IN THE CORONERS COURT

OF VICTORIA

AT MELBOURNE

Court Reference: COR 2018 5669

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

Section 67 of the Coroners Act 2008

Findings of:	**AUDREY JAMIESON, CORONER**
Deceased:	**JASON LASLO**
Date of birth:	**24 April 1985**
Date of death:	**Between 9 November 2018 and 10 November 2018**
Cause of death:	**Combined drug toxicity**
Place of death:	**204 McMahons Road, Frankston Victoria 3199**

Pursuant to section 67(1) of the **Coroners Act 2008**, I make findings with respect to **the following circumstances**:

1. Jason Laslo was a 33-year-old man who lived with his mother, Piroska Laslo and younger brother, Justin Farppier, at 7 Lansor Street, Springvale South Victoria 3172.

2. On 10 November 2018, Mr Lalso was found unresponsive in bed by his partner, Laura Christie. Ms Christie attempted cardiopulmonary resuscitation (**CPR**), however, her efforts were unsuccessful and Mr Laslo was declared deceased at Ms Christie's residence.

3. Mr Laslo's death was reportable pursuant to section 4 of the *Coroners Act 2008* (Vic) ('the Act'), because it occurred in Victoria and was considered unexpected, unnatural and to have resulted, directly or indirectly from an accident.

INVESTIGATIONS

Forensic pathology investigation

4. Dr Heinrich Bouwer, Forensic Pathologist at the Victorian Institute of Forensic Medicine (**VIFM**), performed an autopsy upon the body of Mr Laslo, reviewed a post mortem computed tomography (**CT**) scan, St Kilda Super Clinic records and referred to the Victoria Police Report of Death, Form 83.

5. Dr Bouwer commented that the post mortem toxicological analysis detected ethanol[1] at 0.08% in blood together with methadone and its metabolite EDDP[2], diazepam and its metabolite nordiazepam[3], quetiapine[4] and duloxetine[5]. The concurrent use of methadone, alcohol, diazepam and duloxetine have an additive central nervous system and respiratory system depressive effect, which may result in profound sedation, coma and death.

[1] Alcohol is the common term used for ethanol.

[2] Methadone is a synthetic narcotic analgesic used for the treatment of opioid dependency or for the treatment of severe pain.

[3] Diazepam is a sedative/ hypnotic drug of the benzodiazepine class.

[4] Quetiapine is an atypical antipsychotic agent.

[5] Duloxetine is used in the treatment of depressive disorders.

6. Dr Bouwer noted that according to the Department of Health and Human Services, Mr Laslo held a permit to be treated with methadone for opioid dependency.

7. The post mortem examination revealed no significant natural disease that may have caused or contributed to Mr Laslo's death.

8. There was no post mortem evidence of violence or injury contributing to death.

9. Dr Bouwer as ascribed the cause of death as combined drug toxicity.

Police investigation

10. Upon attending the Frankston premises after Mr Laslo's death, Victoria Police investigating officers noted that there appeared to be no suspicious circumstances.

11. Senior Constable (**SC**) Celia A'Vard was the nominated Coroner's Investigator.[6] At my direction, SC A'Vard investigated the circumstances surrounding Mr Laslo's death, including the preparation of the coronial brief. The coronial brief contained, *inter alia*, statements made by Mr Laslo's partner, family, friends, treating clinicians and investigating officers.

12. During the investigation, police learned that Mr Laslo had a medical history that included scoliosis from the age of 12. This condition is said to have been the cause of significant pain as Mr Laslo got older. When he was in his late twenties, Mr Laslo commenced treatment for the condition. He consulted on several different medical practitioners, the majority of whom did not recommend surgery.

13. In the period proximate to his death, Mr Laslo's scoliosis impacted his life significantly. He was unable to continue weightlifting, was unable to drive for prolonged periods of time and was working from home as an electrical engineer.

14. On 17 March 2017, Mr Laslo attended the St Kilda Superclinic (**the Clinic**) for a consultation with Dr Malapurathattil. It was noted at this consultation that Mr Laslo was presenting as a possible "drug seeker", requesting endone to treat his back pain.

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[6] A Coroner's Investigator is a police officer nominated by the Chief Commissioner of Police or any other person nominated by the Coroner to assist the coroner with his/her investigation into a reportable death. The Coroner's Investigator receives directions from a Coroner and carries out the role subject to those directions.

