

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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Version 1.2 May 2014



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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



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.

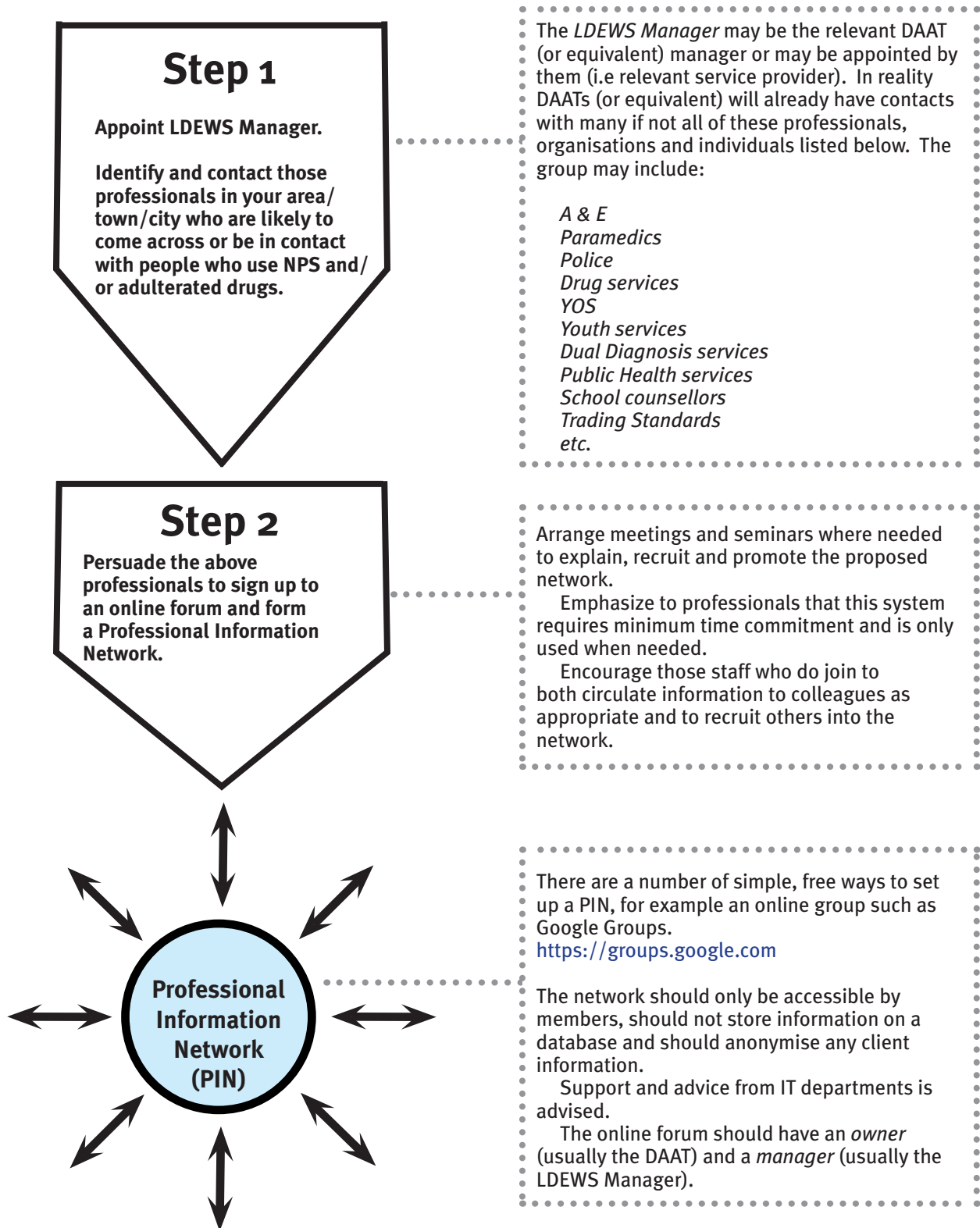
Local systems could be supported by Public Health England (PHE) centres, and communicate with PHE and other appropriate bodies.

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.

