

## Mini Assessment of Injecting Risk tool

This module is designed to assist 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). If you require advice or support please contact the Harm Reduction Service on 01382 496745.

### **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 (IPEDES)				
Other				

	Yes	No
2. Are you carrying any take-home Naloxone today?		
3. Have you overdosed in the last 12 months?		
4. 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.

**5. 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			

**6. How frequently do you inject drug?**

More Than Once a Day	
Daily	
Most Days (3-6 times per week)	
Less Than Once a Week	

**7. 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)	

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

Never	
Occasionally	
Often	

**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.

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

Never	
Occasionally	
Sporadic binge	
Often	

**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.

**10. 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)	

**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.

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

Never	
Occasionally	
Often	

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

Never	
Occasionally	
Often	

**13. Do you ever reuse your own needle / syringe?**

Never	
Occasionally	
Often	

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

Never	
Occasionally	
Often	

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

Yes	
No	

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

Yes	
No	

**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.

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

Yes	
No	

**18. Are you aware of your current HIV status?**

Yes	
No	

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

Yes	
No	

**20. Are you aware of your current HEP C status?**

Yes	
No	

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

Yes	
No	

**22. Have you been fully vaccinated against Hep B? (e.g. doses and a booster)**

Yes	
No	

**Please record any notes or actions regarding this client:**