15. Dr Malapurathattil requested that Mr Laslo have tests conducted and that he return in two days time. Mr Laslo was provided with a script for Endone 5mg, 1 tablet twice daily for two days and Panadeine Forte 500mg/ 30mg.

16. In addition to seeking Endone from a doctor, Ms Christie stated that Mr Laslo's stepbrother told her that Mr Laslo had attempted to get Endone from him. She also detailed that his family had expressed their concerns over the amount of drugs Mr Laslo was taking.

17. Ms Christie was aware that Mr Laslo "had a couple of doctors he would swap between" to get his medication.

18. On 11 April 2017, Mr Laslo attended the Clinic and consulted on Dr Maryam Lak. Mr Laslo presented with anxiety and disturbed sleep following a recent car accident. Dr Lak provided Mr Laslo with a script for temazepam 10mg.

19. On 13 April 2017, Mr Laslo again consulted on Dr Malapurathattil and requested a script for Valium. Dr Malapurathattil informed Mr Laslo that he would only be prescribed Valium if be brought back the temazepam prescribed by Dr Lak because he could not be on two types of benzodiazepines at one time. Mr Laslo requested the script again. Dr Malapurathattil refused to provide the prescription and made note of Mr Laslo's drug seeking behaviour, "Confirmed drug seeker". A note was also made that Mr Laslo had failed to follow-up on several pre-ordered tests.

20. On 7 June 2017, Mr Laslo consulted on Dr Philip Soffer of the Clinic for his anxiety and back pain. Dr Soffer provided Mr Laslo with a prescription for Diazepam 5mg and Tramadol 150mg.

21. On 15 July 2017, Mr Laslo again presented to the Clinic complaining of back pain. He consulted on Dr Manju Salaria. Mr Laslo requested more Tramadol and was provided another prescription. Notation was made that he presented "well dressed, but a bit vague".

22. On 10 August 2017, Mr Laslo presented to Dr Soffer with a "flare up of scoliosis condition". Mr Laslo advised that his pain "usually subsides with Tramadol and Diazepam". He was prescribed Diazepam 5mg and Tramadol 150mg.

23. On 17 October 2017, 14 November 2017, 6 December 2017 and I January 2018, Mr Laslo presented to Dr Soffer again for prescriptions for Diazepam and Tramadol. Some of these prescriptions included repeats.

24. Mr Laslo also consulted on Dr Ian Roberts of Springvale South. Dr Roberts detailed that he attended Mr Laslo intermittently from 2011 to 2018.

25. On 8 March 2018, Mr Laslo consulted on Dr Roberts with the complaint of lower back pain. Mr Laslo also advised that he was abstaining from alcohol. Dr Roberts prescribed Panadeine Forte 500mg/30mg. Mr Laslo reported suffering stress and insomnia but denied any thoughts of self-harm. Dr Roberts made note that Mr Laslo was consulting on other clinicians.

26. Dr Roberts clinical notes from 27 April 2016, detail that Mr Laslo commenced seeing a psychologist after the breakdown of a six year relationship. Depression is detailed as the reason for consultation. This appears to be the start of temazepam prescribing. It was also noted that Mr Laslo was showing signs of depression in 2017 and was involved in a car accident, when he lost concentration and collided with a tram.

27. On 17 April 2018, Mr Laslo again consulted on Dr Roberts complaining of a flare up in his back pain. He was prescribed Panadeine Forte 500mg/30mg.

28. On 23 April 2018, Mr Laslo presented to the Keys Medical Centre (**KMC**) complaining of back pain. He was seen by Dr Sk Royhan Ibn Ismail, who prescribed Panadeine Forte 500mg/30mg. Mr Laslo was also provided with a referral to a chiropractor and physiotherapist.

29. On 3 May 2018, Mr Laslo presented again to KMC and again consulted on Dr Ismail. Mr Laslo complained of a flare up of his back pain. Dr Ismail referred him for a CT scan and prescribed a further 20 tablets of Panadeine Forte 500mg/30mg.

30. On 8 May 2018, Mr Laslo presented to the Clinic for a flare up of his back pain and consulted on Dr Soffer. Dr Soffer again prescribed Diazepam 5mg, in addition to Oxycodone 5mg and paracetamol/ codeine 500mg.

