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Accepted Article

Addiction Opinion and Debate:

Drunk, Dangerous and Delusional: How legal concept-creep risks overcriminalization.

By

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Abstract

Background: In the recent case of *R v Taj*, the Court of Appeal of England & Wales upheld the conviction of a defendant who, in a psychotic delusional state, mistook his non-threatening victim to be a terrorist, violently attacking him. The law typically allows honest mistakes (even if unreasonable) as a basis for self-defence (in this case the defence of others). But because Taj's delusions were found by the court to have been caused by voluntary alcohol consumption, special legal (prior-fault) intoxication rules were applied to block his defence; Taj was convicted and sentenced to 19 years for attempted murder.

Argument: We focus here on the simple question – what does it mean to be intoxicated? On the facts, Taj did not have drugs active in his system at the time of the attack, but the court nonetheless insisted that Taj's delusional mistake was 'attributable to intoxication', namely to drink and drug-taking in the previous days and weeks. This extended conception of intoxication was questionably distinguished from psychosis induced by withdrawal. Furthermore, the court was unreceptive to evidence of a long-standing, underlying mental health disorder. We argue that the court's expanded view of intoxication is problematic in that intoxication-induced psychosis cannot be sharply distinguished from other causes such as mental disorders. And even if it could be distinguished, it should not give rise to blame and punishment in the same way as conduct induced by chemically active intoxicants ('drug-on-board') does.

Conclusion: The courts' expansion of the definition of intoxication is both legally and forensically problematic, introducing legal vagaries where the clinical science is already vague. And with intoxication frequently interlocking with historic intoxication and secondary or co-morbid mental health conditions, the decision risks inappropriately and/or over-criminalising defendants.

Keywords: Criminal law, self-defence, alcohol and drugs, mens rea, mental disorders.

Accepted Article

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Introduction

A disproportionate number of criminal offenses are committed by persons who, as a result of consuming alcohol and/or other psychoactive drugs, were intoxicated to one degree or another at the time of their offense (1–5). For instance, data from the annual Crime Survey of England & Wales (6) found that among victims of violent offenses, 52% judged their assailant to have been intoxicated; a percentage that grew to 83% as the night, and presumably intoxication levels, progressed. Indeed, the latest, 5th edition of the Diagnostic Statistical Manual (7), while having removed 'legal problems' from the list of diagnostic criteria for substance abuse disorder, makes explicit reference to criminality, in the case of alcohol as being "associated with the commission of criminal acts, including homicide" (p. 496). Of course, not all criminal offenses are equally linked with alcohol or drug abuse, and (discounting drug possession offences) not all drugs are equally associated with criminal offending (1,8). And while the correlational evidence is robust, understanding of the causal relationship between drug consumption and criminality is not, with most experts accepting a combination of factors to be involved (1,9–11).

The large number of offenders who were intoxicated at the time of their offence that end up in criminal court pose difficult questions, especially where (as is often the case) states of intoxication interlock with alcohol or substance abuse disorders and/or other mental health conditions (12–15). On the one hand, the 'voluntary choice' to become intoxicated and potentially dangerous may intuitively be considered blameworthy; yet on the other, the causal complexities of that 'voluntary choice' (e.g., in the case of physical or psychological dependence, and/or addiction), and equally complex effects on the brain, may challenge those intuitions. Normative conundrums of this kind have given rise to a voluminous and complex body of case-law (jurisprudence) developed in the courts, to which the recent Court of Appeal decision in *Taj* [2018] EWCA Crim 1743 provides one of the most significant, and in our view problematic additions. This is because in deciding *Taj*, the court effectively re-defined what it means to be intoxicated, exacerbating existing confusions and creating new ones. Our debate focuses on *Taj* and responses to it. But first, we briefly discuss the wider legal context and why intoxication matters for the criminal law.

Intoxication and the criminal law

Intoxication resulting from alcohol or other psychoactive drug consumption matters for the criminal law, because mental and volitional capacities are centrally important for our moral and legal conceptions of responsibility and blame. That is, the law normally requires that a person, at the time of their harmful act, had the requisite mental (cognitive) and/or volitional capacity to be held criminally responsible. And where such capacities are found to have been substantially undermined, as a matter of logic and law, that defendant should not be held responsible for offences charged. In this way, the law avoids criminalising acts committed by e.g. children under the age of criminal responsibility (in England and Wales, under the age of 10); acts committed during sleep walking or epileptic seizures, by defendants with profound intellectual disabilities and/or mental disorders (e.g. by satisfying the

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M'Naghten insanity defence; (16)); and more generally by persons who at the time of acting lacked the voluntariness and/or requisite mens rea ('guilty mind') for the offense.

