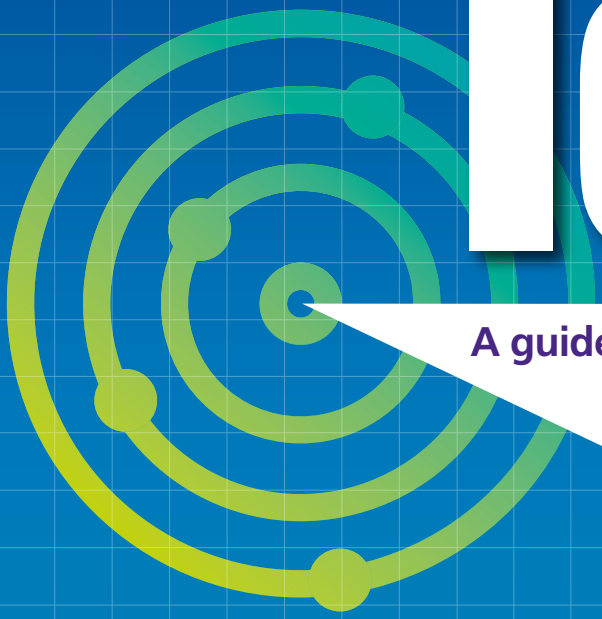
RADAR local

A guide to local drug early warning systems



Public Health Scotland

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Contents

Purpose

This document provides local areas with guidance on how to build and operate their own local early warning system (LEWS) to enable effective local response to reduce drug-related harms.

The suggested processes are designed to be flexible and can be selected and adapted to suit the differing needs of local areas. The term 'local area' refers to the territorial NHS board.

This guide covers:

1. Drug surveillance

- Surveillance and early warning systems (EWS)
- National and local EWS
- Roles and responsibilities

2. Building a LEWS

- Components of a LEWS
- How to establish a LEWS

3. Operating a LEWS

- Monitoring, validating, assessing and logging intelligence
- How RADAR shares information with local areas
- Information sharing with RADAR

4. Local action and response

- What to do when a response is, and is not, required
- Response options, including communication and alerts, and health protection situations

How to use this guide

The processes and components in this guide are not prescriptive. Areas can use the elements they need to build a LEWS. Not every component may be possible or necessary to implement for all. This guide has been designed to be flexible and adaptable to suit local needs. You can download editable versions of the templates that are in the appendices from **publichealthscotland.scot/RADARlocal**

As you work through this guide, use the standard operating procedure (SOP) template in appendix 1 to record your own processes and contacts.

This document and these processes will be evaluated and reviewed as surveillance systems develop. You can send feedback or questions to **phs.drugsradar@phs.scot**

1 Drug surveillance

Section overview

This section defines surveillance and describes the roles and responsibilities of local and national early warning systems.

What is drug surveillance?

Drug surveillance is the monitoring and assessment of information to identify risks and take action to reduce harms in the immediate, medium or long term.

Surveillance provides a way to collect, assess and communicate information, such as changes to the drug supply, patterns of use or the emergence of drugs that are new or novel, potent, adulterated or contaminated.

What is a drugs early warning system?

The United Nations Office on Drugs and Crime (UNODC) defines a drugs early warning system as 'a multidisciplinary, inter-institutional network which enables information exchange among key actors, which are directly or indirectly involved in the field of drugs. An EWS aims to identify early on events of emerging drugs that pose a potential threat to public health.'

An EWS provides the infrastructure to collect and share information on drug trends and harms in a coordinated way by using a consistent process to monitor, assess and respond. There are four principal stages of surveillance: monitoring, validation, assessment and communication.

National early warning systems

Rapid Action Drug Alerts and Response (RADAR) is Scotland's national drugs early warning system. Public Health Scotland (PHS) coordinates the collaborative, multi-agency programme.

RADAR validates, assesses and shares information to reduce the risk of drug-related harm by:

- identifying new and emerging harms
- developing responses to the emergence of new substances

- reviewing evidence to determine an appropriate response
- advising on interventions and immediate harm prevention and control measures specific to the substance(s)
- informing decision-making about resources and services
- publishing accessible information on treatment, harms and drug trends, including alerts and quarterly reports
- publicly sharing information, alerts and communications online and via the network.

RADAR provides national drug surveillance while supporting, connecting and advising local systems. It does not supersede local drug surveillance processes. It works in collaboration with local areas by:

- providing a coordinated and systematic approach to assessing, communicating and responding to drug harms to allow for comparison and meaningful conclusions
- providing practical support to ensure consistency, including guidance documents, harm reduction advice, interventions and toolkits
- supporting areas in their drug-trend monitoring, such as attending local groups and helping to inform response when required
- sharing reports made to RADAR with the relevant area. For example, if a member of the public or a service in Lanarkshire reported an incident directly to RADAR, we would share this back to the Lanarkshire RADAR key contacts.

Local early warning systems

Communities are at the heart of a local early warning system (LEWS). Local leadership, knowledge and context are central to early identification and successful response.

The ambition is for a Scotland-wide network of LEWS, that operate in a consistent way to meet the needs of the local area.

In Scotland, many areas already have mechanisms for drug surveillance in place, such as communication or alert protocols and drug trend monitoring groups (DTMGs) or similar. RADAR encourages local areas to make the most of what they already have in place by formalising and maximising their current surveillance groups and processes.

How does it work?

1 Monitoring

Local intelligence can come from a range of sources such as reports from the public, police, services, RADAR, media, other LEWS or local surveillance groups. It can also come from data from toxicology, healthcare and treatment services.

2 Validation

To better understand the accuracy of reports and intelligence received, consider:

- context
- toxicology
- source
- other reports and evidence
- contacting RADAR for similar reports and national data.

If information cannot be validated, then continue to monitor or investigate further through targeted surveys or requests.

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RADAR is Scotland's national drugs early warning system to monitor, assess and respond to drug harms. It coordinates national data and intelligence and works in collaboration with LEWS.

Harms at a local and national level can be assessed and managed by following these four steps:

3 Assessment

If information can be validated, assessment should consider the level of potential risk and decide on appropriate actions by the LEWS. Further investigation and evidence gathering is usually required. Involving RADAR at this stage is recommended if you have not already.

This step can usually be done within the local surveillance group, if assessing routine reports such as trends. A formal group, such as a problem assessment group (PAG) or incident management team (IMT), may be convened when assessing a health protection incident.

If there is no immediate response required at this stage, the assessment and outcome should be recorded locally. Continue monitoring and set a review date to consider any new information with the local group.

