

D136

Dr Maurice Lipsedge
M Phil FRCP FRCPsych FFOM (Hon)

Tel: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]
GMC No: [REDACTED]

Keats House
24-26 St Thomas Street
LONDON
SE1 9RS

RECEIVED
21 JAN 2016

18TH January 2016

CONFIDENTIAL

Ms Kate Frame
Police Investigations and Review Commissioner
Hamilton House
Hamilton Business Park
Caird Park
Hamilton
ML3 OQA

Dear Ms Frame

DEATH OF SHEKU AHMED TEJAN BAYOH

I attach my expert witness report on the above. My report addresses only the question of the potential impact of the identified drugs on the behaviour of the deceased as described by the police and civilian witnesses (Question (a)).

As I have previously explained to Deputy Senior Investigator William Little, I have not attempted to address question (b) because the subject of group behaviour as opposed to individual behaviour lies outside my expertise as a psychiatrist. Group behaviour is the province of social psychologists.

I have submitted my report in draft form.

Yours sincerely

[REDACTED]

Maurice Lipsedge
(signed by secretary to avoid delay)

[REDACTED]

ENC

Dr Maurice Lipsedge
M Phil FRCP FRCPsych FFOM (Hon)

Tel: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]
GMC No: [REDACTED]

Keats House
24-26 St Thomas Street
LONDON
SE1 9RS

18th January 2016

CONFIDENTIAL

DEATH OF SHEKU AHMED JEJAN BAYOH dob 03.09.83

Contents

Introduction	2-3
Statements of civilian witnesses B, C and D	4
Witness B's statement made on 3 rd May 2015	4-5
Witness B's statement made on 8 th May 2015	6-7
Witness C's statement made on 3 rd May 2015	7-8
Witness D's statement made on 3 rd May 2015	8-9
Witness D's second statement made on 6 th May 2015.....	9
Witness AC's first statement made on 27 th May 2015.....	9
Witness AC's second statement made on 25 th June 2015 ...	9-10
Police witness statements	10
General practitioner's records	11
Summary of psychiatric history based on GP records	12
Baseline personality and previous episodes of abnormal behaviour	12
Summary of previous adverse behavioural effects of recreational drugs reported by witnesses	12
Summary of Mr Bayoh's mental state and behaviour on 3 rd May 2015	13
Mr Bayoh's use of recreational drugs prior to 3 rd May 2015	13
Toxicology	13
Review of the psychological and behavioural adverse effects of these drugs	14-16
CCTV	17
Opinion	18-19
References	20-21
Qualifications and experience.....	22-23

Introduction

Draft statement of Dr Maurice Lipsedge, consultant psychiatrist.

I have been instructed by the Police Investigations and Review Commissioner to produce an expert witness report concerning the potential impact of specific drugs on the behaviour of the deceased as described by the police and civilian witnesses.

Mr Bayoh died on 3rd May 2015 at the Victoria Hospital, Kirkcaldy, following contact with officers of Police Scotland.

The cause of death as indicated by post mortem findings and toxicology is described as: “Sudden death in a man intoxicated by MDMA and Alpha PVP, whilst being restrained”.

Mr Bayoh had previously used anabolic steroids and in the hours preceding his death had taken alcohol and recreational drugs. During his encounter with the police he was sprayed with CS and PAVA, physically restrained and hit with batons.

My report will deal exclusively with the potential and reported psychological and behavioural impact of the identified recreational drugs and alcohol and of the previously used anabolic steroids on Mr Bayoh’s behaviour as described by police and civilian witnesses.

I have studied the following documents and other items provided by PIRC:

- 1) copy of redacted civilian witnesses statements
- 2) copy of redacted police statements
- 3) copy of A&E notes
- 4) Expert witness Package
 - Briefing paper
 - Post Mortem Examination Report dated 18.06.15
 - Drug Control Independent Analysis Report
 - Neuropathy Report – brain examination

- Certified disc of CCTV and video footage
 - Certified disc of post mortem and other photographs of deceased
- 5) Drug Control Centre Independent Analysis Report
 - 6) GP medical notes
 - 7) Use of Force Police Scotland Standard Operating Procedure
 - 8) Disc of all the paperwork supplied above.

