Local Drug Early Warning System

A working model for a low cost, local drug early warning system (LDEWS) developed in Salford with regional & England wide network expansion proposal.
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About UK DrugWatch

UK DrugWatch is an informal online Professional Information Network (PIN). UK DrugWatch was set up in November 2010 by a group of professionals working in the UK drugs sector. The group was established in light of the lack of useful information around the 2010 heroin drought, the rise of NPS and the subsequent plethora of random, often inaccurate drug alerts/warnings.

The aim of the group is to raise/establish standards for drug information, alerts and warnings. It is currently an unfunded, bottom-up initiative that works in the spirit of mutual co-operation.

UK DrugWatch members have produced a number of information briefings and other resources for professionals and have provided advice around numerous NPS and adulterated 'traditional' drug incidence. It also acts as an advisory body to a number of other professional information networks and the pilot of the Salford Drug EWS.

UK DrugWatch is currently looking to expand the scope of its activities. This document outlines a proposal to establish a simple low cost network of local drug early warning systems throughout England.

UK DrugWatch members

Michael Linnell - Linnell Communications (DrugWatch co-ordinator)
Harry Shapiro - Drugscope
John Ramsey - TicTac
Annette Dale Perera - NHS / Club Drug Clinic London
Neil Hunt - University of Kent
Danny Morris - UKHRA & Independent Consultant
Kevin Flemen - KFX
Katy McLeod - Scottish Drugs Forum
Austin Smith - Scottish Drugs Forum
Michael Lawrence - CRI
Mark Adley - North Tyneside YOS
Nigel Brunston - Injection Advice/HIT
Josie Smith - Public Health Wales
Rob Barker - Sands CYMRU
Iain Cameron - Belfast Drug Outreach
Chris Rintoul - Council for Homeless N.I.
Basak Tas - Release

DrugWatch
1. Background

Current UK drugs markets
An astonishing and growing variety of ‘legal highs’/‘research chemicals’ or what are now more commonly known as New Psychoactive Substances (NPS) are on sale in the UK. These are often cheaper, more potent and longer lasting than their illegal counterparts.

As one NPS is banned, a newer version can quickly replace it, with the newly banned drugs often reappearing on the illicit market. The European Monitoring Centre (EMCDDA) has described this worldwide phenomenon as a ‘convergence of the markets’.

The current situation in the UK varies region by region, with some areas already reporting significant NPS use among a variety of drug markets including among the existing population of injectors.

There have recently been well publicised cases of deaths from ‘adulterated ecstasy’ containing PMA (para-Methoxyamphetamine).

The injecting drugs market has also been in a state of flux since the heroin drought of 2010, although there are indications of a return of higher purity heroin in some areas with the subsequent concerns of overdose this may cause.

Early Warning Systems
Although a number of national and European wide drug early warning systems (EWS) exist, none of these national/international systems are designed to identify, risk assess or respond to localised outbreaks of NPS or adulterated drug use.

Some local areas have existing local EWS, although the scope and robustness of these varies considerably.

Keeping up to date with the rapidly changing drug market, even knowing which substances are legal, presents a growing challenge for (already busy) professionals.

The Salford Local Drug Early Warning System (LDEWS) Pilot
In the context of this background, Salford DAAT (Drug Alcohol Action Team) have been working with DrugWatch to pilot a low cost, local drug early warning system (LDEWS). In partnership with Public Health England (PHE) we aim to establish a regional and England wide network of local EWS. This document outlines (pictorially) the structure and process of establishing this LDEWS.

Mutual co-operation
This system has been conceived in the spirit of mutual co-operation. We aim to enhance scarce existing resources and network together to share knowledge and experience.

Where local EWS already exist it is hoped that they can be adapted to enable them to be networked together with this new network.

The Salford pilot has already linked with the system established in Lancashire with the aim of adopting best practice from each scheme.

The model is being refined and improved as it is established and may need to be adapted or operate differently in some areas. However, the model has been designed to be as simple as possible and adaptive to a developing evidence base.

Ownership
The ownership and management of each LDEWS in the proposed network will usually lie with the local authority, DAAT (or equivalent). It is envisaged that this overall model and way of working proposed in this document (when fully developed) will be made ‘Creative Commons’ or some similar non-commercial copyright that encourages its adoption.
2. Aim of the System

The overall aim of the system is to reduce drug related death and harm.

The objective is to establish an interactive multi-agency system for professionals likely to come across the use of NPS and/or adulterated traditional drugs.

