



MAGISTRATES COURT of TASMANIA

CORONIAL DIVISION

Record of Investigation into Death (Without Inquest)

Coroners Act 1995

Coroners Rules 2006

Rule 11

I, Robert Webster, Coroner, having investigated the death of Glenn Sturley Meyer

Find, pursuant to Section 28(1) of the Coroners Act 1995, that

- a) The identity of the deceased is Glenn Sturley Meyer (Mr Meyer);
- b) Mr Meyer died in the circumstances set out below;
- c) Mr Meyer's cause of death was mixed drug toxicity; and
- d) Mr Meyer died on 22 August 2019 at Bicheno, Tasmania.

Introduction

In making the above findings I have had regard to the evidence gained in the comprehensive investigation into Mr Meyer's death. That evidence includes:

- Police Report of Death for the Coroner;
- Affidavits establishing identity and life extinct;
- Affidavit of Dr Donald Ritchey Forensic Pathologist;
- Affidavit of Mr Neil McLachlan – Troup Forensic Science Service Tasmania – toxicological and analytical report;
- Affidavits of Mr Marlyn Mayer;
- Affidavit of Ms Suzanne Hodgson;
- Affidavit of Senior Constable Peter Houston;
- Affidavit and report of Dr Emma Richardson;
- Affidavit of First-Class Constable Lauren McMahon;
- Records with respect to Mr Meyer obtained from the Bridge Program and the Alcohol and Drug Service (ADS);
- Mr Meyer's medical records obtained from the Launceston General Hospital (LGH), Royal Hobart Hospital (RHH) and North West Regional Hospital (NWRH);

- Medical records of Mr Meyer obtained from his General Practitioner; and
- Photographs, forensic evidence and reports.

Background

Mr Meyer was the youngest of 3 children to his parents, Marlyn Meyer and Christine Geard. He was 45 years of age (dob 6 April 1974), single and in receipt of a benefit from the Department of Veterans Affairs (DVA) at the date of his death. Mr Meyer grew up in the Nubeena area where his parents had a business. His father describes him as a happy, good-natured child. In 1985 when Mr Meyer was 11 years of age his family moved to Hobart where he attended both The Hutchins School and later Taroona High School. He was well liked by students and staff and he was an average student. He excelled and was actively engaged in sport representing the State in golf, cricket and soccer.

When he was around 17 years of age he trained to be a professional golfer however he was unsuccessful in that pursuit. He commenced a relationship which was short lived but which produced a daughter who he had very little contact with and who he had not seen since she was approximately 6 years old.

In 1992 Mr Meyer joined the Royal Australian Navy moving from Tasmania to Hastings in Victoria. He was 18 years of age at the time. His father reports that before his training had finished he was a victim of both physical and sexual assault by a number of older trainees. He returned home to live with his parents and never returned to the Navy. It was at about this time he started drinking alcohol heavily and this concerned his parents.

Within about a year of his return to Tasmania, Mr Meyer obtained employment and was living on and off with his parents prior to buying his own home. He then commenced a new relationship and got engaged. The couple had a son however he died at approximately 6 months of age from a brain haemorrhage. That relationship did not survive that traumatic event and Mr Meyer started drinking alcohol again.

Mr Meyer was then in a couple of short term relationships before entering a third significant relationship which lasted about 2 years. His partner in that relationship had a number of children from a previous relationship. Mr Meyer sold his own home to assist the relationship financially. That relationship ended badly with police becoming involved and family violence orders being made.

Mr Meyer's last relationship, his parents were aware of, was with a woman who was a known drug user and who was on the methadone program. They were aware Mr Meyer was smoking cannabis but they do not believe he was using other drugs. Neither of them were

working and as a result, money was problematic and this resulted in Mr Meyer's parents paying for some of their food and bills. It was during this time Mr Meyer committed a robbery at the Kentucky Fried Chicken store on Main Road Claremont. Although Mr Meyer's father says his son used a plastic gun the Judge's comments on passing sentence¹ make it clear he had no gun, although when he pulled his hand slowly out of his jacket pocket at one point, he appeared to be holding something metallic and one of the employees in the store thought it was a gun. Those comments make it clear Mr Meyer took \$150, left the store and started running. He was apprehended 2 days later after being identified from CCTV footage. He made a full confession to police and told them he needed money for the school lunches of his partner's daughter, bus fares, medication, rent and cigarettes. Mr Meyer was going through a property settlement and was trying to pay the mortgage on the house of his ex-partner, his own rent, child support, a collection service and a finance company. Mr Meyer told police he did not know what came over him, that everything had just got too much and he was desperate. It was a last-minute decision after he had checked his bank balances at an ATM and found he had nothing. He told police he was ashamed as he had been brought up better than that and he expressed remorse.