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4 Response and communication

If action is required, a response is agreed by the local group and should be shared with key people, including services and RADAR.

A response may include, but is not limited to:

- creating alerts or information summaries
- increasing local outreach
- providing staff awareness and training.

What are local and national roles and responsibilities?

National and local surveillance systems have different roles and responsibilities.

The Director of Public Health and NHS boards are the leads for protecting health in their area. They are responsible for the overall integrity of the arrangements and planning for public health incidents, operational management and the effectiveness of the incident response within the board area. Further guidance on incident management, and roles and responsibilities, is contained within the 'Management of public health incidents' guidance at **publichealthscotland.scot/nhsincidentmanagement**

PHS may lead or co-lead a national response and incident management in a Scotland-wide incident, an incident spanning more than one NHS board, or in a situation where significant levels of harm have occurred.

Example

If there was a cluster of overdoses linked to blue pills in Aberdeen, which RADAR confirms is currently specific to this area, NHS Grampian would be the NHS board leading the response.

If there was a cluster of overdoses linked to blue pills in Aberdeen, Dundee and Inverness that were thought to be linked, RADAR would lead the response in collaboration with NHS Grampian, NHS Tayside and NHS Highland.

Benefits and role of national and local systems

Both systems

- Provide consistent and efficient processes for monitoring, assessing and communicating information.
- Ensure high-quality, effective information reaches the right people rapidly.
- National and local systems feed into each other and are interdependent. By having both systems working well, it can improve the quality of the information and evidence available to reduce harm.

National systems

- Provide national data to inform action.
- Share consistent information across the country.
- Provide coordination for multi-board incidents.
- Act as a point of contact for drug surveillance and expertise.
- Systematically assess information, allowing for comparability at a national level.
- Allow integration with international networks.
- Enable and support areas to respond to local trends and incidents.
- Provide a network where people can receive drug-related information.

Local systems

- Strengthen local information and actions.
- Share information with the workforce.
- Connect with services to inform people who use drugs, and the peers and families of those at risk.
- Connect key services to make communication and emergency response easier.
- Connect a network of local experts.
- Respond to harms in their area, which may be different to the national picture.
- Set thresholds for action to suit the needs of the local area, which are different across the country.
- Local areas know their own communities, making them effective at responding to local harms.

2 Building a local early warning system – the key components

Section overview

This section describes how to set up the components of a local early warning system (LEWS).

The components in this section can be selected, adapted and implemented to suit local needs.

Use the SOP template in appendix 1 to record the details of your LEWS components.

The LEWS is the overarching surveillance system in each local area. An optimal LEWS is made up of three key components:

1. **Contacts** (section 2)
2. **Groups** (section 2)
3. **Processes** (section 3)

Areas may already have mechanisms for drug surveillance in place, such as local leads, communication or alert protocols, drug trend monitoring groups or similar. This guidance does not supersede or intend to exclude current arrangements that already work well, but aims to strengthen them by:

- formalising and documenting current arrangements
- identifying individuals with a remit for surveillance
- linking up local and national EWS
- connecting LEWS with other areas
- utilising and maximising existing groups and processes.

The minimum components that RADAR strongly recommend having are:

- RADAR key contacts signed up to the RADAR network
- a local dissemination list.

Contacts and communication

This section covers the contacts and communication elements of a LEWS, including:

- RADAR key contacts
- local dissemination and contact lists
- local surveillance mailbox.

RADAR key contacts

Who are key contacts?

RADAR key contacts are the link between the national and local systems. They are sent reports received by RADAR related to their local area, as a central communication point.

Competencies and functions of being a RADAR key contact include:

- being connected with multi-agency drug and alcohol networks
- being connected with local public health and health protection teams
- sufficient expertise to assess harm and recommended actions, or lead a group to do so
- the ability to authorise, or coordinate authorisation, and disseminate local information
- working with different partners related to surveillance.

Areas can also appoint one of the key contacts to be a lead. The lead may be a suitably experienced and senior person(s) designated to coordinate the local systems, processes and communications. The role may vary by area and may currently exist.

The number of key contacts will vary by area. It is recommended to have one for each ADP area within the NHS board (if applicable).

Examples of local key contact roles include:

- public health consultant
- alcohol and drug partnership (ADP) lead or coordinator
- NHS health improvement lead
- drug death review coordinator
- substance use pharmacist
- drug treatment service staff
- police
- any staff responsible for drug trend monitoring or public health surveillance.

Local areas should inform RADAR of any changes to their key contact details. To update a key contact, email **phs.drugsradar@phs.scot**

What do key contacts do?

- **Receive reports that have been submitted to RADAR from their local area.** They will be sent any information or reports submitted to RADAR from their local area, usually within three working days of RADAR receiving the report.
- **Be a member of the RADAR network.** They should sign up at **publichealthscotland.scot/radar/#section-4** to receive national communications and intelligence. They should coordinate information sharing from RADAR to the local dissemination list and the local group (if applicable).
- **Review reports and information.** They will have responsibility for the initial review of local reports from RADAR and information submitted to the LEWS.
- **Have responsibility for the local surveillance mailbox and log.** They should have access to the local drug surveillance inbox (section 2) and local log (section 3). They might have administration or secretariat support to maintain the inbox and log. This will vary by area.
- **Be a member of the local surveillance group.** If the LEWS has a surveillance group, the key contacts should be members.

Example

1. RADAR receives a report from a drug service in Glasgow that bromazolam has been mis-sold as etizolam.
2. RADAR sends the report to key contacts from NHS Greater Glasgow and Clyde (NHS GGC).
3. Key contacts from NHS GGC review the information. They add it to their local log and assess the information during a local surveillance group meeting.

Local dissemination list

What is a local dissemination list and how is it used?

It is a list of contacts in the local area that should receive communications, such as alerts, drug-trend information and response outcomes.

Establishing contacts in advance:

- ✓ ensures information reaches the right people consistently
- ✓ saves time identifying key partners in an emergency
- ✓ minimises duplication and multiple communications from different sources.

Who should be on the local dissemination list?

Consider if there was a significant incident in your area, or a new drug on the market causing harm – who would you want to tell?

By assigning the contacts by sector (for example, drug service, primary care, youth organisation, education) or making sure you can select certain people from the list, it will ensure all appropriate sectors are represented.

Local contacts may include:

- ambulance
- community pharmacy
- drug services
- local surveillance group members
- education
- emergency department and hospital ward staff

- housing and homelessness services
- justice settings
- lived experience networks
- local public health and health protection teams
- pathology
- police
- primary and secondary care
- prisons
- social work
- toxicology (analysis)
- youth work.

