CORONERS ACT, 1975 AS AMENDED

SOUTH  *AUSTRALIA*

FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 4th, 5th, 6th and 19th days of November 2002 and the 28th day of March 2003, before Anthony Ernest Schapel, a Coroner for the said State, concerning the death of Antonio Di Sario.

I, the said Coroner, find that, Antonio Di Sario aged 26 years, late of Adelaide Remand Centre, 208 Currie Street, Adelaide, South Australia died at the Adelaide Remand Centre, Adelaide, South Australia on the 21st day of July 2000 as a result of gastric aspiration.

1. Introduction

1.1. On 10 April 2000, Antonio Di Sario, aged 26 years, was released from prison on parole. On 13 July 2000, the Parole Board of South Australia issued a warrant for the deceased's arrest in relation to a number of reported breaches of parole.

1.2. On 16 July 2000, the deceased was arrested by the police on the warrant and was taken to the Port Adelaide police cells. The following day, he was transferred to the Adelaide Remand Centre (the ARC) where he was accommodated in cell 12, Unit 1. He shared a cell with another prisoner, one Arthur Karanicos.

1.3. On 20 July 2000, the deceased and Karanicos were transferred to cell 11, Unit 4 within the ARC. This occurred at approximately 2:40pm. The deceased had been observed to look ill during that day.

1.4. In the early hours of the morning of 21 July 2000, Karanicos reported via the cell intercom that the deceased had collapsed. Correctional staff were alerted and officers

of the SA Ambulance Service attended. Resuscitative measures were administered to the deceased, but to no avail. He had died and life was pronounced extinct at 2:15am by ambulance personnel.

1.5. This inquest was mandatory pursuant to the provisions of the Coroners Act 1975 because the deceased was a person detained in custody. I was thus required by law to enquire into the cause and circumstances of the deceased's death. An issue arose in this inquest as to whether or not the deceased's death had been caused by the ingestion of a substance, and if so what substance. I also enquired as to whether the deceased had been provided with, or should have been provided with, medical assistance at a time prior to his death, given that he had exhibited signs of illness during the day and night prior to the morning of his death.

2. The deceased's post mortem examination

2.1. A post mortem examination of the deceased's body was conducted by Professor Roger Byard at the Forensic Science Centre. Professor Byard had also attended at the ARC and had examined the deceased's body there as well. Professor Byard observed two recent puncture wounds to the right cubital fossa, a part of the arm, and an old puncture wound in the left cubital fossa. Superficial linear abrasions were observed over the deceased's back.

2.2. The post mortem examination itself revealed that the deceased had aspirated gastric contents into his lungs. As well, his stomach was massively distended. It contained two litres of semi-digested green vegetable matter and fluid. The original volume of his stomach contents would have been even greater than this as fluid had been lost via the mouth and nose in the course of vomiting and also by the repositioning of his body post-mortem. The aspiration of the gastric contents can be caused by an impairment of a person's swallowing and co-ordination. It can result from intoxication by alcohol or drugs. No standard drugs or poisons, including alcohol or morphine, were detected in the deceased's blood. Morphine was detected in his urine, but this could be explained by the fact that the deceased was a heroin user and it may have been a residual presence caused by the use of heroin at a time before he was taken into custody. Two other drugs were detected in the deceased's body. They were Doxylamine and Metoclopramide, but the presence of these drugs is explained

by their having been lawfully administered by the prison infirmary to combat the deceased's heroin withdrawal symptoms.

2.3. The following drugs were not detected in the deceased's body, namely THC (the active component in cannabis), amphetamines, hyoscine, atropine, pesticides or rodenticides. In addition, he was screened for many other drugs such as barbiturates and narcotic analgesics and they were not present. The toxicology reports (Exhibits C4a and C56a) note that the drug and poison screen conducted would not necessarily have detected some of the naturally occurring toxins in plants. I mention this, of course, because of the large amount of green vegetable matter in the deceased's stomach. That green vegetable matter, according to the report of a botanist (Exhibit C5a), cannot be identified because it had no characteristic botanical features. I think it safe to say, however, that it was not cannabis because THC, its active component, was not detected in the deceased's body. In addition, there is no suggestion that the deceased had access to cannabis or that cannabis was located in his cell.