If a defendant's intoxicated state caused a lack of mens rea (e.g., for the offence of reckless manslaughter, foresight of causing death or serious harm), or a severe lack of volitional control, it provides a potential basis for a denial of liability; he/she would not be held responsible for the offence charged. However, in practice and across jurisdictions, the odds of such a 'defence of drunkenness' (17) succeeding are severely limited. In first instance, because the law requires very low levels of awareness and control for mens rea and volitional thresholds to be satisfied (18). This allows courts to avoid engaging with difficult questions around degrees of impairment. Most issues arising from compromised capacities will therefore be relevant at sentencing only, where decisions on punishment, and factors that serve to mitigate or aggravate, take a more nuanced (i.e., less binary) approach.

Second, and important to our current debate, even if such a 'defence of drunkenness' could in theory apply, so-called prior-fault intoxication rules have developed to ensure that liability will nonetheless result. That is, in circumstances of *voluntary* intoxication, the prior-fault intoxication rules effectively blame defendants for "creating the conditions of their own defence" (19); in this way, intoxicated defendants can be convicted, labelled and punished (in law) as if they had the relevant capacity and mens rea, they in fact were lacking at the time of the offence. For example, where a defendant causes death while intoxicated, these rules may be applied to manufacture liability for manslaughter, even where foresight of serious harm (or alternative fault) is lacking.

The prior fault intoxication rules

The criminal law typically maintains a narrow focus, analysing and blaming a defendant's conduct and mental state at a snap-shot moment in time. We ask whether the defendant caused a specific harm, at a specific time with the requisite foresight or intent; we do not look further back in time to diffuse motivations or character. The prior-fault intoxication rules significantly break with this paradigm. Although a defendant may lack the requisite mens rea when causing harm, or hold an honest but mistaken belief that could otherwise provide the basis for a defence (e.g. an honest but mistaken belief that self-defence was required), the intoxication rules allow us to look back in time to assess whether such mental states or beliefs are attributable to the voluntary ingestion of drugs and/or alcohol. And where voluntary intoxication provides such an explanation, a legal fiction is created: Constructing liability essentially by equating the fault for a specific crime with the fault for becoming voluntarily intoxicated; what can be referred to as 'imputing fault'.

The imputing of fault through prior-fault intoxication rules is done in order to reach an intuitively just outcome. An outcome neatly espoused by the House of Lords in the leading decision of *DPP v Majewski* (Table 1), involving a defendant who, under the influence of large amounts of alcohol, pentobarbital and dextroamphetamine, violently assaulted four persons, including two police officers:

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"If a man of his own volition takes a substance which causes him to cast off the restraints of reason and conscience, no wrong is done to him by holding him answerable criminally for any injury he may do while in that condition."

Equivalent legal rules exist, with varied degrees of complexity and punitiveness, across most jurisdictions internationally, including in the US (e.g., Model Penal Code, section 2.08(2)); Australia (the Commonwealth Criminal Code Act 1995, section 8.2(1)); Canada (e.g., *Leary* (1977) 33 CCC (2d) 473 and *Daviault* (1994) 93 CCC (3d) 21); and so on. Our point being that legal implications arise from being found 'intoxicated' at the time of the alleged offence in all jurisdictions, and to profound effect. When assessing a defendant's blameworthiness for an offence committed, fault is imputed to ensure a conviction or to block defences that would otherwise be available. Moreover, evidence of intoxication is also relevant at sentencing, aggravating sentences and blocking mitigation that would otherwise be available, e.g., on the basis of a mental health disorder (21).

The justification for the intoxication rules is rooted in important policy aims to ensure that intoxicated and dangerous individuals are not left free to cause future harms. And sometimes this makes complete sense; for instance, when a person becomes intoxicated with the explicit purpose and expectation that this will enable them to commit an offense (22). But outside such rare 'Dutch courage' scenarios, things become more complicated and problematic, and the prior-fault rules have attracted sharp criticism from legal scholars, philosophers, and law reform bodies (23,24). The overarching concern being that the intoxication rules have been drawn too widely, and risk inappropriately and/or over-criminalising defendants. In certain jurisdictions, this has even led to the rejection of prior-fault intoxication rules altogether, for example (and controversially) in New Zealand and the Australian state of Victoria.