31. On 5 June 2018, Mr Laslo presented to KMC for another flare up of his back pain and consulted on Dr Ismail. He was again prescribed Panadeine Forte 500mg/30mg.

32. On 6 June 2018, Mr Laslo returned to Dr Soffer and was provided with scripts for Diazepam 5mg, Oxycodone 5mg, paracetamol/ codeine 500mg. Dr Soffer made note, "Usual scripts done".

33. On 21 June 2018, Mr Laslo consulted on Dr Soffer again and was provided with prescriptions for Diazepam 5mg, Oxycodone 5mg, paracetamol/ codeine 500mg. Dr Soffer made note that he viewed an X-ray of Mr Laslo's spine and that the "scoliosis of the lumbar spine looks awful. New lot of scripts done with repeats".

34. On 27 June 2018, Mr Laslo was admitted into the Monash Health, Dandenong Hospital Inpatient Psychiatric Unit after reportedly taking an overdose of prescription medication. The event was stated as being a deliberate attempt at self-harm in the context of alcohol intoxication. Mr Laslo had also made admissions of suicidal ideation to his family.

35. While an inpatient, Mr Laslo disclosed a "harmful level of alcohol consumption for many years", becoming worse since his previous fiancé called off their wedding three years prior. He denied psychotic symptoms. "Due to poor sleep, Mirtazapine dose was increased and Paroxetine was reduced."

36. Mr Laslo's discharge summary detailed,

> Referred to Acute Pain Service – reviewed and was discussed not for any opioid for his pain, suggested for Pregabalin. This commenced for few days. Then he was reviewed by Addiction Medicine Team (Dr David Jacka) who suggested for the Pregabalin be ceased, not for opioid and benzodiazepine, but commenced on Suboxone program.

37. The discharge summary details, "Previous GP (Melbourne Central) refused to engage with Suboxone; resulted in new GP- Mediclinic."

38. On 9 July 2018, Mr Laslo presented to Dr Wilson Chong of Mediclinic in Clayton. Dr Chong was the sole listed recipient of the discharge summary detailing the above. As recommended on the discharge summary, Dr Chong prescribed Suboxone as an opiate replacement therapy to assist with Mr Laslo's chronic back pain.

39. On 16 July 2018, Mr Laslo consulted on Dr Chong again and was prescribed an increased dose of Suboxone (24mg), duloxetine, quetiapine and diazepam 5mg.

40. Mrs Laslo details that her son consulted on orthopaedic surgeon, Dr Kristopher Lundine, in August of 2018. Mrs Laso further stated that the advice of Dr Lundine was contrary to previous medical advice. Namely, that in Dr Lundine's opinion, surgery would correct the majority of Mr Laslo's back pain.

41. Mrs Laslo and Mr Laslo's best friend, Justin Charlot, both stated that Mr Laslo was very positive after consulting on Dr Lundine. The prospect of living with back pain caused him depression and anxiety and the that the possibility of successful surgery changed his outlook.

42. On 6 August 2018, Mr Laslo consulted on Dr Chong and advised that his current dose of Suboxone was insufficient to control his pain. Mr Laslo was on the maximum dose of 32mg a day. Dr Chong placed Mr Laslo on a trial to switch to methadone. Mr Laslo was prescribed 30mg of methadone daily and an ongoing prescription of diazepam.

43. On 29 August 2018, Mr Laslo returned to Dr Roberts complaining of back pain. He disclosed having not consumed alcohol in two months. Dr Roberts prescribed Panadeine Forte 500mg/30mg.

44. On 6 September 2018, Mr Laslo returned to consult on Dr Chong. He advised that his pain was no better. Dr Chong increased Mr Laslo's dose of methadone to 50mg daily and provided him a script for tadalafil.

45. On 8 September 2018, Mr Laslo returned to Dr Ismail of the KMC complaining of a sore throat. Mr Laslo was diagnosed with tonsillitis and prescribed 40 tablets of Cephalexin 400mg.

46. On 14 September 2018, Mr Laslo returned to consult on Dr Chong and his methadone dose was increased to 60mg daily with the allowance of two takeaway doses weekly. He was also provided with another prescription for diazepam.

47. On 24 September 2018, Mr Laslo consulted on Dr Roberts to discuss sleep hygiene because he was having difficulty sleeping. Dr Roberts prescribed Mr Laslo Temaze tablets 10mg.