The comments on passing sentence make it clear Mr Meyer had attended sessions with a psychologist, was undergoing an alcohol rehabilitation program with the ADS and he planned to enter the Salvation Army Bridge Program. Taking all those matters into account, he was sentenced to 7 months imprisonment wholly suspended on condition he did not commit any crime or offence punishable by imprisonment for 2 years.

In 2014 Mr Meyer moved to Queensland where his parents were living on and off. He found employment and was free of alcohol and drugs. He was well paid in his employment. His father said he seemed to be getting on well and they visited him frequently. Unfortunately that job ended in 2016 and he began having difficulties again. It seems a claim was made against the Navy and Mr Meyer was paid compensation together with a pension.

Mr Meyer moved to Deloraine for a short time before he moved to Bicheno in 2016 and purchased a house. His parents were living in Deloraine but visited him frequently. He never spoke about self harm and appeared to be coping but his parents were concerned about the amount of medication he was taking.

He received some treatment at St Mary's Hospital for panic attacks and then was transferred to the LGH. He returned to Bicheno in about the middle of August 2019 and his parents stayed with him. Mr Meyer says for the last week his son seemed okay. When he found his son had passed away he was shocked and surprised. This was because on the day before his

¹ Justice Estcourt sentenced Mr Meyer for the crime of robbery on 26 April 2013.

death his father drove him to a doctor's appointment at St Helens and he was talking about buying a slide on camper to travel to the mainland. He wanted his father to help him purchase it. In addition he had put his house on the market with a view to moving to Port Sorell. He appeared to his father to be in good spirits.

Health and Treatment

The RHH records reveal 8 attendances at accident and emergency between April 2009 and February 2013. In August 2009 he injured his left hand in a fight, in March 2010 he suffered a laceration to his left hand and in April 2012 he fractured the left radius as result of a fall. Later that year he was suffering from right sided chest pain as result of an assault 2 days earlier and in January 2013 an assessment revealed heavy alcohol and cannabis use which resulted in him presenting with excessive alcohol use and suicidal ideation. The next month he presented with worsening lower back pain. He was homeless at that time. As a result of this assessment he received physiotherapy in February and March 2013 until he was discharged from that service due to him failing to attend a number of appointments. As a result of the presentation in January 2013 he received treatment from the ADS from 11 January until 29 April 2013 at which time he was discharged to the Bridge Program.

Mr Meyer's general practitioners' records detail treatment between 16 March 2017 and 21 August 2019. During that period he attended appointments on approximately 55 occasions. He was diagnosed with post-traumatic stress disorder (PTSD) and depression. That diagnosis was made by his general practitioner in Queensland, Dr David Reid. In addition, he was said to suffer from an under active thyroid, depression and anxiety, a right L5 disc prolapse, sciatica and right radiculopathy. Difficulties with his weight did not help these latter 3 conditions.² It appears he was prescribed pain medications for chronic lower back pain. In addition, when he commenced seeing a general practitioner in Tasmania, there was contact between that practice and Dr Reid in Queensland. By April 2017 the Pharmaceutical Services Branch of the Department of Health was concerned about the dose of the painkiller palexia. However, after making further enquiries, they were satisfied with the dose. Initially medications were dispensed fortnightly and subsequently they were dispensed weekly.

During the 29 month period covered by the general practitioner records, Mr Meyer was referred for pathology testing, radiological testing, counselling, for physiotherapy and exercise physiology, to a respiratory physician because of difficulties with sleep, a pain clinic, a psychologist and psychiatrist. He was also referred to the Bridge Program run by the Salvation Army and to the ADS.

² On 6 April 2018 Mr Meyer's weight was 121 kg which was equivalent to a Body Mass Index (BMI) of 40.9. Those figures remained the same at a further assessment on 5 September 2018.

