



Western

Australia

RECORD OF INVESTIGATION INTO DEATH

Ref No: 22/18

*I, Barry Paul King, Coroner, having investigated the suspected death of **Dean Anthony Pollard** with an inquest held at the **Perth Coroner's Court** on **19 June 2018**, find that the death has been established beyond all reasonable doubt and that the identity of the deceased person was **Dean Anthony Pollard** and that death occurred on **an unknown date** from **an unknown cause** in the following circumstances:*

Counsel Appearing:

Sergeant L Housiaux assisting the Coroner

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INTRODUCTION

1. Dean Anthony Pollard (the deceased) was a 41 year old man with a history of drug use and related mental illness. He was last known to be alive on either 27 May 2010, when he last used his phone, or on 7 June 2010 when, according to his father, Brian Pollard (Mr Pollard), he went to Mr Pollard's place of business and spoke with him. He was not seen again and has not contacted family or associates.
2. On 13 September 2010, Mr Pollard reported to police that the deceased was missing.¹
3. In April 2011 the deceased's death was declared by Western Australia Police (WAPOL) to be a suspected homicide. An investigation by the Major Crime Squad over the next three years found no evidence of criminality relating to the deceased's disappearance, and suspicions about the possible involvement of three suspects in his disappearance were effectively removed.²
4. On 2 October 2014, the Office of the State Coroner received a letter from Natalie Weaver, a former partner of the deceased and mother of their daughter, requesting that the State Coroner investigate the deceased's suspected death.
5. On 29 December 2014 the State Coroner directed that the deceased's suspected death be investigated. Where the State Coroner has given such a direction, a coroner must hold an inquest into the circumstances of the suspected death of the person and, if the coroner finds that the death of the person has been established beyond all reasonable doubt, into how the death occurred and the cause of death.³ An inquest was therefore mandatory.

¹ Exhibit 1, Volume 1, Tab 2

² Exhibit 1, Volume 1, Tab 2

³ s23 *Coroners Act 1996*

6. On 19 June 2018, I held an inquest into the deceased's suspected death at the Perth Coroner's Court.
7. The documentary evidence adduced at the inquest comprised a report, including attachments, compiled by Detective Sergeant C Blaine of the Homicide Squad (previously the Major Crime Squad),⁴ and a discharge summary from Graylands Hospital.⁵
8. Detective Sergeant Blaine provided oral evidence,⁶ as did Mr Pollard⁷ and three other witnesses of fact:
 - a. Aymon De Tastes, who met the deceased once on a date in May 2010;⁸
 - b. Margaret Ebert, who supplied the deceased with methylamphetamine in 2010;⁹ and
 - c. Luke Halliday, a friend of the deceased who regularly used methylamphetamine with the deceased in 2010.¹⁰
9. Consultant psychiatrist Dr Gabor Ungvari provided expert evidence about the deceased's mental illness and the prospects of him surviving in the community after his disappearance.¹¹
10. Available to me were the deceased's medical records from Graylands Hospital, Swan District Hospital, Royal Perth Hospital and Swan Mental Health Service.
11. I have found that the death of the deceased has been proved beyond all reasonable doubt. I have found that the cause of his death is unknown.
12. I have made an open finding as to how death occurred.

