REGULATION 28: REPORT TO PREVENT FUTURE DEATHS.

REGULATION 28 REPORT TO PREVENT FUTURE DEATHS THIS REPORT IS BEING SENT TO: Ministry of Defence: Sir Michael Fallon MP, Secretary of State for Defence, and General Sir Nicholas Patrick Carter, Chief of the General Staff. Copied for interest to: Chief Coroner Family of the deceased 1 CORONER I am Nick Stanage, H.M. Assistant Coroner for the area of Manchester City. 2 **CORONER'S LEGAL POWERS** I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. **INQUEST** 3 On Wednesday 19 July 2017 I concluded the inquest into the death of Ben Alan Jukes, an army captain serving in the Royal Corps of Signals. I attach the Record of the Inquest and Captain Dukes' service history. CIRCUMSTANCES OF THE DEATH During the hearing I heard evidence inter alia from the sister of the deceased. and a close friend of the deceased, The law requires that I write this report because the evidence given by both these witnesses gives rise to a concern that circumstances creating a risk of other deaths will continue to exist and action should be taken to prevent the recurrence of such circumstances. **CORONER'S CONCERNS** 5 During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you. The MATTERS OF CONCERN are as follows: Evidence of stated under oath that she had been aware that the deceased regularly used heroin and cocaine during the five years prior to his death when he should at all material times have been subject to the army's random drugtesting regime.

Captain Jukes on one occasion attended a meeting of Narcotics Anonymous.

Captain Jukes obtained heroin by persuading the homeless in Manchester City centre to take him to known heroin suppliers. As payment for such assistance Captain Jukes then supplied to the homeless a portion of the heroin which they had enabled him to obtain.

wondered how the deceased's drug use had not been detected by random testing.

From that evidence the following concerns arise:

- 1. Whatever drug-testing regime may have been operated by the army during the five year period failed to detect Captain Jukes' regular use of heroin and cocaine. More regular testing by the army in that period would have increased the likelihood of detection.
- 2. Captain Jukes' supply of heroin to homeless drug users in Manchester City centre exacerbated an already high risk of death among that group. More regular testing by the army in that period would have increased the likelihood of detection.

Evidence of

described the deceased as one of his best friends. He had shared a house in Leeds with the deceased and had gone out socialising with him on hundreds of occasions. He knew Captain Jukes well and, in evidence which I accept as truthful and accurate, said that in the three or four years prior to death he became aware that the deceased was "an extreme recreational user" of drugs.

stated on oath that Captain Jukes on one occasion about one or one and a half years ago confided that he had been warned in advance that he was to be drug-tested by the army.

stated that Captain Jukes knew that he had very recently taken illicit drugs which would be detected. Captain Jukes therefore feigned an injury, deliberately banging his head so as to contrive a need for a medical appointment on the following day. Captain Jukes was thus able to evade the army drug test on the following day.

From that evidence the following concerns arise:

- 3. It appears that on at least one occasion as set out above Captain Jukes was forewarned of a drug test.
- 4. Thus forewarned, Captain Jukes was easily able to evade the drug test which would as a near certainty have exposed him as a user of heroin and cocaine.
- 5. Unless drug testing is random and unannounced it will fail to detect illicit drug use among servicemen and women. Failure to detect illicit drug use increases the likelihood of further deaths as a result of the same.

The above evidence and concerns lead me to suggest that you should review your procedures on drug-testing.

| 6 | ACTION SHOULD BE TAKEN |
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| | In my opinion action should be taken to prevent future deaths and I believe you and your organisation have the power to take such action. |
| 7 | YOUR RESPONSE |
| | You are under a duty to respond to this report within 56 days of the date of this report, namely by 20 September 2017. I, the coroner, may extend the period. |
| | Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed. |
| 8 | COPIES and PUBLICATION |
| | I have sent a copy of my report to the Chief Coroner and to Interested Persons. have also sent it to organisations who may find it useful or of interest. |
| | I am also under a duty to send the Chief Coroner a copy of your response. |
| | The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner. |
| 9 | DATE Nick Stanage |
| | 24 July 2017 Nick Sean Stanage |
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