



IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

COR 2025 003484

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

Section 67 of the Coroners Act 2008

Findings of:	Coroner Sarah Gebert
Deceased:	UPK
Date of birth:	1990
Date of death:	21 June 2025
Cause of death:	1(a) Mixed drug toxicity (gamma hydroxybutyrate, 1,4-butanediol, methylamphetamine, amphetamine)
Place of death:	Sunbury, Victoria

INTRODUCTION

1. On 21 June 2025, UPK was 34 years old when he became unresponsive at his friend's home in Sunbury.
2. At the time of his death, UPK was primarily living with his friend in Melton.

THE CORONIAL INVESTIGATION

3. UPK'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.
4. 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.
5. 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.
6. Victoria Police assigned Senior Constable Allan Kiang to be the Coroner's Investigator for the investigation of UPK's death. The Coroner's 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.
7. This finding draws on the totality of the coronial investigation into the death of UPK 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.¹

¹ 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.

Background

8. UPK was born at the Royal Women's Hospital to parents TSD and LVJ. During his mother's pregnancy, UPK was diagnosed with a medical issue affecting one of his lungs, requiring in-utero intervention including the draining of fluid from the affected lung. Immediately after birth, UPK was transferred to the Royal Children's Hospital for lung surgery, and during the first six months of his life he experienced multiple life-threatening episodes requiring emergency airlifts to hospital on approximately four occasions.
9. Medical records from Mercy Health confirm UPK underwent a right partial pneumonectomy as an infant at the Royal Children's Hospital, and that he was born premature at 24 weeks gestation with severe pulmonary arterial hypertension.
10. UPK developed asthma as a child, which later resolved, and he grew into a generally fit and healthy teenager. Teachers and doctors raised the possibility of attention deficit hyperactivity disorder (**ADHD**), though this was managed without medication. He attended Sunbury West Primary School and later Salesian College Sunbury, completing Year 10 before leaving school at age 16. He commenced a plumbing apprenticeship at age 16 and became a qualified plumber at age 20.
11. UPK began smoking cannabis recreationally at about 18 years old. When he was about 20 years old, he first used methamphetamine, initially on a recreational basis while remaining functional and continuing to work regularly.
12. In approximately August 2011, UPK met his former partner, AZB. Around this time, he was also dealing small quantities of drugs including methamphetamine, MDMA, cannabis, ecstasy and Valium. The couple had two daughters, NWP born in September 2012, and OWG born in December 2016.
13. During the pregnancy with NWP, both UPK and AZB agreed to abstain from drugs, though AZB found UPK smoking methamphetamine in the house on several occasions.
14. According to AZB, after the birth of OWG, she believed UPK was smoking methamphetamine on a daily basis, approximately half a gram every couple of days. The couple eventually separated in about 2017.
15. UPK entered a relationship with a woman named HNP, following which his circumstances deteriorated significantly. Their relationship was described as unstable and centred around

drug use. It was at this time that UPK began using GHB, referred to colloquially as "juice". According to his loved ones, this had a more severe impact on UPK's health and behaviour than any other substance he used. His father stated:

Before he began using GHB, UPK was still able to function on ice, set goals, and meet his financial responsibilities. This changed dramatically after GHB entered his life. He was involved in multiple car accidents, often uninsured.

16. AZB stated that following their separation, UPK began using GHB orally in addition to intravenous methamphetamine use.
17. It was further reported that UPK was abducted on two occasions due to drug debts and that his house in Bacchus Marsh was deliberately burnt down.
18. UPK and HNP subsequently rented an apartment in Mentone, around the time of the COVID-19 pandemic. Their relationship ended permanently in 2022.
19. Around the end of 2022, UPK told his family he had been diagnosed with a heart condition, including hypertension, and that doctors had warned him he may only have two years to live. He was receiving treatment through Alfred Hospital and had been prescribed medication for his heart condition. Mercy Health records confirm UPK was diagnosed with severe pulmonary arterial hypertension and prescribed tadalafil and macitentan.
20. In 2024, UPK overdosed on GHB whilst at Bunnings in Sunbury with his youngest daughter, OWG, and passed out in his car. Following this incident, the Department of Families, Fairness and Housing (**DFFH**) became involved and recommended UPK have only supervised visits with his children.
21. According to AZB, following the DFFH involvement, UPK moved in with a friend in Melton, though he occasionally stayed in Sunbury to see his daughters.
22. Leading up to his death, UPK had run out of his prescribed heart medication and was postponing collecting it from Alfred Hospital. For several months before his death, UPK experienced a persistent flu-like illness and, only days before he died, sent a video to his daughters in which his voice was notably raspy.

