



Department
of Health &
Social Care

From [REDACTED]
*Parliamentary Under-Secretary of State for
Patient Safety, Women's Health and Mental Health*

39 Victoria Street
London SW1H 0EU

Our ref: [REDACTED]

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

By email: [REDACTED]

15 January 2025

Dear Ms Loxton,

Thank you for the Regulation 28 report of 14 November 2024 sent to the Secretary of State for Health and Social Care about the death of Hannah Mary Aitken. I am replying as the Minister with responsibility for Patient Safety, Women's Health and Mental Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Hannah's death and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention. Thank you also for the additional time provided to the Department to respond to the concerns raised in your report.

Your report raises concerns over the continued ease of availability of the substance involved in this case (which I will not mention by name) to members of the public.

It may first help to clarify the Department's role in suicide prevention. As lead for suicide prevention policy, the Department's role is to coordinate activity across government and other agencies to ensure effective and cohesive action is being taken in the right areas. However, suicide prevention is a cross-Government issue and given its complexity, specific actions and mechanisms are led by a wide range of departments and organisations. To support this coordination, DHSC published the Suicide Prevention Strategy for England in 2023, setting out priority areas for action to support joint working. The five-year strategy set out actions aimed at reducing the rates of suicide in England, and work continues to deliver effective suicide prevention initiatives.

On methods of suicide specifically, Government departments have taken steps to reduce access to, and awareness of, this substance. DHSC leads a Concerning Methods Working Group to raise awareness of and tackle access to substances such as this one. The working group involves representatives from the voluntary, community and social enterprise sector, police, academics and the NHS, as well as Government departments including Department of Science, Innovation and Technology and the Home Office. The group develops and delivers rapid targeted actions to collectively reduce public access to emerging methods, including this one. Over 30 of the actions identified and implemented by the group have been to tackle this substance specifically.

The group has worked with businesses, including online suppliers and manufacturers of the substance, to reduce people's ability to purchase it for non-legitimate purposes including suicide, and to raise awareness around safeguarding concerns with businesses where required. Government departments have also previously worked with manufacturers to reduce the lethality of the substance if ingested. This included work with online platforms to remove it from sale to individuals in its pure form. The group continues to work operationally with a range of organisations, and we are actively considering opportunities to work with the Border Force, using existing legal provisions, to help detect packages at the border which may be linked to vulnerable individuals and intended for suicide. The group's actions are kept under review.

On the issue of further regulation, the Department is working closely with the Home Office to convene Government departments and agencies to identify whether regulation is appropriate and would achieve the intended aim, and if so which body is best placed to take forward any reviews into this.

You also raised the issue of monitoring. The Department monitors trends of this substance and other concerning methods as part of the working group. We have approaches in place to collect intelligence from a wide range of sources. We use Office for National Statistics data, and we are exploring how to make better use of national near real time suspected suicide surveillance data to make sure we can identify and respond to trends more quickly. Regional Leads within the Office for Health Improvement and Disparities also pass on information from local organisations to central teams for monitoring. Whilst we observed an increase in the number of suicides using this method a few years ago, we have not found concrete evidence that the numbers have increased in the last few years, and since the Concerning Methods Working Group was set up. We are working alongside the National Police Chiefs' Council to bring together important local intelligence. The government will obtain near to real-time data from across the country on deaths by suspected suicide by gender, age group and method. We will engage with NHS England and others to look for ways we can strengthen information and monitoring routes into and out of national teams to address the concerns raised in your report.

More broadly, as part of our mission to build an NHS fit for the future, the Government has committed to tackling suicide as one of this country's biggest killers and the 8,500 new mental health workers we will be recruiting will be specially trained to support people at risk from suicide. Ultimately, it is our aim to help and support people as early as possible, so they don't feel the need to turn to these types of substances to take their own life.

I hope this response is helpful, alongside a separate response which I understand the Home Office will be providing. Thank you for bringing these important concerns to my attention.

Yours sincerely,



**PARLIAMENTARY UNDER-SECRETARY OF STATE FOR
PATIENT SAFETY, WOMEN'S HEALTH AND MENTAL HEALTH**