Detailed review of the legal arguments and concerns about the prior-fault rules as currently applied is beyond the scope of our debate here, and we direct the interested reader to published works by others (25,26), as well as our own (20,27,28). Instead, we focus here on a preliminary question that seems (perhaps surprisingly) to have rarely troubled courts; namely, when do we classify a defendant as 'intoxicated' such that the prior-fault rules apply? It is a question that recently came to the forefront in England & Wales in the Court of Appeals' decision in the case of *Taj*.

The case of *R v Simon Taj*

At around 2pm on Sunday 31st January 2016, Simon Taj was driving along the Albert Embankment in London, when he came across the broken-down vehicle of Mohammed Awain. Smoke was coming from Awain's vehicle and Taj stopped to offer assistance. Awain is an electrician and wires and equipment were visible in the open boot. Unfortunately, Taj mistook the equipment to be components of a terrorist bomb that he believed Awain was about to assemble and explode. Taj called the police, who attended the scene, and following assurances that Awain was innocent, he initially drove away. But with lingering thoughts that

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Awain was a terrorist and that he must do something to stop him, Taj returned. At 2.46 pm, Taj launched a ferocious attack on Awain with a metal tyre lever, almost killing him. When police arrived and restrained Taj, he expressed surprise; 'why are you arresting me, he's the terrorist'.

Taj was charged and found guilty of attempted murder, despite claiming to have acted in self-defence (in this case, the defence of others) on the basis of his mistaken belief that his victim was a terrorist about to explode a bomb; a defence in English law that, since the case of *Gladstone Williams* (78 CR. App. R. 276 1984) requires such a mistaken belief to have been genuine, but not necessarily reasonable. However, the forensic expert opinion evidence at trial indicated that Taj's mistaken belief was the result of a delusional state of mind associated with a psychotic episode; and because Taj, a chronic drug and alcohol user with a history of delusions and psychotic episodes, had been drinking heavily on the days before his attack on Awain, he was disallowed from relying on the defence. Taj was sentenced to 19 years in prison; a conviction subsequently upheld by the Court of Appeal.

The 'Majewski' intoxication rules would have provided a clear and straightforward path for the courts to disallow Taj's claim of mistaken self-defence, were it not for the fact that he did not have drugs or alcohol active in his system at the time of the attack. He claimed not to have taken any alcohol or drugs since the early hours of the previous day. And because no drug test was performed by the police, and Taj was lucid at interview, the court accepted that there were no intoxicants active at the time of the attack. Instead, the courts relied on the expert opinion that Taj's psychotic state and delusional belief were attributable to his *previous* heavy use on the days before; the court finding that 'the words "attributable to intoxication" [..] are broad enough to encompass both (a) a mistaken state of mind as a result of being drunk or intoxicated at the time and (b) a mistaken state of mind *immediately* and *proximately* consequent upon earlier drink or drug-taking' (emphasis added). In so doing, the potential scope of the prior-fault intoxication rules, and associated fault imputation, was expanded significantly.

***Taj* was always going to be a difficult case**

The Court's decision in *Taj* is readily understood from the policy perspective; persons like him who become delusional and dangerous after consuming alcohol or drugs, and who continue to be dangerous even after the pharmacological effects dissipate, are a risk to the public, and so the law must respond. An important question of course is *how* the law should respond: whether through criminal conviction and punishment, civil detention (potentially via the defence of insanity, leading to compulsory hospitalization), or some other preventative mechanism. But our concern here is that the response in *Taj*, to expand the definition of 'intoxication' to capture effects "*immediately*" and *"proximately"* to drink or drug-taking, even to drink and drugs taken weeks, even months ago, introduces problematic vagaries to the already expansive intoxication rules, together with forensic uncertainty. Problematic because it risks inappropriate punishment of defendants who frequently present in court with complex clinical profiles involving acute intoxication, historic intoxication, and/or secondary

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or primary co-morbid mental health conditions (12–14). And where no apparent boundaries exist to specify where 'proximate' begins or ends, the risk of capturing the latter conditions increases.

