



# MAGISTRATES COURT of TASMANIA

## CORONIAL DIVISION



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## Record of Investigation into Death (Without Inquest)

*Coroners Act 1995*  
*Coroners Rules 2006*  
*Rule 11*

I, Olivia McTaggart, Coroner, having investigated the death of Peter Lawrence Simpson

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

- a) The identity of the deceased is Peter Lawrence Simpson;
- b) Mr Simpson died in the circumstances described below;
- c) The cause of Mr Simpson's death was mixed prescription drug toxicity (methadone, diazepam, promethazine) with significant contributing factors of aspiration pneumonia, chronic alcoholism, dilated cardiomyopathy and cirrhosis; and
- d) Mr Simpson died between 23 and 24 May 2016 at his home in Bridgewater, Tasmania.

In making the above findings I have had regard to the evidence gained in the investigation into the death of Peter Lawrence Simpson. The evidence comprises an opinion of the forensic pathologist who conducted the autopsy; relevant police and witness affidavits; information from police databases; medical and pharmaceutical records and reports; and forensic evidence.

I make the following further findings.

Mr Simpson was born in Hobart on 3 December 1954 and he was aged 61 years. He had never been married. Mr Simpson was the father of three daughters. His occupation before retiring was a painter. He lived at 2/14 Sorrell Street in Bridgewater. He was in a relationship with Marie Collis who lived at a separate address.

Mr Simpson drank significant quantities of alcohol on a daily basis. The evidence in the investigation indicates that he suffered chronic alcoholism. Mr Simpson suffered chronic pain in his neck and lower back, likely caused by osteoarthritis. He was under the care of his general practitioner, Dr Greg Booth, and had been assessed by a pain specialist, Dr Robert Paton. In a report to Dr Booth on 17 December 2013, Dr Paton stated that there was "a significant degree of exaggeration" in Mr Simpson's pain.

Mr Simpson was prescribed Physeptone (methadone) 10mg tablets for his back problem at the rate of 2 tablets twice daily. He was prescribed Temaze (temazepam) at a dosage of 1 to 2 tablets a night for insomnia. He was also prescribed Novasone lotion (containing Promethazine) for Dermatitis to be applied to the affected area daily.

These tablets were prescribed by Dr Booth, the last prescription for Mr Simpson being on 21 May 2016.

The evidence from police data and a family member suggests that Mr Simpson was at risk of abusing his prescription medication. In particular, he engaged in the practice of selling his prescription medication and other illicit substances.

On the morning of 23 May 2016 Mr Simpson and a friend, Troy Palmer, left for a trip to the Westerway area. Mr Simpson consumed beer in the car, both on the way there and back. They then stopped at the Derwent Tavern in Bridgewater on the way home where Mr Simpson consumed more beer until about 3.00pm. Mr Palmer stated in his affidavit for the investigation that he had seen Mr Simpson take two pain killers for back pain during the day.

Later that day, Mr Simpson met Ms Collis at his residence. She immediately noticed that he did not look very well. Ms Collis spoke with Mr Simpson about drinking alcohol and taking his medication without having anything to eat. Ms Collis stated in her affidavit that Mr Simpson was slurring his words a little. He told Ms Collis that he was feeling cold, which was very unusual for him. He further said to Ms Collis that he was feeling "weird and scared" and that he had never felt like that before. He said to Ms Collis that he would just go to bed. Mr Simpson then seated himself on the couch and was breathing in short puffs of breath. She put the heater on for him as he was still complaining of feeling cold. She then took him to his bedroom and helped him into bed. Ms Collis stayed with Mr Simpson until about 9.00pm when she told him that she had to leave. He was still in his bed at this time. Due to feeling cold, he had put on the electric blanket which he did not usually use. As Ms Collis left, Mr Simpson asked her to leave the bedroom light on.

The following morning, being 24 May 2016, Ms Collis attempted to call Mr Simpson on his mobile phone three or four times with no answer. Ms Collis believed that he may have left his phone at home as he was usually up and out of his residence by that time. She stated that Mr Simpson was usually drinking at the Derwent Tavern at 10.00am.

Ms Collis then called Mr Simpson again at 12.10pm when she believed he would be home. When he did not answer she telephoned a neighbour to knock on his door. This occurred but there was no answer.

At about 2.40pm Ms Collis then attended Mr Simpson's residence and found him lying on his side in the same position as the previous night. She then called 000 for emergency services. Ambulance personnel arrived and pronounced Mr Simpson deceased. Police officers then also arrived.

