

LGC Classification: RESTRICTED

Statement of Denise Stanworth

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Lab. Ref: LGC-14226217

PCRN: 5109868/14, SSRN: 2014/16624, URN:14KG9110124029

## Witness Statement

*(Criminal Procedure Rules, r. 27.2; Criminal Justice Act 1967, s. 9, Magistrates' Courts Act 1980, s.5B)*

<b>Statement of</b>	Denise STANWORTH BSc (Hons)
<b>Age</b>	Over 18
<b>Occupation</b>	Forensic Scientist

*with*

LGC Forensics (a division of LGC limited)  
Culham Science Centre, Abingdon, Oxfordshire, OX14 3ED

*This statement, consisting of 9 pages each signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.*

Dated the 10<sup>th</sup> day of September 2014

Signature, Signature.....

### Qualifications and Experience

I am a Bachelor of Science (Honours) in physiology and biochemistry. I was employed for over 16 years by the Home Office Forensic Science Service as a forensic scientist specialising in the analysis of body fluids and other materials for the presence of alcohol, drugs and poisons. The analyses were commissioned mainly by police forces and H M Coroners. While in the Forensic Science Service I was designated an Authorised Analyst under the provisions of Section 16 of the Road Traffic Offenders Act 1988. Since September 1998 I have been employed by Forensic Alliance Limited, now LGC Forensics, in a similar capacity.

### Case Reference Numbers:

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**Information**

I understand that at 04:00 hours on 19 June 2014, Anthony Patrick Walgate was found dead outside a block of flats in Cooke Street, Barking, Essex. I have been informed that Mr Walgate had taken a quantity of 'poppers' that evening and had then engaged in consensual sexual intercourse with another man before vomiting and apparently going to sleep. The occupant of the premises had later moved Mr Walgate from inside his flat to the street before calling the emergency services.

**Receipt of Items**

On 17 July 2014 the following sealed items were received at LGC Forensics from the Metropolitan Police Service:

Taken from Anthony Patrick Walgate at a post-mortem examination on 20/06/14

OJB/20	(Bag no. MPSB20865775)	Urine preserved
OJB/21	(Bag no. MPSB20865774)	Blood (plain)
OJB/22	(Bag no. MPSB20865773)	Blood (preserved)
OJB/23	(Bag no. MPSC37172314)	Vitreous humour

From Cooke Road, Barking on 23/06/14

DGP/17	(Bag no. MPSC36220338)	One (1) brown bottle containing liquid
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**Request**

I have been asked to analyse the items from Mr Walgate for alcohol and any substances that might have contributed to his death, I have also been asked to identify the contents of the bottle and to comment on whether or not such a substances could potentially cause death.

**Use of Assistants**

In undertaking the work connected with this case, I was assisted by other trained members of staff. Their involvement is described in the accompanying examination record to which I have assigned the item number DG/1, and I have taken their contributions into account when preparing this statement. A full record of this work is available at the laboratory.

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Blood

Alcohol	low concentration detected (less than 10 milligrams per 100 millilitres)
GHB	greater than 200 milligrams per litre
Citalopram	0.45* milligrams per litre
Diphenhydramine	0.057* milligrams per litre
Chlorphenamine	0.020* milligrams per litre
Quinine	detected
Caffeine	detected
Nicotine	detected

Urine

Alcohol	14 milligrams per 100 millilitres
GHB	<del>greater than 200 milligrams per litre</del>
1-propanol	detected

\*estimated concentration as this was derived from a single aliquot of blood.

The presence of substances related to citalopram, diphenhydramine and chlorphenamine was also detected in the blood.

None of the other substances listed under Nature of Examination were detected in the blood and urine.

**Comment**

These comments are based on the reading and interpretation of scientific and medical literature and should be viewed as general comments only as I am unable to determine precisely how drugs will affect a particular individual at a given time. The comments that follow are based upon the information provided to me but should this information change I may have to revise my comments.

The results are assumed to represent the situation at the time of death but due to post-mortem redistribution this may not necessarily be so.

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Alcohol

The concentration of alcohol detected in the blood and urine is very low and for the purposes of comparison is well below the statutory limit for driving of 80 milligrams per 100 millilitres of blood and 107 milligrams per 100 millilitres of urine.

The alcohol detected could be the residue of alcohol consumed at a much earlier time. However, I cannot exclude the possibility that all the alcohol detected could have been generated after death by microbiological activity.

Alcohol is a depressant of the central nervous system slowing down many of the processes of the brain. At low concentrations alcohol produces euphoria and reduces social inhibition leading to increased sociability, talkativeness and some impairment of co-ordination usually seen as clumsiness. At moderate levels, mood, co-ordination and movement is increasingly affected with development of a staggering gait and slurred speech, slowed reaction time, nausea and drowsiness. At a high degree of intoxication previous symptoms are exaggerated with falling over, confusion progressing to stupor, drowsiness progressing to sleep and unconsciousness.

Gamma-hydroxybutyrate (GHB)

GHB is an anaesthetic drug with primarily sedative properties originally developed as a premedication prior to surgery. It gained popularity in the 1980's among body builders for its ability to stimulate muscle development. More recently it gained popularity as a recreational drug particularly on the dance and club scene and has also been implicated in 'date-rape' incidents. Gamma-butyrolactone (GBL) is a related substance that is rapidly converted to GHB in the body. I am therefore unable to say whether GHB or GBL was the substance originally taken by Mr Waigate.

GHB is usually found in a liquid form popularly known as 'liquid ecstasy' but is also sold as a powder or in the form of capsules. GBL is found in liquid form.

At low doses GHB is reported to produce euphoria, to lower social inhibitions and to increase libido. At higher doses euphoria gives way to sedation which may lead to unrousable sleep. Dizziness, nausea and vomiting, amnesia and visual disturbances have also been reported. These effects, which are similar to those of alcohol, start about 15 minutes after administration and may last for several hours. Larger doses produce anaesthesia and may lead to coma and respiratory depression.

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