

## Grampian Substance Misuse Alert Cascade Protocol

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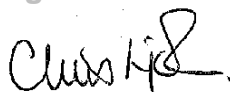
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Group

**Signature:**



**Signature:**



**Signature:**



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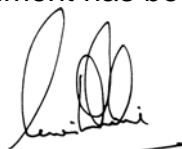
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**Version 1**

### Executive Sign-Off

This document has been endorsed by the Director of Public Health

**Signature:**



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Departmental: Service and Clinical Leads

Area: Line Manager

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\* Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.

This protocol has been developed based on a protocol used in NHS Forth Valley by kind permission of one of the authors, Mrs Carol Crawford, Health Protection Nurse.

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# Grampian Substance Misuse Alert Cascade Protocol

## 1. Introduction

Over recent years there has been a rise in the volume of information circulating relating to specific heightened or new risks associated with the use and misuse of illegal or un-prescribed drugs or substances. These risks have involved historic drugs of abuse, novel psychoactive substances (NPSs or “legal highs”) with unknown properties, misuse of prescription drugs and the contamination of any of these with infectious or other agents.

Often, when information surfaces regarding risks associated with these substances, it is cascaded between agencies across Grampian (and beyond) without any validation of its accuracy, with no clearly defined pathway for such dissemination nor any specified harm reduction message(s). It is most usually circulated through agency networks usually in the form that it was received.

This has presented a number of risks to effective communication namely:

- individuals who needed or could have used the information may not have received it;
- individuals might have received messages that arose from unsubstantiated events or were of no relevance to them;
- information may have been shared out of context possibly causing unnecessary disquiet or alarm;
- individuals who have received such messages have had no clear direction on how to respond;
- there is often significant unnecessary duplication of email communications.

## 2. Aim

The aim of this protocol is to reduce these risks potentially affecting people who use drugs and those who support them by providing coherent and co-ordinated, timely information relating to emerging drug issues. It defines the cascade pathway between partner agencies within Grampian for substance misuse risk information and the various roles in the management of the information circulated, aiming to avoid misinformation and/or duplication of effort.

## 3. Objectives

It is expected that information relating to alleged health risks associated with illicit drug use:

- Will be shared with the Lead Cascade Officer of NHS Grampian as soon as it is received by any partner agency (appendix A);
- Will be screened by the Lead Cascade Officer (or their deputy) for reliability based on source, content, and corroboration with relevant Local Advisor/s (Appendix A) and partner agencies (appendix B);
- Will be cascaded in a timely fashion to relevant partners (appendix B);
- Will be prepared in a standardised format (appendix C);
- Will meet the needs for such information of all local agencies and service

providers, as well as those of clients/service users/general public.

#### 4. Scope

This process provides a pathway for communicating messages, alerts and advice relating to substance misuse which may have significant health risks such as:

- toxicology risk;
- infectious risk;
- other health risks, e.g. mental health issues;
- harm from adulterated substances and purity issues.

The protocol applies to all partner agencies as listed in Appendix B. Each partner is expected to support this process by sharing information with the Grampian Substance Misuse Alert Cascade Network in addition to receiving and cascading information from this Network. Responsibility for overseeing the effective implementation of this protocol and its evaluation sits with the Consultant in Public Health Medicine with a remit for Substance Misuse with support from the Lead Cascade Officer and the NHS Grampian Substance Misuse Group.

#### 5. Processing of Messages/Alerts: (IN COMING)

Messages/ Alerts may be generated by a variety of agencies from the UK and abroad, or they may arise from anecdotal information made by workers or users, more locally. Messages received by any partner agency staff should be forwarded to their agency manager, in the first instance for further consideration.

5.1. The local agency manager (or nominated deputy) should determine whether the information is to be shared or not before sending an e-mail to the Substance Misuse Alert mailbox: [nhsg.substancemisusealert@nhs.net](mailto:nhsg.substancemisusealert@nhs.net). The e-mail should contain in the Subject title: 'Substance misuse alert' + key message. An outline of the information that has been received (the original message may be sufficient) and the source should be detailed in the main body of the email.

