IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

COR 2025 008432

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

*Section 67 of the **Coroners Act 2008***

Findings of:	Coroner Simon McGregor
Deceased:	BP
Date of birth:	1992
Date of death:	5 December 2025
Cause of death:	1a : COMBINED DRUG TOXICITY (HEROIN, BENZODIAZEPINES, METHYLAMPHETAMINE, MIRTAZAPINE, PROMETHAZINE)
Place of death:	St Albans Park Victoria 3219
Keywords:	Mixed drug toxicity

INTRODUCTION

1. On 5 December 2025, BP was 33 years old when she was found unresponsive in her bedroom. At the time of her death, BP lived in St Albans Park, Victoria, 3219 with her mother, RP.

2. BP was raised in the Geelong area with an older sister, YP, and younger brother, LP. BP was diagnosed with Chronic Immune Thrombocytopenia at the age of four. BP was reported to have experienced multiple traumatic relationships as an adult and began using recreational drugs as a teenager.[1] BP spent her adulthood moving between homes with various partners and family members.

3. BP's treating General Practitioner confirmed that she suffered from long term drug addiction including dependence on Alcohol, Amphetamines, Benzodiazepines, Gamma Hydroxybutyrate, Heroin and Marijuana.[2] BP was reported to have previously attempted treatment through a methadone program and presented to University Hospital Geelong in the past for substance overdoses. BP's last presentation to University Hospital Geelong was on 6 June 2024 and was treated for community acquired pneumonia.[3]

THE CORONIAL INVESTIGATION

4. BP's death was reported to the coroner as it fell within the definition of a reportable death in the *Coroners Act 2008* (**the Act**). Reportable deaths include deaths that are unexpected, unnatural or violent or result from accident or injury.

5. The role of a coroner is to independently investigate reportable deaths to establish, if possible, identity, medical cause of death, and surrounding circumstances. Surrounding circumstances are limited to events which are sufficiently proximate and causally related to the death. The purpose of a coronial investigation is to establish the facts, not to cast blame or determine criminal or civil liability.

6. Under the Act, coroners also have the important functions of helping to prevent deaths and promoting public health and safety and the administration of justice through the making of comments or recommendations in appropriate cases about any matter connected to the death under investigation.

[1] *Coronial Brief*, Statement of RP.
[2] *Coronial Brief,* Statement of Dr Yvonne McCartney.
[3] Ibid.

7. Victoria Police assigned Senior Constable Travis Wright to be the Coronial Investigator for the investigation of BP's death. The Coronial Investigator conducted inquiries on my behalf, including taking statements from witnesses – such as family, the forensic pathologist, treating clinicians and investigating officers – and submitted a coronial brief of evidence.

8. This finding draws on the totality of the coronial investigation into the death of BP including evidence contained in the coronial brief. Whilst I have reviewed all the material, I will only refer to that which is directly relevant to my findings or necessary for narrative clarity. In the coronial jurisdiction, facts must be established on the balance of probabilities.[4]

9. In considering the issues associated with this finding, I have been mindful of BP's human rights to dignity and wellbeing, as espoused in the *Charter of Human Rights and Responsibilities Act 2006*, in particular sections 8, 9 and 10.

MATTERS IN RELATION TO WHICH A FINDING MUST, IF POSSIBLE, BE MADE

Circumstances in which the death occurred

10. On 4 December 2025 at around 11:30 pm, RP saw BP briefly before going to bed. RP noted that BP often slept during the day.[5]

11. On 5 December 2025 at around 7:25 pm, RP went to check in on BP in her bedroom and found her unresponsive with her legs blue in colour. RP contacted emergency services for assistance.[6] Ambulance paramedics arrived shortly after and pronounced BP deceased onsite.

