TORBAY COUNCIL

Meeting: Overview & Scrutiny Sub Board – Adult Social Care and Health **Date:** 19th March 2026

Wards affected: All Wards

Report Title: Local Drug Information System (LDIS) update

When does the decision need to be implemented? n/a

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1. Purpose of Report

1.1. Public Health operates a Local Drug Information System (LDIS), which provides an early- warning and response process for identifying new or dangerous drugs that may emerge in Torbay. The system enables officers to assess potential risks quickly and, where necessary, issue timely communications or alerts to local partners and public facing services. This ensures that the Council and its stakeholders are informed and able to take appropriate action to reduce the risk of drug- related harm or death within the community.

1.2. Torbay's LDIS model is consistent with best practice guidelines (PHE, 2016. *Drug Alerts and Local Drug Information Systems)*. However, there are limitations to the existing framework which constrain the local authority's ability to respond to drug-related incidents that occur outside of normal working hours. While the Office of Health Improvement and Disparities (OHID) is developing a national process intended to support local authorities to implement LDIS arrangements that operate effectively both in and out of hours, this work is still pending.

1.3. In the interim, Torbay Council's Public Health Specialist for drugs and alcohol has been working closely with key partners to establish a temporary out-of-hours response process. This aims to ensure timely communication, strengthen local intelligence-sharing, and reduce the risk of serious harm among those most vulnerable to emerging synthetic drug threats

2. Reason for Proposal and its benefits

2.1. The proposals in this report help us to deliver our vision of a healthy, happy, and prosperous Torbay by strengthening Torbay's out- of- hours capacity to respond to drug

related harm incidents. This will support a more resilient local response to drug- related incidents, ensuring that Torbay is better positioned to mitigate risks associated with the rising presence and potency of synthetic drugs circulating nationally.

2.2. The reasons for the proposal, and need for the decision are, that this initiative is a significant provision for delivering against the priorities outlined within the community and corporate plan and as such oversight and scrutiny have requested an update.

3. Recommendation(s) / Proposed Decision

3.1 To be assured that Torbay are acting in line with OHID's Local preparedness for synthetic opioids in England and implementing the recommendations.

3.2 To acknowledge and endorse the interim Out of hours LDIS Emergency response plan.

3.3 To support delivery of a local workshop that raises awareness of the plan and the roles and responsibilities of partners involved.

4. Appendices

Appendix 1: LDIS SOP
Appendix 2: Torbay's Synthetic Opioid Out Of Hours Operational Response

5. Background Documents

- PHE Drug alerts and local drug information systems
- Local preparedness for synthetic opioids in England (accessible) - GOV.UK

Supporting Information

6. Introduction

Potent synthetic opioids are becoming a rapidly growing public health risk across the UK. These substances, including nitazenes and fentanyl-related drugs are extremely strong, can appear suddenly in local drug markets, and significantly increase the risk of overdose. Areas like Torbay, which have a varied and shifting drug market, need to be prepared for the possibility that these drugs could emerge locally.

6.1.1. To assess how well local areas are prepared, the Home Office, OHID, the National Police Chiefs' Council and other national partners reviewed synthetic opioid preparedness plans from 108 local Combating Drugs Partnerships. The review included conducting a national tabletop exercise to understand how local system would respond if a serious incident involving synthetic opioids (*nitazenes* and illicit *fentanyl's)* occurred. The aim was to strengthen local resilience and inform national policy.

6.1.2. In March 2025, Torbay took part in a southwest-wide tabletop exercise alongside other local authority drug and alcohol commissioning teams. The session was facilitated by emergency planners from Devon's Local Resilience Forum (LRF). Its purpose was to assess how well Torbay's synthetic opioid preparedness plans would work in practice and to identify opportunities for local authorities across the peninsula to align and strengthen their approaches.

6.1.3. Overall, the plans were of a good standard. However, some important gaps were identified, most notably, differences in how local authorities manage incidents outside normal working hours. This highlighted the need to develop a clearer, more consistent emergency response process for out-of-hours situations where drugs present a serious and immediate risk of harm, such as the potential for fatal overdose

6.2. Torbay has a LDIS standard operating procedure, which outlines the process to take when responding to local drug intelligence and this has been updated to include how to respond out of hours, with the response adapted depending on the scale of the threat. Alongside this, Torbay has developed its preparedness plan to support public health's response at a local level, with an action card for settings capturing the activity expected to facilitate effective delivery against the plan.

6.2.1. The plan outlines the approaches and/or systems in place that allow Torbay's public health team to

- understand the threat and assess the risk
- communicate the threat
- mitigate the threat

6.3. Torbay, like many areas, has limited public health capacity outside normal office hours. This means that when a serious drug- related incident happens in the evening or overnight or at the weekend, the police are often left to manage the situation without immediate access to specialist public health advice.

6.4 In the context of increasingly potent synthetic opioids, where rapid assessment, information- sharing and coordinated action can save lives, this gap creates avoidable delays and reduces our ability to respond effectively.

6.4. and Strengthening Torbay's out- of- hours arrangements is essential so that timely warnings interventions can be put in place when they are most needed, helping to protect people at risk and reduce the likelihood of overdose.

7. Options under consideration

7.1. **Maintaining the current process.** Keeping things as they are is not recommended because it would leave well- known gaps in our out- of- hours provision. These gaps

increase the risk of delayed action during high- risk drug incidents, which could result in preventable harms or deaths. Continuing with the current approach would not provide the level of protection our residents need at a time when synthetic opioids present a growing threat.

7.2. **Waiting for OHID's national model.** Waiting for a national model to be developed is also not considered a viable option. National guidance may take considerable time to design, approve and disseminate to local areas, and during that period Torbay would remain without an out- of- hours response process. This would leave individuals at continued and unnecessary risk of serious drug- related harm, without the safeguards an agreed procedure would provide.

7.3. **Develop an interim procedure.** Developing an interim out- of- hours procedure is the recommended approach. This option allows Torbay to put essential protections in place now, ensuring that partners know how to respond quickly and effectively if a serious drug- related incident occurs outside normal working hours. An interim procedure can be implemented promptly, tested locally and refined as needed. Importantly, it is flexible enough to be adapted once the national model is released, meaning Torbay can stay aligned with national expectations while also safeguarding residents in the meantime.

8. Financial Opportunities and Implications

8.1. There are no financial implications attached to this proposal. The proposal relies on effective partnership working, designed around robust pathways and joined up planning.

9. Legal Implications

9.1. There are no legal implications associated with this proposal.

10. Engagement and Consultation

10.1 Torbay Public Health has worked closely with key partners to develop the synthetic opioid preparedness plan and to shape the proposed out- of- hours emergency response for the Local Drug Information System (LDIS).Representatives from public health chair both Torbay's Drug Harm Reduction Panel and the Torbay Drug and Alcohol Partnership, providing well- established platforms through which to engage stakeholders, share plans, and coordinate actions.

