in the removal of his right arm. He was prescribed an anti-depressant, Gabapentin, which contained a compound referred to as 'doxepin'. He had been prescribed this medication for some time and used it as a pain-killer. He last filled a prescription for the medication on October 13th, 2007 at which time he received 90, 300 mg. tablets. The bottle holding this medication was recovered by the police following his death. It contained only 1 tablet at that time. Information made available to me at this inquiry suggests that, although Lafrance was depressed during this time frame, he was not suicidal before or at the time of the events leading to his death.

Lafrance's common law wife, Mary Ann Cutarm, and others were aware of the fact that Lafrance had been prescribed medication. His consumption of Gabapentin (or Novo-doxepin) was a daily occurrence. He frequently consumed alcohol at or near the time he was consuming this medication. Indeed, at least one civilian formed the belief that his state of intoxication on the date of his death was, at least in part, attributable to drug consumption.

Events of October 15th, 2007

Lafrance awoke at his residence on the mid-morning of October 15th, 2007. He is reported to have had a practice of travelling to Wetaskiwin each day and did so in the company of another. He returned in the late afternoon of the same day in a state of intoxication and carrying a bottle of beer. He was loud and argumentative. He engaged in verbal altercations with at least one other person present in the premises. Although there was some physical contact between Lafrance and at least one other person present at the time, no blows were struck and no weapons used. Lafrance exhibited no sign of physical injury when later observed by police.

Approximately 20 to 30 minutes after his arrival home, an occupant or occupants of the premises contacted the police to complain about Lafrance and ask that he be removed from those premises. RCMP Cst. Bracken and Cpl. Whiteman responded. Their observations led them to conclude, reasonably, that Lafrance was intoxicated. At 5:25 p.m. that day he was placed under arrest for causing a disturbance and transported to the RCMP detachment in Hobbema. In accordance with the provisions of the *Fatality Inquiries Act*, R.S.A. 2000, c.F-9, s.53(3), I express no conclusion as to the legality of this arrest.

It is important to note that Lafrance was both ambulatory and conversant with police at the time of his arrest. He was coherent. There was little doubt, however, that he exhibited readily observable signs indicative of intoxication. I am satisfied that, at the time of the arrest, police received no information about Lafrance's ingestion of medication. Nor did they make any inquiries in that regard from the time of his apprehension until his death. Based upon their observations at the time, they assumed that his state of intoxication was attributable exclusively to alcohol.

Police arrived at the Hobbema R.C.M.P. detachment with their prisoner at approximately 5:45 p.m. Lafrance was 'processed' by those in charge of the detachment and lodged in cells. He was awake for some period of time thereafter but soon went to sleep on the floor of the cell. Regular checks thereafter resulted in occasional verbal utterances from Lafrance and confirmed that he was breathing regularly until just minutes before his death. It is estimated that he died at approximately 8:45 p.m.

Cell Block Procedures

When booking prisoners into cells, RCMP policy requires, *inter alia*, that a form (Form 'C-13') be completed. This form contains a section entitled: "Prisoner Screening". Within that section are segments designed to record information about the physical condition of the prisoner and include the following:

1. *Possible cause of impairment (drugs, liquor, medication, etc.)*
2. *Unusual actions (hiccough, belching, vomiting, fumbling, etc.)*
3. *Breath (odour of liquor)*
4. *Rousability (with a check box for Responsiveness checked)*
5. *Injuries*
6. *Illnesses/medications*
7. *Balance (sure, fair wobbling, sagging, falling, etc.)*
8. *Speech (slurred, incoherent, confused, clear, etc.)*
9. *State of Mind (depressed, angry, placid, etc.)*
10. *Consciousness (alert, confused, sleepy, etc.)*
11. *Medication required, unusual characteristics, distinguishing marks, etc. (with checkboxes for Drugs, Emotionally disturbed person, Escapee, Not known, Protective custody, Suicidal, violent, and Other)*
12. *Medical examination by ... (followed by areas for date, time and a checkbox to indicate whether the individual is Fit for incarceration)*

Form C-13 was prepared in relation to the booking of Lafrance into cells on the late afternoon of October 15th, 2007. Segments, 2, 4, 5, 6, 11 and 12 of Form C-13 were left blank. The remaining segments contained the following endorsements:

1. *Liquor*
3. *Strong*
7. *Falling*
8. *Slurred*
9. *Placid*
10. *Confused*

No further endorsements, notes or references are contained in this section of Form C-13.