23. In the months leading up to his death, AZB said UPK reported consistently using methamphetamine intravenously and GHB orally, approximately 3 mL several times a day. He also told her he occasionally used DMT and ketamine.
24. At the time of his death, UPK was subject to two counts of bail, with an undertaking to appear before the Broadmeadows Magistrates' Court on 1 July 2025 for the charges of Handle Stolen Goods, Traffick Methylamphetamine, Possess Methylamphetamine, Traffick 1,4- Butanediol and Possess 1,4- Butanediol.
25. The day before his death, UPK reportedly started a new job as a plumber.

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

Circumstances in which the death occurred

26. At approximately 2.25pm on Saturday, 21 June 2025, QLW was outside her address when she saw UPK drive past in a motor vehicle belonging to his friend ZTM. UPK stopped and invited QLW to accompany him to ZTM's home in Sunbury.
27. A short time later, they arrived at ZTM's home in Sunbury, but he was not home as he had gone to the Sunbury tip to collect a couch. While QLW went to the toilet, UPK used methamphetamine via syringe in the lounge room. QLW said she did not witness this directly, but UPK told her he had used 1.5 dots.
28. QLW left the address briefly to locate her friend OUE, who was parked at the wrong address.
29. Upon entering the house about five minutes later, OUE and QLW observed UPK in the kitchen, appearing drug-affected, acting manic, twitching, pale and sweaty, and unable to grip a glass of water. When asked if he was all right, UPK stated he was fine.
30. Less than one minute after QLW went to the lounge room, UPK collapsed in the kitchen. He was heard banging and crashing and OUE observed him drop to his knees. OUE and QLW carried UPK to the lounge room. QLW described him as blue in the face, though he continued to say he was all right.
31. Triple zero was called to request an ambulance. UPK regained consciousness. He stated that he did not want an ambulance and asked that it be cancelled, after which the call taker complied with UPK's request. OUE and QLW noted that UPK had foam coming from his mouth at this time.

32. QLW poured water on UPK's back and face to assist in waking him, and OUE placed him on his side while QLW placed cushions under his head. UPK eventually stood up, stumbled, and sat on the couch.
33. UPK then began convulsing and frothing from the mouth before falling to the floor. OUE and QLW noticed his breathing became abnormal and he was continuously swallowing. OUE checked his neck and could not detect a pulse and confirmed he was not breathing.
34. Triple zero was called a second time and OUE commenced CPR as guided by the triple zero call taker. OUE performed CPR for approximately ten minutes before the ambulance arrived. UPK was however unable to be assisted, and life was declared extinct by a paramedic at 3.27pm.
35. Senior Constable Allan Kiang and Detective Sergeant David Campbell arrived at approximately 4.13pm. Senior Constable James McMahon and Senior Constable Jake Pretty were already on scene when they arrived.
36. Police observed no visible trauma or injuries on UPK's body. They located a used capped syringe inside his right pant pocket. Next to UPK's body police was a small Coca-Cola bottle approximately one-fifth full of a clear viscous liquid consistent in appearance with 1,4-Butanediol.
37. Police searched the vehicle parked in the driveway and found a brown backpack in the front passenger footwell containing UPK's wallet and a large brown bottle approximately one-fifth full of clear viscous liquid. A small sanitiser bottle containing clear liquid was also found.

Identity of the deceased

38. On 21 June 2025, UPK, born in 1990, was visually identified by his friend QLW.
39. Identity is not in dispute and requires no further investigation.

Medical cause of death

40. Forensic Pathologist Associate Professor Sarah Parsons from the Victorian Institute of Forensic Medicine (**VIFM**) conducted an autopsy on 21 June 2025 and provided a written report of her findings dated 1 October 2025.