⁴ Exhibit 1, Volumes 1 and 2

⁵ Exhibit 2

⁶ ts 4 – 27 per Blaine, C

⁷ ts 46 – 66 per Pollard, B

⁸ ts 36 – 46 per De Tastes, A

⁹ ts 66 – 88 per Ebert, M A

¹⁰ ts 88 – 104 per Halliday, L W

¹¹ ts 27 – 36 per Ungvari, G

THE DECEASED

13. The deceased was born on 21 November 1968 in Blackpool in England. He was the eldest of three children to Mr Pollard and Mr Pollard's then wife, Marilyn. Mr Pollard was a stonemason. According to Mr Pollard, Marilyn Pollard had mental issues, including depression.¹²
14. When the deceased was five years old, Marilyn Pollard left the family, and the deceased and his siblings were placed in separate foster homes. Mr Pollard obtained custody of the children with the help of a friend, Diane, whom he later married. The deceased did not have a close relationship with Diane Pollard, but he had a reasonably normal childhood from then on.¹³
15. In 1983, the deceased and his family immigrated to Australia and eventually moved into a house in High Wycombe. The deceased and his siblings went to Forrestfield High School, but the deceased was not really interested in school. Mr Pollard began his own business providing masonry supplies from a shop in Midland, and the deceased completed a stonemason's apprenticeship with him and then worked for him intermittently.¹⁴
16. In 1987 the deceased was admitted to Heathcote Hospital after exhibiting bizarre behaviour at home.¹⁵ He was discharged after a month, with a diagnosis of acute schizophreniform psychosis.¹⁶
17. Following discharge from Heathcote Hospital, the deceased was stable for a while, but became aggressive and unstable while on drugs. Mr Pollard told the deceased to move out of the family home. For a while, Mr Pollard lost track of the deceased, but thought that he may have been involved in a skin-head gang.¹⁷

¹² Exhibit 1, Volume 1, Tab 3B

¹³ Exhibit 1, Volume 1, Tab 3B

¹⁴ Exhibit 1, Volume 1, Tab 3B

¹⁵ Exhibit 1, Volume 1, Tab 3B

¹⁶ Royal Perth Hospital Records

¹⁷ Exhibit 1, Volume 1, Tab 3B

18. The deceased worked in England in 1990, during which time he had some contact with his mother. According to Mr Pollard, Marilyn Pollard died of a heart attack sometime after the deceased returned to Australia.¹⁸
19. In 1994 the deceased joined the Army Reserve. He was discharged at his own request in 1996 and brought an ultimately unsuccessful legal action against the Australian Defence Force for employment-related Ross River virus.¹⁹
20. In about 1996 the deceased moved into a unit in Victoria Park, where he met Natalie Weaver and her two children. Ms Weaver was originally from Tasmania. The deceased and Ms Weaver began a relationship and moved into a house in Mount Lawley with the deceased's brother, Bryan.²⁰
21. Ms Weaver became concerned about Bryan's psychiatric issues and the drugs that he and the deceased used daily. They smoked cannabis, and on one occasion she came home to find the deceased and Bryan on the bed in her bedroom with needles around them. She was also having trouble accepting that the deceased put up with Mr Pollard controlling his finances. She moved to Melbourne and indicated to the deceased that he needed to sort out his relationship with Mr Pollard.²¹
22. That same year, the deceased and Mr Pollard went to Melbourne to work on the construction of a casino, and the deceased lived with Ms Weaver in Altona Meadows for three or four months.²²
23. Mr Pollard returned to Perth, and in 1997 the deceased and Ms Weaver also returned. After saving money for a deposit, they bought a house in Maida Vale in 1998. Their daughter Sarah was born in November 1998.²³