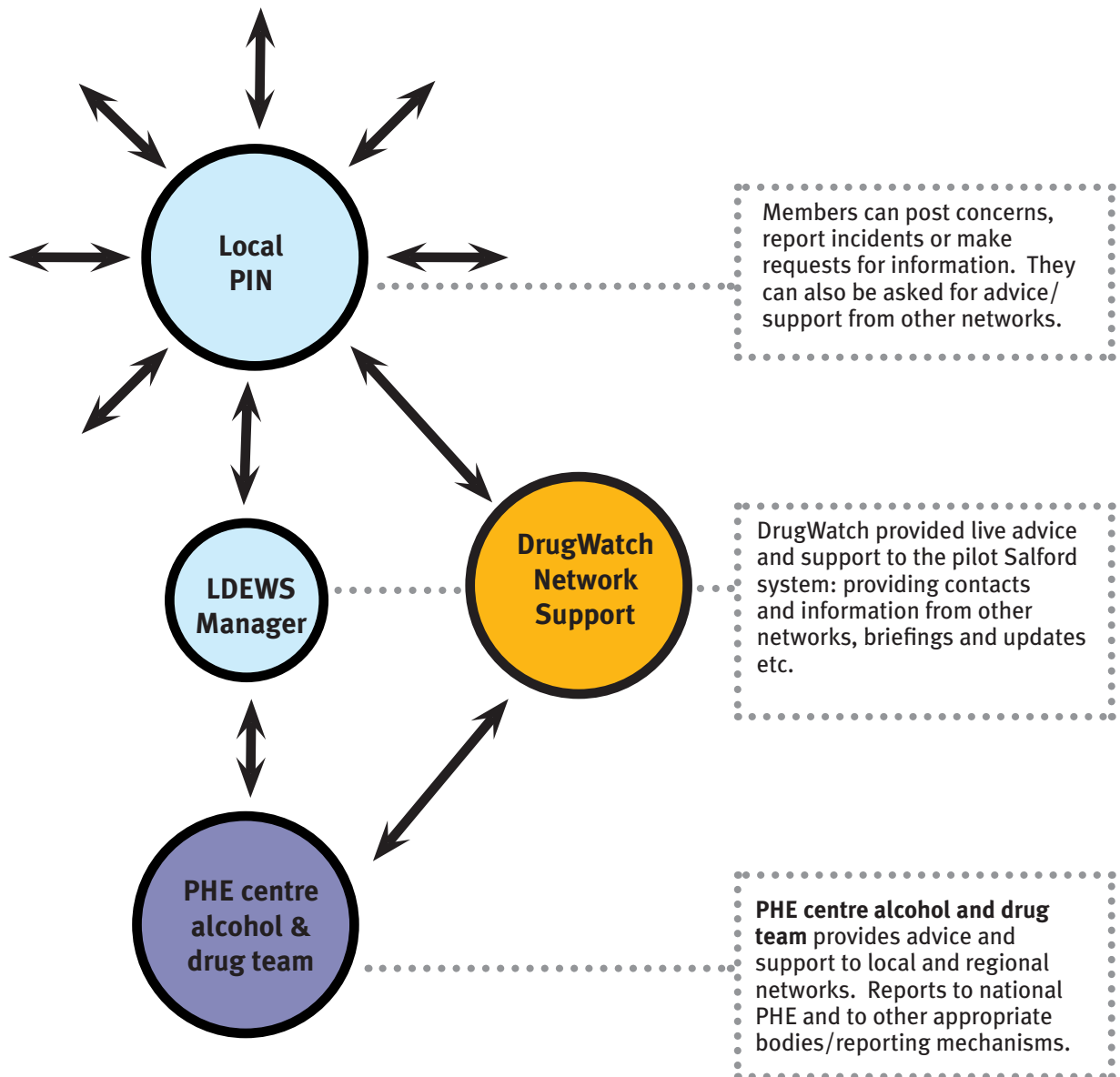
3. Forming a Professional Information Network (PIN)

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.



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.