After Lafrance was booked into cells, R.C.M.P. policy requires that the prisoner be checked regularly (every 15 minutes). I am satisfied from the cell records, reports, witness statements and *viva voce* testimony of the guards on duty that evening that this policy was scrupulously observed. Indeed, I am satisfied that the guard on duty at the material times exceeded the

minimum number of checks and called for assistance at a time earlier than would otherwise have been mandated by policy.

Cause of Death

I have noted the cause of death earlier in this report. I am also satisfied on the basis of the evidence of the Medical Examiner that, in Lafrance's case, death would not have ensued from the ingestion of ethanol (alcohol) alone. Although visibly intoxicated, Lafrance was an alcoholic and had survived more advanced states of intoxication in the past.

It was an overdose of doxepin (either alone or combined with ethanol) that led to Lafrance's death. Doxepin overdose (unescorted by alcohol) can be detected through drowsiness leading to shortness of breath (and ultimately cessation of breathing). There is no antidote to combat an overdose of this drug. Vital signs must be monitored and medical intervention required should shortness of breath lead to cessation of breathing.

Drowsiness also escorts over-ingestion of alcohol, however. And since the smell of alcohol is easy to detect and overdose by doxepin rare, it is easy to attribute symptoms of doxepin overdose to alcohol intoxication. Misdiagnosis of alcohol intoxication (alone) by the R.C.M.P. officers in this case was regrettable, but understandable.

RECOMMENDATIONS FOR THE PREVENTION OF SIMILAR DEATHS

This case involved a single police force, the R.C.M.P. I am not aware of the policy and practices of other police agencies in this regard and, therefore, limit my recommendations to the policy and practices of the R.C.M.P. It may be helpful, however, to provide a copy of this report to other Alberta police agencies in order to determine whether their policy and practices could benefit from changes designed to prevent tragedies such as occurred in this case.

1. R.C.M.P. Form C-13 should be amended.

It is evident that Form C-13 was designed in order to ensure that those responsible for booking prisoners into cells take into account their physical and mental well-being. Although it refers to both drugs and 'liquor', it fails to distinguish between each of those potentially intoxicating agents and requires no special action in the case of drugs.

In this case, the officer responsible for completing Form C-13 quite properly noted that liquor was a possible cause of impairment. Indeed, liquor was a cause of Lafrance's impairment. What the form failed to achieve, however, was an independent inquiry about other possible causes of impairment, either alone or in conjunction with liquor.

I recommend that the 'Prisoner Screening' section of Form C-13 be amended to require the 'booking officer' to inquire separately into each of 5 areas : (1) ingestion of alcohol; (2) ingestion of drugs; (3) physical illness or injury; (4) mental illness; and (5) state of consciousness/health. Given the cause of death in this case, I make no comments in relation to areas '(3)' and '(4)'. Since each of areas '(1)' to '(4)' can contribute to area '(5)' and in indistinguishable ways, area '(5)' should be separated from the others. I make no further comment on areas '(3)', '(4)' and '(5)' and restrict my comments in this Report to areas '(1)' and '(2)'.

In relation to area '(1)', alcohol, Form C-13 should be amended to require records of questioning the potential prisoner about the following:

- time(s) of alcohol consumption that day

- name(s), nature or type(s) of alcohol consumed
- amount of alcohol consumed

Police routinely testify about 'indicia of impairment' in court. They should be required to list those indicia in this area of Form C-13.