12. Local police members arrived on scene at 8:35 pm and commenced an investigation into the circumstances of BP's death. Several drugs were found near BP's body and were seized for testing.[7]

Identity of the deceased

13. On 5 December 2025, BP, born 1992, was visually identified by her mother, RP.

---

[4] Subject to the principles enunciated in *Briginshaw v Briginshaw* (1938) 60 CLR 336. The effect of this and similar authorities is that coroners should not make adverse findings against, or comments about, individuals unless the evidence provides a comfortable level of satisfaction as to those matters taking into account the consequences of such findings or comments.

[5] *Coronial Brief*, Statement of RP.

[6] Ibid.

[7] *Coronial Brief*, Statement of Detective Senior Constable Travis Wright.

14. Identity is not in dispute and requires no further investigation.

Medical cause of death

15. Forensic Pathologist Dr Daniel Hussey from the Victorian Institute of Forensic Medicine (**VIFM**) conducted an external examination on 12 December 2025 and provided a written report of his findings dated 10 March 2026.

16. Toxicological analysis of post-mortem blood samples identified the presence of morphine (~0.3 mg/L), codeine (~0.03 mg/L), 7-aminoclonazepam (~0.06 mg/L), mirtazapine (~0.01 mg/L), methylamphetamine (~0.07 mg/L), amphetamine (~0.03 mg/L), promethazine (~0.03 mg/L), ibuprofen (~4.1 mg/L), paracetamol (~6 mg/L), and constituents of cannabis [delta-9-tetrahydrocannabinol (~120 ng/mL), 11-OH-delta-9-tetrahydrocannabinol (~4 ng/mL), 11-nor-delta-9-carboxytetrahydrocannabinol (~17 ng/ml)]. This combination of drugs can cause central nervous system (**CNS**) depression leading to death.

17. Dr Hussey made the following observations:

    a) The presence of 6-monoacetylmorphine (**6-MAM**) is diagnostic for heroin use shortly before death. Heroin is a semisynthetic opioid produced from morphine obtained from the opium poppy and has no legitimate medical use in Australia. In the body, heroin is rapidly metabolised to 6-MAM and then to morphine. Heroin causes severe CNS depression which can cause fatal respiratory depression. There is no safe dose and codeine is often a contaminant or cutting agent in heroin;

    b) Methylamphetamine and its metabolite amphetamine are illicit stimulant drugs. The concomitant use of CNS depressants and stimulants can cause unpredictable, sometimes fatal adverse results;

    c) 7-aminoclonazepam (a benzodiazepine medication), mirtazapine (an anti-depressant medication), promethazine (an antihistamine medication) were detected at non-toxic levels. These medications can cause CNS depression which may have contributed to death; and

    d) The external examination showed puncture wounds with bruising on the left forearm/wrist. Both antecubital fossae showed scarring which is commonly seen in intravenous drug users.

18. The post-mortem CT scans and external examination revealed no evidence of any injuries that could have caused or contributed to death.

19. Dr Hussey provided an opinion that the medical cause of death was 1(a) COMBINED DRUG TOXICITY (HEROIN, BENZODIAZEPINES, METHYLAMPHETAMINE, MIRTAZAPINE, PROMETHAZINE) and I accept his opinion.

FURTHER INVESTIGATIONS - CPU REVIEW

20. BP's death was, tragically, only one of many recent heroin-involved fatal overdoses in Greater Geelong that Victorian coroners have investigated. To understand better the burden of heroin-related mortality in Greater Geelong, I engaged the Coroners Prevention Unit (**CPU**)[8] to collate data and information on these deaths over time.

21. The CPU prepared a data report on heroin-involved overdose deaths in Victoria for the period 2016-2025[9]. The most relevant facts I discerned from the data were:

    a) The annual number of heroin-involved overdose deaths in Victoria is currently elevated. The Court has previously published data[10] showing that between 2015 and 2024, the annual number of these deaths rose steadily from 172 to peak at 248. The preliminary numbers for 2025 show the number has climbed yet again, to 261 heroin-involved overdose deaths across Victoria.

    b) The local government areas (**LGAs**) where the highest numbers of heroin-involved overdose deaths occurred between 2016 and 2025, were consistent with what we previously reported.[11] Yarra was the LGA with the highest number, being 178 heroin-involved overdose deaths across the period 2016-2025. Next was Melbourne (146 deaths), then Brimbank (139), Greater Dandenong (115) and Port Phillip (114). The sixth highest number of heroin-involved overdose deaths occurred in Greater Geelong, with 100 deaths.