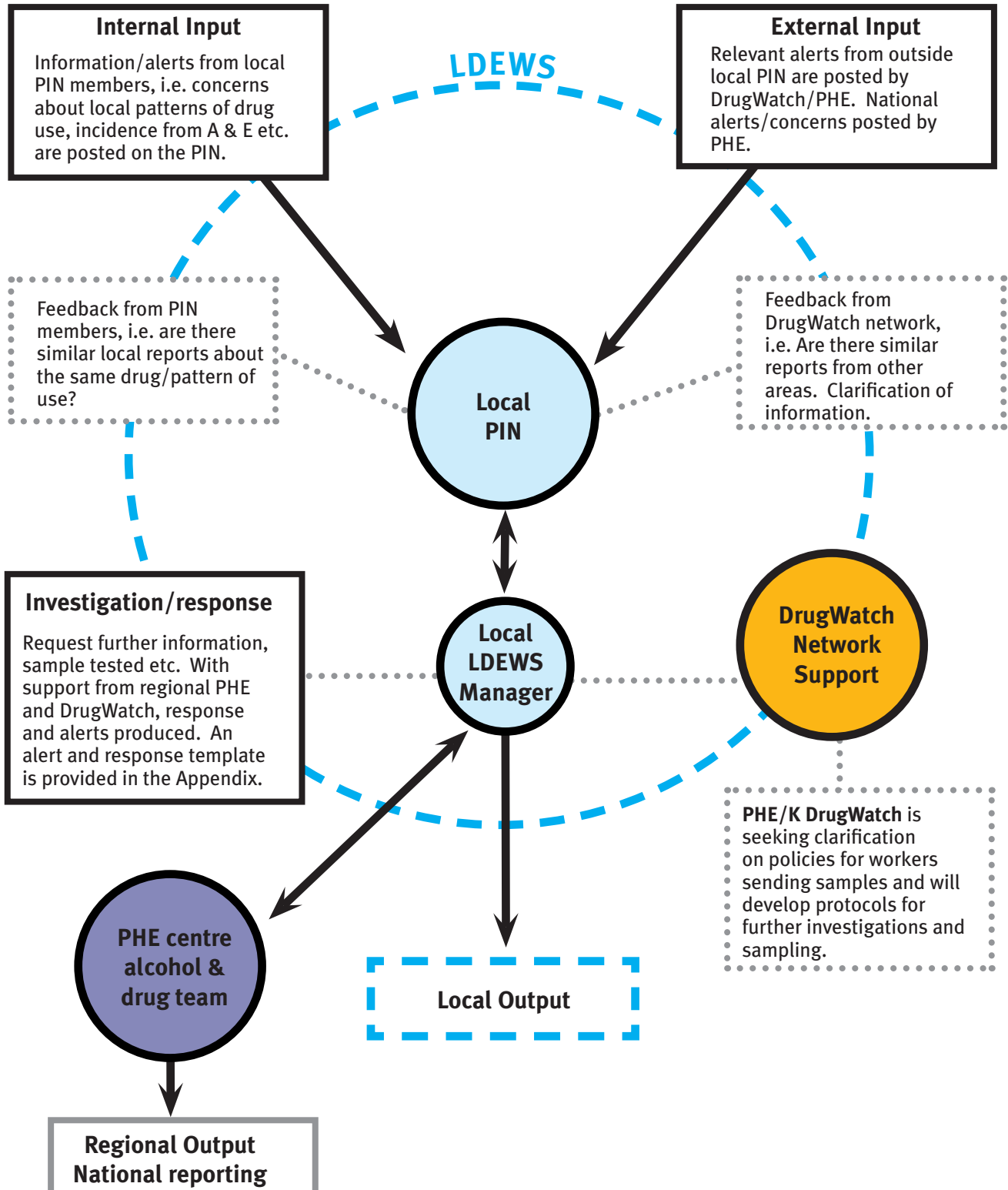
Example of PIN in action: In August 2013 a local Mental Health Trust asked for help after they had four separate incidences in a month of patients on wards being rushed to A and E after using ‘Poppers’. All had similar symptoms, including ‘Cyanosed skin’ (blue skin).

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 (methaemoglobinaemia), 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).