Before the decision in *Taj*, courts had been careful to distinguish cases like *Majewski*, where a defendant's disordered thinking was caused by intoxicants, pharmacologically active at the time of causing harm, from forms of disordered thinking arising sometime after the acute drug effects had worn off. Persons in the latter category were not regarded as intoxicated (and therefore would not be captured by the prior-fault intoxication rules), even when it was clear that their dangerous, delusional thoughts would not have presented unless intoxicants had previously been taken. In the case of *Harris* (Table 1), for instance, the defendant in a psychotic delusional state arising from abruptly terminating a drinking binge that lasted several days, recklessly endangered his neighbours by starting a fire. The court decided that *Majewski* was not apposite because Harris's delusions emerged only *after* he had stopped drinking; attributing his psychosis and delusions to alcohol withdrawal, not to acute intoxication. Harris was found not liable for the offence charged.

The distinction drawn in *Harris* and similar cases was famously set out by Lord Birkenhead in the case of *Beard* (Table 1), quoting Justice J Stephens in *Davis (*Davis, Cox CC 563, 1881), that "drunkenness is one thing and the diseases to which drunkenness leads are different things; and if a man by drunkenness brings on a state of disease which causes such a degree of madness, [..] then he would not be criminally responsible". But on the facts in relation to the cause of psychosis, *Harris* and *Taj* appear remarkably similar. The only apparent difference being that in *Harris* the time between his cessation of drinking and his delusions leading him to set fire 4-5 days later was more protracted than in *Taj*; but a closer reading of the evidence in *Harris* shows that his symptoms ("hearing voices, "talking into space") presented (at least) within 2-3 days of abstinence.

Table 1 describes these and other notable cases to further illustrate the difficult task faced by courts, and the forensic experts that assist them, when differentiating between potential causes of psychosis and delusions. And with the legal outcome critically dependent on which cause is identified as primary, lines must be drawn sharply and carefully: with intoxication likely resulting in a conviction; a verdict of insanity in a (technical) acquittal but potentially leading to compulsory hospital orders; and other causes in a complete and unqualified acquittal. But such distinctions are rarely straightforward where defendants like Taj appear in court; and it is our view that the court's decision to expand the ambit of intoxication has made the law even less straightforward to apply.

The position in *Taj* should be understood, but rejected

Outside of drunk driving laws (where strict legal thresholds exist based on blood or breath alcohol concentration), no definition of intoxication exists within the law; inevitably leaving courts to respond *ad hoc* to particular facts. To this point, a recent review of 327 appellate decisions in the Australian courts revealed that, in deciding whether a person was

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intoxicated or not, medical and/or scientific evidence was only marginally considered by judges and juries, more often relying on common knowledge characterized by “imprecision and a reliance on vernacular expressions” (29). For its purpose, the court in *Taj* relied on the Oxford Dictionaries’ entry for intoxication to mean, "The action of rendering stupid, insensible, or disordered in intellect, with a drug or alcoholic liquor; the making drunk or inebriated; the condition of being so stupefied or disordered.”

In the absence of toxicological evidence at trial, as was the case in *Taj*, the court’s decision to rely on the Oxford Dictionary may be understandable. Moreover, the lack of precise engagement at even this basic level makes the court’s subsequent faith in science to draw sharp lines between different longer-term sequelae of drug abuse rather surprising. That is, the courts noted:

“The fact is that medical science has advanced such that, in the modern age, the longer term sequelae of abusing alcohol or drugs are better known and understood; and … it was agreed that Taj's episode of paranoia which led him to mistake the innocent Mr Awain as a terrorist was a direct result of his earlier drink and drug-taking in the previous days and weeks.”

At its heart, the court makes two core assumptions about the intoxication rules, both of which we challenge. First is the assumption that post drug-on-board psychosis (that is, psychosis emerging after the direct pharmacological actions of a drug or alcohol have dissipated) can and should be subject to criminal blame in line with the intoxication rules derived from cases like *Majewski*; cases involving defendants with drugs active in their systems at the time of the offence (but distinct from withdrawal and other mental disorders). Second, and our continued focus below, is the assumption that the law can incorporate a settled and robust set of clinical distinctions to make this policy workable in practice.