---

[8] The Coroners Prevention Unit (CPU) was established in 2008 to strengthen the prevention role of the coroner. The unit assists the Coroner with research in matters related to public health and safety and in relation to the formulation of prevention recommendations. The CPU also reviews medical care and treatment in cases referred by the coroner. The CPU is comprised of health professionals with training in a range of areas including medicine, nursing, public health and mental health.

[9] Noting that the 2025 data is preliminary and may be revised upwards as coroners' investigations progress

[10] Coroners Court of Victoria, *Victorian overdose deaths, 2015-2024*, Southbank: Coroners Court of Victoria, 12 August 2025, p.10.

[11] See for example Coroners Court of Victoria, *Victorian overdose deaths, 2015-2024*, Southbank: Coroners Court of Victoria, 12 August 2025, p.18.

c) There was some variation over time in the annual number of heroin-involved overdose deaths that occurred in Greater Geelong. In 2025, the year of BP's death, there were 14 such deaths, which (together with 2024) was the equal highest annual number in Greater Geelong for at least a decade.

d) If we exclude Metropolitan Melbourne and examine specifically the burden of heroin-related mortality in regional Victoria, the tragic significance of the Geelong figures becomes much clearer. The 100 heroin-involved overdose deaths in Greater Geelong between 2016 and 2025 eclipsed other regional LGAs; the next highest numbers were in Greater Bendigo (35), Ballarat (29) and Latrobe (23).

e) Noting that Greater Geelong is a comparatively large regional centre with a substantial population, the CPU also calculated the average annual rate of heroin-involved overdose deaths per 100,000 population in Greater Geelong and the five other LGAs where the highest numbers of these deaths occurred (being Greater Bendigo, Ballarat, Latrobe, Mildura and Wellington). Greater Geelong had the highest average annual rate, confirming that the high number of heroin-involved overdose deaths was not simply a product of Geelong having a larger population.

f) The CPU also informed me that when we broaden our view from examining heroin-involved overdose deaths to all overdose deaths, concern about Greater Geelong becomes even more acute. The Court has previously reported that Greater Geelong reached a 10-year high of 35 overdose deaths in 2024.[12] The CPU's preliminary numbers for 2025 show 45 overdose deaths in Greater Geelong. I consider these numbers to be an urgent call to action, being acutely aware that behind every number is a person, their loved ones and the community impacted by their loss.

Current drug harm prevention strategies and services

22. In considering the next steps for my investigation, I conducted a preliminary desktop review of what drug harm reduction services and strategies are currently in place in Greater Geelong, to inform further consultation. I noted that the Barwon Health Mental Health, Drugs and Alcohol Services already runs both fixed-site and mobile needle and syringe exchange programs, distributes take-home naloxone and provides education in safer drug use to people who use drugs. Barwon Health hosts syringe vending machines and is to be a trial site for

[12] Coroners Court of Victoria, *Victorian overdose deaths, 2015-2024*, Southbank: Coroners Court of Victoria, 12 August 2025, p.26.

naloxone vending machines. Barwon Health Mental Health, Drugs and Alcohol Services also runs an innovative drug alerts SMS program where people can sign up anonymously to receive text notifications of drugs of concern circulating in Victoria's unregulated drug markets.