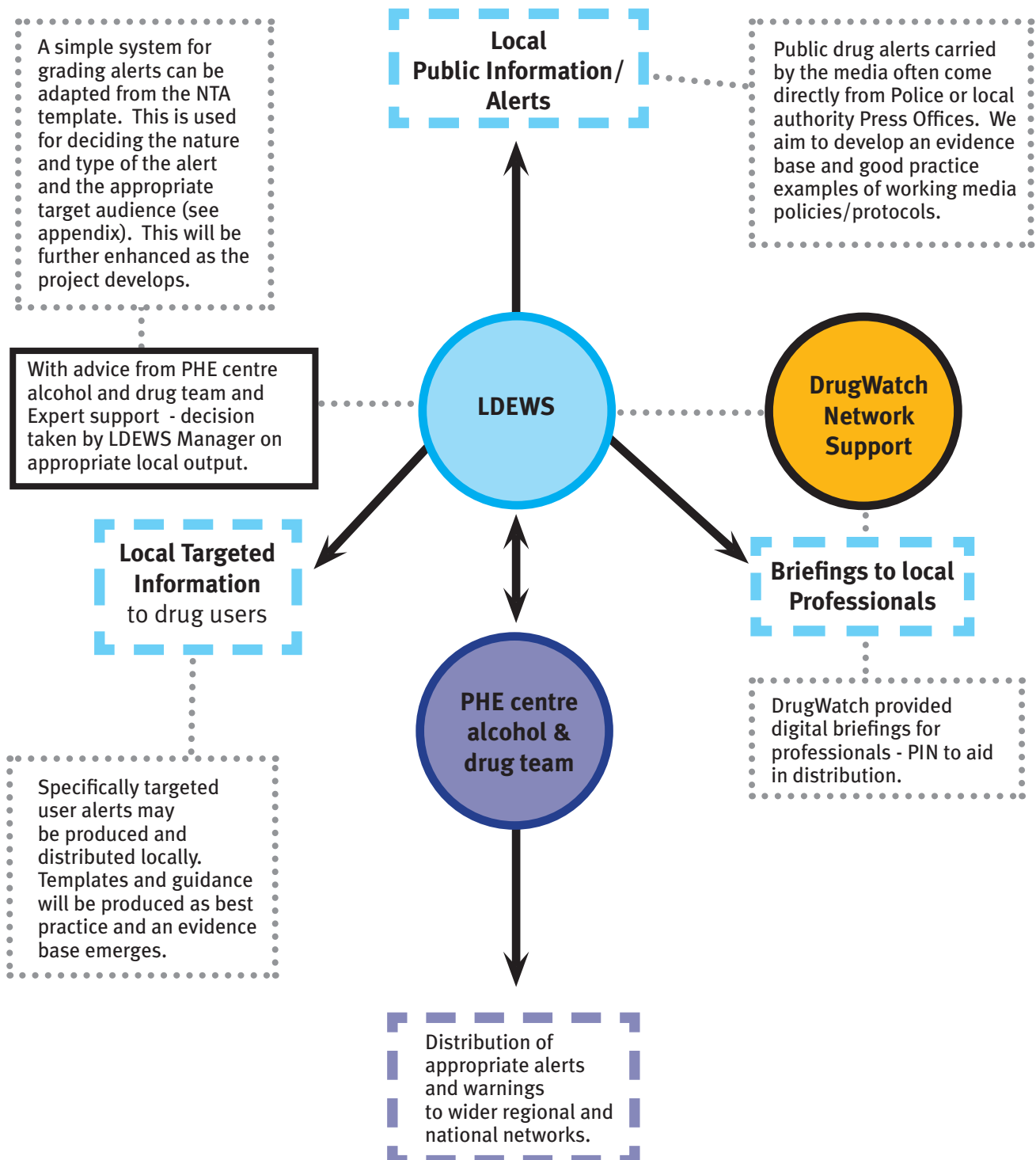
5. Information Input

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.