Record the following details from the contacts:

- name
- job role
- organisation
- sector (for example drug service, primary care, education or youth work)
- email
- phone number.

Local surveillance mailbox

A generic mailbox can act as a central point of communication for the LEWS to send and receive information. It can streamline communication by keeping it all in one place, making it easy to retrieve information too. All RADAR key contacts should have access, plus any administration staff who may manage the mailbox on their behalf.

The mailbox can be promoted as a route to receive local reports and intelligence (see section 3 on local monitoring). It can also be a central place for RADAR to send reports (in addition to the key contacts).

If a generic mailbox is created, it is recommended that an automatic reply is set. This reply should let people know the report has been received, that it will be reviewed and that, if any further communication is needed, someone will be back in touch.

Local surveillance groups

Having a local surveillance group can optimise and coordinate action on drug surveillance. There may be a group that already does this, or its function can be embedded in an existing group. A key feature of these groups is that they can respond, as well as monitor drug trends and emerging harms.

These groups will look different all over the country and may have different names such as:

- Drug trend monitoring group (DTMG)
- Drug information sharing group
- Local drug information panel
- Drug surveillance and response network

What are local surveillance groups?

They are multi-disciplinary, NHS board-wide networks whose purpose is to regularly monitor, share and assess drug-related information. The scope and remit of most groups evolves over time and will vary in each area.

Initial validation and assessment of information can be done within the group as well as responding to emerging harms, new drugs and trends, and planning for the future.

In the event of a health protection incident, a problem assessment group (PAG) or incident management team (IMT) may be convened to coordinate a response.

These groups follow a formal public health process that each local area will already have established, therefore this guidance will not cover these processes in detail. They are led by local public health teams.

Make sure the local surveillance group is well connected with public health and health protection teams by having a colleague sit on the local group or become a RADAR key contact.

For more information on public health incidents and processes, see section 4.

What are the benefits of having a local surveillance group

The benefits of having a formal group include:

- providing a dedicated point of contact for people and services to send information
- bringing together a local network and building relationships between partners
- giving an NHS board-wide perspective from a range of individuals
- providing a coordinated way of monitoring drug harms, identifying incidents and responding if required
- increasing knowledge, awareness and confidence of staff and services in the group
- coordinating easily with a national system
- creating links with local public health and ADP teams
- aiding in the development and adaption of services in response to changing needs of the population.

How to set up a local surveillance group

See appendix 1, section 3 for a checklist to set up a local surveillance group.

Step 1: Appoint a chair and secretariat

- They are normally the lead for surveillance locally, commonly the ADP lead or coordinator or public health consultant, but it varies by area. It is recommended someone with senior strategic responsibilities is chair of the group.
- They should also be a RADAR key contact.
- There should be an agreed secretariat for minutes, agenda setting, agenda circulation and membership list maintenance.

Step 2: Agree membership

- There should be representation from all ADP areas within the NHS board on the group (if applicable).
- Membership should be varied, but by keeping it specific and making sure each member has a clear role and purpose, it will be easier to keep decision-making manageable.
- Members can have deputies to attend in their place.
- It is helpful to have management staff, as well as frontline staff on the group.

Core membership may include:

- ADP lead or coordinator(s)
- drug death review coordinator
- public health consultant with a remit for drugs
- police
- drug service staff (NHS and commissioned voluntary sector).

Other locally relevant members may include toxicology, pharmacy, ambulance, mental health, primary and secondary care, custody settings and education.

It may be appropriate to invite additional members on an ad-hoc basis depending on the topic of the meetings.

Step 3: Create terms of reference

- See appendix 3 for a terms of reference template.
- Terms of reference (ToR) define the purpose, structures and processes of a group, including:
    - **Frequency.** This should be decided by the local group. Some existing groups meet periodically (e.g. quarterly, six-monthly). The benefit of this is regular information sharing that can contribute to rapid detection of issues. It may be necessary to also convene ad-hoc meetings in response to intelligence or incidents.
    - **Remit and governance.** Decide the remit and scope of the group. Consider who the group are accountable to and who they report to.
    - **Format.** Agree a standing agenda and who can regularly input by sharing local intelligence. This might include police, drug services and other partners involved in surveillance.
- See appendix 2 for a standing agenda template.

Step 4: Approve processes and ToRs

- Local processes for monitoring, assessing and responding should be recorded within the group.
- These can be added to and amended over time.
- They can be recorded in the local SOP template in appendix 1.

See appendix 4 for a checklist for how to run a local surveillance group. It includes the recommended steps before, during and after a group meeting. They are flexible and can be amended to suit local needs.

3 Operating a local surveillance system

Section overview

This section describes the processes for operating a LEWS, including how to monitor, validate, assess, log and share information.

It is designed to support local areas to develop or refine processes. Not all components must be adopted – they are flexible.

Local monitoring

Local areas can monitor and collate intelligence through a range of sources, such as:

- local analytical teams
- local drug service and healthcare staff
- national statistics
- other LEWS
- emails to local mailbox
- reporting form submissions
- meetings where drug information may be shared opportunistically, or purposefully
- news or media outlets

Reporting and active intelligence gathering

Local areas can decide on the most suitable way of receiving reports and intelligence. Options include:

1. Creating a reporting form that can be used to submit reports directly to the LEWS. appendix 5 for a reporting form template.
2. Encouraging the use of the local surveillance mailbox to receive reports and intelligence.
3. Encouraging reports to be made via RADAR reporting form, RADAR will then pass back to the local area.

If option 3 is chosen as the main reporting method, the LEWS should promote the RADAR reporting form with local services and contacts.

By providing RADAR as a central point of contact, we can:

- ✓ make it easier for people to report concerns or issues
- ✓ build a picture nationally
- ✓ share relevant reports to local area contacts.

RADAR will share all reports submitted back to the relevant local area, regardless of whether they pick number 3 as their main reporting route.

RADAR will share these reports via the key contacts and local surveillance mailbox (if applicable).