41. An external examination noted track marks along the upper left bicep and puncture marks at the right cubital fossa. No signs of injury were identified.
42. Internal examination revealed significant findings including a heart weighing 630 grams with right ventricular hypertrophy, hypertrophied myocytes with focal disarray, and subendocardial fibrosis. The right ventricle wall measured up to 9 millimetres, reflecting significant hypertrophy. The right atrium was enlarged, consistent with pulmonary hypertension. Lung examination revealed widespread pulmonary oedema, pus and mucous in small airways, numerous pleural adhesions worse on the right upper lobe, and focal aspiration pneumonia.
43. Post-mortem CT scanning identified brain swelling and cardiomegaly.
44. Toxicological analysis of post-mortem samples detected Gamma Hydroxybutyrate (GHB) in blood at approximately 170 mg/L and in urine at approximately 750 mg/L; 1,4-Butanediol was not detected in blood but was detected in urine; methylamphetamine was detected in blood at approximately 2.2 mg/L; and amphetamine was detected in blood at approximately 0.1 mg/L.
45. The toxicology report noted that the drugs detected were consistent with excessive use and that the combination of drugs may cause death in the absence of other contributing factors.
46. Dr Parsons provided an opinion that the medical cause of death was 1(a) *Mixed drug toxicity (Gamma Hydroxybutyrate, 1,4-Butanediol, Methylamphetamine, Amphetamine)*.
47. I accept Dr Parson's opinion.

FURTHER INVESTIGATIONS - CPU REVIEW

48. As part of the coronial investigation, I requested that the CPU² collate data on the involvement of 1,4-BD in Victorian deaths, including any background information on 1,4-BD and GHB as well as methamphetamine, that might be useful for understanding the deaths and identifying potential prevention opportunities.

² 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.

CPU Review

49. UPK's death resulted from the acute toxic effects (colloquially an overdose) of methamphetamine and gamma-hydroxybutyrate (**GHB**). These two drugs, both separately and in combination, are important contributors to the surge in overdose deaths involving illegal drugs which have occurred across Victoria in the past decade. In 2016 there were 495 overdose deaths in Victoria, and approximately 54% of them involved illegal drugs. In 2025, there were 632 Victorian overdose deaths and 67% of them involved illegal drugs.

Methamphetamine

50. Methamphetamine is an addictive stimulant drug that causes feelings of euphoria and excitement and alertness, as well as adverse effects such as hallucinations and feelings of agitation, anxiety and paranoia. Methamphetamine use can damage the cardiovascular system (it raises blood pressure and heart rate), which at high enough doses may result in stroke or heart attack. Methamphetamine can interact with other drugs a person has ingested to produce adverse (toxic) effects and overdose.
51. Methamphetamine's harms have long been well known to Victorian coroners, and it has persistently been among the biggest contributors to Victorian overdose deaths each year. In 2016 there were 120 methamphetamine-involved overdose deaths in Victoria, and by 2025 this number had more than doubled to 249 deaths. In addition to overdoses, methamphetamine use is implicated in several other types of deaths each year including motor vehicle collisions and assaults.

Gamma-hydroxybutyrate (GHB)

52. GHB is a central nervous system depressant drug that at lower doses produces feelings of wellbeing, euphoria, and decreased inhibition. At higher doses it can cause nausea and sedation and loss of consciousness, along with anterograde amnesia, progressing to coma and death at high enough doses. In UPK's case, GHB was detected together with 1,4-butanediol (1,4-BD), a widely used industrial chemical that is quickly metabolised in the body into GHB, and which is therefore often described as a 'prodrug' for delivering GHB rather than a drug in its own right.³ Its presence in toxicology suggests that UPK probably ingested 1,4-BD rather than GHB itself. GHB is a hard-to-obtain 'boutique' pharmaceutical, whereas 1,4-BD is a

3 A prodrug is a drug that produces its primary pharmacological effects through its metabolites. Well known examples are heroin (which is converted in the body into morphine) and psilocybin (which metabolises into the potent psychedelic psilocin).

plentiful (and cheap) industrial chemical, and it is likely that most people who use ‘GHB’ are actually using it via ingestion of 1,4-BD or another prodrug.

