

Assessment of Injecting Risk (AIR) Tool

This tool is designed to assist experienced IEP staff conduct an assessment of injecting risk. This assessment should be used in an interactive way to promote discussion and engagement. It has been designed to improve our response when providing a service to those injecting street drugs. It will have limited use with those injecting Image and Performance Enhancing Drugs (IPED).

Guidance for staff

Promote less risky injecting sites if possible.

Promote route transition, such as smoking, if possible.

Provide Naloxone and overdose awareness if appropriate

Offer condoms, if drugs are used for sexual enhancement

Red = high risk of overdose

1. Which of the following drugs have you taken over the past 6 months, and how did you take these drugs?

	Injected	Smoked	Swallowed	Other
Heroin				
Methadone (Street)				
Methadone (Prescribed)				
Buprenorphine / Suboxone (Street)				
Buprenorphine / Suboxone (Prescribed)				
Benzodiazepines (Street)				
Benzodiazepines (Prescribed)				
Alcohol				
Pregabalin (Prescribed)				
Pregabalin (Street)				
Gabapentin (Prescribed)				
Gabapentin (Street)				
Cocaine Powder				
Cocaine Freebase / Crack				
Cocaine and Heroin (Snowball)				
Synthetic Opiates				
Amphetamine				
Methamphetamine				
New Psychoactive Substance Stimulant Type (NPS)				
Steroids (IPEDS)				
Growth Hormone (IPEDS)				
Tanning Agents / Melanotan (IPEDS)				
Other				

	Yes	No
2. Have you been supplied with take-home Naloxone in the past year?		
3. Are you carrying any take-home Naloxone today?		
4. Have you overdosed in the last 12 months?		
5. Have you had Naloxone used on yourself in the last 12 months?		
6. Have you used Naloxone on another person in the past 12 months?		
7. Do you have Naloxone where you inject?		

Guidance for staff

Green = lowest risk

Orange = high risk

Red = very high risk

Influence the client's choice of needle to the highest gauge possible but suitable.

Promote less risky injecting sites.

Promote proper site rotation.

Promote route transition such as smoking.

Discuss the risks associated with flushing and the flawed rationale behind it.

8. Over the past 6 months which of the following sites have you used for injecting?

	IV	IM	SC
Arms			
Hands			
Feet			
Legs			
Groin			
Neck			
Breasts			
Penis			
Other			

9. How frequently do you inject drug?

More Than Once a Day	
Daily	
Most Days	
Less Than Once a Week	
Sporadic binge	

10. Is the health of the injecting site good or poor?

	Good	Poor
Arms		
Hands		
Feet		
Legs		
Groin		
Neck		
Breasts		
Penis		
Other		

11. Over the past 6 months have you experienced any of the following complications which may relate to your injecting?

Abscesses	
Infections	
Cellulites	
Ulcer	
DVT	
Open Wounds	
Blocked or Collapsed Veins	
Missed Hits	
Amputation	
None	
Other (please specify)	

12. Do you ever flush the blood back and forth whilst the needle is still in the vein?

Never	
Occasionally	
Often	

Guidance for staff

Suggest a suitable location which is safe, warm, well lit and allows for hand and site washing. If injecting alone, discuss the risk of fatal overdose.

If injecting outdoors, clients may be less willing to take enough equipment – do they know of all the outlets in their area. Promote the uptake of equipment.

13. Please provide us with more details of your injecting locations. Ticking a box indicates 'YES' Leaving a box blank indicates 'No'

	Is the area clean?	Is there any facility for washing hands?	Is the area safe?	Is the area exposed to the elements?	Is the area well lit?	Is the area warm?	Do you Inject with others?
Own Home							
Friends Home							
Shelter / Hostel							
Safe Consumption Facility							
Prison							
Public Toilet							
Car Park							
Stairwell / Close							
Outdoors (Park, Alleyway, Street etc)							
Squat / Abandoned House							
Other							

14. Do you ever use any of the following techniques for raising a vein?

Tourniquet	
Warm Water	
Gentle Exercise	
Fist Clenching	
Swinging Arms (Windmill Motion)	
Drink plenty fluids	
Not Applicable	

Guidance for staff

Discuss the importance of proper hands and injecting site cleaning.