10.2 Public Health is also working with Torbay's Emergency Planning Team to design a workshop that will raise awareness of the out- of- hours procedure and ensure all organisations involved understand their roles and responsibilities. The workshop will also be used to identify any remaining gaps or limitations, helping to strengthen the plan's robustness and ensure it can be deployed effectively should an emergency arise.

11. Procurement Implications

11.1. There are no direct or immediate procurement implications because of this report.

12. Protecting our naturally inspiring Bay and tackling Climate Change

12.1. There are no direct environmental or climate change impacts as a result of this report.

13. Associated Risks

13.1. If the proposed out of hours procedure is not put in place, Torbay will continue to face significant gaps in its ability to respond quickly to serious drug- related incidents during evenings and weekends. Without a clear and coordinated process, there is a higher risk of delays in identifying and responding to emerging threats, which could lead to preventable harm and / or deaths.

13.2. The absence of an agreed procedure may lead to confusion about roles and responsibilities, slower communication, and missed opportunities to issue timely warnings to protect residents.

13.3. The main risk in adopting an interim out- of- hours procedure is that national guidance is still evolving, and future expectations may require the local approach to be updated. However, this risk is manageable, as the interim procedure is designed to be flexible and easily adapted. There may also be some resource implications for partners in attending training or workshops, but these are outweighed by the benefits of improved readiness

13.4. Failing to approve the proposal would leave Torbay without a coordinated out of hours response at a time when synthetic opioids pose an increasing threat nationally. This could lead to slower responses, inconsistent decision- making, and avoidable harm. It may also undermine public confidence and leave local services exposed during a serious incident. Inaction would therefore carry a considerably higher level of risk than implementing an interim procedure.

14. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	• 18% of Torbay residents are aged under 18 years old. • 55% of Torbay residents are aged between 18 to 64 years old. • 27% of Torbay residents are aged 65 and older	Torbay's LDIS process, including out of hours emergency response plan applies to all age cohorts. No negative impact from the LDIS procedure.	Ensure messaging is adapted depending on substance involved and the audience receiving it.	Public Health
Carers	• At the time of the 2021 census there were 14,900 unpaid carers in Torbay. • 5,185 of these provided 50 hours or more of care.	Carers may be exposed to drug- related risk through those they support. No negative impact from the LDIS procedure.	Include carers' services in LDIS stakeholder communications where relevant.	Public Health
Care experienced	• As of January 2026, there were 277 former care experienced young people aged 18-24 in Torbay.	May have higher levels of trauma, mental health need, and exploitation risk, increasing vulnerability to drug-related harm. Greater chance of housing instability and digital exclusion, making it harder to	Ensure Leaving Care Teams and youth services are fully connected into the Local Drug Information System.	Public Health

		access drug alerts or support information.	Share information through multiple, accessible channels (SMS, printed materials, trusted support workers).	
Disability	In the 2021 Census, 23.9% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	Individuals with mental health conditions or learning disabilities may be at increased risk of harm or slower access to services. No direct adverse impact from the LDIS process.	Ensure alerts and communications use plain English and accessible formats. Ensure LDIS distribution lists include Mental Health and Physical Health services.	Public Health
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth.	Trans individuals may face barriers accessing support, stigma, or marginalisation. No direct adverse impact from the LDIS process.	Ensure inclusive language in all LDIS communications.	Public Health
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	No specific equity impacts identified	n/a	n/a

Pregnancy and maternity	• Between 2013 and 2024, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 56.0 per 1,000) than the Southwest (53.4) and broadly in line with England (56.3). • For the period 2022 to 2024, rates in Torbay (44.6) have been significantly below England (50.0).	Pregnant people using substances may require faster safeguarding responses. No direct adverse impact from the LDIS process.	Ensure maternity and safeguarding teams are included in relevant LDIS communication distribution lists.	Public Health
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as the following: • 1.6% as Asian, Asian British or Asian Welsh • 0.3% as Black, Black British, Black Welsh, Caribbean or African • 1.5% as being of Mixed or Multiple ethnic groups • 96.1% as White • 0.4% described their ethnicity another way. Black, Asian and minoritised ethnic communities are more likely to live in areas of Torbay classified as being amongst	Minority ethnic residents may be disproportionately affected due to links between deprivation and drug- related risk. No direct adverse impact from the LDIS process.	Ensure LDIS communications reach stakeholders that reach into diverse communities within Torbay.	Public Health

	the 20% most deprived areas in England			
Religion and belief	The 2021 Census showed that the residents in Torbay identify their religion and/or belief as the following; • 48.5% are Christian • 0.4% are Buddist • 0.2% are Hindu • 0.6% are Muslim • Less than 0.1% are Sikh • 0.1% are Jewish • 0.7% have another religion • 43.2% have no religion 6.3% did not answer	No specific equality impacts identified	n/a	n/a
Sex	51.3% of Torbay's population are female 48.7% of Torbay's population are male.	Men are statistically at higher risk of drug- related harm nationally. The LDIS aims to reduce harm for all groups.	Ensure LDIS messaging reaches both men and women through varied channels	Public Health
Sexual orientation	In the 2021 Census, residents described their sexuality as follows; • 89% as Straight or Heterosexual • 1.7% as Gay or Lesbian • 1.1% as Bisexual • 0.1% as Pansexual • 0.1% described their sexuality another way	LGB+ individuals experience higher rates of substance use nationally; may be at increased risk. No direct adverse impact from the LDIS process.	Ensure inclusive communications; involve local LGBTQ+ support networks	Public Health

	7.4% of people didn't answer the question			
Armed Forces Community	• In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. • In Torbay, 5.9% of the population have previously served in the UK armed forces.	Veterans may have higher vulnerability to substance misuse or mental health difficulties. No direct adverse impact from the LDIS process.	Include veteran support services in LDIS distribution lists	Public Health
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)	• Torbay is ranked as the 39th most deprived upper tier local authority in England in the Index of Multiple Deprivation 2025.	• Deprivation is strongly linked to drug- related harm. • Several of Torbay's most deprived communities are those most likely to be affected. • The LDIS improves early warning and rapid response, particularly benefiting communities with higher vulnerability	Targeted communication through community networks, housing providers, voluntary sector services.	Public Health
Public Health impacts (Including impacts on the general health of the population of Torbay)	• For the five-year period 2020 to 2024, data shows there is a 6-year life expectancy gap between males who live in Torbay's least and most deprived	• Faster identification of emerging drug risks will reduce harm, prevent overdoses, and support earlier interventions. • No negative public health impacts identified.	n/a	n/a

	areas and, a 3-year gap for females.			
Human Rights impacts		• The procedure supports the right to life and protection from harm. • No human rights concerns identified	n/a	n/a
Child Friendly		• Young people may be indirectly affected by drug- related incidents in households or peer networks. • The LDIS supports earlier safeguarding intervention.	Involve Children's Services in relevant alerts and ensure information flows promptly when children may be affected.	Public Health

15. Cumulative Council Impact

15.1. Any small increase in workload during an incident is expected to be manageable and balanced by the benefits of responding earlier and more effectively. As the procedure is refined, we will continue to monitor any impacts on other services to make sure the approach is practical and sustainable

16. Cumulative Community Impacts

16.1. No significant cumulative impacts have been identified at this stage. However, ongoing work by national bodies and partner organisations, such as the NHS, Police, and regional emergency planning teams may influence how Torbay's out- of- hours procedure fits within the wider system. These developments are not expected to create any negative impacts, but they may require minor adjustments to ensure our local approach remains aligned with regional and national guidance as it evolves.