The general practitioner's records indicate that on at least 3 occasions in 2018, there was a discussion with Mr Meyer about reducing his medications and a desire by him to achieve that. By the end of January 2019 the plan was to wean him off palexia and diazepam slowly with the aim of ceasing it all together. Subsequently it appears Mr Meyer had doubts about being able to cope if the dose of diazepam was reduced.

There is a denial of suicidal ideation recorded in the notes when Mr Meyer was asked that question. That is until the day before his death when he sees his general practitioner on 21 August 2019. At that time Mr Meyer threatens “to go back to cannabis use/or even harm himself if he does not continue the diazepam indefinitely has been on it for 6 years,” it is “his life” and he “will do what he wants to do”. Later on in that consultation it is noted he has an appointment with Dr Kirkman, a psychiatrist, on 28 August 2019 and an appointment with the pain management clinic on 29 September 2019. It is noted he is not suicidal and will not harm himself. It appears though that the relationship between Mr Meyer and his general practitioner had got to a point whereby if he did not agree to being weaned off diazepam then he would be seeing another general practitioner at the practice.

On 26 January 2018 Mr Meyer was brought by ambulance to the NWRH where he was assessed in the emergency department due to excessive agitation and restlessness associated with diaphoresis. He reported having heard voices insulting him but denied taking any alcohol or other substances except cannabis. A history of alcohol and drug abuse, sciatica, hypothyroidism and anxiety is noted along with the medications he was prescribed at that time. It was questioned whether he was drug affected and/or he was suffering from a psychotic episode so he was referred for psychiatric review and admitted to the Spencer Clinic. The notes of that clinic indicate that a psychotic episode was diagnosed given a history which was suggestive of psychosis complicated by heavy cannabis and alcohol use. His PTSD was also noted. His family had noticed a deterioration in his mental state over the previous 6 months. This was noted to be his first admission to a mental health facility although he had been diagnosed with depression a few years previously in the context of his PTSD arising out of his difficulties in the Navy.

On review he was found to be thought disordered, mumbling, unable to build up a rapport, he feared he would be harmed, and he appeared paranoid. He agreed to be detained as a voluntary patient. His mental state deteriorated further and he required high dependency unit (HDU) care. He became delirious but the exact reason for that was not clear. The possibilities were withdrawal from opiates, alcohol and/or cannabis. He remained in the care of the HDU for almost 2 ½ weeks during which time his mental state improved slowly. When his mental state was more stable, he was granted leave and there were no issues reported by his family. He remained an inpatient between 27 January and 23 February 2018

and at discharge he appeared a little anxious but there was no evidence of any active psychotic features. He was referred to Community Mental Health Service – North (CMHS) for case management. He was placed on a treatment order under the *Mental Health Act 2013* for a period of 6 months.

Treatment of Mr Meyer by CMHS continued after his discharge from the Spencer Clinic and the treatment order was discharged as there was no ongoing psychosis, because his presentation was consistent with chronic underlying PTSD. By the end of August 2018 Mr Meyer was discharged from that service because he was able to access private care through his DVA white card. During that period minor changes were made to his pharmaceutical regime aimed at aiding his sleep however, it appears that did not improve but his anxiety did. He reported no further issues with psychotic symptoms despite resuming his consumption of small quantities of cannabis. By the time of discharge from CMHS Mr Meyer had engaged with a private psychiatrist, a psychologist and his GP.

In February 2019 Mr Meyer was assessed for the Bridge Program with the aim of reducing his use of cannabis, alcohol, palexia and diazepam. He received some treatment in March and April before being admitted to the 10 week inpatient program on 6 May 2019. He graduated on 16 July and left the program on 17 July 2019. He also received assistance from ADS from May to July 2019. In addition to this treatment he was admitted to the RHH between 30 April and 6 May 2019 for medically supervised withdrawal from cannabis, tapentadol and diazepam; it was from this admission he was admitted to the 10 week inpatient Bridge Program.