Statements of Civilian Witnesses B, C and D

These statements provide descriptions of the following matters of psychiatric relevance:

- 1) Mr Bayoh's personality in general
- 2) Previous and recent use of drugs and alcohol
- 3) Previous episodes of disturbed behaviour
- 4) Mr Bayoh's observed mood and behaviour on 2nd and 3rd May 2015.

Witness B's Statement made on 3rd May 2015

He first met Shek at a youth group when they were both about 16-17 years old. They became good friends and were especially close from early January 2014: "Shek was like a brother to me".

Witness B knew that Shek took steroids. He had never seen Shek with drugs and although he liked alcohol, he was not an alcoholic.

At about 9 pm on 2nd May 2015 Witness B joined Mr Bayoh at a friend's birthday party. A name is redacted here but the context suggests that Witness B is describing Mr Bayoh and that he "had been drinking and was happy [in] a fine mood, happy and joyful". They left the party at about 9.50 pm and bought a bottle of a vodka-based drink. Mr Bayoh drank a few glasses of this while he chatted with Witness B at Mr Bayoh's house. Witness B states that while they were chatting, "Shek's mood was fine, talking and getting excited about the big fight but he was getting a bit more drunk and not making much sense to me" (emphasis added).

Witness B and Mr Bayoh then [REDACTED] to Witness C's house which they reached at about 4 am on 3rd May 2015. Mr Bayoh took the vodka-based bottle with him and had another drink when they arrived.

While they were chatting at Witness C's house from about 4 am Shek "seemed to have a mood change". He had another drink and then "kept on just jumping into the conversations and making no sense saying things that didn't even have any relevance to what was being said. He kept getting annoyed with us, accusing us of 'taking the

piss' out of him. He was getting quite confrontational to the point that I thought there was going to be trouble in the house so I was telling him that it's probably best if we left. I knew this wasn't normal behaviour for Shek so I persuaded Witness C to let me try and calm the situation down, but nothing seemed to level him".

Shek then left the house alone. Witness B was surprised to find that he had disappeared and searched for him, eventually finding him walking up to his own house. Shek told him to go away. Once in the house Witness B tried to reassure Shek. Witness B stayed with him for about 40 minutes (about one hour according to Witness B's second statement). Shek's mood kept changing rapidly and he spoke in "broken sentences". He accused Witness B and another person of "taking the piss out of him". Early in the conversation Mr Bayoh seemed to accept Witness B's assurance that this was not true and he agreed with Witness B that they were "like brothers". But then his mood rapidly changed again. He accused Witness B of being in the CID and of being "fake". At that point Shek's speech suggested that "he didn't even know who I was in front of him". Shek was not making sense.

Shek then pulled out from his sock a bag containing a paste and purple tablets, which Witness B offered to flush down the toilet. Shek's mood continued to swing rapidly. Witness B then said that he would leave and Shek reacted by clenching his fists and staring menacingly. Witness B was frightened and left through the back door. Mr Bayoh followed him and punched him, threw a wooden pole at him, chased and caught him and then straddled him, punching him a dozen times on the head, face and body. Witness B feared for his life and eventually managed to escape and run away.

Witness B then went to Witness C's house, where they and Witness D agreed that Shek's behaviour was weird and out of character and that he might attack somebody else. (The identity of a possible target has been redacted but the context suggests that they warned Mr Bayoh's partner). The statement also indicates that after Mr Bayoh had attacked Witness B he had returned to his own home and "trashed" it.

In an addendum to his statement Witness B declares that: "when in his house Shek was saying to me that I wasn't real, I see who you are now, then going on about the CID thing again".

Witness B's Statement made on 8th May 2015

Witness B reiterates his very close relationship with Mr Bayoh. They were in contact every day and confided in each other: "He was a brother to me, he meant the world to me". He described S as a "healthy, bubbly character, always polite, kind and generous to everybody even strangers". He used to take steroids in 6 monthly cycles.

At about 9 pm on the evening of 2nd May 2015 Witness B joined Sheku at his niece's party. Sheku was "his usual self". He had drunk at least one drink and then went onto Irnbru. Witness B said: "He certainly wasn't drunk. He was lively and cheery". He was not arguing with anybody.

