



Street-involved, unhoused, and PWUD's accounts of fentanyl-involved "hot shot" homicides

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ABSTRACT

Street-involved people who use drugs navigate daily threats to their safety. While many of these threats are well understood, one common concern – “hot shooting” – has received little empirical attention. Hot shooting refers to the weaponization and deliberate injection of lethal drug concoctions (usually high-dose opioids) with the intent to kill. Drawing upon interviews with 331 street-involved persons, most of whom were unhoused and used illicit substances, we examine accounts of hot shot victimization, illuminating the techniques, motivations, and consequences of these largely undetected homicides. Hot shots carry multiple consequences for marginalized people's safety and well-being, constituting a new type and layer of fentanyl-driven threat on the streets. Furthermore, participants believed that police investigations into these killings were limited, exacerbating fear and frustration. We argue that hot shot victimization necessitates greater police, paramedic, coroner, policy, and legal attention.

Key Words Drugs; poisoning; homicide; homelessness.

INTRODUCTION

Since 2017, opioid overdoses have risen significantly across Canada and the United States, driven by the unregulated supply of highly potent, synthetic opioids (e.g., fentanyl; see Humphreys et al., 2022; Karamouzian et al., 2023; Robert et al., 2023). In 2022, the United States reported 73,000+ overdose deaths involving synthetic opioids, primarily fentanyl and its analogues (e.g., carfentanil) – an increase from roughly 47,600 in 2017 (National Institute on Drug Abuse (NIDA), 2024). Canada reported 6,300 fentanyl-involved deaths in 2022 – 19.3 deaths per 100,000 – surpassing the number of motor vehicle accidents, suicides, and homicides combined (Donroe et al., 2018; see also Jozaghi, 2020; Karamouzian et al., 2023).¹ Fentanyl and its analogues are also increasingly used to “cut” other drugs, including stimulants (e.g., cocaine), resulting in some people who use drugs (PWUD) unknowingly consuming high doses, increasing their risk of adverse health outcomes and death (Armenian et al., 2018). To our knowledge, in Canada, there are no data on opioid overdoses that have been ruled a homicide; in

2022, 96% of opioid toxicity deaths were ruled accidental, 2% were reported to be suicide, and 2% were undetermined (Katharine Lake Berz, 2023a, 2023b).

While the health harms and fatality risks of opioid dependency and fentanyl markets are now well documented (see, e.g., Armenian et al., 2018; Government of Canada (GOV), 2024; Smith et al., 2023), the relationship between street-based opioid markets and *other* harms – such as interpersonal violence and homicide – has remained largely unexplored. The near silence on this relationship during the current opioid crisis is curious, given how prevalent such discussions were during previous drug epidemics (e.g., the “crack era”).² Further, while we know that street drug markets pose risks of violence and homicide (e.g., Fagan & Chin, 1990; Goldstein, 1985), “[the] exact role of street markets in the relationship between drug demand and homicide remains an open question” (Rosenfeld et al., 2023, p. 334). Nevertheless, and further necessitating the need for focused research on this relationship, there is growing evidence that opioid demand³ (especially in street drug markets) likely elevates homicide

¹Since 2016, fentanyl and its analogues have been increasingly responsible for opioid overdose deaths in the United States and Canada (NIDA, 2023).

²For a discussion about the differences in scholarly, policy, and law enforcement attention to violence and homicide during the crack and opioid epidemic, see Rosenfeld et al. (2023, p. 333).

³As measured by opioid death rates.

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rates (Gaston et al., 2019; Rosenfeld et al., 2021, 2023).⁴ Some have even argued that homicide rates in the United States are “higher than they would have been absent the opioid epidemic” (Rosenfeld et al., 2023, p. 334).

Connected to the dearth of empirical work on the relationship between opioids and violence and/or homicide, the literature has not meaningfully considered whether these deadly substances are being used as a *homicide tool*. Indeed, research on whether or how street-based fentanyl can be “weaponized” *by* and *against* people who use, sell, traffic, and/or otherwise possess fentanyl is notably lacking. Colloquially referred to as “hot shots,” “hot caps,” or “hot doses,” this weaponization can take the form of *deliberately* administering or injecting lethal drug concoctions, usually fentanyl, *with the intent to kill* unsuspecting others.⁵ Scholarly inattention to (narratives about) hot shot murders in the context of the opioid epidemic is especially perplexing, given that (1) scholarship has been defining the “hot shot” phenomena in North American street-based drug markets for at least 90 years (e.g., Maurer, 1936); (2) convictions for hot shot murders have occurred in several countries for at least 27 years; (3) growing discussions/allegations in Canadian and international media by paramedics, law enforcement, and family members of deceased loved ones about hot shot murders are being dismissed and/or misclassified as “accidental” overdose deaths; and (4) recent research indicating a relationship between opioid demand and homicide rates (see Rosenfeld et al., 2023; see also Beletsky, 2019).

