Coroners Court of Victoria

Data summary

Coroners Prevention Unit

Overdose deaths of people recently released from prison and/or in the care of Corrections Victoria, 2000-2010

Date	7 October 2013
Agency	Victorian Alcohol and Drug Association
Approving coroner	State Coroner Judge Ian Gray
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1. Background

Victorian Alcohol and Drug Association (VAADA) Executive Officer Sam Biondo wrote to State Coroner Judge Ian Gray, requesting access to any data the Coroners Court of Victoria (CCOV) is able to provide regarding overdose deaths of Victorians released from prison.

Judge Gray indicated that the Coroners Prevention Unit (CPU) is not presently in a position to provide an authoritative dataset on Victorian post-prison release overdose deaths. However, Judge Gray authorised the CPU to release a summary of certain data that had been previously compiled for another purpose and which may provide some insight into the nature of post-release overdose deaths. The data comprises a combination of the following two datasets:

- Overdose deaths of people who had been released from prison two months or less before death, Victoria 2000-2010.
- Overdose deaths of people who at the time of death were in the care of Corrections Victoria following release from prison, 2000-2010.

The combined dataset cannot be used to derive an accurate estimate of the frequency of overdose deaths among Victorians released from prison between 2000 and 2010; the Limitations section below explains the issues in more detail. However, the CPU hopes the combined dataset offers useful insights into the demographic profile (sex and age) of this cohort of deceased, as well as the types of drugs most often involved in the fatal overdoses.

2. Method

2.1 Definitions

A closed case is a death for which the coronial investigation has been completed; an open case is a death still under coronial investigation.

An overdose death is a death for which the acute toxic effects of one or more drugs played a causal or contributory role.

The deceased was deemed to be in the care of Corrections Victoria if at the time of death the deceased was subject to a parole order, community based order, intensive corrections order, home detention order or drug treatment order.

The deceased was deemed to have been recently in the custody of Corrections Victoria if, within two months of death, the deceased had been imprisoned in a Victorian correctional facility.

2.2 Inclusion criteria

The CPU deemed a death to be relevant if it was investigated by a Victorian coroner between 2000 and 2010, it was an overdose death, and one of the following two criteria were met:

- At the time of death, the deceased was in the care of Corrections Victoria following release from prison; or
- The deceased had recently been in the custody of Corrections Victoria.

Deaths were included in the following circumstances:

- The deceased was subject to the supervision of Corrections Victoria, even if the coroner explicitly determined that the person was not 'in care' for the purposes of the coroner's investigation.

- The deceased breached an order while under Corrections Victoria care, and breach proceedings were instituted, but the order lapsed and the deceased died before the proceedings were resolved.
- The coroner noted Community Corrections involvement with the deceased at the time of death, even if the specifics of the context were not explained. For example, if the coroner noted that the deceased visited a corrections officer on the day of his or her death, this death was determined relevant even if the coroner did not mention what type of order to which the deceased was subject.
- The coroner noted that the deceased was "recently" released from prison, even if the coroner did not specify the exact timeframe.
- The cause of death could not be ascertained definitively, however drug overdose was identified as a probable contributing factor.

Deaths were excluded in the following circumstances:

- Police mentioned a possible corrections context in their initial report of death to the coroner, and the coroner made a finding that did not mention Corrections Victoria supervision of the deceased or recent release from prison. These deaths were excluded because the existence and nature of the possibly corrections context mentioned by Victoria Police could not be verified.
- There was evidence that the deceased had formerly been in prison, but the CPU could not determine from the available material that the deceased had recently been in prison and the coroner made no reference to "recent" imprisonment.
- The deceased was in the care of Corrections Victoria but there was no evidence the deceased had been imprisoned (for example, the deceased may have been given a suspended sentence and community treatment order).

2.3 Case identification

The CPU employed parallel overlapping searches of multiple databases:

- The CPU used the CCOV's electronic case management system (Suncor) to extract information on all deaths that were investigated by Victorian coroners between 1 January 2000 and 31 December 2010 and were coded on notification 'COR' (corrections).
- The CPU searched its surveillance system for all deaths between 1 January 2000 and 31 December 2010 in which the text "corrections", "parole" or "prison" appeared in any field.
- The CPU used the National Coroners Information System (NCIS) coroners' screen to search the text of all coroner's findings and Victoria Police summaries of circumstances for deaths reported to the Coroners Court of Victoria (CCOV) between 1 July 2000 and 31 December 2010, using the keywords "corrections", "parole" and "prison".