Local Drugs Information System (LDIS). Standard Operating Procedure (SOP)

Gurry, June

TORBAY COUNCIL

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Introduction to Torbay's LDIS

This document is intended for the use of Torbay's Local Drugs Information system (LDIS) partnership panel and Torbay Council staff only. The purpose of this document is to prevent or reduce harm to people of all ages (including young people) who use, or are at risk of using, illicit or illegal drugs. It describes:

- How urgent or emerging information on new, novel, potent, adulterated, or contaminated drugs (or an emerging mode of use) is disseminated with appropriate audiences across the Torbay Council area. This also includes other associated threats to health and drug use such as iGAS (Invasive group A streptococci), Botulism, Hepatitis B, Hepatitis C and Tuberculosis (It is important to note that the United Kingdom Health and Security Agency (UKHSA) have a separate process for managing communicable diseases).

- How intelligence will be gathered and assessed to reach decisions about whether and how to disseminate information to appropriate audiences in the Torbay and wider Devon local authority areas, including neighbouring LA areas thar border Torbay e.g., Plymouth and South Devon, as well as the South West Office of Health Improvement and disparities (OHID) and the South West UKHSA regional centre.

The purpose of this LDIS SOP is not to collect general information. This process is reserved to reduce harm around dangerous, new and/or novel, potent, adulterated, or contaminated substances regardless of their legal status. The LDIS Co-ordinator (Public Health Specialist for Drugs and Alcohol) will ensure this principle is maintained.

LDIS partnership panel membership

Torbay's LDIS partnership panel will be represented by several local stakeholder organisations, who collectively hold a range of specialist skills, knowledge, and experience within their respective fields, as relevant to this agenda. The panel will support the LDIS co-ordinator to review intelligence and will be jointly responsible for subsequent decisions and outcomes.

Table 1 provides details of the core panel members. For full contact information please see appendix 4

Table 1: LDIS Co-ordinator and Panel membership information (correct as of December 2021).

Name	Job Title	Service
Natasha Reed/Katie Gardner (LDIS Co-Ordinator)	Public Health Specialist/Practitioner (Drugs and Alcohol)	Public Health, Torbay
Simon Acton	Interim general manager, public health services.	TSDFT
Hollie Bryant	Service Manager Torbay Drug and alcohol service	TSDFT
Jamie Tucker-Last	ASB & Vulnerabilities Lead Officer	Torbay Council
Becca Turner	Drug and Alcohol Harm Reduction Strategic Co-ordinator	Devon and Cornwall Police
Nick Burnett	Drug Expert Witness	Devon and Cornwall Police
Jess Tucker	Service Manager – Torbay's young person's drug and alcohol service	Torbay Council
Katy Fisher	Service Manager – Leonard Stocks Hostel	Torbay Council
TRI Duty Manager	Clinical Lead – TRI	TSDFT

The panel membership may also be widened e.g. If a professional such as an A&E consultant has been involved in dealing with an incident leading to a possible alert, he or she can usefully be asked to become part of the LDIS panel during the assessment of that incident. A list of possible organisations that could be considered for representation within the panel have been listed below (this list is not exhaustive):

- Torbay Young Persons Drug and Alcohol service
- Devon and Cornwall Constabulary
- South West Ambulance Service NHS Foundation Trust (SWASFT)
- Accident and Emergency Department
- Youth Offending Team (YOT)
- Probation
- Community Safety

The LDIS Distribution list

The LDIS co-ordinator will be responsible for keeping the contact information within the LDIS distribution spreadsheet up to date, whilst also ensuring the contact details of the core panel members remain accurate. As a minimum, the distribution list must be updated annually but should also be updated throughout the year in response to any notifications received identifying changes to individual roles. The LDIS co-ordinator will seek confirmation from such notifications to identify if the individual continues to remain the appropriate person to receive LDIS communications and if not, identify a replacement.

Absence Management

The LDIS co-ordinator is responsible for operationalising this LDIS process, however, it is accepted that on occasion, the LDIS co-ordinator will have planned and unplanned absences which will require the support of a deputy LDIS co-ordinator who will fulfil the roles and responsibilities of the LDIS co-ordinator during their period of absence.

Panel members agree to familiarise themselves with the roles and duties of the LDIS co-ordinator in order that any panel member can fulfil the role of deputy LDIS co-ordinator should intelligence be received during the LDIS co-ordinators period of absence.

- **Planned absences**

  It is the responsibility of the LDIS co-ordinator to ensure that the LDIS panel members are aware of any planned absences at the earliest opportunity and to ensure a representative has been identified to fulfil the role of deputy LDIS co-ordinator for the period of the planned absence.

- **Unplanned absences**

  If the LDIS co-ordinator must take a period of unplanned absence (where the absence is more than 1 day), Public Health's practitioner for drugs and alcohol will step in as the deputy and deliver the roles and responsibilities of the LDIS co-ordinator. Where the drug and alcohol practitioner is also absent, a wider member of the public health team (public health administrator or the Head of Public Health improvement) will notify panel members of this absence (see Appendix 4 for panel members contact information). Panel members must agree between them who will stand in as deputy LDIS co-ordinator for the period of the unplanned absence and communicate this back to the Public Health team member the same working day. Should the unplanned absence result in a period of absence of more than 5 days, it may be that more than 1 member of the panel is required to deputise during this time. This will be the responsibility of the panel members to agree between themselves, based on capacity and other workload commitments.

- **LDIS Co-ordinator & Deputy Co-ordinator**

For clarity to the readers of this SOP, the responsibilities of the LDIS co-ordinator as outlined within this document, are the same responsibilities which will defer to the LDIS deputy co-ordinator during the LDIS co-ordinators absence. It will be the responsibility of the deputy LDIS co-ordinator to operationalise the LDIS SOP in the absence of the LDIS co-ordinator and the LDIS partnership panel members commit to deputising as deputy LDIS co-ordinators in the absence of the LDIS co-ordinator.

Scope of the Protocol

This LDIS SOP is based on published PHE guidance for local authority areas on drug alerts and local drug information systems, available here:

https://www.gov.uk/government/publications/issuing-public-health-alerts-about-drugs

This LDIS SOP has been designed to support and interact with LDIS protocols in other local authority areas, as well as that operated by the Southwest OHID regional centre.

This is a single protocol for use by Torbay Council and LDIS partnership panel representatives.

Protocol

The LDIS SOP process consists of three distinct stages:

1. Receiving intelligence
2. Managing and assessing the intelligence received
3. Responding to assessed intelligence appropriately.