In relation to area '(2)', Form C-13 should be amended to require records of questioning the potential prisoner about the following:

- time(s) of drug consumption that day
- name(s), nature or type of drug(s) consumed
- amount of drug(s) consumed
- if the drug is a prescription drug, the daily dosage of that drug and the doctor or pharmacy prescribing same

Police should be required to list indicia of 'drug impairment' in this area of Form C-13. Observations included in area '(1)' can be incorporated by reference in order to avoid any unnecessary duplication.

Form C-13 should accommodate reference to sources of information in relation to drug consumption, independent of the arrestee/prisoner (see below).

2. Completion of each area of Form C-13, "Prisoner Screening" should be mandatory. For the purposes of this inquiry, I would stress the need to complete those areas relating to alcohol and/or drug ingestion.

Part of the efficacy of a form such as Form C-13 arises from the requirement that information and observations be both addressed and recorded. Where significant areas of inquiry are left blank, it is not possible to discern whether that area of inquiry was even addressed. In this case, the segments entitled: *Illnesses / medications* and *Medication required* (amongst others) are left blank. I am satisfied that no questions were asked of Lafrance (or others) in these areas until after his death. If questions are asked but no information received a simple endorsement of 'no illnesses or medications' and 'no medication required' (or the checkboxes currently in Form C-13) would achieve this end.

I was impressed at this inquiry by certain 'quality control' measures taken by the R.C.M.P. in relation to cell block procedures. I would encourage them to ensure that supervisor review of Form C-13s be included as part of those procedures. Non-compliance with mandatory completion of Form C-13 can then be addressed as a management (as opposed to a legal) issue.

3. Before booking an intoxicated prisoner into cells, the R.C.M.P. should make an inquiry or inquiries, independent of the prisoner, about the prisoner's drug consumption.

The arrestee/prisoner is likely to be an unreliable factual narrator. Others may be readily and easily consulted in order to glean helpful information in that regard. That information can be acquired during the course of investigation, apprehension or jailing.

Family, friends and acquaintances of Lafrance were well-aware of the fact that he had been prescribed medication or, in the words of some, that he 'popped pills'. For reasons that were not made clear at this inquiry, none of the R.C.M.P. officers involved in the investigation, apprehension or jailing of Lafrance made any inquiries in that regard until after his death. I suspect they assumed that his state of intoxication was exclusively the result of alcohol consumption. Based upon past experience with Lafrance, this was not an unreasonable assumption.

Nevertheless, that fact alone merits my recommendation that police officers who take intoxicated individuals into custody, or jail them thereafter, be required to make some inquiry, independent of the arrestee/prisoner, about his or her consumption of drugs. This can be undertaken by questioning those present upon arrest or a spouse, family member, friend or acquaintance. I appreciate that this may not be possible in every case. However, such an inquiry would have been simple to make in this case and may avert the tragedy which followed in future cases.

4. Where police are made aware of an arrestee/prisoner's drug consumption, inquiries should thereafter be made (where warranted) as to the effect(s) of that consumption and any precautions required to be taken by police in order to ensure the well-being of the prisoner.

In the event that the prisoner, his family, friends or acquaintances provide information that (s)he has recently consumed drugs, police should undertake inquiries about: (1) the effects of ingesting the drug(s) and any precautions that should be taken in order to ensure the well-being of the prisoner. I am satisfied that there are many potential sources of this information and will not catalogue them herein.

This recommendation would not apply to what may be referred to as innocent, non-prescription drugs taken in therapeutic doses. Information that a prisoner consumed 2 aspirin or a 'Tylenol' may merit no further inquiry. On the other hand, information that the prisoner consumed 2 bottles of aspirin or 100 Tylenol may well do so. Similarly, if the information suggests use of an unknown drug or drugs, the effects of which are also unknown to the police, inquiries ought to be made in that regard.