When receiving information, it is recommended to ask for the following details:

- ✓ Summary of incident or trend
- ✓ Whether a report is made on first or second-hand information, for example made on behalf of service users, family members, clients or patients
- ✓ Postcodes and/or location of report
- ✓ Demographic information
- ✓ Contact email address (of person making report)
- ✓ Name of the drug plus any street or slang names
- ✓ Description of appearance
- ✓ Description of the substance
- ✓ Effects of taking the substance
- ✓ Setting (for example: in school, prison or nightclub)

- × **Do not collect** patient identifiable information, such as community health index (CHI) number
- × **Do not collect** personal information of those involved, such as name, date of birth, phone number or street address

How RADAR shares intelligence and reports

RADAR shares intelligence with local areas in three main ways:

1. **To RADAR key contacts and surveillance mailbox.**

> We will share any reports made to RADAR, to the key contacts within three working days.

2. **In the RADAR quarterly report (QR).** A summary of validated reports from across Scotland is presented by location every three months in the QR. This information is shared for awareness and can be discussed at local groups.

3. **Ad-hoc requests by the local area.** The area may request ad-hoc intelligence from RADAR to validate or assess information, or to prepare for a local surveillance group.

Sharing information with RADAR

Anyone (including the public and services) can report to RADAR anonymously using the:

1. Reporting form (digital or hard copy, scanned and emailed to us). This method is recommended for standard reports of new drugs, adverse effects, drug trends in your area, or potent drugs. You can find the digital form here: **publichealthscotland.scot/reporttoRADAR**

   Or the PDF version to print a hard copy here: **publichealthscotland.scot/publications/radar-reporting-form/**

2. Mailbox **phs.drugsradar@phs.scot**
   This is recommended for reporting more complex issues or reports.

What to report to RADAR?

RADAR is interested in receiving reports of trends and harms related to all psychoactive or performance and image enhancing drugs, regardless of legal status. Reports may relate to:

- current drug trends, specifically any changes or possible patterns
- contaminated substances
- adulterated drugs
- very pure or potent drugs
- new or novel drugs
- fake or counterfeit drugs.

Which are thought to have caused, or have the potential to cause:

- adverse health or mental health effects
- serious harm
- infection
- hospitalisation
- death.

Encouraging staff working in services and community members to report

Services and members of the public are encouraged to submit reports. Service staff should consider how to support service users to report to RADAR or the LEWS. They can do this by:

- filling in a reporting form on their behalf
- helping people to fill in a reporting form themselves online
- supplying a printable version of the form, then scanning in the completed form and emailing it to RADAR.

Local validation and assessment

Local areas will validate and assess reports and information they receive. The following sections provide advice and tools to support this process, with the aim of areas adopting what they find useful.

The processes and decision will be context dependant. Validation and assessment should be done in collaboration with local group members or other key contacts.

Validation

The validation and assessment template in appendix 6 provides a systematic way to assess the validity of information and record the evidence, aiding decision-making.

To validate reports received by the local area, check the accuracy and importance of the information received by considering:

- **Accuracy**
  - Is it plausible? Does it make sense?
  - Look online for briefings, relevant data or risk assessments.
  - Contact an expert or someone with knowledge of the issue.
- **Context**
  - Is it a known trend?
  - Is it relevant locally?
  - Are there other reports? Contact other areas, look online for similar reports or alerts, search online user groups and forums for relevant experiences.
  - Contact RADAR to check for any similar intelligence or reports from other areas. If an incident or trend affects more than one local area, RADAR may issue a regional or national alert.
- **Toxicology**
  - Is forensic information available?
- **Source**
  - Is it from a credible source?
  - Can you trace the source of the original alert? Is it first hand?
  - Check with the specific services involved.
  - Ensure the reporting form is completed and ask for additional information if available.

If information cannot be validated – for example it cannot be checked, it is deemed not to be significant enough, or the answers to the questions above or in the template are generally 'no' – record it in the local log and continue to monitor.

Further investigation may be required through targeted requests or enhanced surveys.

If information can be validated – for example it is checked and found to be accurate, backed up with toxicology data, or there is significant risk of harm – move to the assessment stage.

Assessment

If the intelligence requires further investigation, local assessment should be done to consider the level of potential risk and decide on appropriate actions. Further investigation and evidence gathering is usually required.

Local areas are responsible for deciding their own threshold for action based on the harm and risk associated with an incident or trend. This will vary across the country and is informed by a range of factors, including the incident at hand. In most scenarios, the response can be managed locally in coordination with their local group (if applicable).

Depending on the response, the LEWS should consider governance early in the assessment stage to advise on appropriate action and to sign off on communications and response. For example, in a health protection incident where a PAG or IMT is convened, governance for this process will already be in place and sign-off on actions will likely be from the Director of Public Health. However, if the response is related to something like trend monitoring, this may be signed off within the group and via appropriate reporting structures put in place.

The assessment decision should be recorded regardless of the outcome.

Assessment tools

The following tools can be used to aid and record local assessment decisions, collating the evidence in one place.

RADAR local validation and assessment template

See appendix 6 for the validation and assessment template.

It can be used to grade the information by assessing the seriousness and the likelihood of harm.

Consider the RISK

See appendix 8 for the RISK template to be populated using the prompts below.

R: Report collation

- Gather all the information you have on the incident, include:
  - a validation summary (accuracy, context, toxicology, source)
  - other reports
  - confirmation of harms or deaths.
- Email your local contacts to request more information.

I: Interview

Interviews are a useful way of collecting more information quickly. If more information is needed, speak to people involved in the incident, as well as families and friends in the community if appropriate.

The purpose of the questions is to gather more information to inform any response, and to identify any common links between people. Explain the reason for the questions and how they will be used to protect health and reduce harm, rather than help with enforcement.

Do not record personal details, such as name, address, date of birth, CHI number, etc. All reports should be anonymised, so any health information shared (such as prescriptions and health conditions) is not identifiable.

Questions for those who've taken the substances

If possible, these questions should be asked by someone with a close, trusted relationship to those involved, such as a peer or support worker. Ask each person the same questions in the same order and record their response:

- What drugs were taken?
- What did they look like?
- How did you take them?
- What did you think they were?
- What were the effects?
- Where did you buy the drugs?

Questions for witnesses, staff, family members

Ask each person the same questions in the same order and record their response:

- Who was affected? How many people?
- What drugs were taken?
- What did they look like?
- How were they taken?
- What were the effects?
- What was the timeline of events? How quickly did the effects come on and last for?
- What action did you take?

S: Sample analysis and description

To provide accurate meaningful communications, an accurate description of the drug is required. Where possible, photos and toxicology testing should be sourced.

- What did the drug look like? Consider colour, texture, shape, markings.
- Are photos available?
- Did they react differently to what you expected? Consider smell, texture, melting point, solubility.
- Is testing or toxicology information available?
- Is any testing underway?
- Is a sample available for testing? People in the UK can get drugs tested by using a free, anonymous postal service. This is provided by Public Health Wales, known as Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS). See **wedinos.org**

K: Knowledge-informed response

The type of response required is influenced by the situation and threat level.