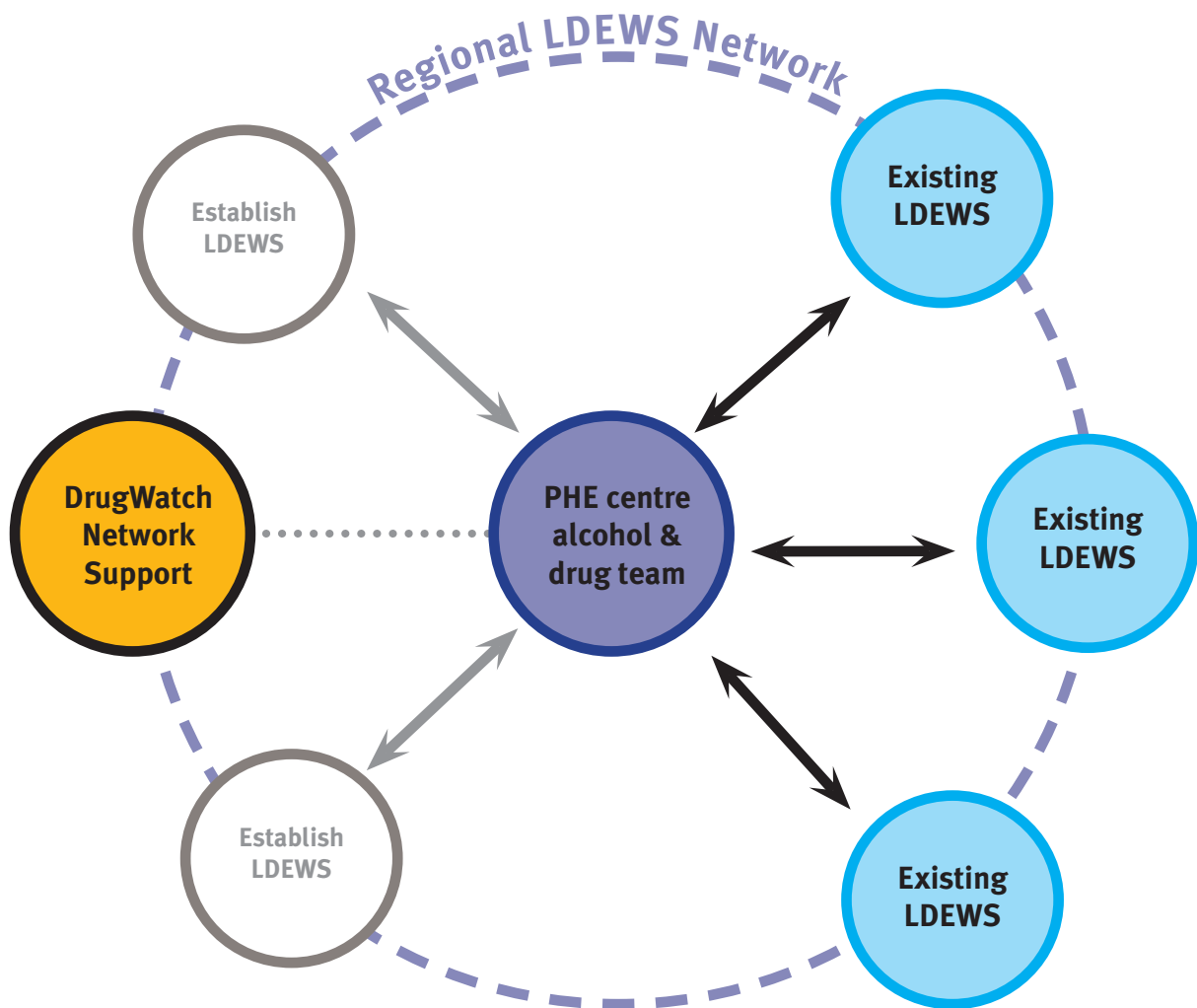
6. Information Output

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



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.

