

Sheffield Local Drug Information System (LDIS)

Drug Alert Reporting Form

This form is intended for the reporting of dangerous, new/novel, potent, adulterated, or contaminated substances regardless of their legal status. Please complete as much of the form as possible and return it to LDIS@Sheffield.gov.uk and DrugIntelligence@southyorks.pnn.police.uk

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| **Please provide your contact details:** Name, email, phone number, role and service |
| Click here to enter text. |
| **Where did the incident occur?**  |
| Home [ ]  Street [ ]  Nightclub/pub [ ]  Hostel [ ]  Hospital [ ]  Other [ ]  Please provide further details including the geographical area if known: Click or tap here to enter text. |
| **What is the name of the drug?**If known please include brand name on packet, street name, chemical name etc. |
| Click here to enter text. |
| **How was the drug taken?**  |
| Smoked [ ]  Swallowed [ ]  Sniffed [ ]  Injected [ ]  Unknown [ ]   | (If injected)Intravenously IV [ ]  Intramuscular IM [ ]  Skin pop [ ]  | Other [ ]  (please specify)Click here to enter text. |
| **What was the effect of the drug?** Please detail the effect of the drug as described such as psychological and / or physical effect |
| Click here to enter text. |
| **How was this effect different from what was expected?** (e.g., lasted longer, was more potent) |
| Click or tap here to enter text. |
| **Was the drug used with any other drugs or alcohol?** |
| No [ ]  Yes [ ]  Unknown [ ]  | If yes, please list others: Click here to enter text. |
| **Dosage: How much of the drug was taken?** If more than one type of drug was taken, please list the amount for each if known. |
| Click here to enter text. |
| **How much did the drug cost?** Please specify if the price is for weight, per bag, pill etc. | **What did the drug look like?** (e.g., white powder, pill)If available, please attach a photograph (next to a coin for scale) |
| Click here to enter text. | Click here to enter text. |
| **How was the drug obtained?**  |
| Internet [ ]  Shop [ ]  Dealer [ ]  Friend [ ]  Unknown [ ] Other (describe) Click or tap here to enter text. |
| **Please indicate the concern relating to this drug.** (i.e., adverse effect, altered behaviour, violence, overdose) |
| Click here to enter text. |
| **Did the incident involve a response from a health care service?**  |
| **Ambulance** No [ ]  Yes [ ]  Unknown [ ] **Emergency Department** No [ ]  Yes [ ]  Unknown [ ] **Hospital Admission** No [ ]  Yes [ ]  Unknown [ ] **Critical Care Admission** No[ ]  Yes[ ]  Unknown [ ]  | If known, please specify which hospital and whether care is still ongoing? Click here to enter text. |
| **Did the incident involve the use of Naloxone?** |
| No [ ]  Yes [ ]  Unknown [ ]  | If known, who administered it e.g., friend, family, professional.  |
| **Did the incident result in death or other serious harm?** (Give details if known) |
| Click here to enter text. |
| **Has this issue or concern been raised by any other people who have taken the drug?**  |
| No [ ]  Yes [ ]   | If yes, approximately how many times? Click here to enter text. |
| **If known, please indicate the drug experience of the person concerned** |
| Dependent user [ ]  Recreational user [ ]  Experimental user [ ]  | Other relevant background information, ie, vulnerable adult, young person (age):Click here to enter text. |
| **Please provide any other information you feel is relevant.** |
| Click here to enter text. |

Thank you for taking the time to complete this form.

Please email it to: DrugIntelligence@southyorks.pnn.police.uk and LDIS@Sheffield.gov.uk