On 7 August 2019 Mr Meyer presented to the LGH with suicidal ideation and planning. It was noted that 3 weeks previously he had been discharged from rehabilitation and approximately a week ago a DVA caseworker was sent to his home to check up on him after receiving a call regarding back pain and suicidality. That caseworker took him to St Mary's Hospital where he spent a week. He then went to his GP requesting palexia and diazepam. However the GP refused to prescribe this medication without discussing this with a psychiatrist on 28 August 2019.³

It appears from the notes of the LGH, Mr Meyer was very anxious about his GP reducing his dose of diazepam. It was explained to him that while that drug is useful in acute situations, it can cause other undesirable side-effects which include sedation, dependence and an increased risk of falls. A long time was spent attempting to convince Mr Meyer that he should not remain on long-term diazepam and that he has to be weaned off it. In discussion with his general practitioner, the doctors at the hospital planned to reduce his diazepam use

³ I infer this was the appointment which had been made for Mr Meyer to see Dr Kirkman.

by 1 mg per week. Mr Meyer was anxious but agreed to that plan. His social worker and DVA supports also endorsed the plan. He was treated and discharged on 12 August 2019 where he was to:

- continue with his medication as per the plan with the GP to gradually wean him off diazepam at the rate of 1 mg per week;
- follow up with his DVA caseworker;
- follow up with his pain specialist and osteopath;
- follow up with his private psychiatrist, Dr Kirkman, on 28 August 2019;
- follow up with the CATT team prior to the appointment with Dr Kirkman; and
- follow up with his regular general practitioner.

Circumstances Leading to Mr Meyer's Death

On Saturday 17 August 2019, Mr Meyer's parents arrived at his residence to assist him after his release from hospital on the previous Monday. Over the following week his parents did not notice any unusual behaviour in their son other than him appearing to be tired and sleeping a lot. They attributed this to his sleep apnoea. He was observed to be only using the medication from his daily blister pack.

On Tuesday 21 August 2019 Mr Meyer attended his general practitioner and that evening he went to bed at about 9.00pm. His mother was woken at about 4.00am the next morning by Mr Meyer snorting and snoring. At about 8.00am she went to check on him and found him to be unresponsive.

Investigation

(i) Police investigation

Senior Constable Houston attended Mr Meyer's residence at 9.24am on 22 August 2019 after receiving a call from Police Radio Dispatch. He spoke to Dr Elizabeth Brown, a general practitioner from Bicheno, who was present. She informed him Mr Meyer was deceased, she had never treated him and therefore she would not complete a medical certificate outlining the cause of death. Senior Constable Houston entered the home and found it to be neat and tidy. The deceased was located laying on his back in bed. His normal general practitioner was spoken to and he was also not prepared to issue a medical certificate as to the cause of Mr Meyer's death. Senior Constable Houston contacted Radio Dispatch and requested the attendance of a forensic's officer and the mortuary ambulance. CIB and the drugs squad were also contacted. He took possession of the prescription drugs that were present and spoke to Mr Meter's parents. Constable McMahon, the forensics officer, then attended and

conducted a further examination of the premises. A black mobile phone was located and seized but it was unable to be unlocked. As a result of both officers' examination of Mr Meyer and the scene it was determined that there was no evidence of trauma and no suspicious circumstances. I accept that opinion.

An affidavit was taken at the scene from Mr Meyer's father and this was supplemented by a later affidavit. In addition an affidavit was obtained from Mr Meyer's immediate neighbour, Ms Hodgson. She had been Mr Meyer's neighbour for 3 years. She noted he was quiet and of sober habits. She would often see him walking in the afternoon and riding a push bike with his father when his parents visited. She said she did not see many visitors attend his residence other than his parents, sister and brother-in-law. She knew he was taking medication but was surprised by his death. She had observed him washing the windows of his residence with his father the previous day and that he appeared, from the conversation she heard, to be in good spirits.

As part of the investigation a report was obtained from Dr Emma Richardson who was, at the time of Mr Meyer's death, a psychologist who worked as the Matrix Program Coordinator for the Salvation Army Bridge Program. Her report details her first two sessions with Mr Meyer in 2019⁴ which led to her determination that he was suitable for entry into the Bridge Program. She therefore says her report may not accurately reflect Mr Meyer's mental state closer to the time of his death. In the history section of the report, in addition to matters raised above, Mr Meyer told Dr Richardson that after leaving the Navy after the assault he did not know what to do as he felt he could not tell his family and he was offered "no support" from the Navy. It was at this time he began to "*self medicate*" as a way to cope. He mentions he would like to cut down on the medication he was then taking and his general practitioner had begun that process. He reported having passing suicidal thoughts but stated he had not acted on them in any way as he has seen the destructiveness of suicide. He had no self harm or suicidal intent. He mentioned the completion of the Bridge Program in about 2013 helped him to reduce his alcohol use and that as at February 2019 cannabis was his "*biggest issue*". He wanted to complete the Bridge Program as he was "*stuck*" and he "*doesn't know what else to do*" and because that program had helped him previously. He appeared, to Dr Richardson, to be highly motivated to begin that program.