Drawing upon interviews with 317 street-involved⁶ persons and PWUD across four Canadian cities and three provinces, this paper draws attention to “hot shooting.” Participant accounts demonstrate that hot shots often occur in the context of street-based disputes (“street beefs”) and are a form of premeditated murder disguised as an overdose, making such homicides particularly challenging to discern and impeding coroner’s and, thus, the police’s efforts to detect, investigate, and/or classify such deaths as homicides. We demonstrate that hot shot victimization is a significant concern for street-involved people’s safety and well-being.

Hot Shots: Definitions and Context

For at least 90 years, academic research has made mention of “hot shots” as a form of murder against street and drug-involved communities, though its meaning has slightly evolved to reflect drug use trends. To illustrate, in 1936, hot shots were defined as “[cyanide] or other fast-working poison concealed in dope to do away with a dangerous or troublesome addict” (Maurer, 1936, p. 122). In 1955, the term’s usage shifted to refer to “[a] strong, lethal dose of heroin [...] usually given by the peddler to a ‘too-talkative-to-the-police’ addict in order to silence him;” an especially effective form of murder as “such a dose does not leave a clue in a body previously saturated with heroin” (Carey, 1955, p. 225). By 1970, hot shots referred to poisoned drugs or an “unsurvivably

high percentage of heroin” sold to someone suspected of snitching to kill them (Cromwell, 1970, p. 78), and 21 years later, the definition expanded to include “a lethal overdose of heroin with a poisonous substance intended to kill those deemed untrustworthy or who owed dealers money” (Smith, 1999). In 2009, Australian researchers claimed hot shots refer to the victim being “intentionally administered an excessive amount of the drug for the purposes of killing that person” (Dufloy et al., 2009, p. 1181). However, the person is usually the one administering the drug without knowledge of its lethal dosage.

News stories and court documents report hot shot murders internationally. Suspected and court-proven hot shot homicides have been documented in the United States since at least 2016 (Bologna, 2017; DEA, 2022; Kalmbacher, 2021). One killer, who confessed to hot shooting someone over 20 years ago, was even colloquially branded the “hot shot murderess” (Pikora, 2024). In Australia, an Australian man was convicted in the “willful murder” via hot shot in 1998 (Sapienza, 2009), and a police task force investigated three alleged hot shot murders (“staged drug overdoses”) motivated by “relatively small” drug debts between 2020 and 2021. In Canada, family members of Christopher Martin Costa disagreed with police and coroner classifications of his 2022 death as an “accidental overdose,” insisting it had to be a “hot shot” (Katharine Lake Berz, 2023a; Turner, 2023).

Recent Canadian court records further underscore the reality of hot shot homicides. Indeed, in 2019, four people kidnapped, tortured, and “forcibly fed and injected with fentanyl” an Indigenous woman from Alberta before they left her to die alone in the woods (Mulcahy, 2023; Wakefield, 2023). All were convicted of her death, three of second-degree murder and one of manslaughter (Cook, 2023; Mulcahy, 2023). In 2022, several people assaulted, bound, and forcefully administered a lethal “hot shot” of fentanyl before dismembering an Indigenous Calgary man after police seized the \$300 worth of drugs he was supposed to sell (Grant, 2025a, 2025b). Witnesses to the murder were intimidated and told to keep silent. These accounts are consistent with drug dealers across the country claiming that “fentanyl hot shots have [...] become the murder weapon of choice in the crime world” (Katharine Lake Berz, 2023a); family members of those whose deaths have been classified as “accidental” suspecting otherwise, sometimes with other forensic toxicologists sharing similar concerns (Katharine Lake Berz, 2023a); paramedics responding to overdose deaths reporting some were likely murders (Katharine Lake Berz, 2023b); and police recently admitting they have a “blind spot towards opioid deaths,” necessitating more thorough investigations (Katharine Lake Berz, 2023a).

While the reality of hot shot murders in recent years has been established, questions remain about prevalence, especially given the secretive nature of these homicides. Scholars posit that existing death investigations may not be suitable to accurately determine the manner of death (MOD) for drug-related fatalities (e.g., accident, suicide, homicide; see Advenier et al., 2016; Rockett et al., 2015; Rockett & Caine, 2020; Snowdon & Choi, 2022). Accordingly, they warn that some overdose deaths may be misclassified, skewing MOD reporting and trends in such cases and not reflecting MOD realities and patterns (Snowdon & Choi, 2022). While much

⁴Note that definitive conclusions and strong causal inferences should not be drawn based on this small number of studies (Rosenfeld et al., 2023, p. 333).

⁵For other definitions of this term, see Dufour (2023) and DEA (2022).

⁶People who live and/or spend time on the streets and are generally involved in street-based drug scenes.

of this existing research has focused on suicides being misclassified as “accidental” overdoses, we posit that similar concerns exist for correctly identifying and differentiating homicide as the MOD in overdose fatalities. Indeed, if suicides are misclassified as “accidental deaths” due to limitations in death investigations, then it is possible/likely that some homicides are being misclassified as accidental or suicides (see Stone et al., 2017).