Police officers examined Mr Simpson and noted no signs of trauma, but observed an old "track mark" on his foot apparently from illicit drug use. They searched the residence and concluded that there was no evidence of suspicious circumstances or involvement of any other person. Ms Collis was the last person to see Mr Simpson alive when she left his residence at 9.00pm the previous evening.

At Mr Simpson's residence, police officers located 10 prescription Physeptone tablets left in a box of 60 tablets. The prescribed dosage was two tablets twice daily and therefore

approximately 34 tablets were missing. Police officers also located a snap lock bag containing cannabis and a snap lock bag containing a small amount of white powder in the rubbish bin of the residence.

An autopsy was conducted on Mr Simpson by forensic pathologist, Dr Donald Ritchey. Dr Ritchey took a blood sample from Mr Simpson that was subsequently analysed by a forensic toxicologist. The results revealed that illicit drugs were not present in Mr Simpson's system, and only therapeutic concentrations of methadone, diazepam, promethazine and paracetamol were present. Dr Ritchey concluded that Mr Simpson died from mixed prescription drug toxicity with contributing factors being aspiration pneumonia, chronic alcoholism, dilated cardiomyopathy and cirrhosis.

In support of his opinion as to the cause of death, Dr Ritchey indicated that the concentration of drugs present in Mr Simpson's blood, although not particularly elevated, would have a heavily sedating effect leading to somnolence and an inability to protect the airway resulting in aspiration and pneumonia. Further, he noted that individuals such as Mr Simpson with chronic heart and liver disease are at increased risk of death due to the sedating effects of these drugs.

Once the evidence in the investigation had been finalised, it was forwarded to Dr Ritchey for review. Dr Ritchey indicated that his conclusions as to cause of death remained unchanged. In his further report to me he stated:

*"...his lungs clearly have microscopic features suggesting aspiration and the pneumonia is confined to his right lung that was significantly heavier than the left lung all signs indicating aspiration as a cause of the pneumonia. That is the pneumonia is unlikely to be community acquired bacterial pneumonia.*

*Fully conscious people do not usually aspirate sufficiently to cause pneumonia. The usual setting of aspiration pneumonia outside of the hospital is CNS depression caused by drugs and or alcohol. Although the drug levels are not particularly elevated in the post mortem samples it is the combination of drugs that gets my attention. Methadone and diazepam in particular often cause synergistic respiratory depression and promethazine is also very heavily sedating. Furthermore death by respiratory depression due to CNS depression is typically a slow process during which time metabolism of drugs continues to occur by liver enzymes- an effect that may also cause unexpectedly lower levels of drugs assayed in post-mortem samples.*

*So although I do not believe this case likely reflects an intentional 'overdose' per-se, I do think that unintentional mixed drug toxicity is most likely."*

I accept the opinion of Dr Ritchey regarding Mr Simpson's cause of death.

In this case, Mr Simpson was a person to whom it was problematic to prescribe methadone. The evidence suggests that he abused illicit and prescription medications and he certainly engaged in selling these substances. It is most likely that he sold the missing methadone tablets from the prescription of 21 May 2016. I am also satisfied that he suffered pain which required medical treatment and appropriate prescriptions. Dr Paton was reluctant in recommending prescription methadone to Mr Simpson but on balance was satisfied that the

prescription was appropriate. Dr Booth followed Dr Paton's prescribing recommendation. His records over a period of three years of prescribing do not indicate any suggestion of drug abuse on the part of Mr Simpson. I have obtained the Pharmaceutical Services Branch ("PSB") records which also do not indicate any cause for alarm in respect of Mr Simpson abusing or selling his prescription methadone. It would appear that PSB were not aware of the police intelligence in that regard.

I do not intend to further examine, comment or make recommendations upon any issues relating to the prescription of methadone to Mr Simpson. It cannot be shown that he ingested more than his prescribed dosages that had been the subject of his long-term, stable prescription. Further, Mr Simpson's existing liver and heart conditions were substantial contributors to his death. Any comment would be outside the proper scope of my functions.

**Comments and Recommendations:**

I extend my appreciation to investigating officer Constable Christopher Lovell for his investigation and report.

The circumstances of Peter Lawrence Simpson'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 Peter Lawrence Simpson.

**Dated:** 7 December 2017 at Hobart in the State of Tasmania.

**Olivia McTaggart**  
Coroner