Consider the:

- **Severity – the degree of foreseeable harm to individuals**
- **Likelihood – the size of the affected and potentially affected population**

For more support on assessing the potential threat, use the validation and assessment template in appendix 6.

How to get a substance tested by WEDINOS

- Staff should not handle any substances, but they can facilitate access by providing printed sample submission forms, clear sample bags and stamped addressed envelopes, and by sharing online results. To get a sample tested:
    - Visit **wedinos.org** and click **sample testing**.
    - Print off a **sample form**.
    - Follow the instructions to generate a reference code and make a note of the code.
    - Fill in the form completely or the sample won't be accepted.
    - Put the form and drug sample (in a clear sample bag or double wrapped in something leakproof) into an envelope with a stamp on it and post it to WEDINOS.
    - **Results** will be posted online a few days later. You will need the reference code to access the results.

Situation, background, assessment, recommendation (SBAR)

Another way of gathering, presenting and considering evidence in a systematic way is by writing an SBAR. It is a communication tool that sets out the situation, background, assessment and recommendation of an issue or situation. It enables information to be shared accurately between individuals and teams and can help reach a mutual understanding of an issue.

It can aid assessment by helping format thinking and recommendations, or response to an issue.

For more information and to see the format of an SBAR, visit:
england.nhs.uk/wp-content/uploads/2021/03/qsir-sbar-communication-tool.pdf

Problem assessment group (PAG)

When dealing with a health protection related incident (e.g. communicable disease such as tetanus, anthrax, etc) a problem assessment group may be convened to consider the available evidence. See section 4 for information on health protection response. The process for standing up a PAG is already established in local areas and is normally in response to public health or health protection incidents, such as clusters of death or overdose.

We encourage the LEWS to make links with health protection and public health teams at an early stage. This is to identify when public health and health protection teams would lead a PAG or IMT in relation to drugs.

How to log local intelligence

Local records, including reports, minutes and intelligence, should be maintained and stored by the local area. It is recommended that, as a minimum, a spreadsheet database is kept as a record of reports.

The database must be stored in a secure place with only appropriate members of staff having access. This is normally the key contacts and supporting administrative staff. Contact your local data protection or information governance team who will advise on requirements for setting this up.

If the incident falls under the remit of health protection, they should record on HP Zone under their normal processes, if it is available. The LEWS should have health protection input to lead on this process.

Data protection

If areas choose to develop their own processes, such as data storage systems and reporting forms, they should have appropriate data protection arrangements in place.

This should be explored and implemented in line with local processes.

4 Local action and response

Section overview

This section describes the role of local areas in responding to reports and incidents, including health protection incidents.

It also provides guidance on types of response, such as communications and alerts.

After validating and assessing reports and information, a decision should be reached on whether a response is necessary or not based on a range of factors. The response will be dependent on the context and will require working in collaboration to decide on the most appropriate type of action.

If a response is not required

If there is no immediate action required, the LEWS should:

- record the assessment decision in the local log
- report the outcome to RADAR
- feed back the decision or specific advice to the reporter (if possible)
- continue monitoring the situation and set a review date in the future to consider if more evidence has emerged that might influence the decision to respond. This may be the next meeting of the local group.

If a response is required

A response is required when it has been determined there is a high severity or likelihood of harm.

Examples of a response may include one or more of the following:

- Communication via the dissemination list, or a targeted group on the dissemination list, including information sharing, harm reduction advice or alert with action.
- Providing specific advice to the reporter.
- Increasing awareness locally of the situation through outreach, meetings or training.
- If it is a health protection issue, work with health protection teams to stand up a problem assessment group or incident management team. This process will vary by area based on local protocols.
- Training of staff.
- Provision, or changes to provision, of services.
- Enhanced surveillance (targeted information gathering via interviews or surveys to build up a picture of a situation).

The local early warning system is the lead for their own surveillance and response. This includes the process of convening a PAG or IMT in line with local protocols if dealing with health protection incidents.

Response options

Health protection response

Where intelligence has identified a health protection risk, a problem assessment group and, in some cases, an incident management team may be convened to assess and respond. The local health protection team will be the lead for response to these incidents. Such situations may include clusters of deaths, contaminated substances and communicable disease, such as skin infections, anthrax, tetanus, HIV, hepatitis B or tuberculosis. The threshold for when a PAG or IMT is necessary should be considered with local teams and follow existing protocols.

An incident management team provides strategic leadership over health incidents, with the aim of creating a comprehensive action plan. All localities will have their own procedures and processes for standing up and PAG/IMT, and they are frequently under the remit of the Director of Public Health.

Section 6.3 in the 'Management of public health incidents' guidance* gives full details on incident management teams.

Biological infections

For biological infection or contamination issues, such as anthrax or botulism, inform health protection teams following the process outlined in the 'Management of public health incidents' guidance.*

Communications and alerts

Effective communication is an important part of a LEWS. There are different types of communications and alerts that can be used depending on the context. It's important to be clear on what the intention of a communication is – for example, make sure it's clear whether an instruction is for action, or information for awareness only.

The table on page 30 shows examples of types of communication and alerts that local areas may use in a response. They should be planned in collaboration with the local group and RADAR.

* **publichealthscotland.scot/nhsincidentmanagement**

Type of communication	Description	Example of communication
For information or awareness	Normally intended for awareness only, with no need for specific action. Contains information that is relevant to people working in drug services or healthcare, or anyone who works with people who use drugs, to raise awareness of a topic or issue. The communication intends to keep them informed and enable more effective, informed practice.	• Bulletins • Reports • Alerts from other areas, unless action is required and stated clearly • General drug trend information
Targeted alert	A communication targeted to a specific audience, population or setting, such as prisons, schools, hostel accommodation or people who use a specific type of drug. This will generally be communicated to staff within the targeted service(s) or specific population to highlight the issue and to provide harm reduction advice.	• Local emergence of a trend or drug harm among the prison population or young people • Information to assist primary-care staff
Public alert	They reach a wide audience and contain information that the public should be aware of to protect health. It can be sent via social media and local networks to reach the widest audience possible. They may also be shared with and by neighbouring areas. A public alert may trigger press interest. It is recommended that these are sent in line with local communication processes and protocols.	Alerting the population to any new or adulterated substance in circulation, containing harm reduction advice.