23. One major evidence-based drug harm reduction service that Greater Geelong does not presently have is a Medically Supervised Injecting Centre (**MSIC**). There is a substantial body of research, including research on the experience of operating the City of Yarra's MSIC established in June 2018,[13] supporting the view that medically supervised injecting is an effective component of integrated strategies to tackle drug-related harms in areas where these harms are elevated. This was a major reason why Coroner Hawkins (together with many alcohol and drug experts and services) originally recommended the establishment of the Yarra MSIC following her inquest into the death of *Ms A* (anonymised).[14]

24. An MSIC not only manages overdose risk among people who attend it to use drugs; it also creates opportunities to provide education and support to vulnerable people who use drugs and assist them to engage in treatment and access services they may need.

25. It is of course impossible to say whether BP would have ever attended an MSIC, had it been in operation in Greater Geelong while she was alive. However, an MSIC could potentially have offered her opportunities for support and assistance when she disengaged from methadone maintenance therapy and Barwon Drug and Alcohol Services, including education in safer injecting practices and access to naloxone. MSIC clinicians and support workers could even have explored with BP why she continued to use heroin in a neutral non-judgmental environment. BP may have then been connected with health services that might better meet her drug treatment needs.

26. At present we are only able to speculate on the potential role of an MSIC in supporting people like BP in the Greater Geelong area and reducing the tragically elevated toll of heroin-involved overdoses. An MSIC cannot legally operate in Victoria unless it is licenced, and at present under the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) only a single

[13] See Medically Supervised Injecting Room Review Panel, *Review of the Medically Supervised Injecting Room*, Melbourne: Victorian Government, June 2020; Medically Supervised Injecting Room Review Panel, *Review of the Medically Supervised Injecting Room - Final Report: Key Findings and Recommendations*, Melbourne: Victorian Government, February 2023; Killian JJ et al, "Changes in heroin-related ambulance attendances following the introduction of a medically supervised injecting room in Victoria, Australia", *International Journal of Drug Policy*, 2026 (in press corrected proof), doi: 10.1016/j.drugpo.2026.105405.

[14] See for example Hawkins J, *Finding with inquest in death of Ms A (anonymised)*, Coroners Court of Victoria, COR 2016 002418, delivered 20 February 2017; Jamieson A, *Finding without inquest in death of David Leslie Chapman*, Coroners Court of Victoria, COR 2016 002722, delivered 8 May 2017; McGregor S, *Finding without inquest in death of SO (anonymised)*, Coroners Court of Victoria, COR 2016 003735, delivered 7 July 2017.

licence can be in force at any one time. An MSIC in Greater Geelong could only open under present legislation if the MSIC in Yarra was closed down. In my view this would not be an acceptable harm reduction trade-off.

A brief history of the MSIC single licence restriction

27. In order to see whether there was a public health basis for Victoria having a single MSIC licence restriction, I reviewed the concept's legislative origins.

28. The Parliamentary process to establish the MSIR commenced when the Hon Fiona Patten introduced the *Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017* (Vic) to the Legislative Council on 7 February 2017. This Bill sought to provide for licensing and operation of an MSIC for an initial 18-month trial, through amendments to the *Drugs, Poisons and Controlled Substances Act 1981* (Vic). Reflecting that only a trial was proposed, the Bill specified the following condition for issuing a licence to the operator of the MSIC:

> *(1) This Part operates to allow the responsible authority to issue only one licence, in respect of only one premises, to have effect only during a trial period of 18 months starting on a day to be fixed by proclamation as the start of the trial period.*

29. Following discussion and debate in the Legislative Council, on 22 February 2017 the Bill was referred to the Legislative Council's Legal and Social Issues Committee for consideration. The Legal and Social Issues Committee invited submissions and held public hearings before reporting back to the Legislative Council on 7 September 2017. Their final report referenced a submission advocating that the restriction on the number of MSIC licences (or alternatively the number of permitted sites that can be covered by a single licence) should be removed.[15] However, this aspect of the Bill was overall not considered in any depth.