Undoubtedly, further research is necessary to understand, recognize, and address hot shot victimization in the context of the current opioid crisis. This paper aims to initiate this scholarly investigation by unmasking this phenomenon, highlighting its implications for street-involved persons’ and PWUD’s safety, coroner/policing investigations and practices, and suggesting avenues for future research to better understand the nature and effects of hot shots. From a public safety perspective, greater attention to hot shots is vital, as undetected and unpunished offenders may undermine deterrence and heighten the risk of further murders. We thus encourage scholars, medical examiners, coroners, police officials, harm reduction experts, and activists to consider the contribution of hot shot *murders* to overdose mortality.

METHODS

Findings from this paper are drawn from research conducted with street-involved, unhoused, and PWUD in four Canadian cities – Thunder Bay (ON), Victoria (BC), Calgary, and Edmonton (AB) – where we completed 331 interviews. Participants were recruited via traditional street-based methods. We employed purposive and snowball sampling strategies, approaching potential participants or having those curious about our presence approach us; participants were not recruited through social service or public health organizations. Many referred friends and acquaintances to the study. We spent significant time in public spaces (e.g., city parks, alleyways, street corners) getting to know participants. We explained to potential participants who we were and what we were doing in the area and invited them to an interview. Before commencing interviews, we explained the informed consent process and ensured participants were comfortable and understood their participation was voluntary. We also explained they could stop the interview at any time and/or skip any questions they did not want to answer. We conducted interviews in their preferred neighbourhood spaces, including in parks, riverbanks, parking lots, alleyways, and homeless encampments. Participants were compensated \$30.00 for their knowledge and time.

We took a broad sampling approach, getting to know people who spent time in public spaces and/or homeless encampments. Being unhoused or street-involved was the main inclusion criterion, though the overwhelming majority were also using illicit substances (primarily fentanyl, methamphetamines, and benzodiazepines). Notably, concerns about hot shots were not limited to PWUD but were shared broadly by street-involved/unhoused participants, regardless of the nature, extent, and/or frequency of their substance use. See Table I for participant demographics.

We initiated the interviews using a general semi-structured prompt guide, asking varied, broad, open-ended questions about their views and experiences of street life;

TABLE I Participant characteristics (N = 331)

Gender	Women	39.0% (n = 129)
	Men	59.8% (n = 198)
	Transgender	1.2% (n = 4)
Age, years	16–29	17.9% (n = 59)
	30–49	56.8% (n = 188)
	50+	20.2% (n = 67)
	Missing	5.1% (n = 17)
Ethnicity	Asian	0.3% (n = 1)
	Black	1.8% (n = 6)
	Indigenous	53.5% (n = 177)
	Latino	0.6% (n = 2)
	South Asian	0.6% (n = 2)
	White	39.0% (n = 129)
	Missing	4.2% (n = 14)
Housing status	Unhoused	91.9% (n = 304)
	Housed	7.8% (n = 26)
	Missing	0.3% (n = 1)
Drug use	Uses drugs	97.9% (n = 324)
	Does not use drugs	1.8% (n = 6)
	Missing	0.3% (n = 1)

staying safe on the streets; drug use; survival strategies (e.g., how they make money); and experiences with law enforcement, health actors, and harm reduction/social service agencies. Hot shooting emerged *organically* during interviews, often as participants discussed perceptions of safety. We spent between 4 and 10 days interviewing and spending time with participants in each city listed above. Participants across all four field sites talked about hot shots. We debriefed daily, sharing field observations, including emerging insights into participants’ narratives about hot shots, and refining interview questions along the way. For example, once we had an understanding of what hot shots were, we asked participants more targeted, follow-up questions about hot shot motivations, determining hot shot homicides, and how hot shot victimization was impacting street dynamics generally. We did not identify notable differences in the nature or administration of these hot shots across sites.

Interviews were transcribed verbatim and thematically analyzed, guided by Braun and Clarke (2006). Following an open-coding process, we familiarized ourselves with the data, reading and re-reading interview transcripts, and developed organizational and substantive themes. Examples of organizational codes include “safety,” “victimization,” and “hot shots,” and examples of substantive codes include “hot shot motivations,” “experiences with police,” and “street beefs.” Interview data were coded using NVivo14, (Lumivero, Denver, CO, USA). Participants’ names are all pseudonyms, and minor details have been changed to protect their identity.

RESULTS

We find that hot shots are a significant concern for street-involved people, affecting their sense of safety by introducing a highly injurious, easily concealable form of victimization onto the streets. In addition, participants' concerns about an alleged lack of meaningful police investigation and legal prosecution contribute to their concerns. This section summarizes participant narratives, with direct quotes numerically identified and located in Appendix 1.

What Are Hot Shots?

Participants used “hot cap” or “hot shot” to refer to a person *knowingly and intentionally* administering or handing somebody a lethal dose of drugs, typically fentanyl or its analogues (e.g., carfentanyl), with the intent to kill that person (quote 1). Participants emphasized that a hot shot is an *intentional* killing, despite often appearing/being staged as a self-inflicted or accidental overdose death (quote 2). They explained hot shots are typically administered via (forced) injection or, less often, (victim) inhalation or other ingestion, all of which are easily veiled as self-inflicted (quotes 3 and 4). While hot shots often appear as accidental overdoses because they leave little to no external physical injuries indicating foul play, and especially when they are administered against known opioid users, participants were adamant that they are murders and easy to get away with (see quote 4).