The reality is that the symptoms of psychosis – principally delusions and hallucinations – can occur in a range of alcohol and/or drug-related conditions including acute intoxication, withdrawal (delirium tremens), alcohol or drug-induced psychotic disorder (alcohol hallucinosis), disorders associated with alcoholism (e.g., Korsakoff’s dementia), etc. But they could equally indicate the presence of a co-morbid mental illness caused or triggered by drug and/or alcohol use, or entirely separate from drug or alcohol use (30–37). These various causes of psychotic symptoms are understood from the research and clinical literature as being distinct; but understanding of the precise phenomenological features and underlying neurobiological mechanisms is far from settled (38,39), making differential diagnosis to separate one from the others complex and prone to error. To this point, in a three-year follow-up study of 535 cases initially diagnosed as acute cannabis-induced psychosis, 44.5% were later re-diagnosed as (also) having a schizophrenic-spectrum disorder (40). In line, a recent study conducted on a large Finnish in-patient sample showed that across substances (including cannabis, alcohol, and amphetamines) rates of conversion from substance-induced psychotic disorder (SIPs) to schizophrenia varied between 5% (in the case of alcohol) and 46% (in the case of cannabis). While such results give us little clarity of the causal relationship

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between SIPs and schizophrenia, or other disorders associated with psychosis such as manic-depression (12,41), they illustrate the potential for co-morbidity and diagnostic uncertainty.

Taj is a case-in-point. Though he was not under the acute influence of drugs at the time of the attack, Taj had a long history of alcohol and drug use (dating back to his early teens) interlocked with previous occasions, starting in 2009, when he presented with symptoms described as involving "paranoid, screaming and shouting", "persecutory ideas", "hallucinations" and "hearing voices", and more generalised symptoms of low mood, anxiety and stress. Some of his past psychotic episodes, and previous run-ins with the law, (ostensibly) attributed to his use of drugs (cannabis and cocaine) and/or alcohol. Post-arrest, the expert reports provide a similarly complex picture, describing long periods of calm, stability and normalcy, interrupted by periods of agitation, disinhibition, and instances of grandeur and overt aggression; and one occasion when in prison resulting in him severely injuring himself and requiring medical attention. The clinical picture is one of complexity and accurately described by one of Taj's doctors, noting that "I'm afraid this man's mental health problems and diagnosis is not straightforward."

It is not our aim to relitigate *Taj* here, or to argue that the forensic experts assisting the court mis-attributed his delusions at the time of his assault on Awain to 'drug or alcohol-induced psychotic disorder'; which in itself is used by some as a catch-all to refer to psychosis and delusions associated *in some way* with the acute or chronic use of alcohol or drugs (42,43). It is simply to contend that the legal assumptions made in *Taj* are problematic: problematic in general, setting a strict legal threshold on uncertain clinical diagnostic grounds; and uncertain on the facts of *Taj* itself.

On the latter point, it is important to note that the accompanying expert reports make clear their initial diagnosis was a *'best guess'* having tried to rule out other causes. Indeed, the final expert opinion report before Taj's appeal (following further treatment and observation), heavily qualifies the earlier agreement with a new diagnosis of mental illness, namely bipolar disorder (manic depression), identified as an *alternative* cause of his psychosis. The response from the Court of Appeal, persisting in an intoxication analysis, was again notable: "that a psychotic episode may have been precipitated without alcohol or drugs says nothing about whether it was (as Taj agreed he knew to be the case) in fact precipitated on this occasion by alcohol and drugs." This response is, with respect, deeply problematic. Having expanded the intoxication rules into the uncertain realms of 'attributable to' forms of delusions, the burden of proving causal links to prior intoxication must remain firmly on the prosecution. But the courts' approach here, requiring the defence to 'prove the negative' effectively reverses the burden of proof, requiring the defence to demonstrate the absence of a causal role of intoxication (and thus, of prior-fault imputation), further risking overcriminalization.

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Conclusions

We are not arguing here that potentially dangerous individuals like Taj should be released to walk the streets. Rather, if we are going to blame individuals for intoxicated or intoxication-related states that result in harmful conduct, and if we are going to distinguish this from mental conditions secondary to and/or separate from drug use, then the only sensible way to do so is to define intoxication narrowly. To expand this definition even partially, as the court in *Taj* has done, is both normatively undesirable (risking criminalisation of acts attributable to mental disorders) and forensically problematic (blurring legal lines where the clinical science is already blurry). We argue elsewhere that the defence of insanity should have applied in *Taj,* despite the unpalatable and stigmatizing label of 'insanity' when used in non-legal contexts (44). Such an outcome would have allowed for both a technical acquittal (on the basis of a lack of culpability) and compulsory treatment and detention (recognising the risk of future dangerousness) (28).

