



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*

**(These findings have been de-identified in relation to the name of the deceased, family, friends and others by direction of the Coroner)**

I, Olivia McTaggart, Coroner, having investigated the death of Mr D

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

- a) The identity of the deceased is Mr D;
- b) Mr D died after collapsing at his home in Southern Tasmania in December 2015 after injecting methamphetamine in the circumstances further described in this finding;
- c) The cause of Mr D's death was hypoxic encephalopathy complicating a cardiac arrest caused by methylamphetamine toxicity;
- d) Mr D died in December 2015 at the Royal Hobart Hospital in Tasmania; and
- e) Mr D was born in Hobart and was aged 21 years.

In making these findings I have had regard to the evidence gained in the investigation into Mr D's death. The evidence comprises an opinion of the forensic pathologist who conducted the autopsy, results of toxicological samples, relevant police and witness affidavits, medical records and forensic evidence.

Mr D and his partner lived in Southern Tasmania. They had a daughter. Mr D worked as a labourer.

Mr D had suffered from eczema and asthma as a child and continued to suffer these conditions until his death. He smoked cigarettes and was a casual user of cannabis. The evidence indicates that in the months before his death he commenced to use methylamphetamine. However, he did not disclose his use to his partner or close family members.

On an evening in December 2015, Mr D and his uncle were at Mr D's house, consuming some alcoholic drinks together. Subsequently, at about 11.30pm, they left the residence to purchase alcohol and/or cigarettes. In the course of the journey, Mr D asked his uncle to take him to a

residence in Bridgewater. His uncle did so and waited in the car whilst Mr D entered the residence. At the time Mr D was at the residence, his uncle observed a vehicle arriving with the occupant of the vehicle going inside. Mr D was in the residence at Bridgewater for about five minutes. He did not communicate to his uncle his reasons for visiting the residence. At about 1.00am they both returned to Mr D's home.

At about 2.15 am, Mr D's uncle was in the shed on the property waiting for Mr D to return from inside the house. At that time he heard Mr D's partner yelling "*He can't breathe, he can't breathe*". He went inside and saw Mr D in the shower starting to collapse and turn blue. Mr D's partner stated in her affidavit for the investigation that she had been asleep, and had awoken to find Mr D struggling to breathe and heading to the bathroom where he collapsed in the bath tub. She telephoned for an ambulance and Mr D's uncle commenced CPR upon Mr D until the ambulance arrived and took over resuscitation efforts.

Mr D was conveyed to the Royal Hobart Hospital in the ambulance and resuscitation attempts continued en route.

Ongoing life support and treatment was continued at the Intensive Care Unit (ICU) of the Royal Hobart Hospital until clinical changes indicated Mr D's condition had deteriorated. Clinical brain testing was conducted which confirmed Mr D was brain dead.

Mr D's life support was switched off at 11.27am, two days after his admission to ICU, and he was pronounced deceased.

The results of toxicology testing of Mr D's ante mortem blood showed an elevated methylamphetamine concentration of 0.4 mg/L.

An autopsy was conducted by forensic pathologist, Dr Donald Ritchey. He formed the opinion that the cause of death was hypoxic encephalopathy complicating a cardiac arrest caused by methylamphetamine toxicity. I accept his opinion as to cause of death.

Mr D denied his use of methylamphetamine to his partner and to other family members, all of whom were concerned about him. Several months before his death Mr D was approached by a close family member who suspected that he had commenced to use "ice" (being methylamphetamine). He did admit to that family member that he had used "ice". However, he stated that he no longer did so as he was aware of "what it did to people" and that it was expensive. From then on, Mr D did not talk further to that family member, or anyone else, about his drug-taking. His partner stated that he had become secretive and there had been a change for the worse in his behaviour in the months before his death.

A thorough investigation into the circumstances of Mr D's death was conducted by police. Police officers located drug paraphernalia at the property and in his car consistent with his use of methylamphetamine.

I am satisfied that, at a time close to death, Mr D ingested a quantity of methylamphetamine. I am not able to determine how this substance was ingested but it had the effect of causing his death. I also am not able to find positively that he obtained the methylamphetamine during his visit to the Bridgewater residence. I suspect that he did so but he may also have already been in possession

of the substance. I am not able to determine who supplied Mr D with the fatal quantity of the substance.

### **Comments and Recommendations**

In recent findings concerning the death of two young males<sup>1</sup> as a result of ingesting methylamphetamine, I observed that the substance stimulates the central nervous system, producing behavioural and physiological effects. It has a high potential for abuse and addiction. It may result in fatality in some individuals when used alone on a single occasion.

I also commented in those findings that of particular concern is the higher purity crystalline form of methylamphetamine, known as "ice". This is the substance most likely consumed by Mr D before his death. The increased availability and use of crystal methylamphetamine have been associated with increased regular use and harms.

Mr D was a young man with a supportive family, an infant child and prospects for a full life. His life ended tragically and prematurely as a result of his ingestion of a quantity of methylamphetamine, to which he had become addicted in the months before his death. It appears from the evidence that he wished to break his addiction but was unable to do so.

I convey my sincere condolences to Mr D's family and loved ones.

**Dated:** 11 of November 2016 at Hobart in the State of Tasmania.

**Olivia McTaggart**  
**Coroner**

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2016 TASCD 312 Paul Marcus White  
2016 TASCD 313 Tyler John Broomhall