A city council logo with a city in the background

Description automatically generated

Sheffield Local Drug Information System (LDIS)

Drug Alert Reporting Form

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

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

Thank you for taking the time to complete this form.

Please email it to: [DrugIntelligence@southyorks.pnn.police.uk](mailto:DrugIntelligence@southyorks.pnn.police.uk) and [LDIS@Sheffield.gov.uk](mailto:LDIS@Sheffield.gov.uk)