The system will be designed to respond to the information needs/concerns of its members, facilitate the cascading of information or warnings to appropriate staff and when deemed necessary to send alerts to specific target audiences of service users and/or the media/public.

Local systems could be supported by Public Health England (PHE) centres, and communicate with PHE and other appropriate bodies.

The system is designed to be low cost and require the minimum of time commitments from its members. If no incidents arise, there will be no time commitment at all. The system has been designed to be used only when it is needed.

However, the system may also be used to pass on information of relevance such as changes to the drug law, information from other networks and issues seen in other areas etc. Exactly what level of general information is needed/wanted by members will be decided during the piloting phase of this project.
3. Forming a Professional Information Network (PIN)

**Aim:** The aim is to form a local online forum of professionals from relevant services. The purpose of this network is to share information, experience and knowledge and to inform any subsequent alerts, warnings or actions. The Professional Information Network (PIN) is the core of the LDEWS.

**Step 1**

Appoint LDEWS Manager.

Identify and contact those professionals in your area/town/city who are likely to come across or be in contact with people who use NPS and/or adulterated drugs.

**Step 2**

Persuade the above professionals to sign up to an online forum and form a Professional Information Network.

The **LDEWS Manager** may be the relevant DAAT (or equivalent) manager or may be appointed by them (i.e relevant service provider). In reality DAATs (or equivalent) will already have contacts with many if not all of these professionals, organisations and individuals listed below. The group may include:

- A & E Paramedics
- Police
- Drug services
- YOS
- Youth services
- Dual Diagnosis services
- Public Health services
- School counsellors
- Trading Standards etc.

Arrange meetings and seminars where needed to explain, recruit and promote the proposed network.

Emphasize to professionals that this system requires minimum time commitment and is only used when needed.

Encourage those staff who do join to both circulate information to colleagues as appropriate and to recruit others into the network.

There are a number of simple, free ways to set up a PIN, for example an online group such as Google Groups.

https://groups.google.com

The network should only be accessible by members, should not store information on a database and should anonymise any client information.

Support and advice from IT departments is advised.

The online forum should have an owner (usually the DAAT) and a manager (usually the LDEWS Manager).
4. Network Support

**Aim:** The aim is to provide expert, real time advice and support to local Professional Information Networks (PINs) and to utilize the expertise and experience from networks for the benefit of other networks.

**Example of PIN in action:** In August 2013 a local Mental Health Trust asked for help after they had four separate incidences in a month of patients on wards being rushed to A and E after using ‘Poppers’. All had similar symptoms, including ‘Cyanosed skin’ (blue skin).

Within an hour of posting this request on the DrugWatch and Salford pilot networks we received information on the current contents of poppers bottles (isopropyl nitrite) and known risks posted by a toxicologist, a report of the effects of very heavy use (“gas masks and litres of the stuff”) by a former heavy user and poppers manufacturer and a post from an A & E consultant on the cause of the blue skin in heavy poppers use (methaemoglobinemia), along with the correct standard treatment for this condition.

By the following day we had provided a briefing for staff and bespoke harm reduction advice for clients including warnings about the most likely explanation of these incidents (naive users swallowing the drug).
5. Information Input

**Aim:** The aim is to establish a system based around the PIN, for rapidly collecting and analysing local information/concerns about NPS and adulterated drugs.

**Internal Input**
Information/alerts from local PIN members, i.e. concerns about local patterns of drug use, incidence from A & E etc. are posted on the PIN.

Feedback from PIN members, i.e. are there similar local reports about the same drug/pattern of use?

**External Input**
Relevant alerts from outside local PIN are posted by DrugWatch/PHE. National alerts/concerns posted by PHE.

Feedback from DrugWatch network, i.e. Are there similar reports from other areas. Clarification of information.

**Investigation/response**
Request further information, sample tested etc. With support from regional PHE and DrugWatch, response and alerts produced. An alert and response template is provided in the Appendix.

**Local PIN**

**Local LDEWS Manager**

**DrugWatch Network Support**

PHE/K DrugWatch is seeking clarification on policies for workers sending samples and will develop protocols for further investigations and sampling.

**Local Output**

PHE/K DrugWatch is seeking clarification on policies for workers sending samples and will develop protocols for further investigations and sampling.

**Regional Output**
National reporting
6. Information Output

**Aim:** The aim is to establish a system for rapidly analysing information and if appropriate grading and distributing appropriate alerts to selected target audiences.

- A simple system for grading alerts can be adapted from the NTA template. This is used for deciding the nature and type of the alert and the appropriate target audience (see appendix). This will be further enhanced as the project develops.