30. After the Legal and Social Issues Committee report was delivered, Minister for Mental Health the Hon Martin Foley introduced a new *Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2017* to the Legislative Assembly on 31 October 2017. This Bill specified that:

> ***55D Only one licence may be issued***

[15] Parliament of Victoria Legislative Council, Legal and Social Issues Committee, *Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017*, Melbourne: Parliament of Victoria, September 2017, p.5.

Only one medically supervised injecting centre licence may be issued.

31. The Bill received Royal Assent on 19 December 2017, and when the amendments to the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) enabling the MSIC trial to commence, came into operation on 28 February 2018, the restriction remained that only a single licence could be issued. On 22 June 2018, the then Department of Health and Human Services Secretary Kym Peake gave notice that a licence had been issued for North Richmond Community Health to operate the MSIR trial, with the initial operating period being 30 June 2018 to 29 June 2020. The licence for the trial was subsequently extended until 29 June 2023, and two reviews were undertaken to determine whether the trial had met its objectives.

32. The first review (the 'Hamilton Review', so named for its panel chair Prof Margaret Hamilton AO), published in June 2020, found that the MSIC had achieved most of its objectives, particularly those relating to reduction in harms for service users. Based on these findings, the Hamilton Review recommended inter alia that:

> Based on demand and international experience, the Victorian Government expands the current trial to include another supervised injecting service in an appropriate location within the City of Melbourne. Trialling further services in this period could help manage demand, potentially save a greater number of lives and would allow an opportunity to test effectiveness in different locations as well as trial another model of supervised injecting facility in Victoria.[16]

33. The second review (the 'Ryan Review', named for panel chair John Ryan), published in February 2023, likewise found that the trial had achieved a number of its objectives particularly relating to reducing drug-related harms and meeting the needs of people who use drugs, though it noted that challenges remained in meeting goals relating to public amenity. The Ryan Review recommended that the MSIC be continued as an ongoing service and proposed a series of recommendations to enhance its effectiveness,[17] but did not make any explicit recommendations relating to restrictions on the number of licences.

34. After the Ryan Review delivered its final report, the *Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023* (Vic) was introduced to the Legislative Assembly on 7 March 2023 by the Hon Gabrielle Williams, Minister for Mental Health. The primary purposes of this Bill included to amend the *Drugs,*

[16] Medically Supervised Injecting Room Review Panel, *Review of the Medically Supervised Injecting Room*, Melbourne: Victorian Government, June 2020, p.xviii.

[17] Medically Supervised Injecting Room Review Panel, *Review of the Medically Supervised Injecting Room - Final Report: Key Findings and Recommendations*, Melbourne: Victorian Government, February 2023, pp.24-25.

Poisons and Controlled Substances Act 1981 (Vic) to provide for licensing of an MSIC on an ongoing basis. The proposed amendments removed reference to a trial period throughout the Act, however the restriction on issue of permits from the trial period remained in an amended section 55D:

> ***55D Limit on number of medically supervised injecting centre licences***
>
> *(1) There must not be more than one medically supervised injecting centre licence in force at the same time.*
>
> *(2) If—*
>
> *(a) a medically supervised injecting centre licence is issued; and*
>
> *(b) at the time that the licence would commence, there is already another licence in force—*
>
> *the licence referred to in paragraph (a) becomes invalid at that time.*

35. The discussion of the Bill in the Legislative Assembly on 22 and 23 March 2023 did not touch on whether there should be a limit on the number of licences in force at one time. When the Bill was forwarded to the Legislative Council, though, there was some discussion about this, with Aiv Puglielli MP submitting amendments on behalf of the Greens:

> […] to allow for multiple MSIR licences to operate at the same time at multiple locations so that if and when more safe injecting rooms are announced, there is no need to write new legislation to grant the licences for additional centres.[18]

36. The proposed new clauses were:

> *1. Clause 1, page 2, lines 10 and 11, omit "there must not be more than one such licence in force at a time" and insert "more than one licensed medically supervised injecting centre may operate".*
>
> *2. Clause 1, page 2, after line 11 insert –*

[18] Victoria, *Parliamentary Debates*, Legislative Council, 4 May 2023, p.1241 (Aiv Puglielli, Member for North-Eastern Metropolitan).