When to issue an alert

Alerts should only be used in high-risk, high-certainty cases to ensure that they are perceived as important and acted upon.

The accountability and responsibility for issuing a local alert (or any response) lies with the local area. RADAR can advise and provide expertise on alerts.

Communications should be informed by the likelihood and severity of risk to health. Alerts should enable avoidance of harm or reduction of risk. Before publishing, consider if the risks of the drug involved outweigh any potential risk from issuing an alert.

Factors in support of an alert include:

- The drug and risks are known.
- There has been (or is potential for) significant harm.
- There have been a number of deaths.
- The purity is exceptionally high.
- The presence of the drug is unexpected.
- The drug is new or novel.
- There is a serious risk.
- Realistic harm reduction information is available.
- Inaccurate or unhelpful information is in circulation that needs to be countered.

How to create an effective alert

Areas can use the alert template that is provided in appendix 7  or can create their own. It is good practice to consult with the people affected and include people with lived or living experience when creating an alert.

An alert should include:

- Title: a descriptive heading of one sentence and purpose – for action or information only
- Summary of incident or trend
- Name of the drug (plus any street or slang names)
- Photo
- Drug appearance
- Drug description
- Effects
- Area or location and the setting (for example: Edinburgh, in school, prison or nightclub)
- Who to cascade the alert information to and actions to take to mitigate harm
- Harm reduction advice specific to the alert topic
- How people can act upon the information within the alert (for example advice for healthcare staff, drug-service staff, etc)
- Signposting to support services

If the alert is to encourage action, it is important to make sure that this is communicated clearly. It is helpful to share evidence that has resulted in the alert and include relevant harm reduction materials.

Resources

These resources can be useful to share when sending out an alert or communication. These external links are provided for information, but they are not managed by PHS and we cannot guarantee their accuracy or contents.

General information

- The Drugs Wheel: **thedrugswheel.com**
- Know the Score: **knowthescore.info**
- NHS inform: **nhsinform.scot/healthy-living/drugs-and-drug-use**
- Frank: **talktofrank.com**

Harm reduction information

- Crew: **crew.scot**
- Drugs and me: **drugsand.me**

Technical or scientific information

- British National Formulary (BNF): **bnf.nice.org.uk**
- Drug Science: **drugscience.org.uk**
- Psychonaut Wiki: **psychonautwiki.org**

Clinical guidance

- Drug misuse and dependence – UK guidelines on clinical management: **gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management**
- Neptune clinical guidance – Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances: **researchgate.net/publication/314033780**

Toxicology information

- Clinical staff can access in-depth toxicology information and make reports to TOXBASE, the primary clinical toxicology database of the National Poisons Information Service: **toxbase.org**

Dissemination of communications and alerts

The local dissemination list should be a comprehensive directory of relevant services, teams and/or people a communication should go to. Generic mailboxes are useful to ensure onward distribution is not reliant on a single person (this reduces the impact of individuals being on shift work, off duty or on annual leave).

If sending a targeted communication or alert, select the appropriate audience.

It is important to make it clear who the communication is for and why, and what you want someone to do with the information.

To make sure an alert or communication reaches the right people, depending on the context and intended audience, you can share via:

- local dissemination contact list
- RADAR
- local surveillance group members and their own networks
- other local groups and networks
- social media
- media in certain situations.

Local communications teams can normally assist in the dissemination of wider alerts.

References

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unodc.org/documents/scientific/Drug-Analysis-Systems_EWS_EN.pdf

Public Health England. Drug alerts and local drug information systems. PHE: London; 2016.
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Glossary

Adulterant: A substance that is added to a drug product to either intentionally or unintentionally alter its composition, quality or strength.

Contaminant: An unintended or unwanted substance that is present in a drug product, such as impurities, foreign particles, microorganisms or other drugs.

Fake or counterfeit drugs: Drugs that are produced and marketed with the intent to deceive consumers by imitating legitimate pharmaceutical products.

Incident management team (IMT): This group is responsible for ongoing response, once an incident is identified by a PAG as requiring action.

Local area: This document refers to local areas as NHS board area.

Local early warning system (LEWS): A LEWS is the overarching name given to local surveillance systems, processes and groups. The components in this guide build an early warning system.

National early warning system (NEWS): National early warning system for drugs. Rapid Action Drug Alerts and Response (RADAR) is Scotland's national early warning system.

New or novel drugs: Substances that are new to the drugs market.

NHS board: NHSScotland consists of 14 regional NHS boards which are responsible for the protection and improvement of their population's health, and for the delivery of frontline healthcare services, and eight Special NHS boards who support the regional NHS boards by providing a range of specialist and national services.

Problem assessment group (PAG): Group that lies within the remit of public health or health protection teams. They are convened to assess whether information currently available suggests there is an incident or outbreak that requires a response.

Public Health Scotland (PHS): Public Health Scotland is the national public health body for Scotland.

Pure or potent drugs: Drugs that evoke a response even at low doses.

Rapid Action Drug Alerts and Response (RADAR): Scotland's national early warning system for drugs – **publichealthscotland.scot/RADAR**

Surveillance: The systematic monitoring and observation of drug-related activities and harms, to identify trends and potential risks, and develop appropriate interventions.

Frequently asked questions (FAQs)

Do I have to implement all of these components and processes?

No, the components and processes in this guide are the optimum. Local areas can implement what they need and add to their LEWS over time.

Some areas will also have things like a local surveillance group or local SOPs already in place. The intention of this guidance is to strengthen, build on and formalise processes, and to support partners involved in surveillance to be joined up and prepared for a response should one be needed.

What is a LEWS?

A LEWS is the overarching name given to local surveillance systems, processes and groups. The components in this guide build a local early warning system.

Why do we need a local system if RADAR exists?

Local and national drug surveillance services have different purposes, and the response is different for each of them. LEWS:

- allow for local ownership and leadership in response to drug harms
- can respond quickly and at a lower threshold than national systems. National systems will only respond to national, high-risk and high-certainty cases and trends.
- have more direct links to the workforce, service users and the public in their area
- can issue targeted communications that reach the right people, every time in a direct way. National systems struggle to reach every person in every area and rely on those who do receive the communications to cascade further into their local networks.
- are responsive to local need. The trends and emerging harms seen in one area might not be reflective of a national picture or apply to such an extent.

What does RADAR do for local areas?