53. While methamphetamine has long featured prominently in deaths investigated by Victorian coroners, harms associated with GHB have only escalated recently. Up until 2016 there were only a handful of GHB-involved overdose deaths (between none and three) each year. Between 2016 and 2019 there was a slight increase, with the annual number rising to between five and seven per year. 2020 marked a sharp departure from this, with 18 GHB-involved overdose deaths occurring. The number dropped back to 10 deaths in 2021, but grew each year after that, reaching 38 GHB-involved overdose deaths in 2025. Where evidence was available regarding the GHB source, in most cases it indicated that the person had ingested 1,4-BD.
54. The Court’s data showing an increase in GHB-involved overdose deaths in Victoria is reflected in a range of other Victorian and Australian measures showing that GHB-related harms are on the rise. GHB-related emergency department presentations, hospital admissions, ambulance attendances and drug treatment episodes are all showing significant increases, as are deaths across Australia (not just in Victoria) relating to GHB use.⁴

Methamphetamine and GHB in combination

55. Combining methamphetamine with GHB is a well-known practice among some groups of people who use drugs. The effects of the two drugs can be complementary, with GHB countering the anxiety, paranoia and agitation caused by methamphetamine, and methamphetamine countering the sedation experienced with GHB use. GHB can also be used to manage the ‘comedown’ symptoms experienced after using methamphetamine.⁵
56. However, methamphetamine with GHB do not actually ‘counter’ or balance out one another’s effects but instead mask them. This creates a heightened risk of harm including overdose, particularly if the person feels they can take more of a substance because they are not experiencing its negative effects. Victorian overdose deaths data held by the Court underlines

4 Peacock A et al, “Trends in gamma-hydroxybutyrate use, harms and treatment in Australia, 2013 to 2024”, *Addiction*, 121, 2026, pp.1290-1305; Darke S et al, “Changes in the rates and characteristics of gamma hydroxybutyrate (GHB)-related death in Australia, 2001–2023”, *Drug and Alcohol Review*, 44(1), 2025, pp.366-375; Harris O et al, “Trends in reported GHB-related presentations to Sydney emergency departments between 2012 and 2021”, *Emergency Medicine Australasia*, 36(4), 2024, pp.604-608; Beard N et al, “Patterns of Acute Gamma-Hydroxybutyrate Harms Requiring Ambulance Attendance: Should Greater Focus Be on Regional Areas?”, *Drug and Alcohol Review*, 44(5), 2025, pp.1412-1418.

5 Arunogiri S et al, “Trends in gamma-hydroxybutyrate-related harms based on ambulance attendances from 2012 to 2018 in Victoria, Australia”, *Addiction*, 115(3), 2019, pp.473-479.

the magnitude of this risk. Between 2009 and 2025, just over 70% of all GHB-involved overdose deaths in Victoria also involved methamphetamine.

FINDINGS AND CONCLUSION

57. Pursuant to section 67(1) of the Act I make the following findings:
- a) the identity of the deceased was UPK born in 1990;
 - b) the death occurred on 21 June 2025 at Sunbury, Victoria, from *1(a) Mixed drug toxicity (Gamma Hydroxybutyrate, 1,4-Butanediol, Methamphetamine, Amphetamine)*; and
 - c) the death occurred in the circumstances described above.
58. Having considered all of the circumstances, I am satisfied that UPK's death resulted from the unintended consequence of the drugs he consumed.

COMMENTS

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

Prevention

59. Given the rising harms associated with GHB, as well as the persistently high number of Victorian deaths implicating methamphetamine, and the substantial cross-over between the two drugs in fatal overdose in the state, there is a strong rationale to consider broader systemic prevention issues relating to UPK's death.
60. I have approached prevention through a harm reduction lens. Harm reduction is underpinned by a recognition that people use psychoactive drugs for a range of reasons and will commence and continue drug use despite any efforts (legal, medical or otherwise) to prevent them from doing so. Accepting this, harm reduction approaches focus on identifying the specific risks and harms that are associated with different types of drug use, and strategies that can be used to mitigate these harms when drug use occurs.
61. Harm reduction principles have informed Victorian coroners' examination of a range of public health issues relating to drug use, including their recommendations calling for supervised injecting centres, distribution of naloxone to people at risk of opioid overdose, and drug checking (all of which are 'classic' drug harm reduction interventions). Harm reduction is a particularly appropriate approach to adopt in considering GHB, because its prodrugs such as

1,4-BD are ubiquitous industrial chemicals produced in huge volumes (millions of tonnes each year), meaning policing-based approaches to restricting access to them are unlikely to be completely effective.

