

# **Public Health Agency and Drug and Alcohol Coordination Teams**



## **Local Drug and Alcohol Incident Protocol**

*January 2016*

**The aim of the protocol is to enable organisations to work together in a coordinated way to provide a prompt and appropriate response to serious drug or alcohol incidents and/or emerging issues of concern<sup>1</sup>.**

The protocol should do this through:

1. ensuring community intelligence about serious drug or alcohol related incidents is gathered and shared in a prompt, reliable and appropriate manner
2. formally linking with the Drug and Alcohol Monitoring and Information System (DAMIS)
3. promoting effective communication amongst partners on the issues
4. ensuring all relevant stakeholders are agreed on the response
5. ensuring planned responses take cognisance of any work planned by the DAMIS Coordinator/DAMIS Steering Group to address the issue regionally
6. ensuring that any media responses and messages are planned, shared and delivered in a consistent and timely manner
7. providing coordination for relevant agencies to support communities in responding to local concerns
8. ensuring a consistent response in all localities to local drug and alcohol incidents
9. reflecting local structures and resources
10. developing a process for review and, if necessary, revising the protocol.

It is envisaged that this protocol will enable locality-based Drug and Alcohol Coordination Teams to design and deliver appropriate responses to local drug and/or alcohol issues or incidents in a consistent and timely manner.

### **Drug and Alcohol Monitoring and Information System (DAMIS)**

DAMIS (Drug and Alcohol Monitoring Information System) provides a regional early warning system for drugs and alcohol. It is therefore important that the Drug and Alcohol Local Incident Protocol supports a two-way flow of information to DAMIS to ensure that where necessary issues or incidents can be escalated to a regional level in terms of surveillance or intervention. It will also enable central coordination and monitoring to take place with the DAMIS Steering Group being able to ascertain or investigate as to whether there are similar or comparable issues or incidents occurring across localities.

The purpose of DAMIS is to:

1. identify emerging trends, issues or crises in relation to drug and alcohol misuse;
2. enable DAMIS partners to act quickly, providing relevant information or advice to those who misuse substances, or to those who work with substance misusers;
3. coordinate regional action to reduce harm; and
4. support coordination of local action to reduce harm.

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<sup>1</sup> Examples of incidents/emerging issues of concerns are given on page 2 – points 1-5 – highlighted within text box

A wide range of stakeholders including service providers, service users as well as key statutory and voluntary agencies are represented on the DAMIS network. These stakeholders send information into DAMIS on drug and alcohol trends or incidents. Information collected by DAMIS includes the following:

1. A sudden increase in a particular drug being misused
2. Drugs being misused in new ways
3. New drugs becoming available (for example new psychoactive substances)
4. Contaminated drugs / ‘bad’ batches available on the streets
5. Sudden deaths which are suspected of being drug and/ or alcohol related

## **Operation of DAMIS**

The DHSSPS oversee DAMIS with support from the lead partners: the Public Health Agency; the Department of Justice and the Police Service for Northern Ireland. Each lead organisation has identified a named member of staff to coordinate this work and who sits on the DAMIS Steering Group. Once information is received by any of the DAMIS Coordinator Steering Group members, it is shared with the others and then the Group jointly considers the information and agrees the “level” and type of response that is required. At this stage, the information is also shared with relevant PHA staff in local offices, who may wish to work with other stakeholders to gather further information and take action locally either informally or formally via the Alcohol and Drug Local Incident Protocol.

## **Levels of Response**

### Level One – Information Gathering

A level one response is to note, record and monitor the information, which may be used to inform policy and practice in the longer term.

### Level two – Immediate Action

A level two response is to circulate information to everyone on the DAMIS database, as either an ‘Alert’ or a Bulletin.

Alert – an alert is an email sent quickly (no later than 24 hours of receiving information) warning people of a specific risk. An alert may be sent when evidence is still limited but where it has been decided that the need to inform people of a possible risk outweighs the need to collect more evidence.

Bulletin – if more evidence is needed on an issue, a request for information is sent to the DAMIS network. Information received can then be collated and issued widely as a bulletin. This process takes longer than an alert to produce, but can provide a fuller picture of the situation in Northern Ireland.

### Level three – Formal Warning

A level three response is to issue a formal warning letter through Chief Medical Officer procedures, and consideration is given to information/awareness raising with the public.