5.2. Once a message is received by the NHS Grampian Lead Cascade Officer, the Alert Assessment Table (Appendix D) will be used to assess it against the following criteria:

- content of the message and its relevance;
- original source of the information and their reliability;
- corroborating information from other reliable sources.

Where appropriate, the Lead Cascade Officer will assess the proposed message consulting with a relevant advisor. If this is to be further cascaded, an appropriately labelled alert message will be drafted and given a High, Medium or Low Alert coding before initiating the cascade. The message will aim to include a local context to the risk information and recommendations for actions.

- A **High Alert message** is of the highest importance due to demonstrated health risk, and originates from a reliable and/or corroborated source;
- A **Medium Alert message** may be of limited importance based on potential health risk but originates from a reasonably reliable source *or* originates from a reliable source but has been assessed to have limited local impact. A medium alert message may require discussion and confirmation with key

- partner agencies;
- A **Low Alert message** may be of limited importance based on potential health risk or originate from a source that cannot be verified.

5.3. Sources which are most likely to be providing include:

- Scottish Crime & Drug Enforcement Agency (SCDEA)
- Health Protection Scotland (HPS)
- Scottish Drug Forum (SDF)
- Scottish Government (SG)
- NHSG Health Protection Team.

5.4. A more detailed list of sources is provided in Appendix D, which will be used by the Lead Cascade Officer in the decision making process for Alerts and will be stored in a database for future reference.

5.5. See alert cascade protocol flowchart in Appendix E for ease of reference.

## 6. Cascading of Messages/Alerts: (OUT GOING)

6.1. All Alert messages using this system will be sent from the Substance Misuse Alert mailbox: [nhsg.substancemisusealert@nhs.net](mailto:nhsg.substancemisusealert@nhs.net)

- Information assessed as **High Alert** will be cascaded immediately;
- Information assessed as **Medium Alert**, will be cascaded when confirmed by corroboration;
- Information assessed as **Low Alert** is unlikely to be cascaded; however it will be logged on the Substance Misuse Alert database for future reference.
- Each of these alert messages will usually include advisory action for onward dissemination. Alternatively feedback may be sought or information on the substances of concern.
- An **Informant Feedback Message** will be used to inform the person submitting the information for possible cascade, of the actions that have been taken. This message will also be sent to the ADP Team Leads for information only.

6.2. The Cascade Communication Administrator will maintain the Substance Misuse Alert Database. File naming will follow the convention; YEAR (yyyy), ALERT NUMBER, (3 digit XXX), DOCUMENT TYPE (HA (high alert), MA (medium alert), LA (low alert), IF (informant feedback), AA (alert assessment)), SUBJECT.

6.3. Grampian ADPs' support teams will provide the main mechanism to communicate with the wider substance misuse community. The Cascade Lead Officer will be responsible for maintaining the appropriate circulation lists for NHS members of the Communication Cascade. This will be reviewed and updated at least quarterly.

## 7. Public Information/Communications

The cascade alert process may also signal the need for wider public dissemination of information beyond the substance misuse network. In this case the NHS Grampian Corporate Communications Department will be contacted. This will follow existing processes whereby the Public Health Directorate of NHS Grampian in collaboration with Aberdeen City ADP, Aberdeenshire ADP, Moray ADP and Grampian Police work jointly to produce a press statement for 'holding' or release. Statements will be issued through the NHS Grampian or Police Force Corporate Communications Teams as deemed appropriate for each communication.

While an agreed statement may include information on sources of support and advice along with relevant telephone numbers, it is important to remember that there is no guarantee that all of the information will be used by the local media.

Where necessary, a nominated spokesperson is identified to respond to requests for further information or interviews. All queries from members of the press must be redirected to NHSG Corporate Communications, including out of hours. Office hours contact is through extension 58819, out of hours contact is via the NHS Grampian Switch Board.

## 8. Roles and Responsibilities

### 8.1 Lead Cascade Officer ((LCO) Appendix A)

The lead cascade officer (NHSG Senior Substance Misuse Pharmacist) will monitor the Substance Misuse Alert mailbox, at least twice daily, seek advice where appropriate from relevant advisors and cascade the information to the appropriate agencies with instructions for further dissemination or action, when relevant. The LCO will designate a Lead Cascade Deputy to cover during periods of leave or unavailability.

