

# Forensic Science Northern Ireland (FSNI)

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### **FSNI** Introduction

- FSNI is a government body that delivers multidisciplinary forensics, all performed under one roof.
- We work mostly with customers in Northern Ireland but occasionally other parts of the UK and further a field.
- We are a small organisation with 200 staff in total.





# **FSNI Forensic Scope**

- Forensic disciplines within FSNI include:-
  - Biological Evidence Recovery
  - DNA Analysis
  - Explosives & Trace Microchemistry
  - Expert Fingerprint Recovery
  - Firearms
  - Physical Methods –footwear, paint & glass
  - Documents
  - Electronics
  - Alcohol, Drugs & Toxicology (AD&T)





### AD&T

- Alcohol drugs and toxicology are one team within FSNI. We have cross skilled laboratory and reporting staff.
- To avoid contamination concerns all three laboratories are physically separated with certain movements between them restricted.
- We have a small instrument team dedicated to routine maintenance of complex analytical equipment, validation projects and R&D.





### AD&T Staff

- Laboratory Staff (25)
  - 2 Laboratory attendants
  - 8 Assistant Scientific Officers
  - 11 scientific Officers
  - 3 Higher Scientific Officers:
    - 1 x Tox/Alc manager
    - 1 x Drugs manager
    - 1 x Instrument team manager
  - Section manager





### 3

- Reporting Staff (12 Reporting Officers)
  - 8 Alcohol & Toxicology reporting staff
    - 2 senior reporting officers
    - 5 reporting officer
    - 1 training reporting officer
  - 5 Drugs reporting staff
    - 3 senior reporting officers
    - 2 training reporting officers

A few of the reporting team are crossed skilled to report both tox and drugs cases.





# Quality

- FSNI Quality management system is accredited by UKAS (United Kingdom Accreditation Service) to ISO17025 standard.
- FSNI is in adherence with the UK Forensic Science Regulator's working practices
- FSNI maintains an extensive annual internal audit program across all disciplines and participates in external PT schemes.





# What is Forensic Toxicology?

 Forensic toxicology relates to the detection, measurement and interpretation of the effects chemicals have on the body to aid a medical or legal investigation.





# Toxicology at FSNI

- We work with two main customers:-
  - State Pathologist Department (SPD)
  - Police Service of Northern Ireland (PSNI)

On occasion we take in private work from other customers including, the Police Ombudsman and the Harbour Police Force.

We process approximately 1400 cases a year for toxicology.





# Case Types

- Driving related casework
  - Alcohol and/or drugs
- Death casework (non-suspicious)
  - Suicides
  - Sudden deaths/RTC's
  - Drug related deaths
- Criminal Casework
  - Suspicious deaths/Murders/Fatal RTC's
  - Serious Assaults
  - Sexual offences/Rape
  - Child cruelty/abuse cases





# How do we perform toxicology analysis

- ▶ Complex analytical processes involving multiple extraction techniques combined with various instrumental analysis.
- ▶ Time consuming process involving a number of analytical stages (largely dependent on number of drugs detected in the case).
- ▶ Stringent quality controls to ensure accurate results reported within criminal justice system (much tighter quality controls than clinical toxicology).





# Toxicology samples

- **▶** Blood
- **▶** Urine
- Stomach Contents
- ▶ Vitreous Humour
- Tissue samples (e.g. muscle, organ)
- Hair





### Additional Samples/Information

- Hospital samples (ante-mortem)
- Medicines deceased had access to or was prescribed, including recent prescription/abuse history
- Lists or photographs of branded medicines or packaging at the scene
- Submission of unknown/illicit drugs or associated paraphernalia for analytical identification
- Witness reports of alcohol and/or drug consumption and deceased's behaviours prior to death





# Scope of Toxicology at FSNI

- FSNI routinely screens for approximately 100 drugs using one method with the capabilities to further confirm and quantify these drugs. FSNI's screening is far more expansive than our 'routine' product.
- We cover a wide range of both illicit drugs and pharmaceutical/prescribed medicines.
- FSNI is unique as drugs and toxicology teams are joint and share information on emerging drugs and drug trends to ensure tox analysis is in line with drug culture in NI.





# Scope of Toxicology at FSNI

#### Routine Screening at FSNI includes:-

- Benzodiazepines (diazepam, alprazolam, temazepam and phenazepam)
- Opiates (heroin, morphine, fentanyl, tramadol and codeine)
- Drugs of abuse (amphetamine, MDMA, cocaine methamphetamine, cannabinoids, cathinones)
- Pharmaceuticals (antidepressants, sedatives, antipsychotics, antihistamines, analgesics)





### **Additional Screening**

FSNI also routinely screens for an additional 60 substances that fall outside of our routine screen product, including:

- fentanyl
- pregabalin and gabapentin
- additional pharmaceutical medications
- metabolites of common drugs
- a range of newer Psychoactive Substances including 'designer benzos' and synthetic cannabinoids
- volatiles (methanol, acetone, butane, propane, toluene)
- cyanide

Hundreds more can be screened for on the basis of their accurate molecular mass





# **Current Toxicology Trends**

- Designer Benzodiazepines
  - NI has a significant issue with benzodiazepines use, both prescription and illicit preparations.
  - Since 2017 we have seen a steady trend of emerging 'designer benzodiazapines'
  - Alprazolam → Flualprazolam → Flubromazolam
    - → Flubromazepam → Meclonazepam → Bromazolam
  - In the last few weeks FSNI has identified two new 'designer benzodiazepines' – clobromazolam (phenazolam) and bromonordiazepam





# **Current Toxicology Trends**

- 'Nitazenes' synthetic opioids
  - Multiple alerts across Europe and the UK relating to fatal intoxications and drug detections of various 'nitazenes'.
  - It has been reported that some 'nitazenes' have been detected in tablets with other designer benzo's and also in illicit oxycodone tablets.