Other circumstances help conceal hot shot killings. Hot shots can be administered while the victim is asleep and is less likely to resist and identify the perpetrator. In other instances, a hot shot may be “disguised” as a seemingly “normal” drug exchange; in essence, the person buying the drugs is expecting either a “manageable” dose of fentanyl they are experienced with using safely or a different, non-opioid substance, yet is given and consumes a lethal dose of fentanyl and is “left for dead” (quotes 4 and 5). Some hot shot murders can involve the intentional withholding of opioid antagonist (naloxone) administration after the victim has been intentionally provided a lethal dose of drugs (quotes 6 and 7). Regardless of the substance and method used to carry out a hot shot, participants emphasized that these are *not* accidental overdoses or “bad” drug deals. However, across field sites, participants voiced concern, frustration, and/or sadness about how these fentanyl-driven killings have heightened the risk of substance-associated risks (quote 8). Most alarmingly, in all four cities, participants identified hot shooting as a regular occurrence (quotes 8–12). However, several recognized it was difficult to indisputably determine a hot shot murder and quantify their prevalence.

Distinguishing Hot Shots

Given the clandestine and easily concealable nature of these acts, how do street-involved people distinguish a hot shot from an accidental/intentional overdose death or a death due to other causes? While unsuccessful hot shot attempts can be more easily identified (quotes 13 and 14), successful hot shot murders can be harder to determine, as the victim is deceased and cannot provide direct testimony to what

occurred. Despite this, many participants spoke of family members or close acquaintances they alleged had died of a hot shot. Participants' judgments that their loved one had died of a hot shot were based on (1) the victim not being a fentanyl user and yet dying of fentanyl, or being an extremely “careful” and experienced user; (2) the route/injection location of the lethal dose; (3) their knowledge of active street beefs; and/or (4) their access to/interpretations of medical “evidence.”

Not a fentanyl user or a “careful” user

Participants were especially suspicious in situations where a *non-fentanyl* user died suddenly with no other reasonable (medical) explanation or when the deceased person was a “responsible” and experienced fentanyl user (quotes 15–18). For example, Mike was adamant that some people he knew had died of a hot shot because they were either very careful about or never even used fentanyl, making him believe the probability of an “accidental” or unintentional overdose was low. Mike's account further shows that staying at a shelter – indoors in what should be a safe and supervised space – does not necessarily protect marginalized persons from falling prey to a hot shot.

Route of administration

Participants insisted that they could sometimes differentiate a hot shot from an overdose by way of route of administration – a departure from how the deceased person normally consumed drugs or where they injected (quotes 19 and 20).

Street knowledge

In rare cases, participants reported having “street knowledge” about a planned hot shot in advance and being able to intervene. James recounted overhearing someone's plans to hot shot another person (quote 19). Further, Susan explained that who and how a hot shot victim carried themselves on the street were often factors that participants felt contributed to this victimization (quote 24). Additionally, participants reported that hot shots were especially prevalent among higher-ranking gang members (quote 25). The focus on who/what these victims were underscores that oftentimes they are killed because of what they have done or their position in the street hierarchy (e.g., known “asshole,” gang member, snitch).

Medical “evidence”

When participants had access to coroner findings (through phone conversations or coroner reports), they felt they had more concrete, and sometimes undeniable, evidence of a hot shot murder. They often leaned upon the number/location of injection points and fentanyl concentration in their reasoning (quotes 19 and 20). While to some the reported fentanyl blood concentrations appeared self-evident, there is no definitive threshold for fentanyl concentration in the bloodstream that can distinguish between a fentanyl-based killing and other (accidental) fentanyl overdoses because of possible unknown drug interactions and significant variation in individual opioid tolerance levels (Guerrieri et al., 2017).⁸ However, it is

⁷Terminology varied by field site, for example, in Calgary, participants often used the term “hot cap,” while in Victoria, “hot shot” was more common.

⁸Noto et al. (2019) report that in Louisiana, between 2013 and 2018, lethal fentanyl concentrations ranged from 3 to 200 ng, demonstrating how difficult it can be to determine “normal” from “suspicious” fentanyl levels in fentanyl-involved deaths.

imperative to note that participants like Arch and Lukas, who reported accessing coroner reports, had notable background information (e.g., potential motives and perpetrators), which, when combined with coroner reports, cemented that their loved one was murdered via hot shot.

Motivations for Hot Shooting

Participants described hot shot victimization as a retributive “street” justice tool, driven by two broad motivators: “*street beefs*” and *financial motives*.

Dealing with “street beefs”

Participants reported people carried out hot shots to deal with street “beefs”: being disliked or as punishment for real/perceived wrongdoing, which can range in severity (e.g., being disliked, annoying someone, stealing, snitching). Annabelle, who survived an alleged hot shot attempt on her life, believed it was an effort to eliminate her in retaliation for a perceived slight (quote 21). Likewise, Robbie reported his hot shot attempt was motivated by a jealous roommate (quote 22). Others explained that someone’s actions (e.g., treating people badly, snitching) could lead to being hot shot (quotes 23–30). Participants also shared that hot shots were a common way of getting rid of higher-level gang members (quote 25).