¹⁸ Exhibit 1, Volume 1, Tab 2

¹⁹ Exhibit 1, Volume 1, Tab 3B

²⁰ Exhibit 1, Volume 1, Tab 4

²¹ Exhibit 1, Volume 1, Tab 4

²² Exhibit 1, Volume 1, Tab 4

²³ Exhibit 1, Volume 1, Tab 4

24. Ms Weaver became aware that the deceased was injecting drugs, which she thought was heroin but later realised was amphetamine. The deceased's behaviour became increasingly irrational and paranoid. Ms Weaver made secret plans to return to Tasmania, but when the deceased learned of her plans, he abducted Sarah and kept her for a few days until police were able to find him and return her to Ms Weaver through a recovery order. Ms Weaver took all her children to Tasmania and later obtained sole custody of Sarah. She signed her share of the Maida Vale house over to the deceased.²⁴
25. The deceased then showed up at Ms Weaver's house in Tasmania, leading to her obtaining a restraining order. He breached the order several times but managed to leave before police attended. Eventually, he returned to Western Australia, but he remained in regular telephone contact with Sarah and would send her presents for birthdays and Christmas. He would also place \$500 in Ms Weaver's account regularly.²⁵
26. In 2007, the deceased's claim against the Australian Defence Force was dismissed. From about that time, his drug use appeared to escalate. In 2008 he borrowed \$100,000 against a mortgage on his house and apparently spent most of it on drugs over the following six months. He was forced to sell his car and his house in Maida Vale. He received \$176,000 from the sale of the house.²⁶
27. Around Christmas 2009, the deceased rang Ms Weaver and Sarah and told them that he had sold the house. That was the last time they heard from him.²⁷
28. In 2010 the deceased associated almost exclusively with people involved with drugs. He stayed in caravan parks, motels and hotels, and used the funds from the sale of his house to pay for the drugs and accommodation.²⁸

²⁴ Exhibit 1, Volume 1, Tab 4

²⁵ Exhibit 1, Volume 1, Tab 4

²⁶ Exhibit 1, Volume 1, Tab 3B

²⁷ Exhibit 1, Volume 1, Tab 4

²⁸ Exhibit 1, Volume 1, Tab 2

Two of the people with whom he associated were Margaret Ebert, who supplied him with methylamphetamine, and Luke Halliday, who gravitated to the deceased as a source of drugs.²⁹

THE DECEASED'S MENTAL HEALTH

29. The following information was obtained from the deceased's various medical notes as noted in the Introduction above.
30. The deceased was first diagnosed with a serious mental illness in about 1987 when he was 18 years old.
31. In October 1996 the deceased was referred by his doctor (GP) to the emergency department at Royal Perth Hospital (RPH) with paranoid ideas and depressive symptoms following heavy cannabis use and occasional amphetamine use. He was assessed by a psychiatric registrar who found no current evidence of psychosis or affective illness.
32. In September 2002 the deceased was referred by his GP to Sir Charles Gairdner Hospital with paranoid beliefs. In October 2002 he was diagnosed by a consultant psychiatrist with paranoid schizophrenia.
33. In mid-November 2002 the deceased was admitted to Bentley Hospital as an involuntary patient for two days after making threats to kill a community mental health nurse. He was diagnosed with schizo-affective disorder – manic type. In late November 2002 he was again admitted to Bentley Hospital following threats against the Department of Veterans Affairs, and during that admission he bit a staff member's ear.
34. In early December 2002 the deceased was moved to Swan Valley Centre, where he remained until the end of December 2002. He was discharged on a community

²⁹ Exhibit 1, Volume 1, Tab 2

treatment order (CTO) with a differential diagnosis of paranoid schizophrenia or delusional disorder. He was on a CTO for 12 months. He had regular reviews at the Swan Valley Centre and was prescribed various antipsychotic medication and antidepressant medication over the next few years. He remained relatively stable until July 2007.

35. In late July 2007 the deceased assaulted his neighbour while affected by amphetamine. Police used a Taser and handcuffs to restrain him. He was admitted to the Swan Valley Centre for a month, with a discharge diagnosis of amphetamine-induced psychotic disorder and antisocial personality disorder. Following his discharge, he increased his use of amphetamine and alcohol.
36. In February 2008 the deceased was admitted to Graylands Hospital (Graylands) after being charged with offences in July 2007 involving threats to kill and possession of a replica gun. He was discharged on a CTO, but that was revoked in April 2008 after he refused depot medication and failed to attend medical appointments. He was twice returned to Graylands where he was aggressive and highly aroused, requiring treatment in seclusion. He was ultimately discharged with a final assessment that he had no psychotic features and no affective illness. The CTO was not reinstated as it was not likely to solve his drug use and the related problems. The discharge diagnosis was amphetamine-induced psychotic disorder, antisocial personality and chronic fatigue syndrome.
37. The medical records frequently show that the deceased had a history of unprovoked attacks on people and was a high risk for violence. He continued to use amphetamine, cannabis and alcohol, and he was non-compliant with his medications. By July 2009 it was clear that he was amphetamine-dependent.
38. On 8 January 2010 the deceased was admitted to Swan Valley Centre as an involuntary patient with psychotic symptoms and aggressive behaviour likely associated

with amphetamine-induced psychotic disorder. He denied amphetamine use. Over the next days he was suspected of abusing tramadol. He was discharged on 12 January 2010 with a diagnosis of adjustment disorder and substance induced psychosis.

