Information arrives with evidence base

already established

 e.g. confirmed toxicology report

**SAME DAY**

Alert may be further corroborated and information shared with stakeholders by email

Alert closes after 12 weeks, if nothing further is heard



Torbay oversight of themes and lessons learned to Drugs Harm Reduction Panel

All stakeholders to maintain awareness of formal alert/information in case of further developments. LDIS Co-ordinator may escalate or de-escalate the formal alert during its ‘live’ period

LDIS Co-ordinator collates both the original and supporting information on spreadsheet

*1. Where there is novel psychoactive substance implicated (even if implications are restricted to Torbay) LDIS Co-ordinator will inform PHE in addition to application of local process*

*2. Where there is notifiable communicable disease suspected, the most appropriate registered medical practitioner to assume responsibility notifying PHE*

If regional or national implications, send to PHE to cascade more widely

**Stage 3**

**Stage 2**

**Stage 1**

Drug related concerns are communicated to PH team/s via online form

‘Anecdotal’ information received and is subject to brief initial check by LDIS Co-ordinator to rule out ‘hoax’ information

LDIS Co-ordinator sends stage 1 email to stakeholders to gain additional information around the original alert

LDIS Co-ordinator cascades the outcome of stage 2 to appropriate stakeholders

LDIS co-ordinator engages LDIS panel to assess original and additional supporting information using PHE assessment tools

Following analysis of intelligence, LDIS panel reaches agreement on whether (1) formal public facing drug alert, (2) ‘information only’ email, or (3) ‘stand down’ email is required

**48 HOURS MAX**

**Torbay Drugs Information System**