Please Note: The LDIS stages described are specific to support the LDIS Co-ordinator and panel members respond to local / neighbouring intelligence and national alerts regarding substances that meet the criteria outlined below in Stage 1.

There is a separate UKHSA process the LDIS co-ordinator and panel members are required to feed into, where intelligence is received in relation to notifiable diseases and drug use e.g., iGAS (Invasive group A streptococci), Botulism, Hepatitis B, Hepatitis C and Tuberculosis. Please refer to page 6 for the section titled **Health Protection – Infectious disease and Drug use** for details specifically pertaining to this process.

Stage 1: Receiving and Corroborating Intelligence – 24 hours max

Any organisation, person or team that has intelligence about a substance (or mode of use) that meets any of the following criteria is encouraged to report this as soon as possible to Torbay's LDIS partnership panel:

- Substances causing acute medical, social, or emotional harm, particularly new or novel substances.
- Substances that people say are having uncommon side effects that aren't normally associated with the substance.
- Substances that appear to have a spike in purity or strength of their active ingredient/s.
- Substances that are branded in a way to mislead the user of the ingredients
- Contaminated substances or substances adulterated with dangerous agents.

- An emerging trend of mixing substances or ingesting them in a way that is particularly hazardous to health.

An electronic form for reporting can be found here.

If intelligence is received by a member of the LDIS partnership panel by other means (e.g., telephone call or email), the panel member will direct the individual and if necessary, support them to complete the electronic form.

Intelligence received will be subject to a brief initial check by the LDIS Co-ordinator. This broad check rules out any 'hoax' information that the LDIS Co-ordinator identifies. Where necessary, this may include a follow up phone call to clarify details relating to the intelligence received to verify its validity. Examples where the LDIS co-ordinator may choose not to proceed to stage one following these brief initial checks include

- Where the intelligence reported doesn't fit the scope outlined above e.g. a Torbay resident reporting drug use in a neighbouring property.
- Where any harms reported from the intelligence provided are considered normal and/or in line with the drug use reported.
- Where there is no intelligence to suggest the outcomes are unusual
- Where there is insufficient information to develop a clear communication to stage 1 stakeholders regarding the ask i.e. what we required to follow up and report back

To support the LDIS co-ordinators decision making process regarding how best to respond to the intelligence received, a list of questions for consideration have been included within Appendix 7 below.

Once the information is verified, the LDIS Co-ordinator will then email all stage 1 stakeholders (ensuring LDIS panel members are copied into this correspondence) to corroborate, confirm, or otherwise establish the validity of the intelligence. This email will contain a link to the electronic LDIS tool for the submission of further linked intelligence. The LDIS Co-ordinator will give a brief description of the intelligence received so far, including relevant geographical area involved, and ask for additional relevant information as a matter of urgency.

- A proposed Stage 1 email is found in Appendix 2. The stage 1 stakeholder list can be found in Appendix 4

- The LDIS Co-ordinator retains responsibility for data entry of all original and supporting information on the LDIS spreadsheet. See Appendix 3

Responses to this stage 1 request are required within a maximum of 24 hours, however the preferred response time is the same working day. This time frame can be determined by the LDIS partnership panel in response to how quickly information may need to be distributed. Emails asking for stage 1 responses should be entitled, "Emergency Drug Information Received – for response please by XXDATE". Stakeholders must be notified that a failure to respond to the request for information within the timeframe provided, will be presumed not to have any relevant intelligence to share.

Proceeding directly to stage 3

The below outlines situations and/or circumstances that would result in the LDIS co-ordinator proceeding directly to stage 3 without requesting supporting information from stakeholders.

- When intelligence is received and there is an already-established evidence base, such as toxicology or other confirmed laboratory results
- Where intelligence is received, and serious harm has occurred i.e. multiple non-fatal / fatal overdose (within a 24hr reporting period).
- Multiple reports of incidents (>2) where high doses of Naloxone (>2mg or >5 doses of prenoxad) have been required to reverse overdose.
- Where reports of serious adverse drug effects have affected multiple individuals (>2) resulting in hospitalisation (within a 24hr period).

NOTE: The LDIS function is not a tool for recording all fatal / non-fatal overdoses. It is important submissions for overdose fulfil the criteria of the LDIS protocol outlined above. It would be expected that where the circumstances leading to the overdose are unusual and/or novel or where new trends in drug taking behaviours are resulting in overdose that they would be reported via this process.

Stage 2: Managing and assessing the intelligence received (same working day)

Responses made on the electronic form will be recorded by the LDIS Co-ordinator on the LDIS intelligence spreadsheet (see Appendix 3) designed to help the LDIS Panel analyse the intelligence and supporting information. When sufficient information to corroborate, confirm or otherwise establish the validity of the intelligence has been received (e.g., two or more pieces of intelligence or supporting information) or at 24 hours after the stage 1 email has been sent, the LDIS Co-ordinator, will circulate the completed spreadsheet to the LDIS partnership panel and will make a recommendation to members of the LDIS partnership panel based on the grading process using the matrix.

Table 2: Grading Matrix

Grading Criteria	**Weak evidence** Do not consider an alert	**Medium evidence** Only consider if supported by multiple criteria	**Strong evidence** Consider an alert	**Exceptional circumstance**
1. Local relevance	Not locally relevant	Maybe relevant	Locally relevant	Exceptional circumstances
Tick one box	☐	☐	☐	☐
2. Anecdotal report	Anecdotal without support	Anecdotal supported by multiple reports	Anecdotal supported by multiple sources and other criteria	Exceptional circumstances
Tick one box	☐	☐	☐	☐
3. Source of evidence	Unreliable or unknown source, no other evidence	Unreliable but multiple sources or supported by other evidence	Reliable source and specific enough to be of use	Exceptional circumstances
Tick one box	☐	☐	☐	☐
4.Forensic evidence	No forensic evidence	No forensic evidence but other compelling evidence	Forensic evidence	Exceptional circumstances
Tick one box	☐	☐	☐	☐
5.Confirmed harm	No confirmed harm	Potential serious harm or death	Serious harm or death confirmed	Exceptional circumstances
Tick one box	☐	☐	☐	☐
6. Naloxone issued				
Tick one box	☐	☐	☐	☐
	Boxes ticked in this column are a good indication that an alert **is not** warranted	Boxes ticked in this column are neutral and should be supported by other strong evidence to warrant an alert	Boxes ticked in this column are a good indication that an alert **is** warranted	Exceptional circumstances for one criteria, may make an alert more likely or even justify an alert by itself
Result of grading matrix (no. of ticks)				
Initial LDIS panel decision	☐ Do not alert ☐ Undecided ☐ Alert or other actions considered			

Panel members will review the intelligence and proposed grading and collaborate with the LDIS co-ordinator to collectively agree the grading and response. Intelligence will be graded against the matrix found in Table 2 above.

For a decision to be made a minimum of two LDIS panel members, from two separate organisations will be required to grade the intelligence and agree a decision. The partnership panel members must respond to the LDIS co-ordinators request for support with grading the intelligence in a timely manner, in order that a decision can be reached the same day or no later than 24hours from completion of stage 1. Names, job titles and contact details of the LDIS Panel can be found in in Appendix 4.