39. On 22 January 2010 the deceased was taken to the emergency department at Swan District Hospital because of his aggressive behaviour. He was initially detained involuntarily but was discharged the next morning after psychiatric assessment. That pattern was repeated several more times in February, March and April 2010. Each time, the deceased presented with aggressive behaviour attributed to drug-induced psychosis. On some occasions he threatened and abused hospital staff. When he was assessed the following day after admission in each case, he was found to have no acute psychiatric issue.
40. On 9 May 2010 police officers took the deceased to the emergency department at Sir Charles Gairdner Hospital after they found him wandering around displaying unusual behaviours and carrying a syringe and a knife. His agitation and risk of violence continued after sedation, so he was transferred to Graylands for assessment. He was discharged from Graylands on 13 May 2010 with a diagnosis of 'disorder resulting from the stimulant and other substances' and was advised to seek drug rehabilitation.
41. The last recorded contact which the deceased had with medical or mental health providers was on 17 May 2010 when police took him to Swan District Hospital for assessment. The records indicate that he was well-known to present with intravenous amphetamine-induced psychosis. When initially assessed on this presentation, he was psychotic, aggressive and violent, which was noted to be a normal presentation for him. At midday the next day, a psychiatric liaison nurse assessed him and found him irritable but no longer agitated or abusive. He admitted using amphetamine recently.

42. The psychiatric liaison nurse assessed that the deceased was not delusional, suicidal, psychotic or intoxicated. The nurse found no evidence in the documentation available suggesting that mental illness was driving the deceased's behaviour. The nurse assessed that the deceased was a chronic risk to others if he took drugs, but there were no acute risks identified at the time. There were no grounds to detain the deceased and he wished to go home. He declined pamphlets for drug and alcohol services.

EVENTS LEADING UP TO THE DISAPPEARANCE

43. On 14 January 2010 the deceased was arrested and charged after assaulting an elderly man in an unprovoked attack at a service station in Rivervale. Mr Pollard agreed to provide surety for him, and he was bailed on 18 January 2010.³⁰
44. In March 2010 Mr and Diane Pollard went on a month-long overseas holiday, and over that period the deceased stayed in a small limestone office building that Mr Pollard had built at his business premises in Midland.³¹ The deceased rarely left the premises during that time. He regularly called Ms Ebert, who would visit him two or three times a week to supply him with methylamphetamine, cigarettes and food. She found that the deceased was incapable of looking after himself due to his drug use. He was, she stated, '... a bad drug addict. He took a lot of drugs and was bad on them; he would loop out a lot and really fry himself on drugs.'³²
45. On 18 April 2010, after he had returned from his holiday, Mr Pollard went to his business premises and found the deceased and Mr Halliday there. The deceased was dishevelled and drug-affected. In the office building Mr Pollard saw a number of small zip-lock bags containing a white powder on the desk. He drove to the

³⁰ Exhibit 1, Volume 1, Tab 3A

³¹ Exhibit 1, Volume 1, Tab 3B

³² Exhibit 1, Volume 1, Tab 19A

Midland Police Station and reported what he had seen. Police officers went to his premises, found drugs and arrested the deceased when he returned to the premises alone a short time later.³³ The deceased was charged with possession of 8 gm of methylamphetamine with intent to sell or supply.³⁴