Education

62. Australian studies have identified gaps and misunderstandings in GHB users' knowledge regarding the drug's risks, how to recognise the signs of GHB overdose, and appropriate responses to take when an overdose occurs.⁶ Researchers have identified a need for better education for people regarding precautions to take when using GHB, including overdose recognition and response. In addition to this, researchers have proposed that we need to understand better the cohorts of people who use GHB in different ways, so that education and harm reduction messaging can be targeted appropriately.
63. I note that a substantial amount of material is available online regarding GHB risks and harm reduction, including material produced by respected organisations such as the Australian Drug Foundation, Harm Reduction Victoria, the Canberra Alliance for Harm Minimisation and Advocacy, the Better Health Channel, HealthDirect, ACON and Your Room. However, given the rising GHB-related harms in Victoria and Australia, as well as the above-referenced research, there is a rationale to call for specific investment in reviewing this existing harm reduction information and designing and delivering updated GHB harm reduction education.
64. The statistic that over 70% of Victorian GHB-involved overdose deaths were the result of combined drug toxicity including both methamphetamine and GHB, suggests strongly that the specific risks of combining the two drugs might not be well understood. Underscoring this concern, the CPU reviewed online material produced by major Australian drug harm reduction organisations and found that the risks of concurrent GHB and methamphetamine use received uneven coverage in GHB harm reduction literature and in methamphetamine harm reduction literature.

6 Beard N et al, "Patterns of Acute Gamma-Hydroxybutyrate Harms Requiring Ambulance Attendance: Should Greater Focus Be on Regional Areas?", *Drug and Alcohol Review*, 44(5), 2025, p.1415; Freestone J et al, "Understandings, attitudes, practices and responses to GHB overdose among GHB consumers", *Harm Reduction Journal*, 20, 2023, article 121; Peacock A et al, "Trends in gamma-hydroxybutyrate use, harms and treatment in Australia, 2013 to 2024", *Addiction*, 121, 2026, p.1302.

65. Therefore, I consider it would likely be beneficial if the review of GHB harm reduction messaging included development of appropriate information and resources about the risks of concurrent GHB and methamphetamine use.
66. Additionally, the finding that most recent GHB-involved overdose deaths in Victoria implicated 1,4-BD ingestion suggests that GHB harm reduction material may need a stronger focus on GHB's prodrugs. GHB's main prodrugs, including 1,4-BD and GBL, can be very difficult to distinguish from one another and from GHB; and while they have similar effects, they are not identical, which can create potential overdose risks if a person anticipates one effect but experiences another.

GHB packs

67. GHB is a particularly risky drug because it can produce its effects at very low doses, less than 1ml, and a recreational dose can be very difficult to discern from an overdose. The ability to measure doses accurately is therefore central to managing GHB's harms.
68. In late 2024 Barwon Health developed an initiative to improve the safety of people in the local community who use GHB. In consultation with their consumer advisory group, they designed a pack containing GHB harm reduction information, drug service information, syringes in different sizes to assist in measuring doses, amongst other things. These packs are distributed at local drug and alcohol services.
69. While the initiative has not been formally evaluated for its impact on GHB-related harms, there has been consistent demand of approximately 500-1000 packs per month since the packs were introduced, suggesting acceptance and uptake among people who use GHB. The packs would appear to be a very promising intervention, and they draw upon the same principles that informed the design and distribution of the important 'fit pack' for people who inject drugs: offering people a safer way to consume drugs which leads to safer drug consumption. In addition, producing and distributing GHB packs might also create opportunities to engage people in harm reduction discussions relating to their GHB use, ensure they understand about GHB's prodrugs and their peculiar risks, amongst other things.

RECOMMENDATIONS

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

70. To advance the development of harm reduction education in the context of the significant rise in GHB-related harms, I recommend:

That the Victorian Department of Health consult with appropriate experts including Harm Reduction Victoria to design a GHB pack and make it available to people in the Victorian community who use GHB. The contents of the pack would be a matter for expert advice, but at the very least it should contain syringes or other equipment to assist people to measure their GHB doses accurately, as well as harm reduction information. This may be an opportunity to co-design updated messaging (together with communication strategies) to improve people's understanding of the risks of using GHB and its prodrugs as well as using GHB in combination with methamphetamine, and how these risks can be managed. An evaluation component could be incorporated into the roll-out, to maximise the harm reduction impact of the packs.

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

Pursuant to section 73(1B) of the Act, I order that this finding (in redacted form) 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:

Senior Next of Kin

Senior Constable Allan Kiang, Coroner's Investigator

Signature:



Coroner Sarah Gebert

Date: 30 September 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.