### 8.2 Lead Cascade Deputies ((LCD) Appendix A)

The lead cascade deputies (NHSG Public Health Officer – Substance Misuse, NHSG Consultant in Public Health Medicine) will carry out the duties of the LCO as advised during periods of the LCO's unavailability.

### 8.3 Advisors

Some examples are listed at (Appendix A). When information relating to an increased health risk is received, the Lead Cascade Officer or Deputy will consult with the advisor/s, whose specialist area is most pertinent.

### 8.4 Cascade Lead Contacts

Identified lead contacts for each service are named in appendix B. It is the role of the cascade lead contact to review alerts received from the Substance Misuse Alert mailbox: [nhs.substancemisusealert@nhs.net](mailto:nhs.substancemisusealert@nhs.net), and disseminate the information within the timescale advised. **These contacts must take care to arrange cover for their periods of leave.**

### 8.5 Cascade Alert Recipients

Cascade alert recipients must consider the advice in alert messages.

## 9. Location of Protocol



The Grampian Substance Misuse Alert Cascade Protocol is available to NHSG departments in the NHSG intranet document silo.

## **10. Evaluation**

Agencies participating in the Grampian Substance Misuse Alert Cascade Protocol will be invited to contribute to its evaluation, periodically. Data collection is likely to include

### **10.1 Substance Misuse Alert Mailbox (SMAM)**

- Number of messages received into the SMAM
- Number of messages sent to Cascade Lead Contacts

### **10.2 Time Line**

- Number of days from message arriving in SMAM to being sent to Cascade Lead Contacts
- Number of days from message being sent to Cascade Lead Contacts to being received by individual agencies (sample)

### **10.3 Survey Monkey**

- How many Substance Misuse Alerts do you recall receiving in the past 3 months?
- How relevant was this to your work?
- Is this method of dissemination of substance misuse alerts useful?

## **11. Distribution List**

See Appendices A & B  
NHSG Substance Misuse Group  
Grampian Drug Related Death Group

## Appendix A

Contact List - Substance Misuse Alerts Cascade Protocol  
Lead Officers and Potential Advisors as at December 2013

<b>Lead Cascade Officer (LCO)</b>	<b>Job Title</b>	<b>Organisation</b>	<b>Tel number</b>	<b>Email Address</b>
Fiona Raeburn	Substance Misuse Pharmacist	NHSG	01224 557694	<a href="mailto:nhsq.substancemisusealert@nhs.net">nhsq.substancemisusealert@nhs.net</a>

<b>Lead Cascade Deputies (LCD)</b>	<b>Job Title</b>	<b>Organisation</b>	<b>Tel number</b>	<b>Email Address</b>
Lynn Sutherland	Public Health Officer	NHSG	01224-558521 01224 558570	<a href="mailto:nhsq.substancemisusealert@nhs.net">nhsq.substancemisusealert@nhs.net</a>
Chris Littlejohn	Consultant in Public Health	NHSG	01224-558640	

<b>Examples of Local Advisors</b>	<b>Job Title</b>	<b>Organisation</b>	<b>Tel Number</b>	<b>Email Address</b>
Public Health Duty Doctor or Nurse	Consultant in Public Health Medicine Health Protection Nurse Specialist	NHSG	01224 558520 (or Out of hours 0845 456 6000 and ask for public health on call)	<a href="mailto:grampian.healthprotection@nhs.net">grampian.healthprotection@nhs.net</a>
Fiona Raeburn/Lucy Skea	Substance Misuse Pharmacists	NHSG	01224 557694	
Dr Bruce Davidson	Clinical Lead, Substance Misuse Service	NHSG	01224 557525	
Dr Andrew Fraser	Gastroenterologist	NHSG	01224 552606	
Dr Seonaid Anderson	Substance Misuse Consultant - Alcohol	NHSG		
Inspectors Colin Mowat and Jim Hume	Substance Misuse Co-ordinator	Police Scotland	01224 305075	
John Miller	Corporate Communications	NHSG	01224 554400	