48. On 11 October 2018, Dr Chong provided Mr Laslo with renewal of his prescriptions and performed a mental health care plan (**MHCP**). The MHCP detailed that Mr Laslo had a

history of depression, anxiety and opiate use disorder. It further detailed that he was previously being prescribed "opiate analgesic at another clinic - this was changed over to suboxone while he was admitted and changed over to methadone once maximum doses of suboxone were no longer adequate to control his analgaesia [sic]."

49. On 25 October 2018, at his last consultation with Dr Chong before his death, Mr Laslo reported that his pain had not reduced since the reduction of his methadone dose. The reduction of his methadone was as per the "specialists" recommendation pre-surgery. Mr Laslo requested an increased dose of diazepam while his methadone dose was reduced. Dr Chong agreed and provided a prescription for "diazepam to be taken up to 4x 5mg tablets daily given increased pain or anxiety is often experienced while on decreasing opiate doses".

50. On 30 October 2018, Mr Laslo consulted on Dr Soffer and was given a prescription for Diazepam 5mg, Oxycodone 5mg and paracetamol/ codeine 500mg.

51. In the three months prior to his death, Mr Laslo was staying on and off at Ms Christie's residence. Ms Christie stated that Mr Laslo often seemed "doped out" and was always "very quiet and sleepy". She further detailed that he would often go to bed at 4.00pm and not wake until 6.00am or 7.00am the following day.

52. On 9 November 2018, Mr Laslo ate dinner at Ms Christie's residence at 6.30pm. Prior to eating, Mr Laslo was playing with Ms Christie's children. Ms Christie detailed that Mr Laslo was falling asleep while eating dinner and that she told him to go to bed.

53. Mr Laslo made his way to the bedroom, bumping into the walls along the way. When he made it to the bedroom, Mr Laslo fell asleep and began to loudly snore. Ms Christie detailed that he had not snored with her in the past and she considered this unusual but did not give it too much thought.

54. Ms Christie went to bed and joined Mr Laslo in the bedroom at approximately 9.00pm. At this stage, Mr Laslo was still snoring.

55. On 10 November 2018 at approximately 4.30am, Ms Christie awoke to her daughter calling out to her. She attended her daughter before returning to the bedroom. When Ms Christie returned to her bedroom, she realised that she couldn't hear Mr Laslo breathing.

Ms Christie placed her hand on Mr Laslo's chest but could not feel it moving. She then grabbed Mr Laslo's hand and noted that it was cold to the touch. Ms Christie turned the bedroom light on and saw that Mr Laslo was blue in colour.

56. Ms Christie called emergency services and commenced CPR at the call operator's instruction.

57. Ambulance Victoria arrived at approximately 5.00am and formally declared Mr Laslo deceased.

COMMENTS

Pursuant to section 67(3) of the *Coroners Act 2008* (Vic), I make the following comments connected with the death:

1. Frome the evidence before me, it is apparent that Mr Laslo suffered depression and anxiety, the extent of which he seemingly kept hidden from his family and friends. In addition to his mental health struggles, Mr Laslo had an extensive history of prescription medication abuse, facilitated by what would appear to be poor prescribing practices of several of the treating clinicians Mr Laslo consulted on.

2. Mr Laslo's Medicare Patient History Report, PBS Patient Summary shows upwards of 40 medical providers since the year 2017, few of which were seemingly aware of each other's involvement in Mr Laslo's care.

3. Victorian clinicians have historically experienced difficulty establishing who else is prescribing drugs to a patient. In the absence of accurate and honest patient self-reporting, doctors have needed to rely on resources such as the Medicare Prescription Shopping Information Service and the Medicines and Poisons Regulation (formerly Drugs and Poisons Regulation) information line, which can only provide limited information about limited cohorts of patients (and also have restricted hours of operation).

4. With clinicians historically being unable to coordinate their care, patients have been able to attend multiple clinicians to access and use drugs in ways not clinically indicated, thus leading to the development of dependence and contributing to pharmaceutical drug-involved mortality and morbidity.

5. The implementation of the SafeScript real-time prescription monitoring (**SafeScript system**) system represents a substantial improvement in this situation. The SafeScript system involves gathering information on target prescription medications immediately as they are dispensed, and storing this information in a central electronic database where it can be accessed by clinicians when a patient attends for treatment, and by pharmacists when a patient presents a script for a pharmaceutical drug.