(ii) *Post Mortem Examination*

Dr Donald Ritchey performed a post-mortem in this matter on 23 August 2019. As a result of his examination together with his consideration of samples which were taken for histological examination and toxicological examination, he found Mr Meyer's heart was

⁴ Which took place on 26 and 27 February 2019.

enlarged and he had long standing heart disease. He went on to say Mr Meyer's abdomen was markedly obese and it displaced the diaphragm and thoracic organs upward from a supine position which compromised normal pulmonary function when Mr Meyer was in a reclined position. Toxicology testing of samples obtained at autopsy revealed multiple prescription drugs which all depress the central nervous system (CNS). He says although the concentrations of the individual drugs were not exceptional, the combination, particularly oxycodone and diazepam act synergistically to suppress respiratory function. Obese individuals and persons with obstructive sleep apnoea are at a greatly increased risk of death from the CNS depressant effects of medications. Accordingly he found the cause of death was mixed drug toxicity which was contributed to by Mr Meyer's obesity and probable obstructive sleep apnoea. I accept the opinion of Dr Ritchey.

(iii) *Dr Anthony Bell's report*

Because of the manner of Mr Meyer's death I arranged for the coronial medical consultant, Dr Bell, to examine the medical treatment which he received. Dr Bell noted Mr Meyer's past medical history of significance and the medications which were prescribed for those conditions. He notes the LGH diagnosis in August 2019 of an adjustment disorder with depressive symptoms with anxiety in the context of chronic pain together with psychosocial stress on a background of PTSD. Mr Meyer was discharged with oxycodone with naloxone controlled-release (20 tablets) and diazepam (20 tablets). A multifaceted discharge plan was put into place and there was direct contact with the general practitioner.

A CT scan of the lumbar spine showed bilateral defects in the vertebral pars interarticularis at L5. Spondylolisthesis, where one of the lower vertebrae slips forward onto the vertebra directly beneath it, can be degenerative where it occurs secondary to abnormal stress and wear on the intervertebral disc and facet joints in patients with long-term scoliosis or it can be secondary to spondylolysis which is a unilateral or bilateral defect in the vertebral pars interarticularis, usually in the lower lumbar vertebrae. There was bilateral nerve root canal narrowing at L5.

On 21 August 2019, Mr Meyer obtained his usual medication scripts from his GP and the local pharmacy. The tablets were in Webster packs and the supply was limited to one week. Dr Bell then sets out Dr Ritchey's findings.

Dr Bell concludes by saying Mr Meyer had long-standing health issues dating back in excess of 10 years. Those issues continued with a need for medication. Addiction to opiates and diazepam occurred. He says these problems were well managed by the general practitioner, pharmacist and LGH staff. He notes the death appears to have been accidental given Dr

Ritchey's findings. He therefore says there are no issues with the medical treatment Mr Meyer received. I accept the opinions of Dr Bell.

Comments and Recommendations

Given the evidence referred to above, I am satisfied Mr Meyer died as a result of mixed drug toxicity. The combination of drugs he took suppressed his CNS. Obese individuals and people with obstructive sleep apnoea are at greatly increased risk of death from the CNS depressant effects of these medications. It follows that I am satisfied Mr Meyer did not commit suicide.

I extend my appreciation to investigating officers Senior Constable Peter Houston and Constable Anthony Purcell for their investigation and report.

The circumstances of Mr Meyer's death are not such as to require me to make any comments or recommendations pursuant to Section 28 of the Coroners Act 1995.

I convey my sincere condolences to the family and loved ones of Mr Meyer.

Dated: 25 October 2022 at Hobart in the State of Tasmania.

Robert Webster
Coroner