## Appendix B

## Potential Distribution List - Substance Misuse Alerts Cascade Protocol

Non-NHS Services	Cascade Lead Contact	Job Title	Organisation	Tel number	Email Address
<b>ADPs</b> ADPs are responsible for circulation to: - Local Authorities - Police Scotland - Grampian prisons - Grampian Fire & Rescue Service - The Procurator Fiscal's Office - Third Sector organisations, Community & Affiliated Groups (Drugs, Alcohol & BBV Forum, Civic Forum etc)	Fraser Hoggan	Development Officer	Aberdeen City ADP	01224 557042	<a href="mailto:adp@acvo.org.uk">adp@acvo.org.uk</a>
	Wayne Gault	Lead Officer	Aberdeenshire ADP	01224 558511	<a href="mailto:aberdeenshire.adp@nhs.net">aberdeenshire.adp@nhs.net</a> <a href="mailto:aanderson5@nhs.net">aanderson5@nhs.net</a>
	John Campbell	Lead Officer	Moray ADP	01343 551564	<a href="mailto:morayadp@moray.org.uk">morayadp@moray.org.uk</a> <a href="mailto:john.campbell@moray.gov.uk">john.campbell@moray.gov.uk</a> <a href="mailto:donna.philip@moray.gov.uk">donna.philip@moray.gov.uk</a>

NHS (Corporate, Primary Care and Acute)	Lead contact	Job Title	Organisation	Tel number	Email Address
NHS Substance Misuse Service	Dr Bruce Davidson	Consultant Psychiatrist	NHSG	01224 557525	<a href="mailto:brucedavidson@nhs.net">brucedavidson@nhs.net</a>
	Dr Andrew Robinson	Consultant in Psychiatrist		01224557927	<a href="mailto:andrewd.robinson@nhs.net">andrewd.robinson@nhs.net</a>
	Mrs Angie Wood	Consultant Nurse SMS		01224 557465	<a href="mailto:angiewood2@nhs.net">angiewood2@nhs.net</a>
Mental Health Teams	Dr. Alastair Palin	Consultant Psychiatrist	NHSG	01224 557538	<a href="mailto:alastairpalin@nhs.net">alastairpalin@nhs.net</a>
Primary Care Contracts Team are responsible for distribution	Carol Littlewood	Primary Care Contracts	NHSG	01224 556307	<a href="mailto:grampian.primarycarecontracts@nhs.net">grampian.primarycarecontracts@nhs.net</a>

Appendix B

to -Community Pharmacy -General Practice		Team			
<b>NHS (Corporate, Primary Care and Acute)</b>	<b>Lead contact</b>	<b>Job Title</b>	<b>Organisation</b>	<b>Tel number</b>	<b>Email Address</b>
<b>Health Protection Circulation List</b>	Health Protection Admin	Day-time Duty Doctor or Nurse	NHSG	01224 558520 (or Out of hours 0845 456 6000 and ask for Public Health on call)	<a href="mailto:grampian.healthprotection@nhs.net">grampian.healthprotection@nhs.net</a>
Emergency and Unscheduled Care - Nursing Emergency Department (ED), Acute Medical Initial Assessment (AMIA) & Short Stay Medical Unit (SSMU) -	Julie Wattie	Nurse Manager Emergency and Unscheduled Care	NHSG	01224 555199	<a href="mailto:Julie.wattie@nhs.net">Julie.wattie@nhs.net</a>
AMIA	Steven Close  Kevin Carter Rebecca Docea Deborah Robson Christopher Skinner Michal Szygula Ivan Tonna	Clinical Lead / Consultant Consultant Consultant  Consultant  Consultant Consultant Consultant	NHSG       (+infection unit)	10224 559528  01224 552494 01224 551573  01224 554966  01224 552495  01224 559521 01224 551990	<a href="mailto:steven.close@nhs.net">steven.close@nhs.net</a>  <a href="mailto:kevincarter1@nhs.net">kevincarter1@nhs.net</a> <a href="mailto:rdocea@nhs.net">rdocea@nhs.net</a>  <a href="mailto:deborahrobson@nhs.net">deborahrobson@nhs.net</a>  <a href="mailto:christopher.skinner@nhs.net">christopher.skinner@nhs.net</a>  <a href="mailto:michal.szygula@nhs.net">michal.szygula@nhs.net</a> <a href="mailto:ivantonna@nhs.net">ivantonna@nhs.net</a>
Accident and Emergency	Jeremy Richardson	Consultant	NHSG	01224553293	<a href="mailto:j.richardson@nhs.net">j.richardson@nhs.net</a>
Hepatology Team	Lindsay	Consultant	NHSG	01224 552812	<a href="mailto:lmcleman@nhs.net">lmcleman@nhs.net</a>