### **Guide to implementing the Local Drug and Alcohol Incident Protocol**

The protocol can be used to coordinate a local response to information from a range of sources, including:

- DAMIS
- PHA-funded DACT Connections Services
- Drug and Alcohol Coordination Teams
- Other relevant partnerships e.g. District Policing and Community Safety Partnerships/Protect Life Implementation Groups
- Service providers
- Service users
- Media
- Social media
- General public

### **Local Incident Steering Groups (LISGs)**

In each locality, a sub group of the local DACT will be established to oversee the implementation the protocol. This group should include the following representation as a minimum:

- Drug and Alcohol Coordination Team Chair(s)
- Police Service Northern Ireland
- Health and Social Care Trust
- Public Health Agency (local drug and alcohol lead)
- Local Council(s) and/or District Policing and Community Safety Partnership(s)
- PHA-funded DACT Connections Service

### **Process outline**

Once information has been received, the following process should be followed:

1. The information is, in the first instance, passed to the Chair(s) of the Drug and Alcohol Coordination Team and the local PHA Drug and Alcohol lead.
2. The information is then shared with the Local Incident Steering Group (LISG) and the DAMIS Steering Group (particularly if the information has come via a source other than DAMIS).
3. The LISG considers the evidence and agrees the level of response required at a local level.

### Level One Local Incident Protocol Response

1. If it is agreed that the situation is not a serious incident and is unlikely, at this stage, to develop into a serious incident, the DACT LISG will monitor the situation.
2. Further advice and support will be given to the source/provider of the information by the local PHA drug and alcohol lead along with the PHA-funded community support service provider(s).
3. The local PHA drug and alcohol lead along with the PHA-funded DACT Connections service provider(s) will advise the source/provider of the initial information to keep them informed of further developments and will then share this with both the DACT LISG and the DAMIS steering group as and when it becomes available.

### Level Two Local Incident Protocol Response

If, at any stage, it is agreed that the situation is, or is likely to develop into, a serious incident then, in addition to steps 1 and 2 outlined in the Level One Response previously, the following additional steps are suggested:

1. A DACT Local Incident Level Two Response is activated and a face to face meeting involving all of the relevant partners and stakeholders is convened as a matter of urgency. This should involve the DACT LISG members, the source/provider(s) of the information along with other relevant statutory and community voluntary partners/ partnerships active in the area as well as service providers with an interest in, or remit for, addressing the particular issue raised. Representatives of the DAMIS Steering Group should also be invited to attend.
2. Members at this meeting will discuss and agree on an appropriate coordinated response both on an (i) immediate/ short-term and (ii) medium-term basis, taking account of:
  - a. Community support needs
  - b. Family support needs
  - c. Agency support needs
  - d. Agreed communications/media approach
3. Furthermore this meeting will determine which agency(ies) are best placed, or most appropriate, to deliver the support outlined within Point 2 (a-d). In all cases, the PHA funded community support service will be required to offer dedicated support in terms of implementing actions agreed by those involved in developing the local incident action plan and in communicating progress against the actions with all those involved throughout the coming days and weeks.
4. In relation to communications/media requirements as noted in Point 2 (d) those present will agree what is required in terms of a communications/ media plan including agreeing key messages and key statements and which people or agencies are most appropriate to respond to reactive media requests. In terms of proactive media an overall approach (e.g. written information for the public on social media or a press release for issuing to local media) should be

discussed and agreed at the meeting with the expectation that members of the DACT LISG would lead on this taking advice and guidance from their respective communications departments and the regional DAMIS Steering Group.

5. The DAMIS Steering Group will discuss and decide upon the need for regional communication. Any action planned by DAMIS partners will be shared in a timely manner with the DACT LISG who will then share any relevant information with those who have been involved in developing the response or indeed wider in the locality as appropriate.
6. The DACT LISG will have overall responsibility in relation to ensuring that agreed actions are implemented and that the situation is continuously monitored and that the response itself is reviewed and revised as appropriate.
7. The LISG will discuss with DAMIS Steering Group representatives the potential need for action at a regional level (if they haven't been able to attend the meeting) or should the situation escalate further at any stage.
8. The LISG will meet within an agreed period of time, e.g. one month, after the initial response meeting was convened, to review how the issue/incident has been handled, agree learning points and any revisions to process or responses in the future, and to decide whether on-going support is required or whether the issue/incident can be formally closed. Findings will then be shared with both those involved with developing the response and the DAMIS Steering Group.

