

Drug Alert Intelligence Form

North Yorkshire Drugs Early Warning and Alert System

COMPLETE THIS FORM IF YOU WISH TO REPORT INTELLIGENCE OR AN INCIDENT THAT MAY LEAD TO A DRUG ALERT

>>> Do not include personal information about individuals involved e.g. names <<<

Form Completed By			
Name			
Job Title			
Telephone			
Email Address			
Date Completed			
Source of Information (tick all that apply)			
<input type="checkbox"/>	Service User	<input type="checkbox"/>	Police
<input type="checkbox"/>	Emergency Services/Ambulance	<input type="checkbox"/>	Drug Treatment Staff
Other (Please Specify)			
Do you know if the incidents relates to any of the following? (Tick all that apply)			
<input type="checkbox"/>	Death	<input type="checkbox"/>	Unusually low purity of drugs
<input type="checkbox"/>	Serious adverse reaction	<input type="checkbox"/>	Contaminated drugs, e.g. Anthrax
<input type="checkbox"/>	Hospitalisation	<input type="checkbox"/>	New drugs, e.g. legal high
<input type="checkbox"/>	Unusually high purity of drugs	<input type="checkbox"/>	Other (please specify)
Information			
Date of incident		Location of incident	
Substance			
Name			
Effect			
Administration			
Availability			
Appearance			
Has the incident or substance been verified by toxicology or lab testing?			Please select
If Yes, please provide details			

Emergency Services involved?	Please select
Hospitalisation? If yes, please specify	Please select
Has a similar incident occurred recently (e.g. the last couple of months)? If yes, Please provide details of any similar recent incidents	Please select
Please provide any other relevant information?	

Please email this form to:

Lead for local drug alerts: Dan Atkinson, Health Improvement Officer

Email address: nypublichealth@northyorks.gov.uk and Dan.Atkinson@northyorks.gov.uk (please send to both)

Telephone number: 0300 131 2 131

OFFICIAL USE ONLY

Grade Drug Alert False Alarm Other

Action