46. It seems that, about this time, Mr Pollard went with the deceased to the deceased's bank and became a signatory to his bank account in order to manage his finances. The deceased had already spent about \$100,000 of the money he had received from selling his house.³⁵
47. On 5 May 2010, the deceased was released on bail to appear again on 24 May 2010. Mr Pollard eventually agreed to provide a surety after refusing to do so for about two weeks because he had considered that the deceased was better off in jail.³⁶ During the time that the deceased was in custody on remand, he contacted Mr Pollard several times and stated that he was not going to attend court on 24 May 2010 to face the charges. He said that he might move to Tasmania, Kalgoorlie or England.³⁷
48. After the deceased was released on bail on 3 May 2010, he moved back into Mr Pollard's office and resumed taking methylamphetamine.³⁸
49. On 9 May 2010 Mr Halliday and his friend, Aymon De Tastes, were leaving the casino in Burswood in a car when they saw the deceased at a phone box near a 24-hour mart. They picked him up with hopes that he would give them money with which they could return to the casino. They went to Mr De Tastes' house in East Victoria Park and, after some hours during which the

³³ Exhibit 1, Volume 1, Tab 3B

³⁴ Exhibit 1, Volume 1, Tab 2

³⁵ Exhibit 1, Volume 1, Tab 3A

³⁶ Exhibit 1, Volume 1, Tab 2

³⁷ Exhibit 1, Volume 1, Tab 10

³⁸ Exhibit 1, Volume 1, Tab 2

deceased was acting aggressively and irrationally, Mr De Tastes told him to leave.³⁹

50. According to Mr De Tastes, the deceased tried to attack him, so he hit the deceased in the face and the deceased left on foot.⁴⁰ It is apparent that it was soon after this incident that the deceased was picked up by police and was taken to Sir Charles Gairdner Hospital. From there he was transferred to Graylands where he remained until 13 May 2010.⁴¹
51. On 17 May 2010 the deceased was admitted to Swan District Hospital overnight as noted above.⁴²
52. On 24 May 2010 the deceased failed to appear in court in relation to the charges. A bench warrant was issued.⁴³
53. During the day on 26 May 2010 the deceased had several short phone conversations with Mr Halliday from Mr Pollard's business premises. He also called Ms Ebert at midnight and at about 1.00 am on 27 May 2010,⁴⁴ though when questioned in 2015 about the calls she had no recollection of them and doubted that she would have sold him methylamphetamine by then since he owed her money.⁴⁵
54. The deceased also made an unsuccessful attempt to call Mr Halliday again at about 3.15 am on 27 May 2010. That was the last time the deceased was known to use a phone.⁴⁶

LAST SIGHTING OF THE DECEASED

55. In the course of the police investigation into the deceased's disappearance, Mr Pollard said that he last

³⁹ Exhibit 1, Volume 2, Tab 21A

⁴⁰ Exhibit 1, Volume 2, Tab 21A

⁴¹ Paragraph 39 above

⁴² Paragraph 40 above

⁴³ Exhibit 1, Volume 1, Tab 3B

⁴⁴ Exhibit 1, Volume 1, Tabs 2 and 11

⁴⁵ Exhibit 1, Volume 2, Tab 19B

⁴⁶ Exhibit 1, Volume 1, Tabs 2 and 11

saw the deceased on 7 June 2010 at his place of business in Midland. Mr Pollard signed a statement to that effect on 19 December 2010. He stated that the deceased was lucid and apparently not under the influence of drugs. He would not tell Mr Pollard where he was going because Mr Pollard had called police on him at least three times in the past. The deceased was carrying a sports bag which Mr Pollard believed may have contained about \$50,000 in cash. The deceased walked out of the premises towards Great Eastern Highway.⁴⁷