## **Key Roles**

- **Local Drug and Alcohol Lead within the PHA**<sup>2</sup>  
This person is the first point of contact for receiving information on behalf of their local Drug and Alcohol Coordination Team (DACT). As such, this officer will consider the information and suggest an appropriate response in consultation with the DACT Chair(s) and the DACT Local Incident Steering Group. The local PHA Drug and Alcohol Leads are also responsible for sharing the information with the PHA DAMIS Coordinator.
- **Local Incident Steering Group (LISG)**  
The Local Incident Steering Group is a subgroup of the DACT responsible for leading on the implementation of the protocol at a local level. They are also responsible for overseeing and guiding local responses activated as a result of the protocol being initiated.

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<sup>2</sup> Current PHA Drug and Alcohol Leads are; Belfast – Colette Rogers/Kelly Gilliland, South Eastern – Owen O'Neill, Western – Cathy Mullan, Northern – Michael Owen/Jayne McConaghie and Southern – Mark McBride/Leo Foy

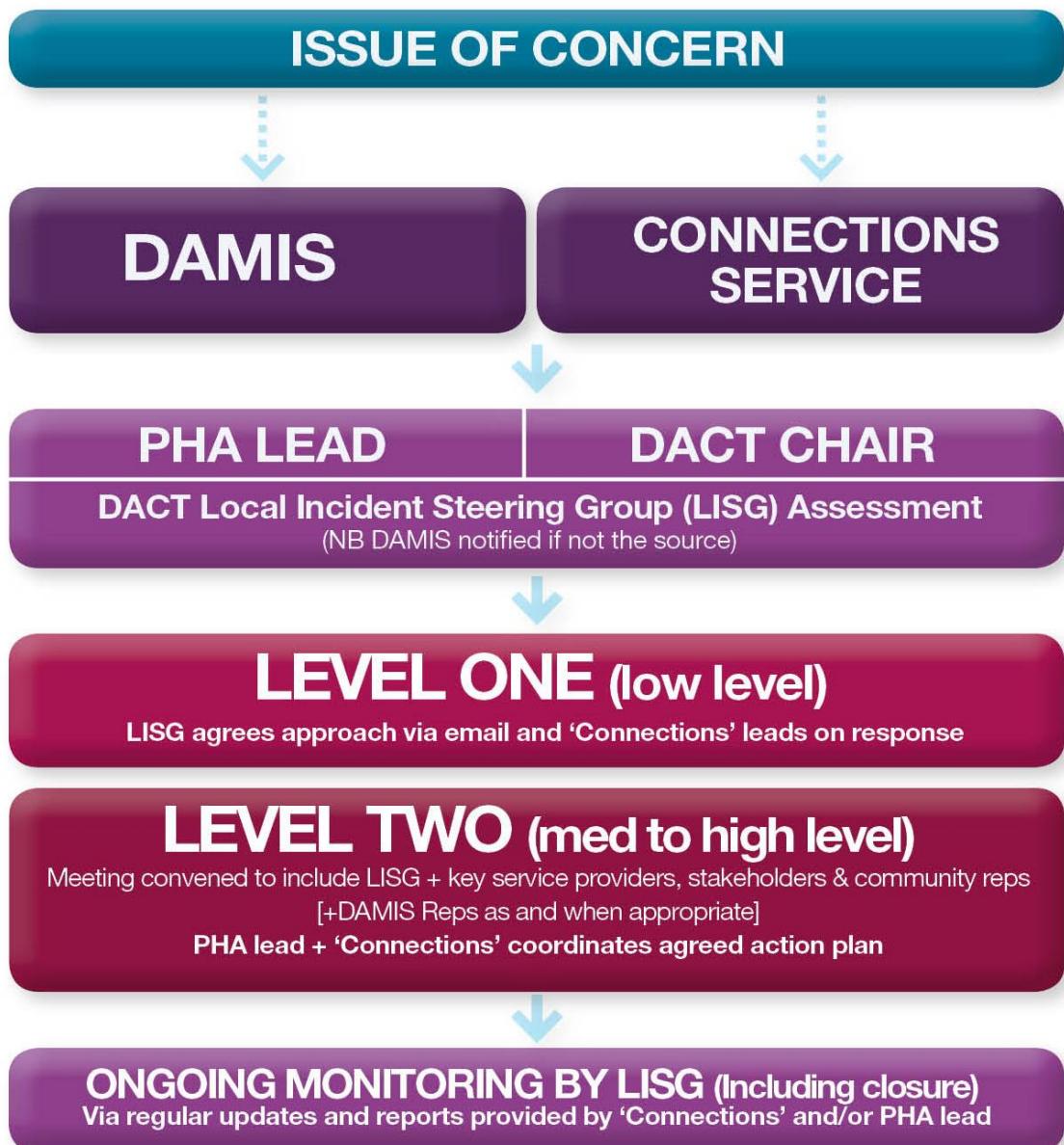
- **PHA DAMIS Coordinator**<sup>3</sup>  
This person is responsible for ensuring that local intelligence and information on locally agreed actions is shared with the regional DAMIS leads, and that regional work agreed by DAMIS to address an issue is coordinated with local work.
- **DAMIS Steering Group**  
This consists of the DAMIS leads<sup>4</sup> from the 4 member organisations (DHSSPS, PHA, DOJNI, PSNI) and the PHA DAMIS Coordinator.
- **PHA-funded DACT Connections Service**  
The PHA-funded DACT Connections Service is the key service in relation to supporting and coordinating a local response and will work closely with the local PHA D&A lead and members of the DACT Local Incident Steering Group to ensure that agreed actions are achieved and that the needs of the communities involved are communicated and addressed in determining action wherever possible. It may also be appropriate to involve other area-based or specific focussed drug and alcohol service providers at the outset or at a given stage during the response, depending on the nature of the concern/issue.
- **Local Incident Response Meeting Attendees/ Participants**  
Once a Level Two DACT Local Incident Response is activated and a meeting convened it is the responsibility of all those attending to share information freely and to decide on the best course of actions to both address immediate and medium term needs and issues but also to allay community fears and tensions in relation to the drug and alcohol issue(s) or incident(s) being addressed.
- **Health and Social Care Trust (HSCT) Community Response Plan (CRP) Coordinators**  
Should local intelligence suggest that a death or number of deaths are linked with the risk of mental health or suicide concerns, the regional and local PHA Drug and Alcohol leads will make contact with the relevant personnel within PHA responsible for Mental Health/ Suicide Prevention in terms of sharing the information and suggesting that they may want to follow up with/ make contact with their relevant HSCT CRP Coordinator regarding the issue.