The results of the searches were combined. For each death identified, the CPU reviewed the initial Victoria Police report of death to the coroner, the autopsy and toxicology reports, and (where available) the coroner's finding, to determine whether the death met the inclusion criteria.

2.4 Data collection

For each relevant death the CPU recorded the year of death, the age and sex of the deceased, the cause of death (coroner's cause of death for closed cases, pathologist's medical cause of death for open cases), and the drugs that were found to have played a causal or contributory role in the overdose.

2.5 Data analysis

Data were aggregated by sex and age group, and separately aggregated by contributing drugs.

2.6 Limitations

Significant limitations in the case identification process must be acknowledged. First, there were a large number of deaths excluded because the CPU could not confirm the period of time between the deceased's release from prison and death, or the context of Corrections engagement; these could have included relevant deaths for the purposes of the request. Second, the use of keywords to identify potentially relevant deaths is fallible because of known issues with how material (particularly in PDF format) is stored on NCIS and CCOV databases. The CPU data should be regarded as indicative (rather than definitive) of Victorian overdose deaths following release from prison.

3. Deaths

The CPU identified 120 deaths that met the inclusion criteria.

3.1 Frequency by sex and age group

Table 1 shows the frequency of deaths by sex and age group. Males comprised the majority of deceased (n = 107, 89.2%), and the highest frequency of deaths for both males and females was in the age group 20 to 29 years (n = 58, 48.3%).

Table 1: Frequency of overdose deaths by age and sex among people in care of Corrections Victoria following release from prison and/or released from prison within two months of death, Victoria 2000-2010.

Age group	Male	Female	All
10 to 19 years	2	0	2
20 to 29 years	51	7	58
30 to 39 years	36	4	40
40 to 49 years	15	1	16
50 to 59 years	3	1	4
60 to 69 years	0	0	0
70 to 79 years	0	0	0
80+ years	0	0	0
Total	*107*	*13*	*120*

3.2 Frequency by contributing drugs

The 120 deaths included 52 overdoses involving a single drug, and 68 overdoses involving multiple drugs.

Table 2 shows in the specific drugs that contributed to the 52 single drug overdose deaths. Heroin was clearly the most frequent contributing drug (n = 42, 80.8%). Opioids, including the illegal drug heroin and the pharmaceuticals methadone and morphine, accounted for 48 (92.3%) of the 52 single drug overdose deaths.

Among the 68 overdoses involving multiple contributing drugs, an average of 3.7 drugs co-contributed per death. Table 3 shows, in decreasing order of frequency, the drugs that co-contributed in at least five deaths. Heroin was the most frequent co-contributor (n = 49, 72.1%), followed by the pharmaceutical benzodiazepine diazepam (n = 30, 44.1%).

Table 2: Frequency of single drug overdose deaths by contributing drug.

Contributing drug	Drug type	Frequency	%
Heroin	Illegal drug – opioid	42	80.8%
Methadone	Pharmaceutical – opioid	3	5.8%
Morphine	Pharmaceutical – opioid	3	5.8%
Alcohol	Alcohol	1	1.9%
Amisulpride	Pharmaceutical – antipsychotic	1	1.9%
Methamphetamine	Illegal drug – stimulant	1	1.9%
Mirtazapine	Pharmaceutical – antidepressant	1	1.9%

Table 3: Most frequent contributing drugs in the multiple drug overdose deaths.

Contributing drug	Drug type	Frequency	%
Heroin	Illegal drug - opioid	49	72.1%
Diazepam	Pharmaceutical - benzodiazepine	31	45.6%
Alcohol	Alcohol	17	25.0%
Codeine	Pharmaceutical - opioid	15	22.1%
Alprazolam	Pharmaceutical - benzodiazepine	14	20.6%
Methamphetamine	Illegal drug - stimulant	14	20.6%
Methadone	Pharmaceutical - opioid	13	19.1%
Mirtazapine	Pharmaceutical - antidepressant	6	8.8%
Doxepin	Pharmaceutical - antidepressant	5	7.4%
Oxazepam	Pharmaceutical - benzodiazepine	5	7.4%
Temazepam	Pharmaceutical - benzodiazepine	5	7.4%

The CPU briefly reviewed contributing drugs by sex and did not find any notable differences between male and female deceased.

4. Further information

For further information on this data please contact Sheree Argento.