15. Do you clean your hands prior to preparing your drugs for injection?

Never (<i>Go To Question 17</i>)	
Occasionally	
Often	

16. How do you clean them?

Warm water and soap	
Alcohol type hand cleanser	
Cold water and soap	
Warm water no soap	
Cold water no soap	
Other (please specify):	

17. Do you clean your injecting site prior to injecting?

Never (*Go To Question 19*)

Occasionally

Often

18. How do you clean it?

Warm water and soap	
Alcohol swab	
Cold water and soap	
Warm water no soap	
Cold water no soap	
Other (please specify)	

Guidance for staff

Discuss with clients that only the smallest amount of acidifier should be used. A small single use sachet contains enough to dissolve a full gram of heroin.

Remind clients that acidifiers are best added a very small amount at a time.

Only heroin, freebase cocaine and crack cocaine require an acidifier to be added.

19. Do you use an acidifier to break down your drugs for injection?

Never (<i>Go To Question 21</i>)	
Occasionally	
Often	

20. How much do you tend to use?

The whole contents of a single use sachet	
2 or more single use sachets	
Only a small amount of the sachet	
Other (please specify)	

Guidance for staff

Encourage clients to use ampoules of water for injection to prepare all drugs.

If the client reports flushing /cleaning this is evidence of needle reuse and the dangers should be discussed.

21. What source of water do you use to prepare your drugs for injection?

Water for injection ampoules	
Water from a cooled kettle	
Cold tap water	
Warm or hot water from a tap	
Bottled water	
Water from a cup that others have access to	
Other (please specify)	

22. Do you use water to flush out your syringe after injecting?

Never (<i>Go To Question 24</i>)	
Occasionally	
Often	

23. What water do you use?

Water for injection ampoules	
Water from a cooled kettle	
Cold tap water	
Warm or hot water from a tap	
Bottled water	
Water from a cup that others have access to	
Other (please specify)	

Guidance for staff

Discuss the risks associated with needle reuse.

Discuss the risks of transmission of BBVs related to sharing injecting equipment

If any high risk injecting behaviour has been reported during this assessment, frequent BBV testing should be advised.

24. Do you ever share needles / syringes with anyone else?

Never	
Occasionally	
Often	

25. Do you ever share spoons, water or filters with anyone else?

Never	
Occasionally	
Often	

26. Do you ever reuse your own needle / syringe?

Never	
Occasionally	
Often	

27. Do you ever reuse your own spoon, filter or water?

Never	
Occasionally	
Often	

28. Do you ever prepare (for injecting) a larger amount of drugs to share with others?

Yes	
No (<i>Go To Question 31</i>)	

29. Are there occasions when this is made with your previously used syringes, spoons, filters or water?

Yes	
No	

30. How are these drugs divided between others?

Backfilled	
Frontloaded	
Drawn up from one spoon	

31. Do you ever have your drugs for injection prepared by others?

Yes	
No (<i>Go To Question 34</i>)	

32. Are there occasions when this is made with someone else's previously used spoons, filters or water?

Yes	
No	

33. Is this solution backfilled or frontloaded into your syringes?

Backfilled	
Frontloaded	
Drawn up from one spoon	

Guidance for staff

If the client has gone more than 3 months without a BBV test, they should be offered one. If this is not done on site they should be referred to a service with provides this.

They should also be made aware of the BBV services in the area and offered a referral, if appropriate. Discuss the risks associated with needle reuse.

Discuss the risks of transmission of BBVs related to sharing injecting equipment?

If any high risk injecting behaviour has been reported during this assessment, frequent BBV testing should be advised.

34. Have you been tested for HIV in the last 6 months?

Yes	
No	

35. Are you aware of your current HIV status?

Yes	
No	

36. Have you been tested for HEP C in the last 6 months?

Yes	
No	

37. Are you aware of your current HEP C status?

Yes	
No	

38. Have you been tested for Hep B in the last 6 months

Yes	
No	