While some participants explained how hot shots are done in response to specific forms of street-based misconduct, most were fairly vague in their accounts, explaining hot shots are typically motivated by generalized disputes and interpersonal tensions. Participants highlighted how hot shots are often used to end or get rid of people who cause “problems.” Regardless of the contextual nature of these “problems,” participants’ narratives demonstrate hot shots are a type of street-based punishment, broadly falling under retributive “street justice.”

Financial motives

Some participants emphasized money as a key hot shot motivator. Financial motives meant one of two things: the offender wanted to somehow profit off the deceased individual, or the victim held drug (or other) debts, and the murder was a form of punishment (quotes 31–35). However, a few participants were especially skeptical of purported financial motives because recouping what was owed would be impossible after death. Some thus believed that beyond owing money, there were additional motives (e.g., sending a message) behind these murders (quote 36). Accordingly, hot shots may be motivated by multiple or interrelated reasons, further underscoring their function as a form of retributive street justice.

Police Responses

Some participants felt that the police rarely investigated suspected hot shots. Participants perceived limited investigation into such cases as resulting from the police’s lack of interest and their failure to believe that a hot shot had occurred (quotes 37–43). Participants generally believed that the police had little interest in meaningfully investigating these deaths, even when they shared information with the police that could help the case and/or identify the alleged perpetrator or when these deaths were classified (unofficially) as suspected homicides.

In some cases, it appears there was a fair amount of information available that could have helped with these MOD investigations (e.g., coroner’s report, likely suspect/culprit/motive). Indeed, Lukas’ experience suggests the police and coroner were at least willing to consider the possibility that his brother was killed.⁹ Regardless, Lukas’ narrative conveys a sense of frustration with the process of trying to uncover the “truth” behind his brother’s death. His story further draws attention to the difficulties of prosecuting potential hot shot offenders as hard evidence is often lacking, which other participants also acknowledged (quotes 38 and 39). The participants were aware of these limitations, explaining that despite knowing who committed the hot shot against their loved one, they felt it was almost impossible to prosecute these crimes (quote 43).

DISCUSSION AND CONCLUSION

Despite hot shots being long recognized by researchers and practitioners, the academic literature has not examined how marginalized people describe and experience intentional fentanyl poisoning. We find that hot shots are a serious concern for street-involved people, regardless of their substance use habits, adding a new and acute layer of threat to already risk-laden lives. Participants, even those without direct or indirect experience, reported that hot shots happen frequently. Hot shot victimization must be understood within the context of street-involved people’s daily lives, struggles, and uncertainties. Participants faced routine challenges, including housing precarity, addiction, mental health struggles, and peer-based violence (see, for e.g., Urbanik et al., 2025), compounded by limited support from the state and law enforcement (Cao et al., 1996; Macdonald et al., 2007; Weitzer, 2010; c.f., Maier et al., 2025; Urbanik et al., 2022). In contexts marked by marginalization and weak institutional protections, seemingly minor disputes (e.g., alleged disrespect; disputes over space) may escalate as individuals act to protect themselves or assert dominance (see e.g., Anderson, 1999; Baron, 2017; Bourgois, 1997). While peer-based victimization is not new, the widespread circulation of an unregulated and highly toxic fentanyl supply has introduced a new and particularly lethal dimension to street-level safety concerns and victimization risk.

Our findings enhance understanding of fentanyl’s risks and the opioid epidemic. While research has widely documented the health risks of fentanyl and its analogues (e.g., overdose), there has been no empirical documentation of how fentanyl may be intentionally weaponized, particularly as a retributive justice tool for street conflicts. In an environment characterized by an abundant toxic drug supply, perpetrators can exploit fentanyl as a highly lethal “weapon” requiring little planning or skill. As Rosenfeld et al. (2023, p. 334) note, when the relationship between homicides and street drug markets is overlooked, “it cannot be effectively ameliorated.”

Some may question the veracity of participant accounts due to misunderstanding, memory impairment, misinformation, or difficulties accepting a loved one’s death. However, these concerns should not detract from the analytic value of the findings. Self-report data are widely used and accepted

⁹Unfortunately, we cannot determine if/how the case has been resolved.

in criminology, including self-reports of offending, victimization, and incarceration (Daylor et al., 2019). Moreover, all narratives are shaped by audience and context (Sandberg, 2010, p. 461). Importantly, even if not entirely “true,” these narratives reveal how individuals and communities understand and respond to death and violence. As scholars have long noted, people act on their perceptions of reality regardless of factual accuracy (e.g., Urbanik et al., 2021), and as Sandberg (2010, p. 462) observes, “Research participants do not even always know the truth themselves, which makes a positivist notion of truth, and the traditional idea of validity and of narrative as record suspect.” Accordingly, this paper reports participants’ perceptions without claiming to verify individual cases. Nonetheless, given our robust sample, participants’ experiences across multiple cities, and extensive media and court reports (including findings of guilt), there is strong evidence that hot shot victimization constitutes a real threat, warranting scholarly and policy attention.

