



Department  
of Health &  
Social Care

*From Maria Caulfield MP  
Parliamentary Under Secretary of State  
Department of Health and Social Care*

*39 Victoria Street  
London  
SW1H 0EU*

[REDACTED]

Ms Anna Loxton  
HM Assistant Coroner for Surrey  
HM Coroner's Court  
Station Approach  
Woking  
GU22 7AP

19<sup>th</sup> January 2023

Dear Ms Loxton,

Thank you for your letter of 14 October 2022 regarding the death of Neha Susan Raju. I am replying as Minister with responsibility for Mental Health at the Department of Health and Social Care.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Ms Raju's death. I can only begin to imagine the effect that this will have had on her loved ones and, whilst I know that it will come as little comfort to them, I nevertheless hope they will accept my heartfelt condolences.

The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention. It is important that we limit the spread of information about emerging methods of suicide. As such, my reply does not make direct reference to the chemical used in this case, nor link to information about it, and I hope that, when making Regulation 28 reports and responses to them publicly available, the Chief Coroner and his office will practice similar caution.

In preparing this response, Departmental officials have made enquiries with the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA have advised that they are responsible for regulating the substance used in this case, when it is used as a licensed medicine, in the form of a solution for injection. It is a prescription only medicine and has an indication for cyanide poisoning. This substance in other forms is used in other sectors, such as food manufacturing. However, when the purchase of this substance over the internet is not a licensed medicine, or counterfeit medicine, it is not within the remit of the MHRA.

Turning to your concerns that information on suicide methods is so readily available online and about the availability of the substance used in this case. I share your concerns and would like to assure you, and Ms Raju's family, that we are aware of these matters and are working across Government with the Home Office and the Department for Digital, Culture, Media and Sport (DCMS), and with suicide and self-harm academics, and voluntary, community and social enterprise (VCSE), to address such concerns.

As an important first step, and with regard to information online about suicide methods, you may be aware DCMS introduced the Government's Online Safety Bill in March 2022. The Bill

is a major milestone in the government's mission to make the UK the safest place in the world to be online.

All companies in scope of the Bill will need to do far more to protect children from being exposed to illegal and harmful content or activity, including the promotion of self-harm and suicide. This could include ensuring that systems for targeting content to children, such as the use of algorithms, protect them from harmful material, or signposting children to sources of support if they search for harmful content. If children do encounter harmful content, they or their parents will be able to report it and should expect to see platforms responding quickly and effectively.

Regarding online safety for adults, all services in scope of the Bill, regardless of size, will have duties to take proactive, preventative measures to limit adult users' exposure to priority illegal content, which includes the promotion of suicide. Beyond the priority offences, all companies will also need to remove and limit the spread of any other illegal content in scope of the Bill when it is flagged to them or they become aware of it. They will be required to have effective and accessible mechanisms for users and affected persons to easily report concerns and seek redress.

If a service fails in its duties, it could face enforcement action from Ofcom. It could be liable for fines of up to 10 per cent of global annual qualifying turnover or £18 million, whichever is higher. The enforcement powers, which include business disruption measures, have been designed to be effective against companies with and without a physical or legal presence in the UK.

With regard to the sale of the chemical used in this case, Department officials work closely with the Home Office on this matter, and I understand from them that this chemical is available to the public for legitimate uses. It is, however, included in The Poisons Act 1972 as a reportable substance, meaning that while it is generally available without the need for a licence, sellers (including online sellers) are obligated to make suspicious transaction reports, whether they process the transaction or not, where they have grounds to believe that the sale is for an illicit use.

Officials inform me that the Home Office regularly engages with suppliers to help them meet their requirements under the Poisons Act, and to provide detailed guidance in relation to any additional safeguarding steps they may wish to take. It achieves this in a number of ways including by regulating, raising awareness and asking businesses to be more vigilant.

Generally, online marketplaces maintain their own policies on prohibited items, many of which will include a prohibition on the sale of poisons. It is the seller's obligation to check that items they are listing are permitted by their own policies and to take any action where it is appropriate. Online marketplaces will remove listings that contravene their prohibited items list when notified.

More broadly, we are working with VCSE partners to ensure that intelligence on emerging and known methods of suicide (including the use of the chemical in this case) is shared so that appropriate action can be taken. This includes the Samaritans, who continue to monitor online forums for self-harm and suicide content that may include future emerging methods.

In addition to this, the Samaritans continues to work with the media and online platforms to try and reduce the availability of information about emerging methods of suicide. The Samaritans' media monitoring shows that there have been 62 stories in the press about the chemical used in this and similar cases. Of those cases, three named the chemical but, of them, two removed the detail after Samaritans contacted them and the other removed the whole story.



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Turning to protecting people who are trying to purchase items that might be used for the purposes of taking their life, and, more broadly, supporting people online who may be experiencing suicidal ideation and at crisis point, the Samaritans and SHOUT have worked with search engines, like Google and Bing, to develop algorithms that mean if people search for harmful, suicide-related content online, information on where to get help is the first result on the page.

More generally, the Office for Health Improvement and Disparities (OHID) is working to set up a national near-Real Time Suspected Suicide Surveillance System (nRTSS), which is likely to be operational by the end of Spring 2023. This will allow us to detect changes in suicide rates quicker than through provisional quarterly and final annual data on suicide death registrations published by the Office for National Statistics.

Finally, it is vital that we take action nationally and in local areas to prevent suicides. We are investing an additional £57 million in suicide prevention by 2023/24 through the NHS Long Term Plan. Through this, all areas of the country are seeing investment to support local suicide prevention plans and the development of suicide bereavement services.

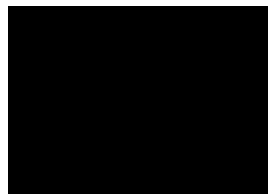
We know that as many as two thirds of people who take their own life are not known to mental health services or have not had contact with those services for at least a year prior to death. This is why it is important that local communities have suicide prevention plans that take into consideration their local populations. Every local authority has a multi-agency suicide prevention plan in place and, in 2021/22, we provided over £550,000 to the Local Government Association for a support programme to help local authorities strengthen their plans.

In addition to this, when there are particular concerns about suicides, such as clusters or new and emerging methods, OHID regional mental health leads work with the relevant local authorities to provide support on how to respond based on national guidance.

I know this reply will come as little consolation to Ms Raju's family. I nevertheless hope it assures them that we are taking steps across Government and with the suicide prevention sector to prevent future tragic loss of life from occurring.

Thank you for bringing these concerns to my attention.

Kind regards,



**MARIA CAULFIELD**