"(iii) there may be more than one location that is a permitted site for the operation of a licensed medically supervised injecting centre; and".[19]

37. Aiv Puglielli MP's rationale included:

> People are dying from preventable overdoses and drug-related harm across Victoria. The government needs to provide similar services where there is urgent need, not just in Richmond and not just in the CBD but across Victoria. By moving the designation of permitted sites for supervised injecting centres from legislation to regulation, the government can more swiftly respond to the needs of the community without the need for legislation every time a new site is opened.
>
> A new and additional licence can be granted by the Secretary of the Department of Health, and the permitted site of a proposed centre is still subject to parliamentary oversight, as a disallowance motion in either house of Parliament would repeal the regulation. This does not force the government's hand to establish new centres, although they absolutely should; it simply means that when the government decides to, the process is faster and less inhibited.[20]

38. Legalise Cannabis Victoria MP David Ettershank indicated he would support the amendments because "this is a really important principle".[21] Representatives of the Liberals and Nationals indicated they would not be supportive but provided no reasons. Libertarian MP David Limbrick was also not supportive for the following reason:

> […] I am very concerned about this approach of doing it through regulation and having it be disallowable, because just as Mr Puglielli points out that it could easily be put in through regulation, it could also easily be shut down immediately through a disallowance motion – and I am also concerned about disallowance motions coming up every Wednesday in general business to try and shut down a new centre. For those reasons I will not be supporting this amendment.[22]

39. Harriet Shing MP also indicated that Labor would not support the amendment:

> […] This proposal in the Greens amendment is beyond the scope of the bill itself. The bill is focused on North Richmond, so the immediate changes are needed to the operation of the

[19] Victoria, *Parliamentary Debates*, Legislative Council, 4 May 2023, pp.1313-1314 (Aiv Puglielli, Member for North-Eastern Metropolitan).
[20] Victoria, *Parliamentary Debates*, Legislative Council, 4 May 2023, p.1314 (Aiv Puglielli, Member for North-Eastern Metropolitan).
[21] Victoria, *Parliamentary Debates*, Legislative Council, 4 May 2023, p.1315 (David Ettershank, Member for Western Metropolitan).
[22] Victoria, *Parliamentary Debates*, Legislative Council, 4 May 2023, p.1314 (David Limbrick, Member for South-Eastern Metropolitan).

North Richmond centre because if they are not urgently considered and if they are not part of this legislative process now, we are going to see an expiration of the service licence in late June.[23]

40. The Greens amendments were negatived, and when the Bill received Royal Assent on 16 May 2023, the one-licence requirement remained in place. The amendments to the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) came into force on 28 June 2023, with the new section 55D being as initially drafted:

> ***55D Limit on number of medically supervised injecting centre licences***
>
> *(1) There must not be more than one medically supervised injecting centre licence in force at the same time.*
>
> *(2) If—*
>
> *(a) a medically supervised injecting centre licence is issued; and*
>
> *(b) at the time that the licence would commence, there is already another licence in force—*
>
> *the licence referred to in paragraph (a) becomes invalid at that time.*

41. Having considered the Hansard material together with the advice from the drug harm reduction experts in the Coroners Prevention Unit, I have been unable to identify any public health grounds to justify limiting Victoria to one medically supervised injecting centre at a time.[24]

FINDINGS AND CONCLUSION

42. Pursuant to section 67(1) of the *Coroners Act 2008* I make the following findings:

a) the identity of the deceased was BP, born 1992;

[23] Victoria, *Parliamentary Debates*, Legislative Council, 4 May 2023, p.1314 (Harriet Shing, Member for Eastern Victoria).