Stage 3: Responding to intelligence appropriately

The LDIS partnership Panel will discuss the information received and agree how to respond to the intelligence. This must take place **within 24 hours** (max) of the deadline for information to be received from partners. **NOTE:** Where the intelligence received was sufficient to proceed directly to stage 3, the LDIS panel are required to meet and agree the response within **1 hour.** The LDIS co-ordinator will be responsible for chairing an emergency LDIS panel meeting to agree the response, ensuring communications are circulated to all stage 3 stakeholders no later than 2 hours from receiving the initial intelligence.

Possible responses include:

- No further action – in which case a 'stand down' email will be sent from the LDIS Co-ordinator
- Share for *Information Only* with certain audiences, but not as a formal drug alert
- Issue a formal drug alert to specific local audiences
- Copy neighbouring local authorities into the information/alert
- Notify the Office of Health Improvement and Disparities (OHID) South West Centre using email: SWDrugAlert@phe.gov.uk (because of the potential for regional/national impact of the intelligence).

Where panel members are unsure how to proceed with their assessment, advice can be sought from OHID by emailing OHIDSWDrugAlert@dhsc.gov.uk. However, when a decision cannot be reached (and ONLY when a decision cannot be reached), the LDIS co-ordinator should escalate this to Torbay's public health lead for health improvement, consultant Bruce Bell, by emailing bruce.bell@torbay.gov.uk. The LDIS panel must follow the recommendation provided by the public health consultant in this instance.

A flow diagram summarising the LDIS process for Torbay can be found in Appendix 1.
Template emails have been generated to provide guidance to panel members when forming correspondence at each stage of the process (see Appendix 2).

The contents of a formal drug alert poster will need to be ratified by the Drug and Alcohol specialist within Public Health and/ or a staff member with specialist clinical knowledge relating to drug harms e.g., a medical or non-medical prescriber (or staff member with equivalent clinical experience), from within the specialist community Drug and Alcohol service prior to circulation.

Any alerts disseminated will need to be cascaded by a panel member representing a Local Authority or health body e.g., public health, an NHS trust or alternative health provider (e.g., SWAST). The alert must be signed off on behalf of Torbay's LDIS partnership panel and will include the LDIPS partnership panel logo. The logo should be represented on the alert and any email correspondence sent on behalf of the panel. See Appendix 6 for the LDIS partnership logo.

Templates to guide the LDIS panel in their creation of drug alerts can be found within appendix 5.

It should be noted that some information warrants sharing with other strategic agencies. These include:

- Novel psychoactive substances should be shared with OHID at https://report-illicit-drug-reaction.phe.gov.uk/
- Local information with regional or national connotations should be shared with OHID at the conclusion of stage 2 at https://report-illicit-drug-reaction.phe.gov.uk/.

Responding to neighbouring local authority alerts

Where alerts from neighbouring local authority public health and/or drug and alcohol services are received i.e. Devon county council / Together drug and alcohol services or Plymouth council / harbour drug and alcohol services, the LDIS co-ordinator should follow the protocol above, requesting intelligence from stage 1 stakeholders to help assess whether there is any evidence of a localised threat requiring a Torbay specific alert. If there is no intelligence received to support evidence of the threat locally, alert details should be shared with local drug and alcohol services for information only. This is to ensure as providers they are aware of the threat and to support the delivery of harm reduction messaging as appropriate within service delivery. A template example has been provided in Appendix 2. Where alerts are received from wider South West peninsular councils and/or drug and alcohol teams, the details of these alerts should be shared for information purposes only to the drug and alcohol service and to wider stakeholders via the drug harm reduction panel and Torbay Drug and Alcohol partnership. This will ensure accurate description of the events and threat and the opportunity to manage any fear and/or anxiety across local partnerships / services appropriately.

Out of Hours response

Where intelligence is received by the LDIS partnership panel mailbox outside of normal working hours (Mon-Fri, 9-5) the LDIS Co-ordinator will review and respond to the intelligence on the next available working day and in line with the timeframes outlined above.

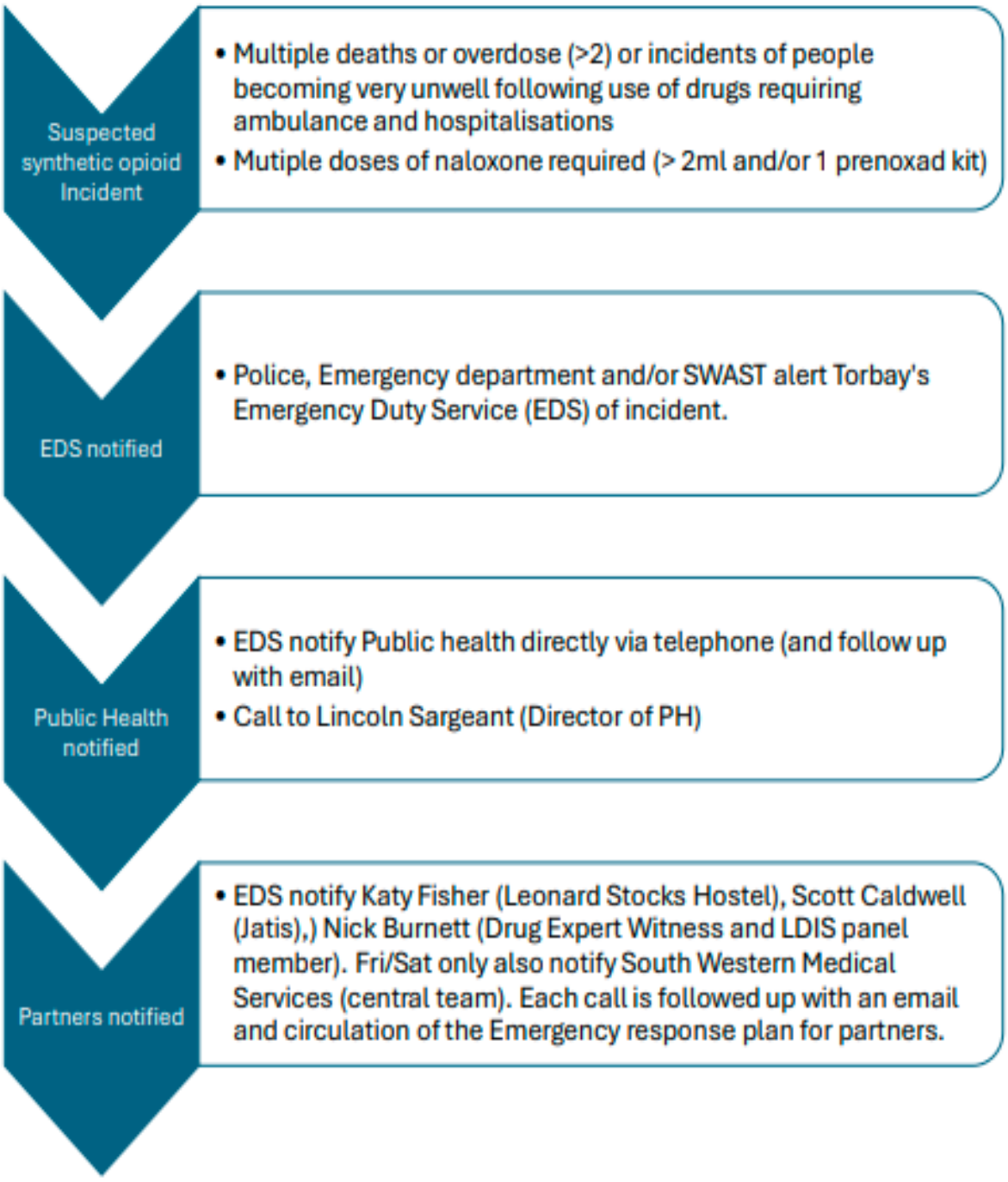
Where there is evidence of 2 or more individuals significantly harmed due to their use of a drug circulating in Torbay i.e. where the harm experienced has resulted in a non-fatal or fatal overdose, emergency services (South West Ambulance Service, Devon and Cornwall Police and/or Torbay Hospital's Emergency Department) should report this via Torbay's Emergency Duty Service on 0300 456 4876. You can access Torbay's out of hours emergency response Action card by following link below