After leaving the party together Witness B and S went to Sheku's house. Witness B then left Sheku alone in his house for a couple of hours (1 am to 3 am on 3rd May). Witness B then collected Sheku to go to watch the TV boxing match at Witness C's house, with Witnesses C and D.

The four men were watching TV and chatting when there was a sudden change in Sheku: "Within seconds Sheku's personality and mood changed dramatically. For some reason Sheku thought we were taking the mickey out of him and that was not the case". Sheku became tense and agitated and repeatedly accused his friends of having no respect for him and that he had "lost a lot of people".

Witness B had previously seen Mr Bayoh talk and behave like this in early January 2015 at one of their friend's houses.

He was "like an elephant in the room", twisting a cup in his hand. "His mood kept switching". Witness B had not noticed anything to cause Sheku to be upset and angry and to behave in such an uncharacteristic way. When Witness B caught up with Sheku at his home he asked him what was upsetting him. Sheku kept mumbling: "This makes sense now", "you don't respect me".

After Witness B took charge of the bag of tablets which had been in Sheku's sock, S accused him of being in the CID and of trying to control him. Witness B had told him that he had to make a choice between their friendship and the drugs.

Sheku's behaviour was erratic, at times aggressive and accusing, at others alright. However, during that conversation which lasted about one hour Witness B did not feel threatened. Nevertheless, when Witness B said that he was leaving, Sheku replied in a hostile way, in contrast to his usual affectionate manner.

Mr Bayoh then attacked Witness B in the back garden and carried out a sustained and dangerous assault.

Witness C's Statement made on 3rd May 2015

Witness C had known Mr Bayoh for about 9 years and they were fairly close friends. Witness C had invited Mr Bayoh and Witness B to watch the Mayweather-Pacquino boxing match at his home and they arrived there at about 4 am on 3rd May 2015. Witness C described both Witness B and Mr Bayoh as being "fine" and "in a good mood" when they came into his home. Witness D was also present.

Witness C assumed that Mr Bayoh had taken Ecstasy or MDMA that weekend. He was drinking Parrot Bay (a 19% liqueur). Witness C saw him take two drinks of this (he had taken Ecstasy before). [REDACTED]. During the conversation while the four men were watching the television, Witness B was describing his boss as a conman. Shek misinterpreted these comments: "He [Shek] was chipping in with stuff about himself, as if he thought the comments about the conman were about him, although it was clear that the comments were about Witness B's boss".

Witness B then talked about a woman friend and her unpleasant behaviour on a recent occasion when she was drunk. Although they referred to her by her name, Shek "seemed to think we were talking about him". Witness C describes how Shek's failure to understand the conversation made him laugh at first, "but as it went on S's behaviour changed as the atmosphere became more nervous". Witnesses D and C became quieter and Witness B tried to reassure Shek.

Shek "came out with random things". He said that he was a "laughing stock". Shek "was in a different place in his head". They continued to try to reassure Shek.

Witness B shook his head which Witness C interpreted to mean that he had seen this behaviour before.

Shek was “taking everything the wrong way”. He “didn’t seem himself”. Witness B tried to calm Shek down and mentioned a previous similar incident (emphasis added). As Witness B and Shek were leaving the flat Witness B discreetly apologised for S’s behaviour and told Witness C that this had happened 4 or 5 times before, but in a more severe form (emphasis added). Meanwhile S had disappeared.

According to Witness C, when Witness B eventually found Mr Bayoh at his home he was physically attacked by Mr Bayoh in a sustained assault. Witness B told Witness C that Mr Bayoh had accused Witness B of trying to control him and had then punched him repeatedly on the head.

Witness C was shocked to hear this as Witness B was Mr Bayoh’s closest friend and he had never seen him hit anybody. His behaviour was totally out of character and Witness C attributed Shek’s going “down the paranoid route” and the violent behaviour to drugs. Witness C and his two friends were then concerned about Shek’s partner’s safety.

Witness D’s Statement dated 3rd May 2015

When Mr Bayoh arrived at his house together with Witness B to watch the boxing match on TV, he appeared normal at first, chatting [REDACTED]. Some time later Witness D noticed that Shek was wringing his hands and appeared nervous. Witness D had the impression that he had taken MDMA as he had heard previously of him taking this drug and he had heard him say (? that evening) that the MDMA was “shit”. Witness D describes Shek as paranoid and that he thought continually that the three men were talking about him, which was not the case. Witness D found this very unsettling.

