CHESHIRE AND MERSEYSIDE
LOCAL DRUG INFORMATION SYSTEM

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

LDIS Form

This form can be submitted via email LDIS@ljmu.ac.uk or online at https://ims.ljmu.ac.uk/LDIS

DO NOT DISCLOSE ANY PERSONAL INFORMATON RELATED TO THE INCIDENT – E.G. THE NAMES OF PEOPLE INVOLVED.

Your contact details: if appropriate role and service
Location of the incident: geographical area, and type of location (home, street, nightclub, hostel)
Name of drug: e.g. brand name, street name, chemical name – please give as much information as possible
Route of administration: (if known) Smoked ☐ Swallowed ☐ Sniffed ☐ Injected IV ☐ Injected IM ☐ Injected Skin pop ☐ Other ☐
Effect of drug: as described to you
Different from what was expected: e.g. lasted longer, more intense
Polydrug use: was the drug used with other drugs and/or alcohol?
Polydrug use: was the drug used with other drugs and/or alcohol? No ☐ Yes ☐ Unknown ☐ (If yes, please list others)
Dosage: how much was taken, if more than one type of drug, list amount for each
Cost: e.g. price per unit weight, price per bag, price per pill
Appearance: e.g. white powder, pill. Attach photo if available
Concern: e.g. adverse effect, altered behaviour, violence, overdose
Hospital admission: No ☐ Yes ☐ Unknown ☐ If known please specify which hospital, when this occurred, whether still ongoing?
Death or serious harm: if yes give details
Drug purchasing: Internet ☐ Shop ☐ Dealer ☐ Friend ☐ Other ☐ (describe)
Issue/concern been raised by other service users: No ☐ Yes ☐ (If yes, roughly how many times)
Drug experience of person concerned: Experienced ☐ Recreational ☐ Naïve ☐
Other relevant information:

IMS integrated monitoring system