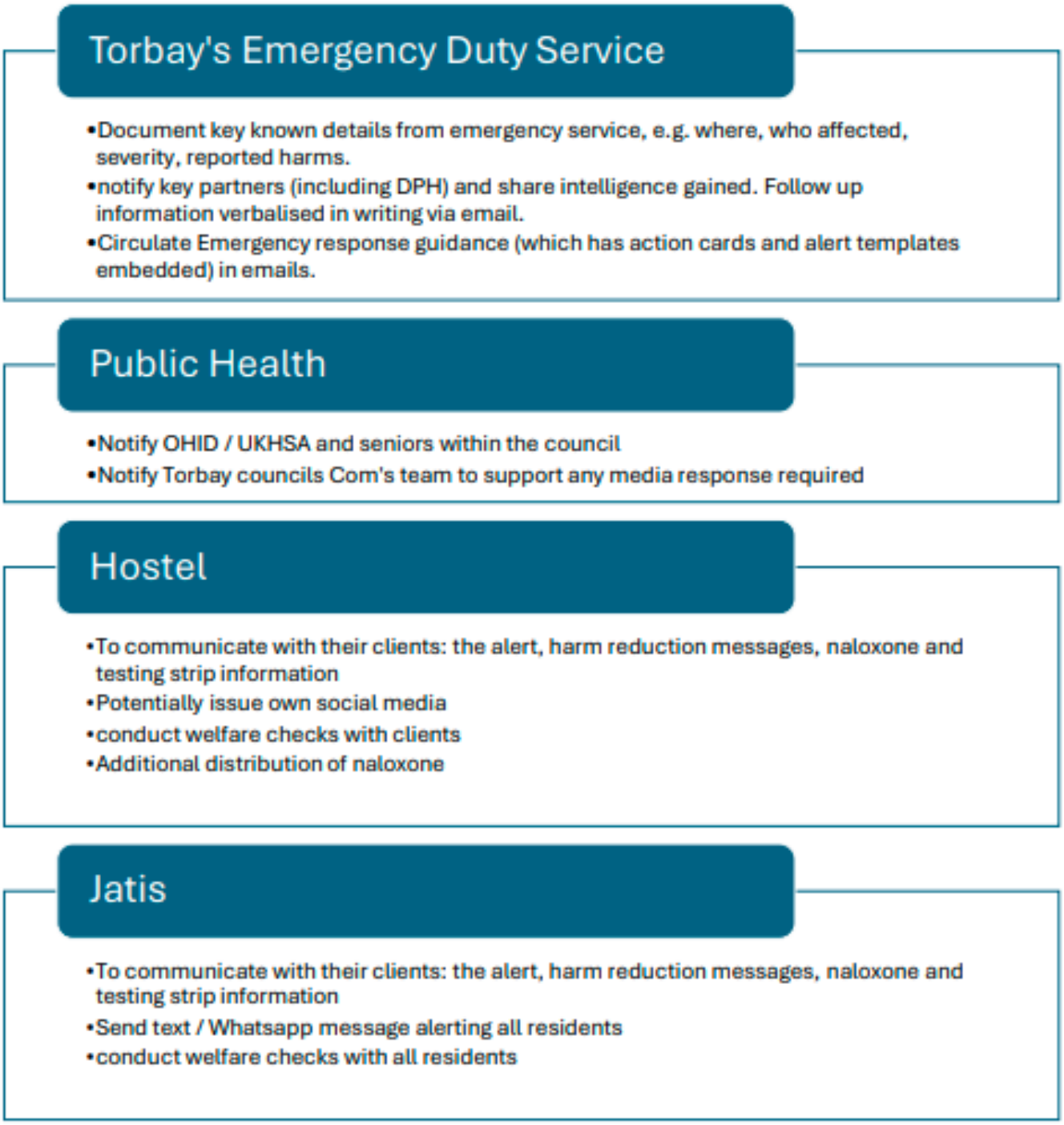
- ACTION RECOVERY CARDS - Synthetic Opiod response planning V2.xlsx

TORBAY SYNTHETIC OPIOID PUBLIC HEALTH OPERATIONAL RESPONSE

See Emergency response for full plan

The following process is written specifically for an out of hours response (mid-week after 5pm and weekends). See Torbay's in hours emergency response plan for the response to incidents reported Monday- Friday 9am -5pm.





Please note: In the case of a formal drug alert, alerts will ordinarily be 'live' for 12 weeks, from date of publication. Stakeholders to stage 3 of this LDIS SOP will be informed of the date each alert will close, when the alert is issued. However, at the discretion of the LDIS partnership Panel, the life of an alert may be extended if further intelligence warrants. This information is covered in the suggested email narrative examples (see Appendix 2).

After 12 weeks, the alert will be classed as 'closed'. If further similar information is received after the 12-week period, the whole process beginning at stage 1 will be put into action. The LDIS Co-ordinator does not need to end the alert as stakeholders will remain responsible for this.

Governance

It is important for the LDIS co-ordinator to keep a clear audit trail to demonstrate how intelligence is responded to when it is received. The intelligence recording spreadsheet (see Appendix 3) has a tab titled 'Audit Trail' which supports the LDIS co-ordinator to keep a record of dates associated with key stages of the LDIS process. It is important to include any supporting information regarding any decisions made to navigate away

from the process, with the rationale to defend this decision. The LDIS co-ordinator should also record the names of panel members involved with supporting the decision-making process within the spreadsheet.

Health Protection: Infectious disease and Drug use

If intelligence is received by any member of the LDIS partnership panel with information expressing threats to individual and/or population health due to infectious disease, the panel member must relay the following advice to the reporter.