2.4. In the event, Professor Byard stated in his post-mortem report (Exhibit C60) that death was due to gastric aspiration, the most likely reason for that being impairment from alcohol, drugs or toxins. For my part, alcohol can certainly be ruled out as a contributing factor. There was no alcohol detected in the deceased's bloodstream. Also ruled out as possible causes in my view are heroin (morphine), amphetamines, THC, hyoscine and atropine, organo-chlorine and organo-phosphate pesticides or rodenticides or any of the drugs for which he was screened, of which there were many.

2.5. Professor Byard was called to give evidence at the inquest. He told me that the stomach, which in the deceased's case contained two litres of fluid, is normally full when it contains 300 or 400mls. His opinion that the cause of death was due to the aspiration of stomach contents was based on the fact that the aspiration was so extensive. In addition, there was no other relevant finding, so in the absence of such, he felt that aspiration of the stomach contents had caused the deceased's death. One of the predisposing factors to aspiration is a full stomach. Professor Byard said he had never before seen a fuller stomach. As to how the deceased came to have such a full stomach, Professor Byard said that the deceased had obviously taken in a lot of fluid and for some reason it had not passed out of his body as quickly as one would normally expect. That may have been the function of his having imbibed very

quickly or possibly by virtue of the green vegetable material having paralysed the stomach such that there had been a delay in gastric emptying. Aspiration of stomach contents was usually associated with an impairment, most often by alcohol. In this case, Professor Byard suspected that the green vegetable material may have had such an effect. It was possible for the aspiration to have occurred without such an impairment, but this was unlikely as unimpaired people have a tendency to protect their airway by coughing. Because of the lack of evidence that the deceased had recently consumed a drug that could account for such an impairment, Professor Byard speculated that the green vegetable matter had a toxic effect and that this had led to the impairment.

2.6. The green vegetable matter was not identified as food that had been consumed as part of a recent meal. I heard evidence that there were plants situated in an exercise yard at the ARC to which the deceased may have had recent access. Professor Byard was of the view that the plants should be identified and checked for toxicity. Otherwise, it would be like looking for a needle in a haystack to determine what plant or plants could account for a toxic effect that the ingestion of which may have created.

2.7. As a result of that suggestion, I caused samples of the 22 plants that existed in the exercise yard at the ARC to be obtained. A Mr Peter Felgate, a toxicologist at the Forensic Science Centre, has determined that none of those plants are classified as toxic and that therefore they are unlikely to have caused the deceased's death.

2.8. In the event, the likelihood is that the deceased did in fact die from the aspiration of his gastric contents. As to what actually triggered this, it is impossible to say. We do know that the deceased had consumed a large amount of liquid as well as green vegetable material. As to what may have induced him to do this, I also cannot say. No-one claims to have seen him consume this liquid as we shall see.

2.9. I find that the cause of death to be gastric aspiration.

3. The deceased's drug problems and withdrawal from heroin

3.1. The deceased was a heroin user before he was taken into custody. He was plainly addicted to it. On 18 July 2000, the day after he arrived at the ARC, he was seen by a Dr Andrew Geddes, then employed by the Prison Health Service. Dr Geddes gave evidence before me. I also received in evidence a statement made by him (Exhibit

C57). Dr Geddes saw the deceased during a routine consultation at the ARC infirmary. The deceased told Dr Geddes that he had been using heroin daily from April 2000, when he had been released from a previous incarceration, until the time of his arrest on 16 July. He had been using methadone, a drug used to treat heroin addiction, between September 1999 and April 2000 whilst in prison. On 18 July 2000, the deceased told Dr Geddes that he was suffering from heroin withdrawal. Dr Geddes observed the usual manifestations of that, namely, stomach aches, pains and cramps, nausea, sweating and a craving for heroin. The symptoms were in Dr Geddes' assessment mild to moderate in severity at that time. Dr Geddes told me that the deceased's withdrawal symptoms could be expected to remain with him for about 5 to 7 days, with the psychological craving for heroin lasting longer. Dr Geddes prescribed a number of drugs in an attempt to lessen the severity of his symptoms, including Maxolon, which would explain why he had Metoclopramide in his system detected post-mortem, and Restavit, which explains the presence of Doxylamine. The drugs were to be administered on nursing rounds if the deceased requested them. Dr Geddes also offered the deceased admission to the infirmary so that he could be treated with Clonidine, a much more effective drug in combating heroin withdrawal. He declined this offer. He also declined an offer to go back on the methadone program, which was available in the prison system. In any event, the deceased would not have been able to participate in this program immediately as there was a waiting list of several weeks. Methadone is a drug used to combat heroin addiction. It is not specifically utilised to alleviate withdrawal.