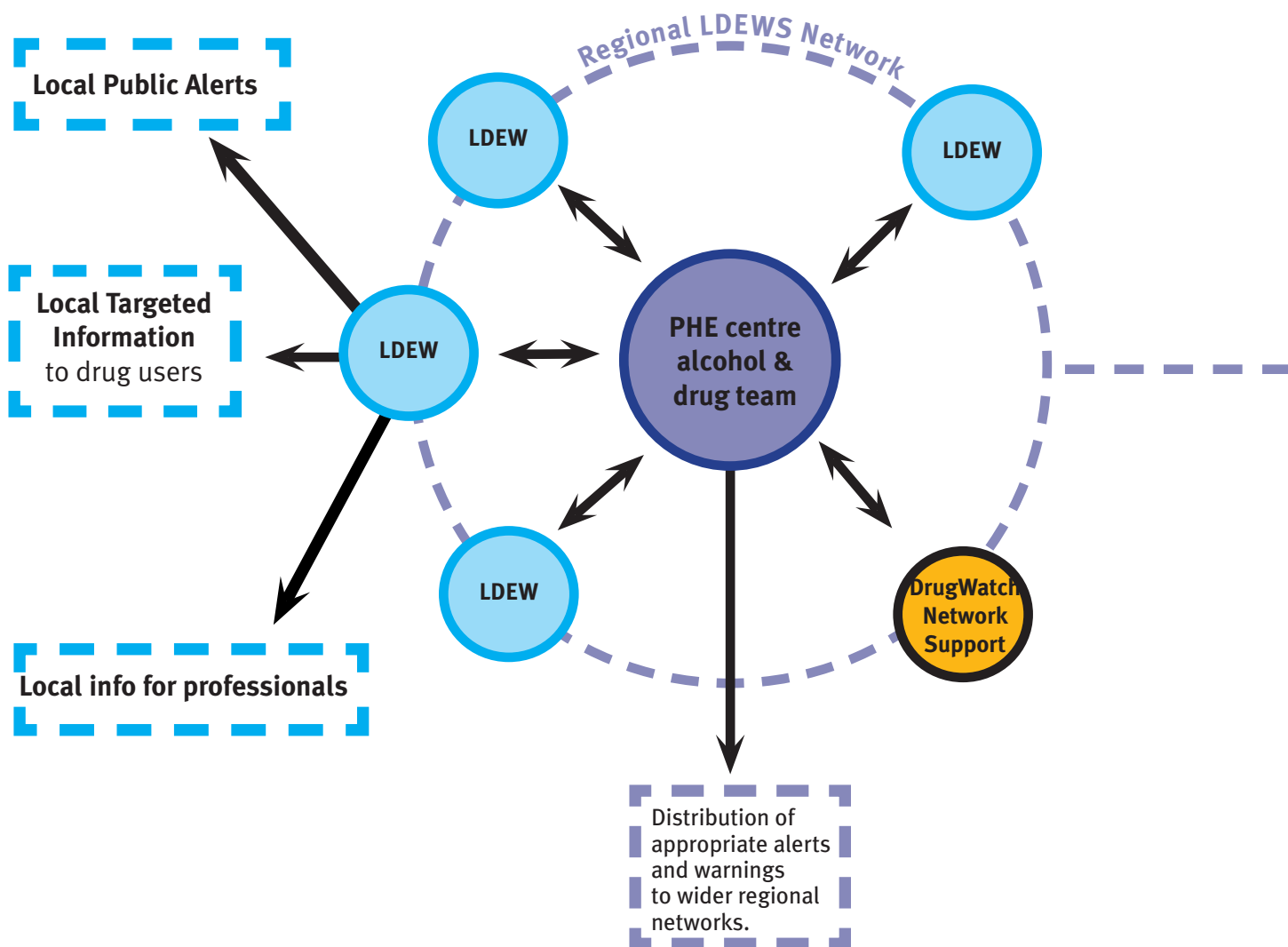


8. Establishing a National Network of LDEWS

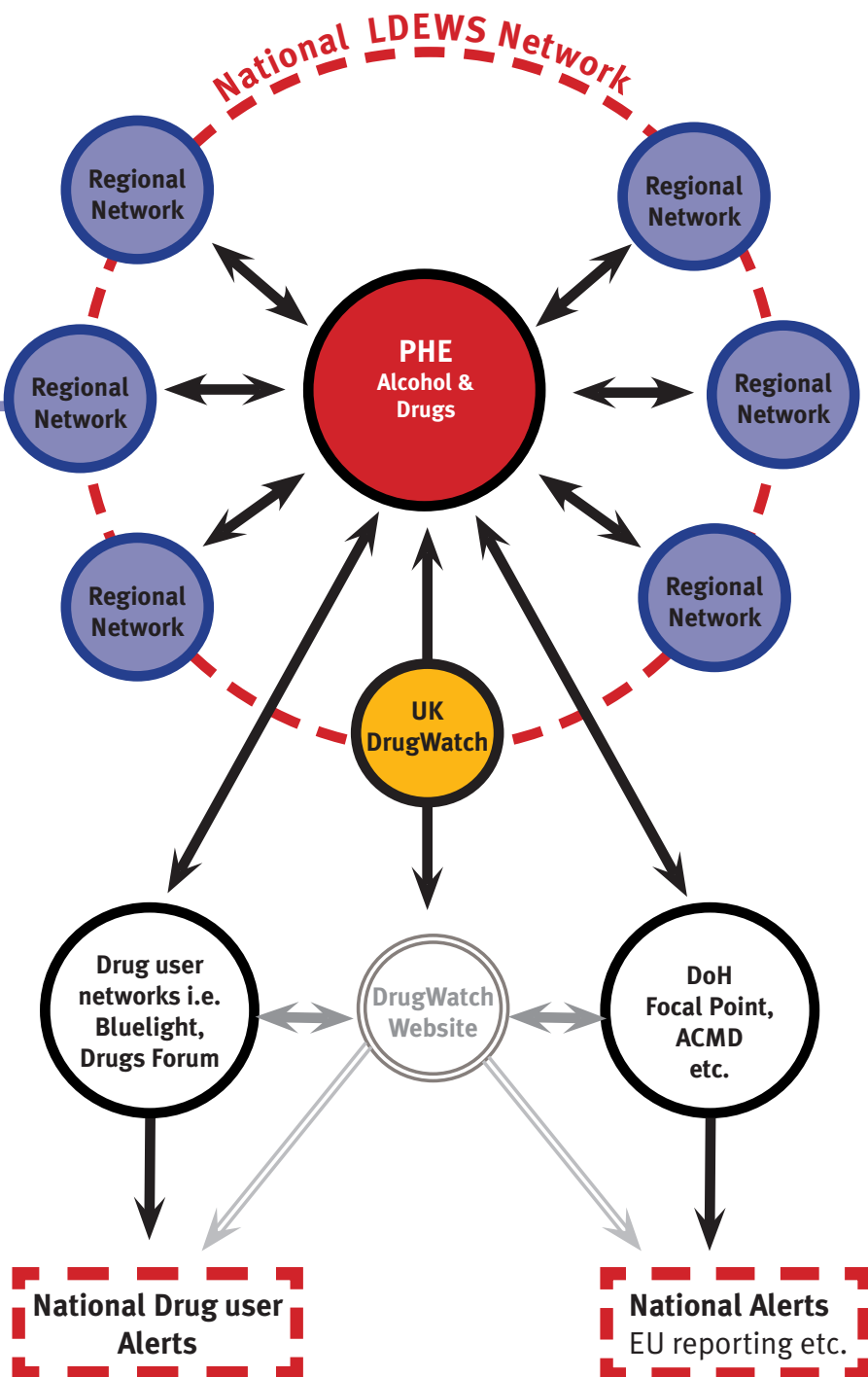
Aim: The aim is to join all the regional networks together to form a national network of LDEWS.

Local Alerts

Regional Alerts



National Alerts



Appendix A Intelligence reporting form (based on NTA template)

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)

Form completed by:

Name:	
Job title:	
Address:	
Telephone:	
Email address:	
Date completed:	

Source of information: (please circle all that apply)

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

Death	Serious adverse reaction	Hospitalisation
Unusually high/low purity of drugs (delete as appropriate)	Contaminated drugs e.g. Anthrax	New drugs e.g. legal high
Other (please specify):		

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:

Appendix B Alert form (based on NTA template)

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)

Drug or drugs involved (if known):

Has this been confirmed by analysis/testing? Yes/No

Source of alert

Summary of the alert:

Specific advice/harm reduction messages:

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

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

DATE OF ALERT: (DD/MM/YYYY)

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

For more information or to report any related information

For further information contact
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