But more critically, the reason for our rejection of the court's interpretation of the intoxication rules (providing legal precedent going forward) can be stated briefly: we doubt whether *any* brain changes subsequent to an intoxicated state can be said to have been caused by that intoxication, such that we could or should blame the defendant in the same way that we blame drug-on-board states within the legal intoxication rules. The legal concept-creep that we have described in this debate risks the inappropriate criminalization of some of the most vulnerable defendants in the justice system, suffering from mental health disorders. We believe that there is a legal, moral and clinical duty to call for clarity, and to resist any developments of this kind.

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Accepted Article

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Table 1. *Notable precedential cases in England and Wales involving intoxication and delusions*

Case citation and offense details	Drug and mental health history	Court's finding and reasoning
***Beard* [1920] AC 479.** Charged with manslaughter after, in a drunken, intoxicated state, accidentally suffocating his victim during the act of raping her.	Long history of addiction.	Convicted on basis of the intoxication rules. Distinguished drunkenness from mental disease that stems from drunkenness.
***Coley* [2013] EWCA Crim 223.** Following a day of playing violent video games and smoking strong cannabis, entered neighbour's house dressed in balaclava and dark clothing, attacking victim with a 'Rambo' knife almost killing him. Charged with attempted murder but claimed to have suffered psychosis and blackout and acted involuntarily.	Was regular and heavy user of cannabis (starting at 13) and had experienced cannabis-related blackouts and paranoia on previous occasions. No unrelated mental illness.	Court upholds conviction arguing that defence on basis of psychotic state/blackouts did not amount to insanity or automatism, and state was induced by voluntary cannabis intoxication; *Majewski* intoxication rules apply.
***Dietschmann* [2003] UKHL 10.** Charged with murder after savagely punching and kicking victim in drunken and psychotic state, killing him. Defence raised mental abnormality following recent bereavement as basis for diminished responsibility.	Diagnosed with adjustment disorder, caused by extreme grief and prescribed Prozac and sleeping pills. Evidence of alcohol dependency.	While intoxicated at time of killing the court focused on mental condition and allowed application of diminished responsibility, reducing murder to manslaughter.
Harris [2013] EWCA Crim 223. Charged with aggravated arson for setting fire to his property, after an internal voice ordered him to. Had been drinking heavily, then stopped 6 days before. Described as 'hearing voices' and 'talking into space' shortly after cessation.	Prior diagnosis of depression and history of drinking, alternated by periods of abstinence; some associated with alcohol-induced psychosis or hallucinosis leading to one forced hospitalization.	Lacked mens rea for the offense caused by the *absence of alcohol* (withdrawal). Court found that *Majewski* intoxication rules did not apply and should not be extended to withdrawal from alcohol or cannabis.
***Hatton* [2005] EWCA Crim 2951.** Charged with murder for killing victim with sledgehammer, thinking he was an SAS officer attacking him with samurai sword. No recollection of killing and	Suffered from bi-polar disorder/manic depression and became disinhibited when not taking lithium. History of	Convicted on basis of simple application of the *Majewski* intoxication rules. Mistaken self-defence induced by intoxication cannot be relied upon.

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claims mistaken self-defence. Had consumed 20 pints of beer.	alcohol-induced episodes of psychosis.	
***Lindo* [2016] EWCA Crim 1940.** Attacked and killed victim with a brick for no apparent reason, telling police he had taken 'cocaine, MDMA and weed'; had unknowingly taken Ethylone (MDEC). Described feeling 'bizarre' and acting 'strangely'. Claimed 'drug-induced' psychosis'.	D has personal history of depression, and family history of mental illness, including schizophrenia.	Court drew distinction between voluntary intoxication and psychosis induced by the prior intoxication. Following *Dietschmann,* potential basis for diminished responsibility but defence did not succeed.
***Lipman* [1970] 1 QB 152.** Charged with manslaughter for, while under the influence of LSD and believing snakes were attacking and he was descending into the centre of earth, choking and killing girlfriend by cramming bed sheets into her mouth.	Mention of drug addiction.	Intoxication rules applied to impute missing mens rea and volition, resulting in liability for manslaughter.
***Oye* [2013] EWCA Crim 1725.** Charged with GBH after ferociously attacking police, experiencing paranoid, persecutorial delusions. Increased 'skunk' cannabis use in weeks prior, thought to have precipitated psychotic state; later described as 'florid psychotic episode'.	Smoked cannabis regularly and had escalated consumption in weeks before incident. No history of mental illness.	Convicted at first stage, where his defence of mistaken self-defence was rejected by the jury. The Court of Appeal's review of case resulted in a verdict of not guilty by reason of insanity.

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