1. **Supporting the potentially infected individual.**
   Advise the reporting individual to liaise with the potentially infected individual and/or service user representative (where appropriate) to explain the individual will need to receive a medical intervention and will need to be seen by their GP for assessment and diagnosis.

2. **Notifying the UK Health Security Agency (UKHSA, previously Public Health England).**
   Advise the reporting individual they will need to notify the UKHSA with details of the suspected / confirmed case and where required, LDIS members should share contact information to support the individual to follow this process (see below for contact information). **Note:** This is only required where the reporting individual is either a registered medical professional and/or a clinician.

Contacting UKHSA

If the UK Heath Security Agency (UKHSA, previously Public Health England) are not already aware of the case, the reporter should share details of notifiable infections to UKHSA on 0300 303 8162 or via: swhpt@phe.gov.uk

The UKHSA will advise on measures to control and prevent the spread of infection including any communications for staff, other clients, and family members. The UKHSA will also notify the Torbay LA Public Health, Health Protection Team via the Public Health Mailbox on publichealth@torbay.gov.uk. LDIS panel members may be required to support with providing harm reduction advice to support such communications.

Common infections among people who inject drugs include:

- iGAS, (Invasive group A streptococci)
- Sepsis
- Botulism
- Tetanus
- Hepatitis A, B and C
- Tuberculosis

A more comprehensive list of notifiable diseases can be found here.

For more information individuals can be directed to the following sites:
People who inject drugs: infection risks, guidance and data - GOV.UK (www.gov.uk)

For a list of notifiable diseases see here:

Notifiable diseases and causative organisms: how to report - GOV.UK (www.gov.uk)

Governance of this LDIS SOP

This SOP has been ratified for use as follows:

Business and Governance Meeting: 20th December 2021

Record of decision (DPH) 20th December 2021

Themes of the alerts and information bulletins resulting from the operation of this SOP will be reviewed on a regular basis by the Public Health Specialist for Drugs and Alcohol, Torbay Public Health Team.

A record of any lessons learnt will be made and a note of any onward mitigating actions will be recorded to help inform future practice. This is the responsibility of the LDIS Co-ordinator and will be in a format that can be shared and owned by stakeholders to the process.

This SOP will be reviewed after 2 years, or earlier if new national guidance is issued.

Authors of this document

Natasha Reed – Public Health Specialist, Torbay Public Health team

Reviews and updates:

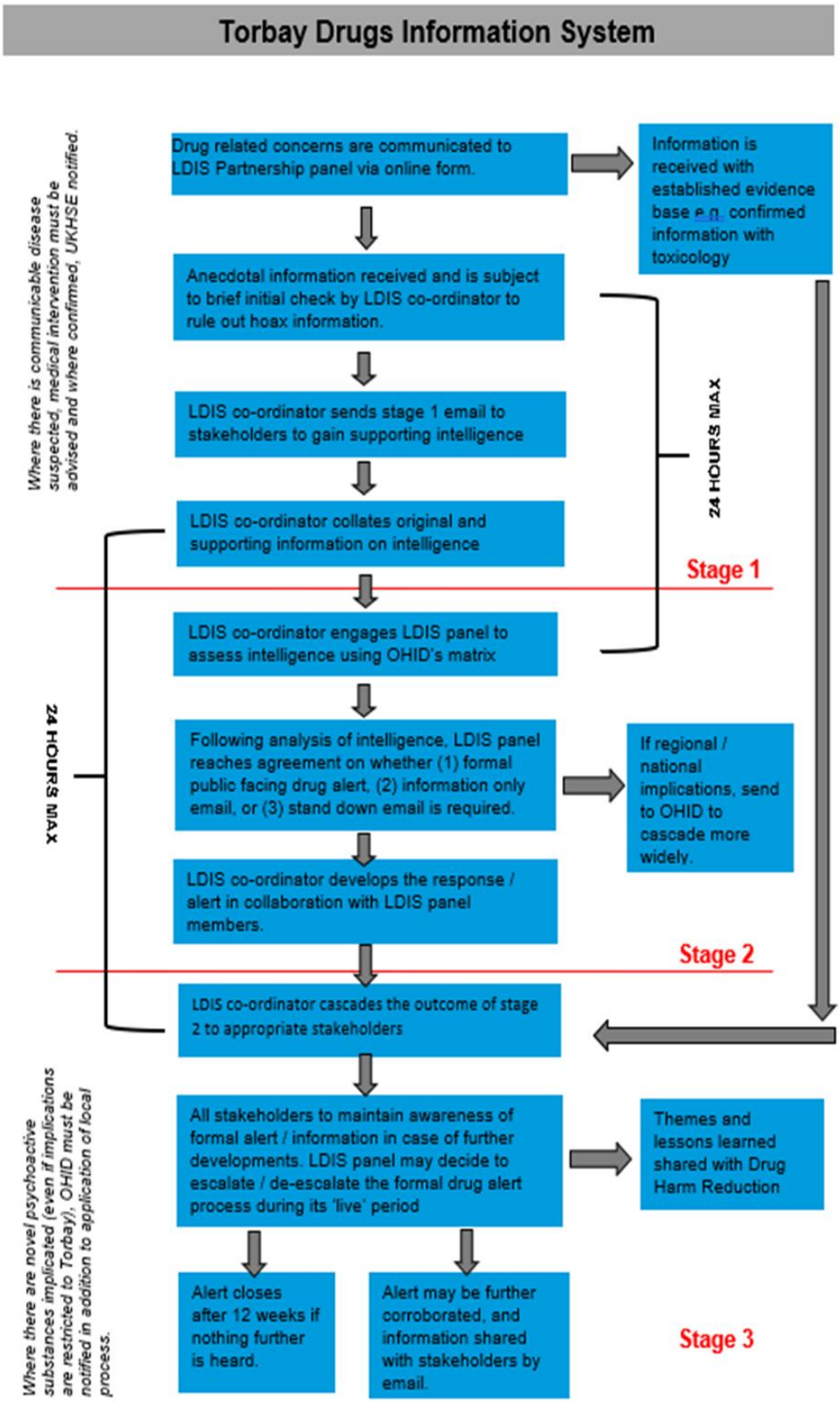
10th November 2021 and updated with new OHID contact details on 5th August 2022

2nd June 2023 updated with new distribution list attachment

July 2025 updated with Out of Hours process embedded

6th Feb 2026 updated with changes to LDIS panel members – TRI and YP D&A service.