[24] The Coroners Prevention Unit is a team made up of health professionals and personnel with experience in a range of areas including medicine, nursing, mental health, public health, family violence and other generalist non-clinical matters. The unit may review the medical care and treatment in cases referred by the coroner, as well as assist with research related to public health and safety.

b) the death occurred on 5 December 2025 at St Albans Park, Victoria, 3219, from 1(a) COMBINED DRUG TOXICITY (HEROIN, BENZODIAZEPINES, METHYLAMPHETAMINE, MIRTAZAPINE, PROMETHAZINE); and

c) the death occurred in the circumstances described above.

43. Having considered all of the circumstances, I am satisfied that BP's death was the unintended consequence of an accidental overdose of heroin, benzodiazepines, methylamphetamine, mirtazapine and promethazine.

COMMENTS

Pursuant to section 67(3) of the Act, I make the following comments connected with the death.

1. Having considered BP's death in the context of Victoria's climbing heroin overdose death toll, and also the elevated number of heroin-involved overdose deaths occurring in Greater Geelong compared to other areas in regional Victoria, I have concluded there is an urgent need to revisit the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) relating to MSIC licensing, to enable discussions about the potential benefits and role of an MSIC in Greater Geelong (or for that matter anywhere outside Metropolitan Melbourne) to take place.

2. I am further concerned about emerging inequality between Metropolitan Melbourne and Regional Victoria in access to evidence-based drug harm reduction health services. I am not the first Victorian Coroner to have raised these concerns and I note that her Honour Coroner Giles' finding in the Nitazene-involved overdose death of *SL* (anonymised) in Wangaratta in 2022, commented that:

> I note that SL's death occurred far from metropolitan Melbourne in Wangaratta, and that at least four other recent nitazene-involved overdose deaths also occurred in a regional setting. This reinforces that drug checking services need to be available to all Victorians, and that it ought to be considered whether different types of service delivery are needed to meet the needs of people who reside in metropolitan Melbourne versus in regional areas. I would encourage the Department of Health to design any drug checking trial in such a way as to produce insights into how drug checking can be delivered effectively to all Victorians to reduce drug-related harms across the entire state.[25]

[25] *Finding without inquest in death of SL (anonymised)*, Coroners Court of Victoria (COR 2022 006970), Coroner Giles, 13 March 2024.

3. I note that the fixed-site drug checking service subsequently opened in Fitzroy, this was irrefutably a positive drug harm reduction development, but there is still no similar fixed-site service available in regional Victoria. Access to life-saving drug harm reduction services should not be predicated on where somebody resides.

RECOMMENDATIONS

Pursuant to section 72(2) of the Act, I make the following recommendations:

A. The Minister for Health and the Victorian Attorney-General consider amendments to the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) to remove the restriction that there must not be more than one medically supervised injecting centre licence and/or permitted site operative at the same time.

B. The Department of Health urgently consult with drug and alcohol services and people with lived experience of injecting drug use in the Greater Geelong local government area, to identify and address any existing gaps in services, resourcing or otherwise that may be contributing to elevated drug-related mortality including heroin-involved overdoses in Greater Geelong.

C. If amendments are made to the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) so as to remove the restriction that there must not be more than one medically supervised injecting centre licence and/or permitted site operative at the same time, the Victorian Government considers issuing a license for an MSIC location in Greater Geelong.

I convey my sincere condolences to BP's family for their loss.

Pursuant to section 73(1A) of the Act, I order that this finding be published on the Coroners Court of Victoria website in accordance with the rules.

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

RP & CP, Senior Next of Kin

The Hon. Ben Caroll, Victorian Premier

The Hon. Ingrid Stitt MLC, Victorian Minister for Health

The Hon. Sonya Kilkenny, Victorian Attorney-General

Jenny Atta PSM, Secretary of the Department of Health (Victoria)

Senior Constable Travis Wright, Coronial Investigator

Signature:

Coroner Simon McGregor

Date: 25 August 2026

NOTE: Under section 83 of the ***Coroners Act 2008*** ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.