The likelihood that hot shot murders go undetected is supported by extensive research on MOD determination. Despite training and forensic advances, classifying deaths remains “a significant challenge” (Santelli et al., 2024, p. 7; see also Adams et al., 2025), particularly when distinguishing between accident, suicide, and homicide (Sorenson et al., 1997, pp. 43–44). Scholars have long documented over- and under-classification of MODs, including variation due to medical examiner characteristics and jurisdictional differences in the certainty required to classify homicide (Oliver, 2012: Table 2; p. 128). MOD determination is especially difficult in overdose cases due to substance tolerance, polysubstance use, and overlapping mental health histories (Advenier et al., 2016; Gill, 2005; Hempstead, 2006). Notably, homicide could not be ruled out in 23% of deaths classified as “undetermined” (Advenier et al., 2016). While Liu et al. (2021, p. 339) identify underreporting of suicide as a major public health issue, we maintain that underreporting of homicide among overdose deaths is also likely.

We argue that suspected overdose deaths must be more carefully investigated, as “incorrect determination of MOD can result in poorly performed criminal investigations, cause distress to families, and negatively impact public policy decisions” (Oliver, 2012: p. 133). When MOD is classified as homicide, investigations are more robust, whereas suicide or accidental determinations “will conversely inhibit investigation and, if charges are later brought, may be used as evidence of reasonable doubt in court” (Oliver, 2012: p. 133). We therefore recommend a three-pronged strategy. First, coroners and medical examiners should determine MOD as homicide when appropriate and expand contextual investigations as needed. Second, police responses to overdose deaths classified as homicides should be thorough, even when victim attributes or circumstances may limit investigative capacity or witness cooperation (e.g., Braga et al., 2019; Mouzos & Muller, 2001; Schroeder & White, 2009; Wellford et al., 1999). Third, standardized and ongoing training for first responders should increase awareness of hot shot victimization and support careful on-scene assessment, documentation, and questioning. This training should be paired with improved coordination among coroners, medical examiners, police, and public health agencies to identify patterns suggestive of intentional poisonings. Lastly, future

research that includes the experiences and perspectives of these groups is also needed.

Detecting and proving hot shot murders remain difficult, as these acts are easily concealed and generate substantial ambiguity for investigators (Duflou et al., 2009). However, investigative challenges should not preclude recognition or response. Misclassification obscures efforts to track violence, deter perpetrators, and address the toxic drug crisis. Given that 21 opioid overdose deaths occur daily in Canada (GOV, 2024), it is imperative to consider how many may be murders. While we cannot determine prevalence, our data provide strong evidence that hot shots represent a real risk and account for at least some lethal overdoses. Failure to investigate these deaths risks perpetuating cycles of violence (Stewart et al., 2006, 2008), eroding trust in police (Kwak et al., 2019), and enabling serial offenders to evade detection (Ferguson, 2021; Trestrail & Trestrail, 2007). Recognizing hot shot victimization does not conflict with harm reduction; rather, awareness, careful assessment, and enhanced investigative capacity may help mitigate an underrecognized form of violence.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

DETAILS OF POSSIBLE PREVIOUS OR DUPLICATE PUBLICATION

None.

ETHICS APPROVAL AND INFORMED CONSENT

This research was approved by the University of Alberta (PRO00127559), the University of Winnipeg (HE15863), and Wilfrid Laurier University (8930) research ethics boards. Participants were informed about the study and freely consented to participation. To protect participant anonymity, verbal consent was obtained.

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APPENDIX

Appendix 1: Participant Quotes

1. Annabelle (woman, 48 years): “a [hot] cap is when they drug you with a [...] mixture of drugs or just something with fentanyl and hope that you die.”
2. James (man, 34 years): “A hot cap is when somebody finds a person to be of unsavory character, or somebody that they do not want to continue talking, or to continue living. And they give them an extremely high dose of fentanyl and or other illicit drugs in order to kill and make it look like an accidental overdose.”
3. Ronda (woman, 44 years): “So basically, a person will make up kinda some solution [of drugs]. Usually, it’s injecting, but the person could smoke it if the person who is making it makes it the proper way. But they’ll put whatever they can, poisonous whatever, in it so that it kills you.”
4. Mark (man, age unknown): “The quick fix [to someone you don’t like] is sticking a needle in a vein.”

Interviewer: “So, is it like you sell it to them knowing that it’s gonna kill them, or is it like you stick them with a needle when they’re sleeping and they don’t know, or you hold them down? Like, how does it happen?”

Mark: “All of the above.”

Interviewer: “So, it’s easy to get away with?”

Mark: “Yeah, yeah, yeah, very easy. All you gotta do is drop a couple grams of fentanyl in someone’s Tim Horton’s coffee – go buy them a coffee, drop it in, and that’s it, it’s over.”

