



Sheffield Local Early Warning System and Drug Alerts

New Psychoactive Substances Reporting Form

This form is to be used by professionals to report incidents related to the use of New Psychoactive Substances (NPS) or 'Legal Highs'. If a pattern emerges relating to a particular substance or batch, it may result in a local Drug Alert being distributed or a Legal Highs Advisory Letter (LHAL) being sent.

Please complete as much information as you can and follow the reporting instructions overleaf.

<p>Date of Incident: __ / __ / __</p> <p>Number of individuals involved: _____</p> <p>Genders of individual(s) involved (please tick ✓) :</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Not known</p>	<p>Did the incident involve people who are (please tick ✓) :</p> <p><input type="checkbox"/> Under 18s: Age (if known) _____</p> <p><input type="checkbox"/> 18 and over</p> <p><input type="checkbox"/> Both</p>
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Nature of Incident (tick ✓ all that apply):

User became ill

User collapsed or lost consciousness

Concerns over the behaviour (including ASB) of the user whilst under the influence of an NPS

User became violent under the influence of an NPS

Other, please state: _____

Resource Implications: Please delete where applicable.

Did the user or another involved in the incident go to hospital? Yes / No / Unsure

If yes, was an ambulance called? Yes / No / Unsure

Were the Police called? Yes / No / Unsure

Where

Location of the incident?: _____

Any additional information, for example a Legal Highs Advisory Letter was issued?: _____

What and How

Name of the substance/product (if known)?: _____

Appearance of substance/product if known, for example, blue pills, off white powder, etc.?

Source of supply of the substance/product (if known)?: _____

Quantity taken and how long ago (if known)?: _____

Who is Reporting the Incident

Name of the worker reporting the incident: _____

Occupation of the worker reporting the incident: _____

Please submit this report to Sheffield DACT either by:

Telephone on (0114) 2736810 (be prepared to give all of the relevant information from the form over the telephone).

Or in the post to:

LEWS,
Sheffield Drug and Alcohol Co-ordination Team
Floor 9, East Wing,
Moorfoot Building
Sheffield, S1 4PL

Or by simply attaching it to an email to:

DACT@sheffield.gov.uk

And writing **'LEWS Report'** in the Subject Box.

FOR OFFICE USE ONLY

LEWS Log #: __ / __

Date recorded onto LEWS: __ / __ / __

Provenance: Y / N / Not relevant

Alert Required: Y / N

Other Response Requires: Y / N

If yes, state response: _____