3.2. Dr Geddes told me that heroin withdrawal was not fatal and could not in itself lead to aspiration of stomach contents.

3.3. The outward presentation of a person suffering from heroin withdrawal could, on Dr Geddes evidence, include an impression of sickness, regular vomiting and being in a foetal position. Dr Geddes said that almost 30% of ARC admittees suffer from opioid withdrawal and between 50% and 60% suffer from substance withdrawal in general. Specific monitoring of withdrawing inmates, say by a remote video camera, is impractical given the large proportion of the ARC population affected.

3.4. Dr Geddes made the point that medical treatment cannot be forced upon a prisoner. Specifically, there was nothing that could be done if a prisoner declined the offer to be seen by a member of the nursing staff on a nursing round. This observation is

important as there was an issue in this inquest as to whether the deceased had been offered medical assistance and whether he had declined it.

3.5. We do know that the deceased at times did avail himself of some of the medications prescribed to assist him with his withdrawal symptoms. He received a dose of Maxalon on 19 July. He took Lomotil on 20 July. He took Paracetamol on 19 July and Restavit on both 18 and 19 July. He also took Buscopan on three occasions, on 18, 19 and 20 July. The last occasion he took medication was at about 8am on 20 July when he took both Lomotil and Buscopan.

4. The deceased's condition on 20 July 2000 and his eventual collapse

4.1. There was much material placed before me as to the condition of the deceased on 20 July and the days before. Arthur Karanicos, the deceased's cellmate, had been placed in the ARC at the same time as the deceased. I received a number of statements made by him and he gave evidence before me. He confirms that the deceased was suffering from withdrawal. He had the shakes and the sweats and he spent most of 18 July in bed. He ate little that day. He did not look healthy, he was drinking a lot of water, was vomiting a lot and was very gassy. Karanicos observed further withdrawal difficulties on 19 July. He said that the deceased stayed in his cell on that day shaking, sweating and vomiting. He said he had difficulty walking. However, at one point he managed to make it into the exercise yard. Back in the cell, he continued to vomit and sweat and he showered a lot. Again, he ate little. On 20 July, the day before his death, the deceased was still vomiting and sweating. He had no breakfast and ate little for lunch. They were transferred to Unit 4 after lunch and Karanicos had to carry the deceased's things for him. The deceased had nothing for dinner. Karanicos described his movements as slow and laboured and he seemed to be getting worse as the afternoon and evening progressed. In evidence, Karanicos said that the deceased's condition seemed to worsen during his time at the ARC. He did not think the deceased was suffering from heroin withdrawal as the deceased's condition did not accord with his own experiences of withdrawal (T74). Karanicos thought that the deceased must have taken a drug, although he had not seen him inject anything or take anything (T74).

4.2. A prisoner by the name of Darren Mitchell says he saw the deceased in his cell dry retching and lying curled up on his left-hand side on 20 July (Exhibit C37c). He said

that the deceased told him that his joints were stiff. Mitchell said he looked 'really sick'. He asked the deceased whether he was alright to which the deceased replied 'not really but I'll have to hang in there'. Mitchell also states that the deceased asked him whether he would ask the corrections officers about 'my methadone'. Mitchell claims that he spoke to corrections officers who said they would chase it up for him. This took place at about 3pm. Later, when Mitchell went back to the deceased's cell just after 4pm, the deceased declined a meal. He said he had not eaten for three days. Mitchell offered to see if he could arrange for the deceased to be taken to the infirmary but the deceased refused. Mitchell also said that the deceased had told him that he was 'hanging out for methadone and heroin'.