The other two men were trying to reassure Mr Bayoh that nobody was talking about him but he was “very confused”. He left abruptly, after apologising for not offering to pay for the TV broadcast.

Witness D had never seen Shek behave like this before – “it was out of character”.

Witness D's Second Statement dated 6th May 2015

Mr Bayoh and Witness B had arrived at about 4 am. Shek brought a bottle of Parrot Bay. When they arrived they did not seem intoxicated. The four men were chatting when Shek started to get confused. He “sat forward, clasping his hands, fidgeting and agitated, and wasn't following the conversation”. He became paranoid and Witness D thought that he might have taken drugs. [REDACTED]

[REDACTED] Shek suddenly said that “the MDMA was shit” and the atmosphere became uncomfortable.

The three men were talking about a certain electrician whom they described as a con-man. Shek thought that they were talking about him and said that he wasn't a con-man. The two other men tried unsuccessfully to convince Shek that they were not talking about him. Suddenly Shek stood up and offered to pay for the TV broadcast. Witness D declined the offer and tried to make Shek feel welcome but he replied with a sarcastic remark and left abruptly.

Witness A C's First Statement dated 27th May 2015

Sheku took recreational drugs. “As part of a night out” he took “the odd Ecstasy tablet and MDMA in the crystalline form”. Eighteen months earlier he had tried an “illegal [sic] high in a powder form”. This had caused a “bad experience”. He also took steroids on an 8-12 week cycle.

He took some MDMA crystals in the week before 3rd May. This made him “uncomfortable, a wee bit paranoid and he was over-reacting a wee bit to some things but nothing serious”.

Witness A C's Second Statement dated 25th June 2015

AC said that he was aware that Alpha PVP was getting mixed with controlled drugs such as MDMA or cocaine to “bulk it up”.

The week before Mr Bayoh's death Mr Bayoh gave him some MDMA crystals wrapped in cigarette paper, (described as a "bomb"). Both Mr Bayoh and AC swallowed this drug. After 20-30 minutes AC had an uncomfortable "strange feeling" which was different to the usual MDMA effect. The drug made him feel warm, sweating and anxious. "I was out of sync with the world". They then went to a night club where Mr Bayoh complained that he felt annoyed by another patron and he left early. AC felt that this was out of character. He believes that Mr Bayoh thought that the "bombs" were MDMA, rather than a legal high. He had prepared a few of these "bombs".

Police Witness Statements

The police witnesses describe a terrifying and potentially life-threatening succession of unprovoked and extremely violent assaults by the deceased. This combative behaviour continued as he attempted to resist restraint. In contrast to the detailed descriptions of the deceased's mental state by his three friends, the police were not able to hear any sustained coherent speech.

GENERAL PRACTITIONER'S RECORDS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] He had no history of poor mental health or of self-harm.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].

In a referral to the local ENT Department on 14.03.11 the GP wondered whether Mr Bayoh's hearing loss was partly psychological and associated with a bereavement, ie the death of his father one year previously.

The GP also refers to the use of anabolic steroids "for the last few years".

On 03.12.12 the GP noted [REDACTED] and absence of depression.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

In 2013 he was referred to the local Sleep Clinic for suspected sleep apnoea.

On 10.12.14 his alcohol intake was recorded as within recommended limits.

Summary of Psychiatric History Based on GP Records

His GP had concluded that there was no evidence of a depressive illness in December 2012.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Baseline Personality and Previous Episodes of Abnormal Behaviour

There are no reports of an abnormal personality and various witnesses have generally commented favourably on his character and behaviour prior to the extreme aggression which the deceased displayed on 3rd May 2015. However, the PIRC briefing paper for expert witnesses (page 4) refers to a statement from his partner that two months before his death she had asked him whether he was taking drugs or steroids as he could not “control his temper” but he denied this.

Furthermore, Witnesses B, C, D and Witness AC who is a Substance Misuse Harm Reduction worker all refer to previous episodes of abnormal behaviour after using recreational drugs.