56. Mr Pollard said in that statement that he had closed the deceased's bank account on advice from the bank due to the deceased withdrawing large sums of money. Mr Pollard said that he had placed the money in his business account and from 25 May 2010 paid the deceased \$53,000 in cash.⁴⁸
57. In a statement Mr Pollard signed on 4 July 2011, he said that he and the deceased went to the deceased's bank together to put a freeze on the deceased's account, and he said that he was certain that 7 June 2010 was the last date on which he had seen the deceased.⁴⁹
58. However, on 8 June 2010 Mr Pollard received a call from a nurse manager at Swan Mental Health who was attempting to contact the deceased. Mr Pollard told the nurse manager that he had not seen the deceased for three weeks.⁵⁰ In oral testimony Mr Pollard explained that he said that the deceased had told him that he did not want to go to an appointment at Swan Mental Health and asked him to say that he, Mr Pollard, had not seen him for a while.⁵¹
59. More importantly, police investigators who were investigating the deceased's possible homicide interviewed Mr Pollard at length on 15 December 2012. They were concerned because, among other things, his

⁴⁷ Exhibit 1, Volume 1, Tab 3A

⁴⁸ Exhibit 1, Volume 1, Tab 3A

⁴⁹ Exhibit 1, Volume 1, Tab 3B

⁵⁰ Exhibit 1, Volume 2, Tab 32, 19-OCT-2010

⁵¹ ts 54-55 per Pollard, B

information about the last sighting of the deceased did not tally with the telephone evidence and because his information about the money which he said that he had given to the deceased seemed unlikely.⁵²

60. In the course of the interview, Mr Pollard eventually said that he could not say whether the deceased was alive on 27 May 2010 and that he had 'jumped the date forward' to give the deceased time to evade police. He said that he had gambled away the money that he had placed in his business account, but that he had given the deceased sums of money beforehand, including \$20,000 which he gave to the deceased from his safe on 24 May 2010.⁵³
61. The factor which changed Mr Pollard's account was information from the investigators that a laptop which, I infer from Harvey Norman records obtained following the inquest, was purchased by Mr Pollard for the deceased, was returned to Harvey Norman prior to 2 June 2010. Mr Pollard agreed that the deceased had gone by the time the laptop was returned, so 27 May 2010 was more likely the day he left.⁵⁴
62. To add to the variability of Mr Pollard's evidence, near the end of his interview with investigators he appeared to recant on his earlier information by saying again that 7 June 2010 must have been the day on which he had thought that the deceased had gone.⁵⁵ Then, in his oral testimony at the inquest, Mr Pollard said that he was sure that the deceased had stayed at the business premises from 5 May 2010 until 7 June 2010. Mr Pollard said that when he last saw he deceased on 7 June 2010 he gave him cash from his safe.⁵⁶
63. I should note that the detectives interviewing Mr Pollard on 15 December 2012 considered that he spoke frankly and honestly in the interview.⁵⁷

⁵² Exhibit 1, Volume 1, Tab 2 and CD recording of interview with Pollard, B 15/12/2012

⁵³ CD recording of interview with Pollard, B 15/12/2012

⁵⁴ CD recording of interview with Pollard, B 15/12/2012

⁵⁵ CD recording of interview with Pollard, B 15/12/2012

⁵⁶ ts 65 per Pollard, B

⁵⁷ Exhibit 1, Volume 1, Tab 2

64. Since the inquest I have received copies of records obtained by police investigators indicating that a laptop sold to Mr Pollard was returned to Harvey Norman on 2 June 2010. That evidence, together with Mr Pollard's concession to police investigators in the interview and the telephone records, suggests that Mr Pollard last saw the deceased before then, probably on 27 May 2010 or shortly thereafter.
65. In any event, apart from the evidence of the deceased's phone call to Ms Ebert early on the morning of 27 May 2010, there is no evidence to indicate that the deceased remained alive and in the Perth metropolitan region after Mr Pollard saw him for the last time.