5. Mike (man, 25 years): “[...] it’s basically you shoot up [...] give them a way higher dose than [...] they’re expecting. If they even do it [fentanyl] at all. And victims are just left for dead.”
6. James: “Usually, it’s a shot that’s pre-made and given to somebody. Like, ‘oh, here. You need a shot? Here you go.’ And you do it. And they’ll do the shot by themselves and it’s far too much for them and they just are, it’s too much [so they overdose and die].”
7. James: “they [the perpetrators] don’t give them Naloxone to save their lives. Even though they have the Naloxone.”
8. Ron (man, 45 years): “Whether it’s a hot shot, or overdose, or the fentanyl they’re [family, friends] all dead and gone.”
9. Susan (woman, 35 years): “Just last week, I know of three [hot shots] that happened.”
10. Ronda: “I’ve lost two friends in the last two weeks from dealers hot shooting them.”
11. Robbie (man, 47 years): [hot shooting happens] “all the time.”
12. Julia (woman, 20 years): [hot shots happen] “quite often,”
13. Julia: “[There’s] someone named Pete who had just overdosed a couple of months ago. He doesn’t do down [fentanyl] at all.” Given he was not a fentanyl user, and there was nothing else to make sense of his death, Julia believed Pete had likely been given a hot shot.
14. Robyn (woman, 49 years): “The thing is, these people that are dying don’t do needles. They just go to smoke crack and they die of the fentanyl. Like there’s fentanyl in their crack or somebody’s putting it in there. I’m telling you it’s happening and a lot of people – like Joe, Joe’s one of the dealers here, but his girlfriend Monika did not do any down at all, okay? She was found with a little bit of blue under her nose, we think she was sniffing it and not knowing it. It doesn’t really taste. Then you get liquid fentanyl, or pure fentanyl, that’s where it tastes, but you’re not gonna taste it in the crack. And they’re just – they put us in a body bag and then in the incinerator, end of story. Another drug addict OD. And it’s like, no man, it’s not! He doesn’t do down – it’s a fucking murder.”
15. Miike: “It’s funny because majority of the ODs [overdoses] in that building [local shelter he sometimes stays at] are people that don’t even smoke down [fentanyl]. It’s people that are like super careful about anything, just like me, that end up fucking – are the ones that magically OD. [...] There’s been like four or five deaths in both those rooms [in the shelter] and I’ve known everyone that’s died in that room. And yeah, they’re not – I don’t think it’s coincidental.”
16. Robyn: [In speaking about a girl she knew] “She was found in a bus stop overdosed on fentanyl. She doesn’t do fentanyl at all, she drank.”
17. Leila (woman, 35 years): “There’s no way that they would overdose, based on knowing how much they use and how long they use, so it’s [a hot shot] in the back of the mind.”
18. Robbie: [My cousin was found with a] “Needle sticking out of his arm and he didn’t shoot up in his arm. He hid it [track marks] – shot up in between his toes. That was labeled as suspicious [by police], and nothing came of it. And then me and my best friend, who was dating him at the time, went around asking questions, and we got too close, I guess and we had to stop because it was getting dangerous.”
19. James: “I knew one [overdose] was a hot shot. And because I knew it was a hot shot, I made sure I was there to give them naloxone. I had overheard a conversation that that’s what they had planned on doing to this person and I, being the person I am, I just couldn’t handle that. I took an oath to save lives [...]. James went on to explain how the perpetrators “followed” and said to the victim “oh c’mon let’s get high, you look like you’re sick.” The victim “did a hoot and went down instantly.” The perpetrators fled the scene immediately, and James explained that he was

able to get to the victim quickly to administer nasal naloxone, saving his life.