# NPS complications

- No data regarding potency, toxicity or adverse effects (physical or psychological)
- Readily available, e.g. internet
- Access to certified reference standards
- Analytical approach for detection & measurements unknown
- Stability of the drugs in biological samples
- Strength and contents of illicit preparations
- Rapidly changing trends





# **Current Toxicology Trends**

- Poly Drug Use-
  - FSNI defines Poly drug use as 2 or more DOA
  - In 2021 166 cases were submitted by PSNI related to sudden or drug related deaths
  - 60% of these were identified as poly drug use
  - 17% of these included alcohol
  - 25 % the COD was known toxicity and 75% of the
     COD's were unknown at the time of submission





# **Current Toxicology Trends**

- Poly Drug Use
  - Number of parent drugs per case averaged 5 (range 2-11)
  - The top 5 drugs encountered in these cases were diazepam, pregabalin, Cocaine, cannabis and flubromazolam

Diazepam 59	Etizolam 13	Gabapentin 9	Bromazolam 4
Pregabalin 59	Tramadol 12	Alprazolam 7	Fentanyl 3
Cocaine 46	Methadone 11	DHC 5	MDMA 3
Cannabis 46	Heroin 10	Zopiclone 5	Amphetamine 3
Flubromazolam 28	Morphine 10	Oxycodone 5	CDZP 3
Buprenorphine 18	Codeine 10	Ketamine 4	Flualprazolam, meclonazepam, flubromazepam 9





#### **Case 1 (9)**

•	Buprenorphine	0.0016
	mg/L	
•	Norbuprenorphine	Detected
•	Flualprazolam	0.009 mg/L
•	Flubromazolam	0.002 mg/L
•	Diazepam	0.13 mg/L
•	DMV	0.19 mg/L
•	Temazepam	Detected
•	Oxazepam	Detected
•	Pregabalin	5.4 mg/L
•	Zopiclone	0.02 mg/L
•	Sertraline	0.26 mg/L
•	Norsertraline	Detected
•	Mirtazapine	0.01 mg/L
•	Desmethylmirtazapine	Detected
•	Carboxy-THC	Detected
	•	

#### **Case 2 (5)**

•	Diazepam	0.35 mg/L
•	Desmethlydiazepam	0.44 mg/L
•	Temazepam	$0.01~\mathrm{mg/L}$
•	Oxazepam	0.02 mg/L
•	Duloxetine	0.18  mg/L
•	Mirtazapine	0.07 mg/L
•	Desmethylmirtazapine	$0.05~\mathrm{mg/L}$
•	Propranolol	0.05 mg/L
•	Risperione	0.008 mg/I

#### Case 3 (8) - 4 opiates

•	Tapentadol	6.6 mg/L
•	Tramadol	8.1 mg/L
•	Desmethyltramadol	1.8 mg/L
•	Oxycodone	0.16 mg/L
•	Codeine	0.11 mg/L
•	Morphine	Detected
•	Pregabalin	8.9 mg/L
•	Flubromazolam	0.046 mg/L
•	Diazepam	0.55 mg/L
•	Desmethyldiazepam	1.4 mg/L
•	Oxazepam	0.13 mg/L
•	Temazepam	0.13 mg/L
	romazopam	0.10 1116/ 2

• Carboxy-THC Detected (less than 0.01 mg/L)







# GHB (gamma hydroxybutyrate)

- Not detected by routine toxicology screening and requires targeted analysis
- Is associated with abuse and has a prevalence in a 'chem sex' setting
- Is produced naturally in the body at lower levels which can complicate interpretation/detection.
- Should be considered in all suspected drug deaths with no cause of death and negative toxicology.

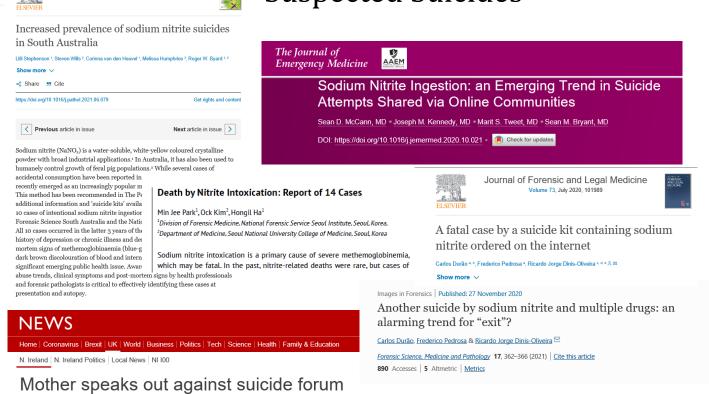




after son's death

By Emily McGarvey

# Emergence of Sodium Nitrite in Suspected Suicides

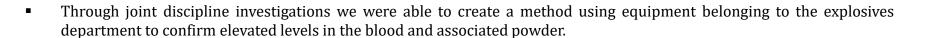






### Sodium Nitrite/Nitrate

- Over the two years we have had 5/6 nitrite cases.
- Some cases contained white powder that was labelled.
- Commonly used as a food additive for curing meat.
- Highly soluble in water Available in "Suicide Kits" online
- Interferes with the haemoglobin in blood cells → Death by asphyxia
- No method within FSNI.



 There is only 1 other lab in the United Kingdom that can perform this analysis at a significant cost due to it being such a bespoke process.







# Thank you

Any Questions?

