



Department  
of Health

From the Baroness Blackwood  
Parliamentary Under Secretary of State for Innovation

39 Victoria Street  
London  
SW1H 0EU

020 7210 4850

Our Ref: PFD-1171237

Ms Jacqueline Devonish  
HM Area Coroner, Suffolk  
Coroner's Office  
Beacon House  
53-65 White House Road  
Ipswich IP1 5PB

25 June 2019

Dear Ms Devonish

Thank you for your correspondence of 19 March to Matt Hancock about the death of Mr Mohammed Shabol Ahmed. I am replying as Minister with responsibility for medicines and I am grateful for the additional time in which to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Ahmed's death. It is important that we look to make improvements where we can to ensure the safety of healthcare, including within the prison system, and I am grateful to you for bringing these matters to my attention.

My officials have made enquiries with NHS England to which you also issued your report, and with the Medicines and Healthcare products Regulatory Authority (MHRA) which has a responsibility, among others, to ensure medicines are efficacious and acceptably safe.

I am advised by the MHRA that it considers the current warnings on the Summary of Product Characteristics (SPC) for olanzapine about adverse drug reactions of eosinophilia, and of drug reaction with eosinophilia and systemic symptoms with olanzapine appropriately address the nature of these risks, and given the absence of similar reported cases, does not intend to take further regulatory action at this time.

The MHRA will keep the issue under scrutiny through its Yellow Card scheme. This is the system in the UK for collecting and monitoring information on suspected adverse drug reactions. The MHRA has added this case to its Yellow Card database (reference number ADR 24400766).

The MHRA is running a national pilot in collaboration with Public Health England for reporting unexpected or severe illicit drug reactions. The system is being piloted to better understand the adverse effects of newer illicit drugs or new patterns of use, including alongside licensed medicines, and how these adverse effects might be treated. A further aim of the pilot is to reduce the length of time between drug-related health harms emerging and developing effective treatment responses. Reports are analysed and examined alongside other data by a multi-disciplinary clinical network to determine emerging harms across the UK. A search of the database did not identify similar cases involving synthetic cannabinoids and olanzapine. However, again, the MHRA will keep this issue under scrutiny through the national pilot.

Finally, I am aware that NHS England has responded to you directly to advise that it will encourage medical directors across the NHS to remind prescribers of the risks highlighted within the SPC when prescribing antipsychotic medication to people who are known users of synthetic cannabinoids, and to use the Yellow Card scheme to report future suspected cases of eosinophilic related reactions in patients prescribed olanzapine and who may have also taken a synthetic cannabinoid.

I hope this response is helpful.

*Yours Sincerely*



**NICOLA BLACKWOOD**