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Hepatology cont.	McLeman	Consultant		01224 558952	<a href="mailto:ashis.mukhopadhyas@nhs.net">ashis.mukhopadhyas@nhs.net</a>
	Ashis Mukhopadhyas				
	Shirley English	Associate Specialist		01224 550631	<a href="mailto:shirley.english@nhs.net">shirley.english@nhs.net</a>
	Andrew Fraser	Consultant		01224 552287	<a href="mailto:a.fraser2@nhs.net">a.fraser2@nhs.net</a>
	Balasubramani	Consultant		01224 550905	<a href="mailto:bvijayan@nhs.net">bvijayan@nhs.net</a>
Infection Unit	Robert Laing	Consultant	NHSG	01224 554728	<a href="mailto:r.laing@nhs.net">r.laing@nhs.net</a>
	Alexander MacKenzie	Consultant		01224 559519	<a href="mailto:alexander.mackenzie@nhs.net">alexander.mackenzie@nhs.net</a>
G-Med – High Alert - Medium Alert	Valerie Fox	Business Manager	NHSG	01224 558025	<a href="mailto:nhsg.gmedurgent@nhs.net">nhsg.gmedurgent@nhs.net</a>
				01224 558078	<a href="mailto:valerie.fox@nhs.net">valerie.fox@nhs.net</a>
	Linda Harper	Lead Nurse		01224 558060	<a href="mailto:linda.harper@nhs.net">linda.harper@nhs.net</a>
	Ann Smith	Pharmacist		0845 3376330	<a href="mailto:annsmith@nhs.net">annsmith@nhs.net</a>
NHS 24	Gill Sinclair	NHS 24 North General Manager	NHSG	01224 285679	<a href="mailto:Healthalert@nhs24.scot.nhs.uk">Healthalert@nhs24.scot.nhs.uk</a>
ITU	David Noble	Consultant	NHSG	01224 559837	<a href="mailto:d.noble@nhs.net">d.noble@nhs.net</a>
	Jan Jansen	Consultant		01224 552956	<a href="mailto:jan.jansen@nhs.net">jan.jansen@nhs.net</a>
	Iain McLeod	Consultant		01224 559835	<a href="mailto:iainmacleod@nhs.net">iainmacleod@nhs.net</a>
	Bryce Randalls	Consultant		01224 559839	<a href="mailto:bryce.randalls@nhs.net">bryce.randalls@nhs.net</a>
	Nigel Webster	Professor		01224 437361	<a href="mailto:n.r.webster@abdn.ac.uk">n.r.webster@abdn.ac.uk</a>
	Paul Holder	Consultant		01224 559849	<a href="mailto:paulholder@nhs.net">paulholder@nhs.net</a>
	Roxanna Bloomfield	Consultant		01224558812	<a href="mailto:r.bloomfield@nhs.net">r.bloomfield@nhs.net</a>
	Stephen Stott	Consultant		01224 559836	<a href="mailto:sstott@nhs.net">sstott@nhs.net</a>

**ALERT e-mail/No <insert number>**  
 (used by Cascade Lead Officer)  
**LOW ALERT**

Subject Title			
Sent to			
Outline of health risk			
Action(s) required	<b>NOT FOR ONWARD DISSEMINATION TO PARTNERS</b>		
	Alert Ends		
<b>Scope</b>	<p>A <b>Low Alert</b> message is of no or uncertain significant health risk and <b>may</b> be from an unreliable source that is not corroborated.</p> <p>It is part of the NHS Grampian cascade alert process providing a pathway to communicate alerts relating to substance misuse which may have a significant health risk.</p>		
Sender name			
Designation			
Sender email address	<a href="mailto:nhsg.substancemisusealert@nhs.net">nhsg.substancemisusealert@nhs.net</a>	<b>Date</b>	