RADAR:

- provides national drug-related data and intelligence support to LEWS
- publishes data and intelligence that LEWS can use to monitor changes in drug trends, harms and use of services to inform immediate and short-term actions that reduce drug harms
- attends local drug surveillance groups to advise and support local areas
- sends areas relevant reports that have been submitted to RADAR. For example, any reports from a member of the public or a service in Fife, that come directly to RADAR, will be send back to Fife key contacts.
- creates processes and provides tools to support areas in drug surveillance.

Who can I contact if I have a question about this guidance?

You can contact the RADAR team at **phs.drugsradar@phs.scot**
We aim to reply within three working days.

Appendices

Editable versions of the local RADAR templates can be downloaded from **publichealthscotland.scot/RADARlocal**

[insert local area logo here]

Standard operating procedure for [local area name] early warning system

1. Purpose

This standard operating procedure (SOP) document is to be used in conjunction with the RADAR local guide.

The RADAR local guide provides areas with guidance on drug surveillance to support them in monitoring information, assessing intelligence and forming a response, such as issuing public health communications related to drugs.

This SOP template is for local areas to populate with their own information. Processes can be added and built on over time, so everything, including useful contacts, is held in one place. Not all components are necessary, and they can be removed from the SOP if not required.

[Add your local purpose and aims here.]

Setting up a local early warning system (LEWS)

Checklist for setting up LEWS components
[Text in square brackets like this can be removed.]

Task	Details	Date completed
RADAR key contacts identified	[For example, John Smith Public Health Consultant johnsmith@nhs.scot]	

Task	Details	Date completed
Create local dissemination list		
Set up surveillance mailbox		
Have key contacts join RADAR Network to receive communications		
Set up a local surveillance group		
Agree local processes		
Document and sign off local processes		
Notify RADAR of key contacts and update changes phs.drugsradar@phs.scot		

2. Contacts and communication

Complete this section using section 2 of the RADAR local guide.

Add your RADAR key contacts and the individuals responsible for the surveillance mailbox (if you have one) here.

RADAR key contacts

Name	Job title	Email address

Access to surveillance mailbox

Name	Job title	Email address

3. Local surveillance group

Complete this section using section 2 of the RADAR local guide.

The checklist below gives suggested steps for setting up a local group.

See appendix 3 of the RADAR local guide for a ‘terms of reference’ (ToR) template.

Checklist for setting up a local surveillance group

Item	Comments	Status
Agree membership • Core membership • Deputies • RADAR contacts and leads	[Representation from all alcohol and drugs partnership areas within the NHS board.]	
Agree chair	[Consider a co-chair or deputy.]	
Agree remit and governance of the group	[This may evolve over time. Who does the group report to?]	
Roles and responsibilities of group agreed	[Which members can input and share intelligence or trends as a standing agenda item?]	

Item	Comments	Status
	[See appendix 2 of local guide for standing agenda template.] [Is there administrative support?]	
Frequency of meetings	[Agree schedule of meetings.]	
Agree processes for LEWS, document them and sign off	[Use this SOP to document the LEWS processes and important contacts.]	
Draft, agree and sign off surveillance group ToR (appendix 3)	[Sign off the ToR and remit within the group.]	

4. Local processes

Complete this section using section 3 of the RADAR local guide.

Monitoring

[Insert local monitoring process.]

Local assessment of reports, emerging harm or incident

[Insert local assessment process.]

Management of health protection incidents

[Insert local health protection process or contacts.]

Dissemination list

[Insert local process for maintaining a dissemination list.]

People or person responsible for dissemination list

Name	Job title	Email address

Logging local intelligence

[Insert local process for logging reports, intelligence and decisions.]

Data protection

[Insert local data protection information.]

Validation and assessment

[Insert local process for validation, assessing and deciding if a response is required.]

5. Local action and response

Complete this section using section 4 of the RADAR local guide.

If a response is not required

[Insert the local process for if a response is not required.]

Use a generic process if there is no immediate action required:

- Record the assessment decision in the local log.
- Report outcome to local contacts and RADAR.
- Feed back the decision to the reporter if possible.
- Continue monitoring the situation and set a review date in the future to consider if more evidence has emerged that might influence the decision to respond. This may be the next meeting of the local group.

If a response is required

[Insert local process for planning and coordinating a response.]

Issuing a local alert

[Insert local process for issuing an alert, including sign off.]

See appendix 7 of the RADAR local guide for an alert template.

[insert local area logo here]

Surveillance group standing agenda template

Meeting title:

Date:

Time:

Chairperson:

[Text in square brackets like this can be removed.]

Time	Agenda items	Presenter
[9:00 am]	[Recap of last meeting actions.]	
	[Sharing of local intelligence.]	
	[National intelligence review. Review of the latest RADAR quarterly report.]	
	[Review of local reports, emerging harms or intelligence.]	
	[Response to local issues.]	
	[AOB]	

MS Teams link to meeting:

[insert local area logo here]

Surveillance group terms of reference (ToR) template

Introduction

- Purpose of the group

Roles, remit and responsibilities

- Roles and responsibilities
  - Secretariat support – note taking, agenda setting, agenda circulation
  - Chair or lead
  - Membership
  - Meeting frequency
- Remit and scope of the group

Guiding principles

- Accountability and governance – who is the group accountable to and what are the wider reporting structures?
- Sign-off processes
- Confidentiality

[insert local area logo here]

Checklist for running a local surveillance group meeting

[Text in square brackets like this can be removed.]

Before

Task	Description	Done	Comments
Set agenda items	[Plan points for discussion.]		
Gather data before where possible	[Leave room for AOB or a general discussion.]		
Have a standing agenda item dedicated to information sharing and looking at emerging drug trends	[Are there services that can update on current trends?]		
Contact partners for input	[Ask local organisations, or RADAR, for reports and intelligence.]		
Circulate draft agenda prior to meeting and ask for group input	[Ask relevant partners to present to the group.] [Consider support from RADAR team.]		

Task	Description	Done	Comments
Circulate final agenda to all members before meeting	[Ask members if there is anything they would like to add to the agenda.]		

During

Task	Description	Done	Comments
Introductions and apologies			
Take notes and actions			
Have RADAR quarterly report as a standing item	[Review the reports relevant to your area.]		
Local drug information sharing			
Validate and assess any outstanding local reports			

After

Task	Description	Done	Comments
Circulate the minutes and actions among all members			
Inform RADAR of salient discussion points or actions	[RADAR will record any intelligence discussed at the meeting.]		
Follow local intelligence recording process	[Record any reports or intelligence shared in your database.]		

[insert local area logo here]

Reporting form template

[This template can be used to share information with the local early warning system (LEWS). It can also be used as a template for areas to create their own reporting form.]