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<sup>3</sup> Currently the PHA DAMIS Coordinator is Victoria Creasy

<sup>4</sup> Current DAMIS Steering Group leads are Gary Maxwell (DHSSPS); Owen O'Neill (PHA); Gareth Wright (DOJNI); Andrea McMullan and Andy Dunlop (PSNI) Jan 2016

## Appendix 1: Protocol Process Diagram/Flow Chart



Appendix 2: DACT and DACT Connections Service Contact Information

HSCT Area	Connections Service Email (whole staff team)	Connections Service Tel. No.	DACT Chair(s) and PHA Drug & Alcohol Lead(s)
BELFAST 	<a href="mailto:connections@bdact.info">connections@bdact.info</a>	028 9590 1845	<a href="mailto:chair@bdact.info">chair@bdact.info</a>
NORTHERN 	<a href="mailto:connections@ndact.info">connections@ndact.info</a>	028 9043 5810	<a href="mailto:chair@ndact.info">chair@ndact.info</a>
SOUTH EASTERN 	<a href="mailto:connections@sedact.info">connections@sedact.info</a>	0800 254 5123	<a href="mailto:chair@sedact.info">chair@sedact.info</a>
SOUTHERN 	<a href="mailto:connections@sdact.info">connections@sdact.info</a>	028 9043 5810	<a href="mailto:chair@sdact.info">chair@sdact.info</a>

WESTERN	 <p>The logo features a stylized 'W' shape composed of two overlapping circles, one white and one orange. Inside the white circle is a small orange diamond containing a white arrow pointing diagonally upwards and to the right. To the right of the 'W' is the word 'Western' in a large, bold, orange sans-serif font. Below 'Western', the words 'DRUG &amp; ALCOHOL' are written in a smaller, orange sans-serif font. At the bottom, the text 'COORDINATION TEAMS - CONNECTIONS SERVICES' is written in a very small, orange sans-serif font.</p>	<a href="mailto:connections@wdact.info">connections@wdact.info</a>	0800 254 5123	<a href="mailto:chair@wdact.info">chair@wdact.info</a>
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