6. Through the SafeScript system, both prescribers and dispensers can identify and intervene to prevent excessive use of prescribed drugs, use of contraindicated drug combinations, prescription shopping, and other issues that underpin pharmaceutical drug harms. The dispensing information also can be centrally monitored by the Victorian Department of Health and Human Services to identify prescribing and dispensing of concern and deliver targeted countermeasures to improve clinical practice.

7. The SafeScript system was officially launched by the Victorian Government in July of 2018 for health professionals working in the Western Victoria Primary Health Network catchment area, was extended to the rest of Victoria in early 2019, and its use became compulsory in 2020. SafeScript monitors the following drugs:

    a. **Strong opioid painkillers:** buprenorphine, codeine, fentanyl, hydromorphone, methadone, morphine, oxycodone, pethidine, tapentadol

    b. **Strong medicines for anxiety or sleeping tablets (benzodiazepines):** alprazolam, flunitrazepam, bromazepam, clobazam, clonazepam, diazepam, lorazepam, midazolam, nitrazepam, oxazepam, temazepam

    c. **Other strong sleeping tablets:** zolpidem, zopiclone

    d. **Stimulants for ADHD or narcolepsy:** dexamphetamine, lisdexamfetamine, methylphenidate

    e. **Other high-risk medicines:** ketamine, quetiapine[7].

[7] Victorian Department of Health and Human Services, "Medicines monitored in SafeScript", <https://www2. health.vic.gov.au/public-health/drugs-and-poisons/safescript/medicines-monitored>, accessed 29 October 2019

8. Under the SafeScript system, a clinician intending to prescribe any of the drugs monitored by the system is first required to perform a check to see which, if any, of the monitored drugs have been or are being prescribed to the patient. This allows the clinician to immediately identify potential prescription shopping patients and makes them aware of other practitioners who are treating the same patient.

9. The SafeScript system existed in Victoria in the period proximate to Mr Laslo's death. While I appreciate the system was new and not yet mandatory, I nonetheless note that the coordination of care issues and Mr Laslo's prescription shopping could have been identified and used by treating clinicians to inform their prescribing from July 2018 onwards.

10. Victorian Coroners have extensively commented on the benefits of the SafeScript system in assisting clinicians to identify where a patient may be seeking multiple prescriptions in order to misuse drugs. Mr Laslo's case is another matter in which the benefits of the SafeScript system in preventing like deaths is highlighted.

11. It is likely that the earlier introduction of the SafeScript system would have prevented Mr Laslo from accessing the multiple prescription medications he was able to. It would have also allowed his treating clinicians to make more informed decisions in relation to his prescription medication.

12. In light of the mandatory implementation of the SafeScript system subsequent to Mr Laslo's death, I have not identified any systemic prevention issues that would warrant recommendations in this matter.

FINDINGS

1. I find that Jason Laslo, born 24 April 1985, died between 9 November 2018 and 10 November 2018 at 204 McMahons Road, Frankston Victoria 3199.

2. There is no presumption for or against a finding of suicide. Nevertheless, a finding that a person has deliberately taken his or her life can have long lasting ramifications for families and friends of that person. Therefore, it should only be made when there is clear and cogent evidence. In this case, there is insufficient evidence to support a finding that Jason Laslo took his own life.

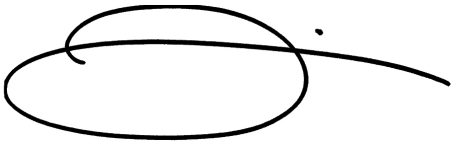
3. I accept and adopt the cause of death ascribed by Dr Heinrich Bouwer and I find that the cause of Jason Laslo's death was combined drug toxicity in circumstances where I find his death was the unintentional result of his use and abuse of prescription medication.

Pursuant to section 73(1A) of the *Coroners Act 2008* (Vic), I order that this Finding be published on the internet.

I direct that a copy of this finding be provided to the following:

Piroska Laslo
The Proper Officer, St Kilda Superclinic
Dr Ian Roberts
The Proper Officer, Keys Medical Centre
Lynette Russell, Austin Health
Dr Neil Coventry, Office of the Chief Psychiatrist
Danielle Wooltorton, Department of Health and Human Services
Senior Constable Celia A'Vard

Signature:



AUDREY JAMIESON
CORONER
Date**: 24 August 2020**