4.3. The flavour of Mitchell's statement is that the deceased himself was acknowledging that his state of ill-health was due to the severity of heroin withdrawal symptoms. The deceased spoke of his craving for both methadone and heroin. He spoke of his having to 'hang in there', as if in acknowledgement of the fact that his withdrawal would pass, as it would have in due course according to the evidence of Dr Geddes. That the deceased seemed to have a determination to weather the storm is also reflected by his having refused infirmary treatment on 18 July and his refusal of Mitchell's offer to try and arrange that for him on 20 July.

4.4. There were other observations made by prisoners that suggested that the deceased was looking very ill during the course of his incarceration at the ARC and in particular, on 20 July.

4.5. There can be little doubt that the deceased was showing signs of ill health on 20 July. The extent of that state of ill-being is perhaps of more relevance that the fact of it, as is the issue as to whether proper steps had been taken to ensure that he was offered medical attention. A Corrections Officer by the name of Daryl Buckley said that he was particularly concerned about the deceased. At about 3:50pm on 20 July he observed the deceased curled up in a foetal position on his cell bunk and he was clearly in pain. Buckley suggested that he should not be in the Unit to which the deceased said, among other things, that he wanted valium for the pain. The deceased denied that he had taken any drugs. Buckley said that he rang the infirmary and spoke to a nurse by the name of Tony Reynolds. He told Reynolds of his observations and asked whether the deceased could have valium. Buckley stated that Reynold's response was that the deceased had not been prescribed valium, but that the rounds

nurse, Janette Jordan, would be up to the Unit shortly with the drugs that had been prescribed. Buckley relayed all of this to the deceased who had said 'I don't want that shit, it just makes me worse' (Exhibit C9a). Buckley states that he told the deceased that he would tell Jordan that he did not want his prescribed medication but that if the pain was unbearable, he should use the cell intercom to notify the control room. He said that he told Jordan that the deceased had requested valium. Jordan came to the Unit on her rounds. Buckley went to the deceased's cell where the deceased declined medication. Buckley then told Jordan that. I will return to the topic of Mr Buckley's communications with infirmary staff later in these findings as well as the reactions of those staff members.

4.6. Another Corrections Officer, Rachel Court, also assisted the inquest with a statement (Exhibit C11a) and oral evidence. She was the officer to whom the prisoner Mitchell had spoken. She phoned the infirmary and established that the deceased was not on the methadone program. When she discovered this, she asked Mitchell to bring the deceased to her workstation. Mitchell brought the deceased to her. The deceased said that he had taken methadone the day before. This of course was incorrect. She rechecked with the infirmary, received the same response and conveyed all of this to the deceased who did not argue. She reminded him that the nursing round would take place at 4pm. He then went back to his cell. She did not observe anything untoward about the deceased's well-being in this conversation. Court said she spoke to Buckley about this and Buckley went to the deceased's cell. Buckley had confirmed this conversation with Court and I have already referred to Buckley's observations. Court's version of events is that Buckley came back and had told Jordan, who by then had arrived in the Unit to commence her rounds, that the deceased did not want to see her.

4.7. Nurse Jordan was called to give evidence. She is a registered general nurse who in 2000 was a full-time employee of the Prison Health Service. She was not interviewed about this matter until November 2002. However, she produced a note relating to these events which she said was compiled within the first week of the deceased's death (Exhibit C61). Ms Jordan explained the procedure for the distribution of medication to prisoners as follows:

> 'There's an afternoon round that starts at approximately half past 3 and finishes at about half past 4 in the afternoon. The nurse who is doing the medications goes up to the Unit

with a drug trolley and the drug charts, the boys then come to what we call 'the lock' which is an area just inside the Unit which is a secure area and there is another door leading into the Unit. An officer comes to the door, opens up the door and the boys line up and get their medications if they're on medications. Then there's another round that starts at approximately half past 7 at night and that medication run is done through traps in the door because the boys are locked down at that stage, so a list is written out by the nurse doing the medications of all the boys who are on medications so that we can go and see them. Sometimes they are on what we call 'PRN medications' which is, if necessary, so if those boys want to see the nurse on the medication round they call through to control who will then let the nurse know before she starts or he starts the medication run which extra boys want to be seen on the round. That medication round can take between half past 7, 9 o'clock or half past 9.' (T213)

4.8. Jordan had an incomplete recollection of the events of 20 July 2000. To that extent, she was very reliant on her note. The note reads as follows:

'On the afternoon of Thursday 20-7-00 A/CNC Reynolds asked me to check on Antonio Disario in the Unit during the afternoon medication round. This request had come via Officer Buckley.