**ALERT e-mail/No <insert number>  
MEDIUM ALERT**

Subject Title			
Sent to			
Outline of health risk			
Action(s) required	Alert Ends		
<b>Scope</b>	<p>A MEDIUM ALERT message is of limited importance based on potential health risk but originates from a reasonable reliable source <i>or</i> originates from a reliable source but has been assessed to have limited local impact. This alert may only be relevant to certain agencies for information and awareness raising locally.</p> <p>It is part of the NHS Grampian Cascade Alert Process providing a pathway to communicate alerts relating to substance misuse which may have a significant health risk.</p>		
Sender name			
Designation			
Sender email address	<a href="mailto:nhsq.substancemisusealert@nhs.net">nhsq.substancemisusealert@nhs.net</a>	<b>Date</b>	

**ALERT e-mail/No <insert number>**  
**HIGH ALERT**

Subject Title			
Sent to			
Outline of health risk			
Action(s) required	Alert Ends		
<b>Scope</b>	<p>A <b>High Alert</b> Message is of the highest importance due to a corroborated, demonstrated health risk.</p> <p>It is part of the NHS Grampian cascade alert process providing a pathway to communicate alerts relating to substance misuse which may have a significant health risk.</p>		
Sender name			
Designation			
Sender email address	<a href="mailto:nhsg.substancemisusealert@nhs.net">nhsg.substancemisusealert@nhs.net</a>	<b>Date</b>	



**ALERT e-mail/No <INSERT NUMBER>**  
**INFORMANT FEEDBACK**

Subject Title			
Sent to			
Outline of health risk			
Action(s) required	<b>NOT FOR ONWARD DISTRIBUTION TO PARTNERS</b>		
	Alert Ends		
<b>Scope</b>	<p>This communication is for information only, to inform a person that has submitted information to the cascade alert process, of the actions that have been taken as a result.</p> <p>This is also used to inform the ADP team leads of the information received and the resulting actions. NOT FOR ONWARD DISTRIBUTION.</p>		
Sender name			
Designation			
Sender email address	<a href="mailto:nhsg.substancemisusealert@nhs.net">nhsg.substancemisusealert@nhs.net</a>	<b>Date</b>	

Appendix D

**Drug Message/Alert Assessment Table** (used by Cascade Lead Officer)

Alert Code - A High Alert message is of the highest importance due to a demonstrated health risk and originates from either a reliable or corroborated source. A Medium Alert message is of limited importance based on potential health risk but originates from a reasonably reliable source. A Low Alert message is of low significant health risk or is from an unreliable source that is not corroborated

Message No: Message Status: HIGH/ MEDIUM/ LOW		Format	Source Reliability	Advisor's Name		Date Assessed	
Sources	tick	Verbal = V Letter = L E-mail =Em	Reliable: 1 Unsure: 2 Not reliable: 3	Corroborating Source	tick	Distributed to	tick
Consultant in Public Health				Consultant in Public Health		Aberdeen City ADP	
Health Protection Scotland (HPS)				HPS		Aberdeenshire ADP	
Scottish Government (SG)				SG		Moray ADP	
Scottish Crime Drug Enforcement Agency (SCDEA)				SCDEA		NHSG Substance Misuse Service	
Scottish Drugs Forum (SDF)				SDF		Mental Health Teams	
SMS				SMS		Primary Care – GP	
Out of hours				Out of hours		Primary Care – Pharmacy	
GPs				GPs		Health Protection	
Vol org				Vol org		Emergency Department	
Acute Clinicians				Acute Clinicians		Emergency Care -nursing	
Pharmacists				Pharmacists		AMAI	
Neighbouring Boards				Neighbouring Boards		A&E	
SPS				SPS		Hepatology	
Criminal Justice				Criminal Justice		G-Med	
Mental Health				Mental Health		NHS24	
Liaison psychiatrist				Liaison psychiatrist		ITU	
Police				Police		Other	
A&E				A&E			
Other				Other			

**NHS Grampian Substance Misuse Alert  
Cascade Protocol FLOWCHART**

