Ministry of Defence

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Dear Mr Stanage,

Thank you for your letter dated 24 July 2017 which enclosed a Regulation 28: Prevention of Future Deaths report following the death of Captain Ben Jukes in December 2016.

I hope the attached information allays your concerns regarding the Army's Compulsory Drugs Testing (CDT) policies.

The Values and Standards expected of individuals serving in the British Army and Armed Forces as a whole are quite unequivocal in that drug misuse is not only illegal; it poses a significant threat to operational effectiveness. The Armed Forces are clear that drug misusers are a liability to themselves and to the wider Service community and will not be tolerated.

Yours sincerely,

Michael Fallon

**THE RT HON SIR MICHAEL FALLON KCB**

## CORONER'S CONCERNS

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.**

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 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".**

### Captain Jukes – *background*

Capt Jukes was assigned to ISS Corsham on 5 September 2016 where he was initially employed as SO3 Army in the Customer Services area of the Service Operations Directorate. At the time of his death Capt Jukes was detached to a specialist project team, the Non Standard Service Requests (NSSR) team, within ISS Corsham.

On 8 December 2016 Capt Jukes was found dead in his permanent home address, a flat in Manchester, by his girlfriend. Capt Jukes was a weekly commuter to Corsham and lived in the Corsham Mess during the week. At the time of his death Capt Jukes was employed as an IT project manager in the NSSR team working on a number of small, complex projects which involved the managing of requests that had gone to single Managed Service Providers (e.g. Atlas, Fujitsu etc). The detachment to the NSSR team followed Capt Jukes' application to Notice To Terminate / Premature Voluntary Release and was agreed with his resettlement plan / successful transition from the Service to Civilian life in mind and seen as assisting with an aspiration he had already expressed to go into project management on leaving the Service. The detachment had had a tangible effect for the team and had proved to be extremely useful for the understanding of, visibility of, chasing down of single tower NSSRs, benefiting both the NSSR team (ISSR) and more importantly the customer. It was proving to be an excellent detachment for both Capt Jukes and the NSSR team.

Unfortunately, it is now known that Capt Jukes was a regular drug user who had successfully managed to conceal his drug taking from the Army during his short service career. At what point his habit began is unclear, but it is known that some civilian friends and family members had been aware of his drug taking for some years prior to his death. From the Army's investigations, there is no known evidence of his misuse of drugs impacting upon his work, nor were there any indications to his work colleagues, his military friends or to the chain of command that he was misusing drugs.

### Army Drugs Misuse Strategy

The Values and Standards expected of individuals serving in the British Army are quite unequivocal in that drug misuse is not only illegal; it poses a significant threat to operational effectiveness. The Army is quite clear that drug misusers are a liability to themselves and to the wider Service community: their judgement is impaired; their health damaged; and their

performance degraded. In short they can be neither trusted nor relied upon. The Army's policy for those who commit a drug offence is based on dismissal.

The Army's drug misuse strategy was revised in November 2016. It is based on three pillars: prevention through education, deterrence through testing, and regulation. Education begins from initial entry into military service, whether it be as an officer or a soldier. It is made quite clear through education to all Service Personnel that the misuse of controlled drugs is incompatible with military service. It is also made clear during this education that Service Personnel have a personal responsibility to adhere to these values and standards

**Compulsory Drugs Testing**

Compulsory Drugs Testing (CDT) delivers the deterrence strand of the Army's drugs misuse strategy. The Army's annual target for CDT testing is 87,500 tests and, in 2016, over 93,000 tests were conducted. Given the Army's strength of circa 82,000, this allows sufficient testing to enable all members of the Army to be tested annually. Indeed, the Army's drug misuse strategy directs that all Regular and Reserve units be tested annually. It is, however, acknowledged that this does not guarantee that all personnel will be tested annually as an individual may be detached from their unit at the time it is visited for testing or, as with Capt Jukes in 2016, may be posted from one unit to another mid-year and may miss the testing at both units.

It is further acknowledged that CDT can only act as a deterrent – it cannot detect misuse at a time after the traces of misuse have left the body and are no longer detectable. It is therefore impracticable for the Army to test each soldier and officer frequently enough to ensure that all drugs misuse is always detected. Nonetheless, the combined effect of education and deterrence are assessed to have effect. The 2015/16 Crime Survey of England and Wales reports drug misuse across society to be at 8.4% or 1 in 12. While any misuse in the Army is unacceptable and strenuous efforts to reduce it continue, the level of misuse in the Army is reported at 0.7 – 0.9%.

In relation to Capt Jukes, he was tested as a result of random CDT visits to his unit on more than one occasion in 2015 and was tested most recently in September 2015. On each occasion, his tests produced a negative result.

**Conduct of a Test**

CDT visits are scheduled by the CDT team with unit notification usually made with as little as 24 hours' notice. This period of notice will only be varied in exceptional circumstances, such as when security clearances for Northern Ireland are required or where there is a specific intelligence led need.

The initial notification of the visit will be made through the Adjutant, who is expected to notify the Commanding Officer. Prior notification is necessary to enable this core element of the unit command structure to plan the support required from the unit to facilitate the testing and to make contingencies for the disruption of unit activity that will occur as a result of testing. It will also enable the Adjutant to make an assessment of the number of personnel expected to be in barracks and thus available for testing at the time of the scheduled CDT visit. In doing so, the Commanding Officer and his immediate team will manage the information with the utmost discretion to avoid pre-warning anyone not required to know in advance. In future, the need for absolute discretion will be reiterated to units as part of their initial notification.

On the day, at the point at which the CDT is declared, individuals are paraded within the unit and are randomly selected for testing by the CDT officer using a nominal roll provided by the unit. How many are selected will depend on the CDT team's plan for the particular visit. On some visits, the CDT team will seek to test the whole unit. On others, the team may seek to test only a proportion of the unit (eg 50 or 100 personnel). In the latter case, some and possibly a considerable number of unit personnel will not be tested during a CDT visit. However, this flexibility allows the CDT team

to maximise the deterrent effect of testing by balancing how many they test in each visit with how often they visit.

Relevant to Capt Jukes' case, the Armed Forces Act 2006 places a number of restrictions on CDT collections. Of these, one relates to the testing of an individual under medical care. Specifically, an individual in the Medical Centre as a patient cannot be tested without the express permission of the attending medical practitioner and the CDT officer cannot ask the individual to provide a sample for testing.

Following the evidence o[redacted] an investigation has been undertaken to identify how Capt Jukes gained advance notice of a CDT. No corroborating evidence has been found that he was forewarned and thus how this might have occurred. Nonetheless, the evidence provided describes him receiving prior notice. This should not have happened given the protocols in place. He was not a member of the Commanding Officer's immediate command team and would not have been informed as part of the prior notification or pre-planning conducted by the unit. As indicated above, in future, the need for absolute discretion will be reiterated to units as part of their initial notification.

Finally, the Armed Forces Act does not limit the number of CDT visits that can be made to a unit for testing each year. Nor is there a constraint on how soon after a visit, a return visit can occur - indeed it is not uncommon for the same unit to be visited on consecutive days. Every effort is therefore taken to make testing unexpected and to maximise the deterrent effect arising from it. As such, every effort is taken to minimise the chance that a test can be either predicted or, once declared and an individual is then selected for testing, that it can be avoided.