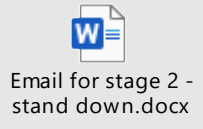
Appendix 1: Flow Diagram of the Local Drug Information Alert process for Torbay



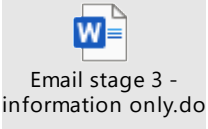
Appendix 2: Template email correspondence to stakeholders

- A stage 1 template letter can be found here

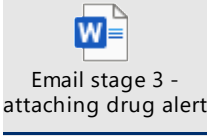
- A proposed stand down template email can be found here



- A proposed 'Information only' email can be found here



- A proposed email attaching a formal drug alert can be found here



- A proposed email responding to a neighbouring LA alert can be found here

- A proposed stand down email responding to a neighbouring LA alert can be found here

Appendix 3: Intelligence recording template spreadsheet

TEMPLATE LDIS
Intelligence grading

Appendix 4: Names and Contact details of stakeholders at each stage of the LDIS process

Available in the Public Health drive: Drugs_Alcohol > LDIS > Distribution List for LDIS 2026

Appendix 5: Drug Alert Templates

- **Benzodiazepine**

TEMPLATE Drug
Alert Poster BENZOD

- **Blue Valium**

TEMPLATE Drug
Alert Poster BLUE VA

- **Heroin Putty**

TEMPLATE Drug
Alert Poster HEROIN

- **Contaminated Heroin**

TEMPLATE Drug
Alert Poster HEROIN

- **High Strength / Contaminated**

TEMPLATE Drug Alert Poster HIGH ST

- **NPS**

TEMPLATE Drug Alert Poster SYNTHE

Appendix 6: LDIS Partnership Logo

Appendix 7

Questions for the LDIS co-ordinator to consider when deciding whether to send a stage 1 request for intel from the intelligence received.

- Are you confident from the report that the harm experienced is directly linked to the substance taken?

- Is it possible the harm could be caused by personal factors as opposed to the drug itself e.g.
  - Is it possible the harm could be due to polydrug use?
  - Was the affected individual someone who may have a lower tolerance e.g. prison release/hospital discharge / recently detoxed / completed res rehab / relapse?
  - Are their compounding factors affecting the individual leading to this harm as opposed to the drug of concern e.g. physical health complications / medication interactions

- Was the harmed individual able to describe how the effect of the drug was different from expected?

- Is there enough information provided to support an email communication to stage 1 stakeholders to know what they are looking for / requiring to feedback to public health about (if it is difficult to develop the stage 1 email, it is likely further details are required and the LDIS co-ordinator should go back to the reporter to seek additional information / further clarification).

- From the information provided are their concerns there is a risk to others using this substance or does the evidence indicate it is most likely individual / personalised factors that led to the harm?

Appendix 2: Torbay's Synthetic Opioid Out of Hours Operational Response

TORBAY SYNTHETIC OPIOID PUBLIC HEALTH OPERATIONAL RESPONSE

See Emergency response for full plan

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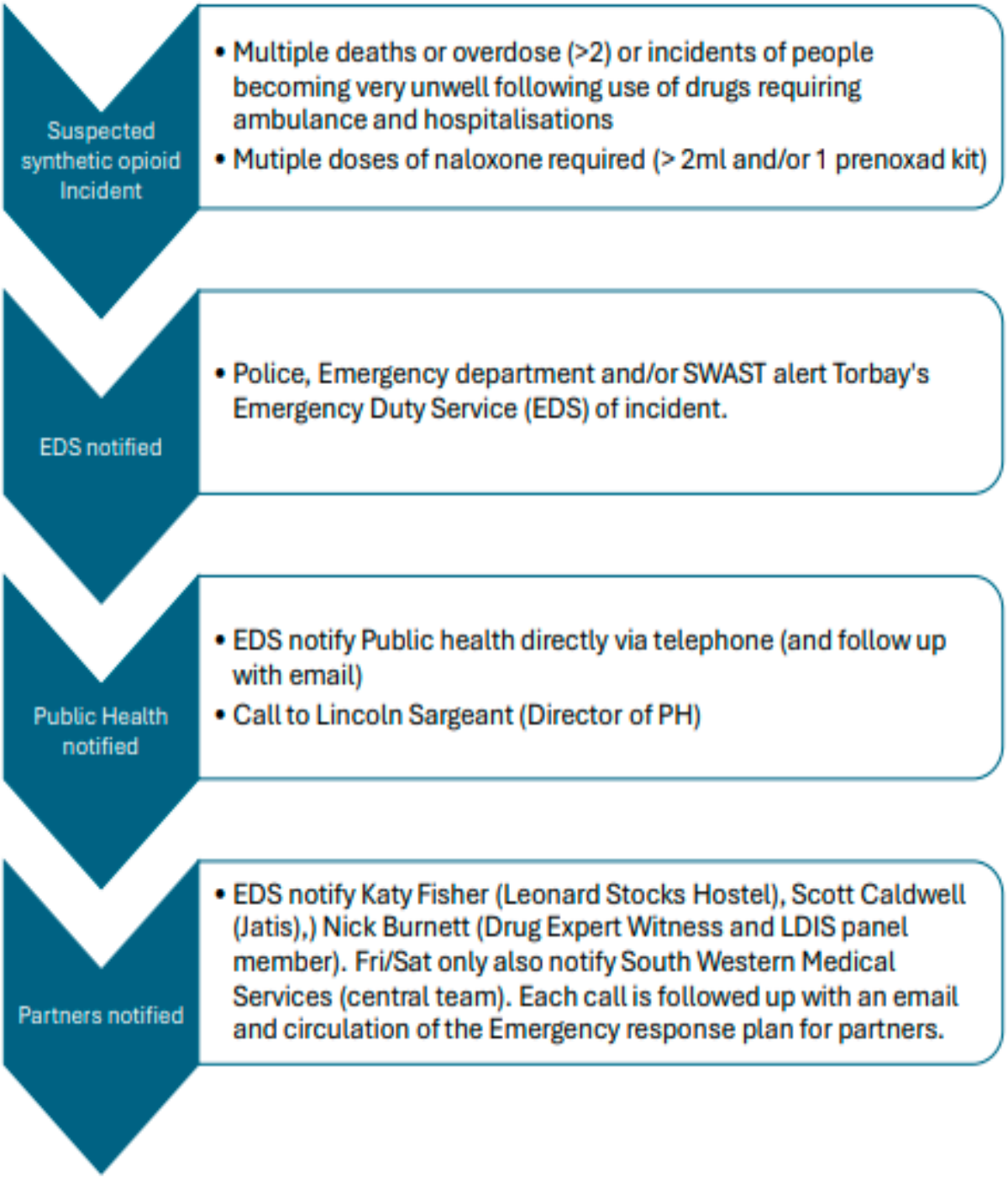

Torbay's Emergency Duty Service

- Document key known details from emergency service, e.g. where, who affected, severity, reported harms.
- notify key partners (including DPH) and share intelligence gained. Follow up information verbalised in writing via email.
- Circulate Emergency response guidance (which has action cards and alert templates embedded) in emails.

Public Health

- Notify OHID / UKHSA and seniors within the council
- Notify Torbay councils Com's team to support any media response required

Hostel

- To communicate with their clients: the alert, harm reduction messages, naloxone and testing strip information
- Potentially issue own social media
- conduct welfare checks with clients
- Additional distribution of naloxone

Jatis

- To communicate with their clients: the alert, harm reduction messages, naloxone and testing strip information
- Send text / Whatsapp message alerting all residents
- conduct welfare checks with all residents