Summary of Previous Adverse Behavioural Effects of Recreational Drugs Reported by Witnesses

Witness B said that he had seen an episode of accusing and hostile behaviour of sudden onset in January 2015, at a friend’s house. According to Witness C, Witness B had seen this happen on several previous occasions, but in a more severe form.

Witness AC said that eighteen months earlier a legal high in powder form had caused a “bad experience” and that the previous week MDMA crystals had made him “A wee bit paranoid”. Mr Bayoh’s partner has also reported poor temper control two months before his death which she attributed to drugs (see above).

Summary of Mr Bayoh's Mental State and Behaviour on 3rd May 2015

When he arrived with Witness B at Witness C's home at about 4 am on 3rd May, there was nothing remarkable about his appearance, speech or behaviour.

However, his mood changed suddenly and he repeatedly misinterpreted the three other men's conversation and accused them of making derogatory comments about him. He became tense and agitated. His friends tried unsuccessfully to reassure him. He kept interrupting his friends' conversations with irrelevant comments and he became increasingly angry and challenging.

Mr Bayoh then left the house abruptly and disappeared briefly but was eventually found at his own home by his closest friend, Witness B, who noted rapid changes of mood and some verbal incoherence. S made further accusations that his friends were mocking him, and then accused Witness B of being in the CID, of trying to control him and of being unreal, ie a "fake". He did not appear to recognise his best friend and he became even less coherent. His mood kept changing and he looked very threatening and eventually made a sustained assault on Witness B.

On the CCTV Mr Bayoh looks detached and inaccessible and at the mini-roundabout he appears confused.

Mr Bayoh's Use of Recreational Drugs Prior to 3rd May 2015

According to Witness D, Mr Bayoh had previously taken MDMA, Ecstasy, "magic", amphetamines and cannabis but not on 3rd May 2015 and Witness AC said that eighteen months earlier he had taken a legal high.

Toxicology

The post mortem reports show that Mr Bayoh had recently taken anabolic androgenic steroids, Alpha PVP and MDMA.

REVIEW OF THE PSYCHOLOGICAL AND BEHAVIOURAL ADVERSE EFFECTS OF THESE DRUGS

Anabolic Androgenic Steroids

Early research on the association between the use of anabolic androgenic steroids and violence appeared to show a strong temporal relationship between the use of anabolic steroids and violent offences in individuals who have no previous history of severe violent outbursts (Corrigan 1996, Pope and Katz 1990, Thiblin et al 1997).

Aggressive or violent behaviour often accompanied steroid associated mania or hypomanic episodes in a study of 88 athletes using anabolic steroids (Pope and Katz 1994). Psychotic symptoms were diagnosed in 3 per cent of these anabolic steroid using athletes when “on-cycle” but in none “off-cycle”. The risk of developing psychotic symptoms seemed to be related to high-dose testosterone (Pope and Katz 1994, Hall et al 2005).

Furthermore, randomised controlled studies of the neuropsychiatric effects of some anabolic steroids in male normal volunteers showed increased levels of hostility and anxiety on psychological tests in the laboratory (Su et al 1993 and Pope et al 2000).

However, it has been suggested that in the community setting, anabolic androgenic steroids might interact with psychoactive drugs such as alcohol to produce significant behavioural and neurophysiological effects (Dodge and Hoagland 2011).

Furthermore, recent research (Lundholm et al 2014) shows that concurrent polysubstance abuse explains most of the relatively strong association between any anabolic androgenic steroid use and conviction for a violent crime.

ALPHA – PVP

Toxicological analysis has shown that Mr Bayoh had taken Alpha- PVP; which is a synthetic stimulant drug of the cathinone class. As a recreational drug it resembles methamphetamine in its potent stimulant effects. It is available as a powder. It can be smoked, snorted, swallowed or injected. The psychoactive effects last for 3 to 5 hours

and can be of slow onset, which can prompt users to re-dose while waiting for the euphoriant effect to set in.

Like amphetamines or cocaine, substituted cathinones are CNS stimulants which cause the release of catecholamines (dopamine, noradrenaline and serotonin) and block their reuptake in the central and peripheral nervous system. The effects sought by users include increased energy, empathy and sex drive.

Common adverse psychiatric and neurological effects include agitation, paranoia, hallucinations and seizures and the release of noradrenaline causes rapid heart beat and raised blood pressure. The overall clinical picture resembles that caused by the well established psychostimulants cocaine and amphetamine.