20. Jules (woman, 44 years) added “if you piss off a dealer or somebody they’ll give you something called a hotshot and it will kill you.”
21. Annabelle: “Actually, the reason I got here [homeless encampment] is because I got hot capped [...] Because not everyone dies from a hot cap. I was raped and was taken from my home, tied up with zip ties, raped and hot capped. And [I] survived. [...] after being raped for the first time in your life on the same day you’re hot capped; I think the almost dying bothered me more [suggests that the attempted hot shot murder was more horrific than her brutal rape].”
- She explained that this incident was the result of slighting her former roommate, who then falsely blamed her for missing money or drugs: “[because] my roommate at the time borrowed \$5,000 from them [bikers] either through cash or through drugs and never paid them back. And she blamed me for the flaws of it, which I did not ... to get rid of [her].”
22. Robbie: “I was living with the guys that did it [hotshot him]. It was just a normal day going to the liquor store, like we did 8–10 times a day. Right? And yeah, I guess he [his roommate] got jealous I was taking the spotlight from him or something. And he was a bit of a queen – didn’t like it. Yeah, so him and his buddy fuckin stuck me [with a needle]. I was like, ‘what the fuck?!’ I was like, ‘What the fuck?!’ I felt weird, and I ran back to the house where my best friend and cousin were [...]” Robbie stated that the drugs injected into him were not concentrated enough to immediately “drop” him, and he explained “adrenaline” carried him back to safety.
23. Mike: Describing why people are hot shot, “when you’re an asshole. I’ve seen that happen”
24. Susan: When asked about why this might have happened: “Because of who they were and what they were.”
25. Travis (man, 47 years): “Like throughout the whole year, I heard a lot [of hot shots] down here [in downtown Edmonton]. A lot of people actually – a lot of, a lot of these high, higher up gang members, that’s, that’s how they died. Cause that’s an easy and clean way to do it, right?”
26. Renai (woman, 31 years) emphasized that while she “never really wanted to know why somebody was hot shot” for her own safety, she believed it happened because of “[...] something they did [...] stealing or like, whatever [...] – they did something wrong.”
27. Arne (man, 32 years): Talking about his cousin’s hot shot victimization, referred to the coroner report which said that “there were two extra shots [injections] in his leg,” which to him was indicative of foul play.
28. Lukas (man, 40 years): “When they killed my brother, they fuckin gave my brother an overdose of fentanyl. And when they gave him a hot shot, and I know this for a fact, because I fuckin found all the information out. I got the coroner’s report [...] They fucking hot shot him and paid a hooker to do it. They gave him 44.5 micrograms of fentanyl injected. Okay, that is enough [fentanyl] to kill fucking 30 people at least or more.”
29. James: “Snitches wind up in ditches or snitches wind up with stitches. It’s a very, very harsh culture when it comes to the drug culture. And when it comes to snitches. And when it comes to rats. Yeah. It’s not something you want to be labelled on the street. It’s very dangerous to be labelled something like that.”
30. Arne: “a lot of people get hot shots here [...] That’s usually how a problem goes away down here.”
31. Ronda: “Okay, so. Say I get stuff from a dealer and he’s really pissed off at me, but I don’t know how pissed off he is. And I go and I buy 40 bucks off him. Right? He gives it to me, I go, I mix it up, cook it up, put it the syringe and go to shoot it up, thinking I’m shooting up crystal meth. And it’s hot shot, and boom! I’m dead.”
32. Leila (woman, 26 years) describes hot shots as a manner of robbery: “The people are like evil there. They’ll kill you for a fake chain. I’ve seen people that are not even old enough to be in some of these buildings get hot shot.”
33. Mike indicated that “owing money” was a motivator.
34. Derek: If you hot shot someone who owes you, it “means you can’t pay the debt.”
35. Lukas: who believed his brother was hot shot, explaining he believed his brother was killed partially because “[my] brother apparently owed a lot of money.”
36. Lukas: “I figured nobody, nobody kills a person like they did with my brother for just money. Yeah, I don’t care who you are. They did this to make a statement. Yeah, it’s exactly why they did it.”
37. Robyn: “We got a friend. It was on camera – there was two people that got seen moving her [deceased friend’s body] from her room on a shower curtain, okay. And then the cops never did anything about it. Oh! they said it might be a murder case. Yeah, you think?! Two people are moving her body, man!”
38. Lukas: “[...] somebody told me, tipped me off, told me to go find my brother and get him outta here before they [killers] found him. They’ve already found him. This person whoever it was, I’m not sayin names. This person that told me, tipped me off like that, they [hot shot perpetrators] did it on purpose. I know they did. Okay. Now the girl that they hired to do it, they forced her into a position. They told her that if she didn’t do the job [hot shot his brother] that she was gonna watch her son die, and there was nothing she could do. [...] And I told the cops; I told them who it was. You know what they did? Nothing. Absolutely nothing! That’s what the cops are good for around here. They do fuck all. It’ll tell you, if HA [Hells Angels] was here, and I went to them and told them everything, they would have hunted her down and fucking got the information they needed from her. That’s exactly what would have happened.”
39. Lukas explained later finding out from the police that his brother’s death was recorded as a “medical/homicide” after pushing the police officer to release this information: “So, I looked at him [police officer]. I said, ‘You know what? Either you’re gonna tell me really what happened to my brother or I’m gonna reach over for, you know what’s going on. I’m gonna grab your gun and pistol whip you until you tell me’. That cop, fucking didn’t do nothing. He sat there, looked at me for about five minutes. And the rage in my eyes was so fuckin intense. I wanted to just kill him. He fuckin shows me on his laptop in the cruiser what came up on my brother. It was listed as medical/homicide. Not a suicide. Homicide ... then I phoned my mom and I told her everything ...”

40. Arne: "... *there's nothing we can do about it.*"
41. Arielle (woman, 49 years): hot shots *"happens here like really bad, like the cops don't want to deal with it or something."*
42. Julia: the *"cops [...] didn't investigate my mom's death."*
43. Nina (woman, 37 years): *"You consider everyone that passes away from a drug that it's just strictly an overdose, not a murder, because they get hot shot."*

Interviewer: *"So, you don't think they don't investigate it?"*

Nina: *"They don't [...] It's like a reaction, a temporary reaction. So, I mean, a tox screen is gonna come up with that. But if it's just a hot shot – it's like an overdose with fentanyl, which is most of the time what a hot shot is, right? So, yeah, it's just an overdose."*