POLICE INVESTIGATIONS

66. As noted in the Introduction, the deceased was initially the subject of a missing person investigation, which became a suspected homicide investigation in April 2011. The Major Crime Squad, as it was then called, investigated the deceased's disappearance intermittently until 7 July 2014. During the investigation, investigators completed some 235 investigative actions and interviewed over 50 witnesses. There was no evidence of the direct involvement of any person in the deceased's possible death, but three persons, Mr Pollard, Mr Halliday and Mr De Tastes were identified as suspects based on circumstantial grounds or motives.⁵⁸
67. Investigators employed various overt and covert means to investigate Mr Pollard and Mr Halliday, and they interviewed Mr De Tastes at length. No inculpatory evidence was found in relation to any of the three suspects; rather the investigations effectively removed suspicions of their involvement.⁵⁹
68. Investigators also spoke to the deceased's known associates and family members, including Ms Weaver

⁵⁸ Exhibit 1, Volume 1, Tab 2

⁵⁹ Exhibit 1, Volume 1, Tab 2

and Sarah, and found no evidence that the deceased had been in contact with any of them.

69. In addition, investigators from the Missing Person Unit carried out standard ‘signs of life’ checks such as the deceased’s use of bank accounts, phones, passports and transport providers, and no trace of the deceased was found.⁶⁰

HAS THE DEATH OF THE DECEASED BEEN ESTABLISHED?

70. The deceased’s criminal, medical and psychological history suggest that it is not reasonably possible that he has remained alive in the community without coming to the notice of police or health service providers over the eight and a half years that he has been missing.
71. Dr Ungvari, a consultant psychiatrist and clinical professor of psychiatry, provided expert evidence based on his review of medical notes from Graylands Hospital, where he practices.
72. Dr Ungvari testified that the deceased was very unusual in that his brain functions were still intact to some degree despite heavy amphetamine use for over 10 years, but the proposition that the deceased could simply stop taking drugs cold turkey without medical support was akin to a fairy tale.⁶¹
73. When asked whether, in his opinion, the deceased could have given up amphetamine and lived in the community without coming to anyone’s notice, Dr Ungvari said that he could not comment with any certainty because he had no personal experience with the deceased, but was able to say that it was extremely unlikely that he could have survived unnoticed.⁶²

⁶⁰ ts 25 per Blaine, C

⁶¹ ts 31 per Ungvari, G

⁶² ts 33 and 34 per Ungvari, G

74. Dr Ungvari said that there was no indication that the deceased ever wanted to quit amphetamine, but assuming that he did want to and that he was able to do so cold turkey, taking on a new identity and cutting himself off from everything he had ever been, including seeing his daughter again, would have taken extraordinary psychological and physical power.⁶³
75. As to the possibility that the deceased committed suicide, Dr Ungvari said that he never had a history of suicide and always denied it firmly, so it was not really likely. Dr Ungvari said ‘you don’t just get suicidal out of the blue after 10, 15 years of psychiatric illness and abuse.’⁶⁴
76. When it was suggested that the deceased was almost definitely dead, he agreed and said that, even if the deceased went cold turkey, the proneness to addiction and the psychological problems underlying it were still there. He said that, in 46 years of practice as a psychiatrist, he had never seen a 40 year old patient make a miraculous recovery and start again with a clean sheet.⁶⁵
77. Mr Pollard had also come begrudgingly to the realisation that the deceased is dead.⁶⁶
78. In all the foregoing circumstances, I am satisfied that the death of the deceased has been established beyond all reasonable doubt.

CAUSE OF DEATH AND HOW DEATH OCCURRED

79. While it is tempting to speculate, in the absence of direct evidence and without recovery of the deceased’s body, it is not possible to find the cause of the deceased’s death.

⁶³ ts 34 per Ungvari, G

⁶⁴ ts 35 per Ungvari, G

⁶⁵ ts 35 per Ungvari, G

⁶⁶ ts 61 per Pollard, B

CONCLUSION

80. When seen from a coroner's perspective of focusing on the cause of death and how death occurred, the latter period of the deceased's life was an addiction-driven self-destructive tragedy for him and his family. While it appears that he had experienced mental illness from an early age, the role of methylamphetamine and its effect on his psychological well-being from the time he began using it cannot be over-stated.

B P King
Coroner
26 September 2018