When in Unit 4 Mr Buckley asked Mr Disario to come and see me but he declined. During evening medication round I saw Mr Disario and asked how he was feeling and if he needed any medication: he stated he was 'fine' and did not need any medication.'

(Exhibit C61)

4.9. The note states that Jordan was involved with the deceased on two occasions on 20 July 2000. The first was the occasion, in accordance with other evidence I heard, when Buckley had told her that the deceased did not want to see her. The second was the occasion, in the evening, when she actually saw the deceased and he told her he did not require any medication and was fine. Jordan said she had no recollection of the encounter in the evening, but said that on this occasion she would have gone to the deceased's cell on the evening medication round. As to why she had gone to the cell in the evening, she gave the following evidence:

'A. He certainly had a cell mate. His cell mate might have been on medication so I might have actually seen him. I might have just said, well, I'll check on him anyway but I honestly have no specific recollection.

Q. Is it possible that - well, put it this way; you say in your statement that Buckley asked you to see Disario in the afternoon and you agreed to do that.

A. I did.

Q. But that you didn't see Disario because Buckley came back and told you that Disario did not want to see you.

A. That's correct, yes.

Q. Is it possible that you - later that evening the reason you went to see Disario was because of a concern about his welfare aroused by the earlier incident during the course of the afternoon.

A. It could be.

Q. But that you don't lay claim necessarily to that being your reason because you can't recall.

A. No.' (T220)

4.10. Jordan also told me that if, as described by Buckley in his evidence, the deceased had asked for valium, there would have been no doctor available at that time of day to prescribe it and that in any event, it was not part of prison medical protocol to prescribe that drug for heroin withdrawal. Nurse Jordan, in the afternoon, did not attend at the police cell. The routine was that the prisoner requiring medication or other nursing assistance would come to her. Buckley said that he had told Jordan that the deceased should not be in the Unit but in the infirmary. Officer Court had no recollection of this. She said her expectation was that Jordan would actually see the deceased in his cell, but she was certain that Buckley had told Jordan that the deceased had declined to see her. Whether that was couched in terms of the deceased not wanting to come and see Jordan is another matter. Some might say that Jordan should have gone to the deceased's cell in any event. All Jordan could remember was that Buckely had said that the deceased did not want to see her so she left it at that (T222). Relying on her note, she did say, of course, that she saw the deceased that evening.

4.11. There was dispute in relation to what precisely had been said between the corrections officers and nursing staff. I do not need to resolve those disputes. It seems to me that it is plain on the evidence that the deceased was ill on the afternoon of 20 July 2000. The extent of his illness was based only on the perceptions of medically untrained people. Buckley, on the one hand, thought that the deceased was too ill to be in the Unit. Court, on the other hand, saw him standing up at her workstation shortly before Buckley's observations were made, and shortly after the prisoner Mitchell's observations were made, and the deceased at that time was exhibiting no sign of ill health. The deceased himself plainly did not want to see the nurse during her afternoon rounds. Buckley never suggested that he told Jordan that she should see

him in the cell in any event. The deceased did not want to see her that evening as well.

4.12. I accept that the deceased was sick on 20 July 2000 but there is little to suggest that he was suffering from anything other than heroin withdrawal. His comment to Mitchell, which I have already described, tends to bear that out. As far as the observations of Karanicos are concerned, I found Karanicos to be a witness whose histrionics in the witness box led me to conclude that he was prone to exaggeration. I found him to be rambling and intrinsically unreliable and more than content to raise and then demolish conspiracy theories. He did not impress me as a man who would necessarily give you an accurate picture of anything.