[Insert local instructions for use here. Please complete as much information as possible.]

1. What would you like to report?

[insert text]

2. Date of incident

[insert text]

3. Source of report

[insert text]

4. Is this report about a person or people you work with?

[This could be a client, patient, pupil, service user, etc.]

If yes, include name of workplace:

[insert text]

5. Location of incident or event to the nearest town or city?

[For example, Aberdeen, Kirkcaldy, Glasgow]

[insert text]

6. Setting of incident

[For example hostel, educational setting, prison, pub or club, public place like park, or street.]

[insert text]

7. Are there any suspected or confirmed deaths linked to this incident or event?

[insert text]

8. What were the adverse effects?

[For example, aggression, memory loss, confusion, pain, hallucinations, seizures, unconsciousness, etc.]

[insert text]

9. What drug or drugs were involved?

[insert text]

10. Amount taken and pattern of consumption

[For example, one pill or half a gram of powder, taken every hour]

[insert text]

11. How was the drug taken?

[For example, injected, smoked, snorted, etc.]

[insert text]

12. Where was the drug sourced?

[For example, friend, family member, dark web or open web, social media, street dealer, etc.]

[insert text]

13. How much did the drug cost?

[insert text]

14. What does the drug look like?

[For example, appearance, colour, identifiable features, etc.]

[insert text]

15. Is there testing data available? What were the results and where was it tested?

[insert text]

16. Would you like to leave an email address?

[If the answer is yes to this question, consider local information governance processes for storing email addresses.]

[insert text]

[insert local area logo here]

Local validation and assessment template

Assessment title:
Assessment reference number:
Date of sign-off:
Version number:
Document status:
Name(s) of author(s):
Email address of lead author:
Name(s) of sign-off (s):
Email address of sign-off:

Version history

Version	Date	Summary of changes

Validation and assessment grading matrix

Use the table below to collate and grade the available evidence as either weak, medium or strong. Highlight the text in the appropriate box.

If you have mostly weak evidence collated, you may choose to continue monitoring rather than respond at this stage.

If you have mostly medium evidence collated, you may choose to do further investigation to gather more evidence before responding.

If you have mostly strong evidence collated, you may choose to continue with further assessment and respond.

Grading of information received

Grading criteria	Weak evidence	Medium evidence	Strong evidence	Comment (Extra space available on page 3)
Relevance locally	Not relevant	Uncertain	Relevant	
Relevance nationally	Not relevant	Uncertain	Relevant	
Credibility of source of evidence	Anecdotal	Unreliable but multiple sources	Reliable or validated source	
Multiple reports	No other reports	One other report	More than one other report	
Forensic evidence	None	No forensic evidence but other evidence (e.g. scene of death)	Forensic evidence	
Evidence of harm	No evidence of harm	Potential for harm	Evidence of harm or death	

Seriousness of harm

Use these tables to assess and collate evidence on the level of potential seriousness and likelihood of harm associated with the incident.

Risk criteria	Low (L)	Undetermined (U)	High (H)	Comments
Severity – the degree of foreseeable harm to individuals.				

Likelihood of harm

Risk criteria	L	U	H	Comments
Likelihood – the size of the affected, and potentially affected, population.				

Space for grading comments

Relevance to local area

Source of evidence

Forensic evidence

Evidence of harm

Table of evidence considered

Evidence	Source	Comments

[insert local logo here]

Local alert template

[Insert title: a descriptive heading of one sentence and purpose – for example ‘for action’ or for information only’]

[Insert summary of incident or trend.]

Name of the drug

[Insert official name of drug plus any street or slang names.]

Photo

[insert photo]

Drug appearance

Drug information

[What type of drug is it? An upper, downer, etc?]

Effects

Area or location and setting

[For example, Glasgow, in a school, prison, nightclub, etc.]

Alert audience

[Who is the alert being sent to and who is it intended for?]

How people can act

[How people can act upon the information within the alert, for example advice to healthcare staff, drug service staff, etc.]

Harm reduction advice for people who take drugs

Signposting to resources and services

[insert local area logo here]

RISK template

R: Report collation

[Insert the reports related to the incident.]

I: Interview

Questions for people directly involved, or who have taken the substance

- **What drugs were taken?**

[insert answer here]

- **What did they look like?**

[insert answer here]

- **How did you take them?**

[insert answer here]

- **What did you think they were?**

[insert answer here]

- **What were the effects?**

[insert answer here]

- **What was the source of the purchase?**

[insert answer here]

Questions for witnesses, staff, family members

- **Who was affected? How many people?**

[insert answer here]

- **What drugs were taken?**

[insert answer here]

- **What did the drugs look like?**

[insert answer here]

- **How were they taken?**

[insert answer here]

- **What were the effects?**

[insert answer here]

- **What was the timeline of events? How quickly did the effects come on and last for?**

[insert answer here]

- **What action did you take?**

[insert answer here]

S: Sample analysis and description

[Insert toxicology or sample analysis information.]

K: Knowledge-informed response

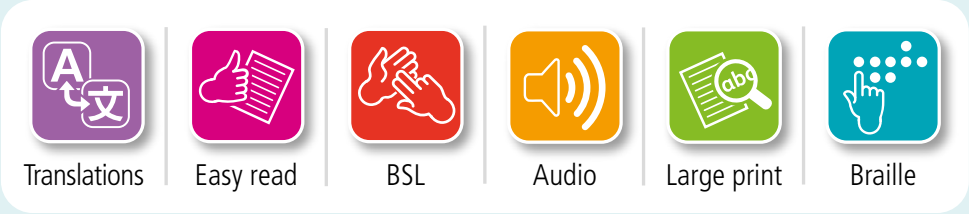
[The type of response required is influenced by the situation and threat level.

Consider the:

- severity – degree of foreseeable harm to individuals
- likelihood – the size of the affected and potentially affected population.]

[Appendix 5, the validation and assessment template from the local guide, provides a further breakdown on the severity and likelihood of threat.]

[insert response here]



Translations and other formats are available on request at:

phs.otherformats@phs.scot

0131 314 5300

Information correct at time of publication.

Please visit: **www.publichealthscotland.scot/RADAR** for the most up-to-date information.

For further information email: **phs.drugsradar@phs.scot**

For more information on drugs and drug use visit:
www.nhsinform.scot/healthy-living/drugs-and-drug-use

Public Health Scotland is Scotland's national agency for improving and protecting the health and wellbeing of Scotland's people.

www.publichealthscotland.scot

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