According to an early report on intoxication with psychoactive “bath salts”, (Ross et al 2011) they are promoted as producing a high similar to that induced by methamphetamine and other illegal stimulants. Ross et al (2011) describe the clinical picture as one of “extreme sympathetic stimulation and profoundly altered mental state”. The adrenergic effects may include rapid heart beat, high blood pressure, raised temperature and seizures.

Fatalities have been reported. As with other stimulant drugs, the psychiatric effects include severe panic attacks, extreme agitation, paranoia, hallucinations and violent behaviour. Ross et al (2011) warn about the potential lethality from overdoses of “bath salts” which can be cut with other psychoactive substances. They state that patients may need physical restraint and high doses of sedatives to prevent harm to themselves or to others. They recommend intravenous benzodiazepines and intravenous fluids.

Synthetic analogues of cathinones (“bath salts”) are increasingly used recreationally as substitutes for cocaine, MDMA (Ecstasy) and methamphetamine.

In a retrospective case series of 236 patients reported to two poison centres after exposure to “bath salts”, common psychiatric symptoms included agitation, combative behaviour, hallucinations, paranoia and confusion (Spiller et al 2011).

Prosser and Nelson (2012) state users of these drugs are seeking enhanced energy, empathy and libido.

More recent papers, eg Lehner and Baumann (2013) also refer to the psychiatric and behavioural effects of “bath salts” overdoses including agitation, combative behaviour, delusions and hallucinations.

At a neurochemical level the adverse psychiatric and behavioural reactions are thought to be mediated by dysregulation of noradrenaline and dopamine rather than serotonin.

ECSTASY/MDMA

Ecstasy (MDMA) use alone is not generally associated with aggressive behaviour (Parrott, 2001). On the contrary, it induce a feeling of increased camaraderie and closeness to others (Semple and Smythe, 2013).

Although MDMA (Ecstasy) can be associated with an acute paranoid psychosis this appears to be a relatively rare event with this drug.

However, it is recognised that Ecstasy users can also be polydrug users, as in the study by Parrott, Sisk and Turner, 2000, and the concurrent use of amphetamine or cocaine or other drugs can be the cause of psychiatric disorders in these Ecstasy users.

CCTV

First Encounter of Mr Bayoh with a Member of the Public

A tall strongly built man is seen briefly striding towards the camera along the side of a main road, to the left of the screen. He is dressed in a T-shirt and trousers.

Second Encounter

First camera. When he appears in the screen he is seen striding briefly down the middle of a main road, towards the camera, then crosses the road to the right. He then disappears behind a line of 5 parked cars.

Second camera. He is seen striding down the middle of a main road towards the camera and then crosses to the pavement on the right of the screen and disappears behind parked cars.

Third Encounter with the Public

He walks along the pavement to the right of the screen for a few second, then crosses the road, heading towards the far pavement in front of a car. He then turns right round before he reaches the pavement and walks to a mini-round about in the middle of the road. He then turns round, as if going back towards the far pavement, and then heads back in the direction that he came from, walking along the main road.

Comment

It is difficult to interpret Mr Bayoh's mental state from the CCTV, in the absence of any speech. He appears detached and almost unaware of his surroundings. He puts himself at risk by walking in front of a moving car. At the mini roundabout, where he changes direction, he appears confused.

OPINION

Retrospective Psychiatric Diagnosis

The rapid changes in Mr Bayoh's mental state and behaviour from apparent normality at about 4 am on 3rd May are consistent with psychostimulant intoxication.

His condition evolved rapidly in a pattern that is well recognised in descriptions of drug-induced intoxication following the recent ingestion of sympathomimetic drugs such as amphetamines and cocaine.

The adverse behavioural and psychological effects of psychostimulants (such as mood lability and belligerence) are caused by the direct physiological impact of the drug or drugs on the central nervous system and develop during or shortly after ingestion or other exposure.

Psychostimulant psychosis evolves from a period of increasing restlessness, suspiciousness and ideas of reference. The patient misinterprets everyday events or conversations in a delusional fashion, believing that people are plotting against him or are about to attack him. The patient may act on these beliefs with extremely violent behaviour.


