## Safeguarding public health



FOI 12/144

Dear Mrs Cantwell

Thank you for your request of 22 March. It is part of an ongoing series of correspondence regarding Clozapine. Your new request was:

"I am writing in abject horror - Clozapine is a KNOWN CARCINOGEN according to CDN ISOTOPES.

https://www.cdnisotopes.com/msds/en/D-3917.pdf
I am requesting an urgent investigation into the safety of this substance, for how can
ANY KNOWN CARCINOGEN BE FORCED INTO UNWILLING AND UNWITTING PEOPLE,
SOME OF WHOM ARE COMPULSORILY MEDICATED AGAINST THEIR WILL, WITHOUT
THEIR CONSENT AND WITHOUT ANY KNOWLEDGE THAT THIS TOXIC SUBSTANCE
CAN CAUSE CANCER?

Please make an urgent investigation into Clozapine. I understand that it is a very controversial drug and in December 2011 the Coroner's Decision regarding Catherine Bell referred specifically to Clozapine.

I fear that we may have a "Thalidomide" on our hands or a "mattress grade" silicon breast implants potentially killing people, not now, but in a few years' time when people might not realise the actual connection between the drug and cancer.

How many people have died from cancer SINCE being on Clozapine? Has anyone ever checked?

I would like there to be an urgent parliamentary debate about the safety of Clozapine because it surely cannot be the case that a Carcinogen stops being a Carcinogen when it enters the body?"

This request is one of a series of FOIA requests you have sent to the Agency on various issues. Thus far, three of these requests have also subsequently been the subject of internal reviews.

You also raised the same or similar issues via direct correspondence, formal complaints etc, and with other organisations, apparently cross copying everyone into every email —whether or not it is intended that that organisation is expected to respond- thus confusing matters. The emails themselves are lengthy and often include the email trail of everything that has gone before, but which still need to be read through each time, in their entirety, to see if there are any substantially new issues raised and, if so, where in the body of the correspondence they might be, before deciding whether or not a reply is appropriate or necessary and then drafting the reply. The length of the emails, combined with the lack of clarity and the repetitive nature of the correspondence in itself constitutes a distraction from the Agency's core function of safeguarding public health as much time is spent unpicking



their content to try to come to a reasonable interpretation of what information, if any, is actually being requested

Furthermore, your requests frequently ask the Agency to take or participate in actions, speculate or give opinions, none of which activities is within the remit of the FOIA. The FOIA exists —exemptions allowing- to provide requesters with information "held" by the Authority. We do not consider that the FOIA is a suitable vehicle for the continuation of discussions with a public authority that should be pursued and settled by other, more appropriate, means - such as requesting an urgent Parliamentary debate.

We also note that replies often serve merely to generate further requests or correspondence, so the actual number of requests themselves does not necessarily capture the totality of the burden placed on the MHRA in answering them

This letter is, to advise you of the provisions of Section 14 of the Freedom of Information (FOI) Act.

"Vexatious or repeated requests

- 14. (1) Section 1
- (1) Does not oblige a public authority to comply with a request for information if the request is vexatious.
- (2) Where a public authority has previously complied with a request for information which was made by any person, it is not obliged to comply with subsequent identical or substantially similar request from that person unless a reasonable interval has elapsed between compliance with the previous request and the making of the current request."

Guidance from the Information Commissioner's Office defines "vexatiousness" thus:-

- "...a request (which may be the latest in a series of requests) can be treated as vexatious where:
  - It would impose a significant burden on the public authority in terms of expense or distraction; and meets at least one of the following criteria.
  - It clearly does not have any serious purpose or value.
  - It is designed to cause disruption or annoyance.
  - It has the effect of harassing the public authority.
  - It can otherwise fairly be characterised as obsessive or manifestly unreasonable."

We have no doubt that the issues you have raised with the Agency arise from matters about which you genuinely feel concerned. Furthermore, we do not consider that there is any deliberate attempt on your part to waste the Agency's time. However, we believe that the Agency has given adequately full responses to the questions you raise, and continued requests will simply go over substantially the same ground, with minor variations according to how you choose to frame them. It seems likely at this juncture that no matter how much effort the Agency invests in responding to your queries, we will be unlikely to reach a point that promises to satisfy your concerns.



We also have to weigh up the fact that dealing with them is taking up a substantial amount of staff time, places an unreasonable burden on the Agency's resources, and diverts and delays staff from other important work.

Consequently we will not be answering this request by virtue of the application of Section 14. Section 14 will be considered on a case by case basis, and if future requests are substantially different they will be dealt with as normal.

It would also be of great benefit, not least to yourself, if you could in future bear the following in mind when making FOIA requests to the Agency.

- Consider what information it is reasonable and realistic that we be expected to hold.
- Where possible, be specific about what information it is you actually want we
  do not necessarily need to know why you want it or what you intend to do with
  it, and certainly not in great detail. If we need to clarify we will get back to
  you.
- Unless it provides a context that is helpful in allowing us to identify what you are requesting, we do not need to see everything that has gone before, every time you contact us this only serves to confuse matters and possibly delay an answer, as we then need to read everything again each time.
- Internal reviews should only be requested to consider the handling of an
   answered request, not to raise new issues. If you have new questions to ask
   you should submit these in a <u>new</u> and <u>separate</u> FOIA request. If you submit
   what you consider to be further new requests for information within
   correspondence relating to an ongoing or concluded reply there is a danger it
   will not get picked up as such and subsequently missed.
- Where you have copied an email to numerous organisations, it would be very helpful to know which one is being asked to consider which issue

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Communications Directorate, Medicines and Healthcare products Regulatory Agency, 151 Buckingham Palace Road, London, SW1W 9SZ.

If you have any queries about this email, please contact us. Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information



Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Kind regards

Central Enquiry Point Information Services Medicines and Healthcare products Regulatory Agency

020 3080 6000