4.13. The fact of the matter was that the deceased had been a heroin addict. He had been on the methadone program in 1999. He had gone back to heroin and was then incarcerated in the ARC. He had declined infirmary treatment for withdrawal. It seems, therefore, that subject to his taking of withdrawal symptom alleviating drugs, he was going to go 'cold turkey'. On this basis, he was undoubtedly going to suffer withdrawal symptoms. He did suffer those symptoms and to my mind there is nothing in the deceased's presentation on 20 July which would suggest anything other than that he was undergoing withdrawal symptoms of particular severity.

4.14. As to whether the deceased had consumed a drug so as to account for his state of ill-being on 20 July, I make these observations:

(a) Professor Byard was of the view that the most recent intravenous injection sites observed on the deceased's arms would fit with attempts at resuscitation. Certainly according to an ambulance officer named Raymond Penhall, whose statement verified by affidavit I received in evidence (Exhibits C7 and C7a), there was an attempt to insert a cannula in the deceased's right cubital fossa. The site of the left cubital fossa was at least 48 hours old and possibly older. In that event, nothing can be concluded as to whether or not the deceased injected anything into his body while at the ARC.

(b) No common drugs were detected in his body post-mortem.

4.15. There is another matter touching on this issue that arises from the evidence of Karanicos. Karanicos claimed that shortly after midnight on 20 July, less than 2 hours

before the deceased's collapse, he heard a plastic spoon, situated on a table in the cell, being moved. He heard this from his bed. The deceased had said 'where's the fit', meaning where is the needle. The deceased was looking through his pockets for a needle. Karanicos saw that there was a white plastic spoon together with a plastic Coke bottle lid with water in it. Both were on the table. Karanicos saw in the spoon a round object about 1mm in diameter. Karanicos warned him not to consume it. The deceased put some water from the bottle lid into the spoon and then continued to search for a needle. Karanicos claims that he, Karanicos, put the spoon on the television cabinet and then went to sleep. Later, he awoke. He saw the deceased at first standing. The deceased then fell to the floor where he convulsed and vomited copiously. Karanicos summoned assistance via the cell intercom and corrections officers attended the cell.

4.16. Karanicos does not claim to have witnessed the deceased consume the contents of the plastic spoon. However, after the corrections officer entered the cell, he claims that he grabbed the spoon from where he had put it earlier and flicked the spoon, which still had water in it, in order to empty it. He said he placed the bottle lid back on the bottle.

4.17. The police did in fact locate a spoon and a Coke bottle in the cell in the course of their investigation. The spoon was analysed. No trace of the common drugs that I have previously mentioned were detected on the spoon.

4.18. There was no suggestion that a syringe or needle was located in the deceased's cell.

4.19. I do not know whether Karanicos gave me an accurate account of what had happened in respect of the spoon. There is nothing to corroborate what he has said about this, other than the fact of a spoon and a Coke bottle, with cap, having been found in the room. Karanicos' evidence also does not explain the large amount of fluid and green vegetable material in the deceased's stomach, other than to say that the 2 litre Coke bottle appeared to have been full at the time Karanicos was handling the spoon and that it was, on the police evidence, empty when they attended to investigate. If the deceased did consume something orally from the spoon, it was not detected either in his body or on the spoon and it does not account for his bizarre stomach contents. In addition, the deceased and Karanicos had been locked down in the cell since approximately 4:30pm and it would seem out of character for a withdrawal crazed

man, such as the deceased, to have waited until after midnight to ingest whatever drug he had stashed away.

4.20. I think the probability is that shortly before his death the deceased drank the 2 litres of water from the Coke bottle. This would account for the presence of fluid in his stomach. As to how and why he came to consume the unidentified plant material, I simply do not know. Whether that plant was toxic and whether it compromised his body's natural ability to stop him aspirating his stomach contents after vomiting, I also do not know. What does seem clear, however, is that the deceased died as a result of the aspiration of that stomach contents.

4.21. There is no evidence as to the period of time the green vegetable matter had been in the deceased's stomach prior to death. I doubt whether he consumed it after he had been locked down, but whether it accounted for his illness as observed that afternoon, I do not know that either. I think it more likely, however, that his illness was a reflection of his heroin withdrawal.

4.22. As to whether anything could have been done for the deceased by way of medical attention that afternoon, and whether that would have prevented his death it is difficult to say. If he had been placed in the infirmary, it probably would have stopped him consuming an inordinate amount of fluid.