Although some pathologists and toxicologists use the term "Excited Delirium" to describe this clinical picture, most British psychiatrists prefer to use the term Psychostimulant Psychosis when there is toxicological evidence of the use of amphetamines, cocaine or cathenones.

The deceased's previous use of stimulants might have sensitised him to the psychosis-inducing potential of these drugs.

In addition to the psychostimulants Mr Bayoh appears to have drunk a significant amount of alcohol shortly before he began to express paranoid ideas. Alcohol consumption can be associated with the development of violent and aggressive behaviour through its psychostimulant effects, diminished anxiety and pain perception

and impaired inhibition, compounded by additional drugs (Hoaken and Stewart, 2003).

From my understanding of the recent medical literature, anabolic androgenic steroids are unlikely to have contributed significantly to the paranoid and violent behaviour, which can be better accounted for by the combination of psychostimulants and alcohol.



Lipsedge

Consultant at the South London and Maudsley NHS Foundation Trust and Senior Lecturer in the Department of Psychological Medicine at Guy's, and St Thomas' School of Medicine.

REFERENCES

- Corrigan B. Anabolic Steroids and the Mind. *Med J Aust*, 1996, 165, 222-226.
- Dodge T and Hoagland, M F. The use of anabolic androgenic steroids and polypharmacy: a review of the literature. *Drug and Alcohol Dependence*, 2011, 114(2), 100-109.
- Hall R C W et al. Psychiatric Complications of Anabolic Steroid Abuse. *Psychosomatics*, 2005, 46, 285-290.
- Hoaken P N and Stewart S H. Drugs of abuse and the elicitation of human aggressive behaviour. *Addictive Behaviours*, 2003, 28, 1533-1554.
- Hoffman JR and Rataness NA. "Medical Issues Associated with Anabolic Steroid Use". *Journal of Sports Science and Medicine*, 2006, 5, 182-193).
- Lehner K R and Baumann M H. Psychoactive "Bath Salts". *Neuro Psycho Pharm Reviews*, 2013, 38, 24.
- Lundholm L et al. Anabolic Androgenic Steroids and Violent Offending. *Addiction*, 2014, 110, 100-108.
- Parrott A C. Human Psychopharmacology of Ecstasy (MDMA): a review of 15 years of empirical research. *Human Psychopharmacology*, 2001, 16, 557-577.
- Parrot A C et al. Psychobiological Problems in Heavy Ecstasy (MDMA) Polydrug Users. *Drug Alcohol Depend*, 2000, 60, 105-10.
- Pope H G et al. Effects of Supraphysiologic Doses of Testosterone on Mood and Aggression in Normal Men. *Arch Gen Psychiatry*, 2000, 57, 133-140.
- Pope H G and Katz D L. Homicide and Near Homicide by Anabolic Steroid Users. *J Clin Psychiatry*, 1990, 51, 28-31.

Pope H G and Katz D L. Psychiatric and medical effects of anabolic-androgenic steroid use. A controlled study of 160 athletes. Archives of General Psychiatry, 1994, 51(5), 375-82

Prosser J M and Nelson L S. The Toxicology of Bath Salts. J Med Toxicol, 2012, 8, 33-42.

Ross E A et al. "Bath Salts" Intoxication. N Eng J Med, 2011, 365, 967-968.

Semple D and Smythe R. Oxford Handbook of Psychiatry, 2013, 3rd edition.

Spiller H A et al. Clinical Experience with and Analytical Confirmation of "Bath Salts" and "Legal Highs". Clin Toxicol, 2011, 49, 499-505.

Su T P, Pagliaro M, Schmidt P J, Pickar D, Wolkowitz O, Rubinow D R. Neuropsychiatric effects of anabolic steroids in male normal volunteers. JAMA, 1993, Jun 2; 269(21), 2760-4.

Thiblin et al. Anabolic Androgenic Steroid and Behavioural Patterns Among Violent Offenders. J Forensic Psychiatry, 1997, 8, 299-310.