  With advice from PHE centre alcohol and drug team and Expert support - decision taken by LDEWS Manager on appropriate local output.

- Public drug alerts carried by the media often come directly from Police or local authority Press Offices. We aim to develop an evidence base and good practice examples of working media policies/protocols.

  DrugWatch provided digital briefings for professionals - PIN to aid in distribution.

- Specifically targeted user alerts may be produced and distributed locally. Templates and guidance will be produced as best practice and an evidence base emerges.

  Distribution of appropriate alerts and warnings to wider regional and national networks.
7. Establishing a Regional Network

**Aim:** The aim is to link the local systems into a regional network. Those localities without a formal system will be encouraged to adopt the model proposed here. The regional network of LDEWS will be co-ordinated by the PHE centre alcohol and drug team.
8. Establishing a National Network of LDEWS

Aim: The aim is to join all the regional networks together to form a national network of LDEWS.

Local Alerts

- Local Public Alerts
- Local Targeted Information to drug users
- Local info for professionals

Regional Alerts

- Distribution of appropriate alerts and warnings to wider regional networks.
National Alerts

[Diagram showing various networks and alerts connected to PHE, UK DrugWatch, DoH Focal Point, ACMD, Bluelight, Drugs Forum, and more.]

- DrugWatch Website
- Regional Network
- National Drug user Alerts
- National Alerts EU reporting etc.
## DRUGS EARLY WARNING

Complete this form if you wish to report intelligence or an incident that may lead to a drug alert

(You might want to include an example of a genuine drug alert incident here)

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<th>Form completed by:</th>
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<td>Name:</td>
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<td>Job title:</td>
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<td>Address:</td>
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<td>Telephone:</td>
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<td>Email address:</td>
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<td>Date completed:</td>
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### Source of information: (please circle all that apply)

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<thead>
<tr>
<th>Service user</th>
<th>Drug treatment staff</th>
<th>Police</th>
<th>Emergency services / ambulance</th>
<th>Other (please specify)</th>
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### Do you know if the incident relates to any of the following? (please circle all that apply)

<table>
<thead>
<tr>
<th>Death</th>
<th>Serious adverse reaction</th>
<th>Hospitalisation</th>
<th>Unusually high/low purity of drugs (delete as appropriate)</th>
<th>Contaminated drugs e.g. Anthrax</th>
<th>New drugs e.g. legal high</th>
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### When did this incident occur? (please be as specific as possible)

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### Please provide details of the incident you are reporting*:

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*Wherever possible this should include:
- Who was involved, e.g. ambulance, service user
- What happened
- Nature of substance e.g. name or street name, purity, description
- Extent to which substance is available e.g. widely on the streets
- Name of the area/city incident took place
- Whether the incident has been verified by another source
- Whether there is any clinical or laboratory evidence / confirmation
Are you able to provide supporting evidence / additional information for this incident? (If yes, tick all boxes that apply and provide further details in the space provided. Please do not send any evidence at this point)

☐ Test batch / sample of the drug used
☐ Documented evidence e.g. clinical or laboratory confirmation
☐ Name and contact details of those involved in the incident
☐ Other (please specify) ________________________________

Please provide further information about your supporting / additional evidence


Has a similar incident occurred recently (e.g. within the last couple of months)?

☐ Yes    ☐ No

If yes, please provide details


Any other relevant information?


Please email this form to:

Name of partnership lead for local drug alerts:
Email address:
Telephone number:
Fax:
Address:

OFFICE USE ONLY:

Grade:    ☐ Drug alert    ☐ False alarm    ☐ Other    ____________

Action:
## RED AMBER GREEN DRUG ALERT

**RED / AMBER / GREEN ALERT**

Red = urgent action to prevent confirmed risk of death  
Amber = action to prevent possible harm  
Green = for information only

### What type of incident does this alert refer to?
For example a drug related death, a high number of overdoses, drugs in the area may be contaminated (unusually high or low purity), drugs in the area causing concern, other (please specify)

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### Drug or drugs involved (if known):

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<th>Drug or Drugs</th>
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### Has this been confirmed by analysis/testing? Yes/No

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<td>Yes/No</td>
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### Source of alert

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### Summary of the alert:

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### Specific advice/harm reduction messages:

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### Action required: (instructions and materials for distribution e.g. posters are attached)

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### DATE OF ALERT: (DD/MM/YYYY)

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### Withdraw or review alert on: (DD/MM/YYYY)

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For more information or to report any related information
For further information contact
Michael Linnell
michael.linnell17@icloud.com