4.23. Howver, the deceased had refused Mitchell's offer to try and arrange his transfer to the infirmary. He had sought methadone and valium, neither of which could be prescribed for him. He refused nursing attention in the afternoon. I accept Jordan's note that she visited the deceased in the evening and that he told her he was fine and that he did not need any medication. In all of those circumstances, it is difficult to see what more the corrections officers responsible for his care, and the Prison Health Service, could have done for him.

5. Other issues

5.1. There is another matter I should deal with. In a rambling, sometimes incoherent interview that Karanicos had with the police on 12 June 2002, he suggested that there had been an occasion while he was sharing a cell with the deceased in the ARC in July 2000 when a man called Guy had come out of the cell, having been in there with the deceased, and had then given a thumbs up sign to another blond haired man.

Karanicos seems to have inferred from this that Guy had given the deceased something, and in a conspiratorial gesture towards the blond man, had signified that whatever plot had been hatched between them had been carried out. Karanicos seemed to suggest in the interview that Guy and the blond haired man had somehow been responsible for the deceased's death. When questioned about this matter in evidence, Karanicos said that he did not think the man Guy, whom he now referred to as Guy Pearce, coincidentally the name of the well-known actor, existed. Rather, Karanicos was content to speculate that something had happened to the deceased even before he was institutionalised. I place no weight on Karanicos' claims in either regard. Yet another version of events apparently given by Karanicos was that given to Corrections Officer Spicer where in October 2002 he is reported as having told Spicer "Di Sario deserved to die, we had prepared the drugs, we were supposed to go halves in them but Di Sario shot the whole lot up" (Exhibit C55, statement of Edward Spicer).

5.2. As to the promptness with which the deceased was treated, Karanicos told me that he notified the control room over the intercom almost immediately. I received in evidence a statement from a Mike Reynolds JP who is the Coordinator of Security at the ARC (Exhibit C75). Attached to the statement is a log of communications (Exhibit C76). The alarm from Unit 4, Cell 11, the deceased's cell, was first activated at 1:37am on 21 July 2000. There may have been two attempts at communication, but I am satisfied that it was known to control room operators by 1:40am that action needed to be taken. Corrections officers were dispatched to the cell. The SA Ambulance Service was notified as was the ARC infirmary. I also received in evidence a report of the Investigations Manager, Mr Smedley (Exhibit C52a) that suggested that Officers Spicer and Press were dispatched at 1:41am. At 1:43am, Spicer and Press attended the cell. They had to negotiate lifts and access doors to get there. They assessed the situation. The deceased was placed on his side. At about 1:44am, the SA Ambulance Service were called. At about 1:45am, nursing staff arrived and began CPR and this was maintained until the arrival of the ambulance. The report suggests that the ambulance crew arrived at the cell at 1:55am. The statement of ambulance officer Penhall (Exhibit C7a) refers to him and his partner having been dispatched at 1:48am and arriving at the ARC at 1:54am. Penhall thinks it took 5 or 6 minutes to get to the deceased's cell. That would put the time at about 1:59am or 2am when they arrived at the cell. The ambulance officers continued

resuscitative measures and a second ambulance crew arrived at about 2:08am, according to ambulance officer Lars Richter (Exhibit C2a). The resuscitative measures instigated by the first crew were continued, but life was certified as extinct at 2:15am, all resuscitative measures having failed.

5.3. The statement of ambulance officer Penhall suggests that upon his arrival at the cell, CPR had been commenced. This confirms the evidence of corrections officers. However, Penhall observed no pulse, no blood pressure and the deceased's eyes were glazed.

5.4. The evidence suggests that from the time the control room were notified at about 1:40am to the time the ambulance arrived at the cell between 1:55am and 2am, depending upon which record is correct, between 10 and 15 minuted had elapsed. In that time CPR had been maintained from about 1:43am or 1:44am. In those circumstances, there seems little room for criticism of the promptness with which resuscitative measures were undertaken.

6. Recommendations

I make no recommendations under Section 25(2) of the Coroners Act 1975.

Key Words: Death in Custody; Prisons; Prison Medical Service

In witness whereof the said Coroner has hereunto set and subscribed his hand and Seal the 28th day of March, 2003.

Coroner