QUALIFICATIONS AND EXPERIENCE

Dr Lipsedge has been consultant in general adult psychiatry since 1974, initially at the City and Hackney Health District and St Bartholomew's Hospital and from 1980 at Guy's Hospital and the South London and Maudsley NHS Foundation Trust. He retired from the National Health Service at the age of sixty-five in 2001 and is currently an Emeritus Consultant at the South London and Maudsley NHS Foundation Trust and Visiting Senior Lecturer in the Department of Psychological Medicine at Guy's, King's and St Thomas' School of Medicine.

He has given expert evidence at a number of Inquests where the subject had died during restraint. He also gave evidence to the Independent Inquiry into the Death of David Bennett (2004).

He has recently provided an independent expert opinion to the IPCC (2015).

Dr Lipsedge was a member of the Home Office Parole Board and Visiting Professor at the Law Faculty, Georgetown University. He was a member of the Nolan Committee: Review on Child Protection in the Catholic Church in England and Wales.

He was a member of the Royal College of Psychiatrists' Special Working Party on Clinical Assessment and Management of Risk which produced "Assessment and Clinical Management of Risk of Harm to Other People", (Council Report 53, April 1996). He was a member of the Editorial Board of "Clinical Risk".

Publications in this field include:

Lipsedge, M, 1994. Dangerous Stereotypes. *Journal of Forensic Psychiatry*, 5, 14-19.

Lipsedge, M and Littlewood, R, 1997. Psychopathology and its public sources: from a provisional typology to a dramaturgy of domestic sieges. *Anthropology and Medicine*, 4, 1, 25-43.

Lipsedge, M and Rudderham Bland, S, 1997. Review of 11 independent inquiries into homicide by psychiatric patients. *Clinical Risk*, 3, 1-7.

Lipsedge, M, 1999. Compensation for psychiatric disorder but not ordinary suffering. Can this be justified? *Clinical Risk*, 5, 155-159.

Pereira, S and Lipsedge, M, 2000. Risk Assessment and Management in "Psychiatric Intensive Care", Beer, D, Pereira, S M, Paton, C (eds.), Greenwich Medical Media Limited.

Lipsedge, M, 2000. Bullying, Post-Traumatic Stress Disorder and Violence in the Workplace in "Hunter's Diseases of Occupations", Adams, P, Baxter, P, Aw, TC, Cockcroft, A and Harrington, JM (eds.), 9th edition, Arnold, London.

Lipsedge, M, 2001. Clinical Risk Management in Psychiatry in "Clinical Risk Management: enhancing patient safety", Vincent, C (ed.), 2nd edition, BMJ Publishing Group.

Benson, A, Seca J, Balfe, E, Lipsedge, M, Robinson, S and Walker, J, 2003. Discourses of blame for aggression and violence on acute mental health inpatient units. *Social Science and Medicine*, 57, 917-926.

Lipsedge, M, 2004. Domestic Sieges. *Psychiatry* , 3, 8: 24-26.

Pereira, S, Pietromartine, S and Lipsedge, M, 2008. Risk Assessment and Management in "Psychiatric Intensive Care" (2nd edition). Beer, D, Pereira, S and Paton, C (eds). Cambridge University Press.

Lipsedge, M, 2015. Excited Delirium: a psychiatric review. *Med Sci Law On Line First*, published on 8th June 2015.



Police Investigations &
Review Commissioner

**DOCUMENTARY
PRODUCTION**

(BACKING SHEET)

Police Ref:

Prefix:

Operation

No.

P	I	R	C	0	1	0	5	1	5
---	---	---	---	---	---	---	---	---	---

Operation Quoich
Production Book Ref. No. 743
PF Ref No _____
Forensic Lab Ref No. _____
Officer I/C Case John McSporrnan SI
Officer Seizing William Little

CASE OF Death of Sheku Bayoh

Owner Dr M Lipsedge
Address Keates House, 24-26 St Thomas St, London
Tel No. [REDACTED]
Signature _____
Case Against/Incident Death of Sheku Bayoh

COURT PRODUCTION NO.

DIVISION / DEPT / STATION

Desc. Of Article:
**Letter dated 18/01/2016 and draft Expert Report
in relation to the death of Sheku Bayoh**
Where Found: Received by Post from
Dr M Lipsedge
Received .
at on 21/01/2016

Signature(s) or person(s) identifying article
1 [REDACTED]
2 [REDACTED]
3 _____
4 _____
5 _____

Print name
William Little
WILLIAM DAVIDSON

