

## Drug Network Identification

Patient ID: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETE QUESTIONS BELOW WITH PATIENT BY TICKING THE RELEVANT BOX.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree

	1	2	3	4	5	6	7
1. I feel a bond with the people I use drugs with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel similar to other people I use drugs with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a sense of belonging to the people I use drugs with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have a lot in common with the people I use drugs with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Calculate average score by adding all scores and dividing by 4.

Average score = \_\_\_\_\_

IF AVERAGE SCORE IS **EQUAL TO OR GREATER THAN 5** FOR DRUG NETWORK QUESTIONS  
 TARGET FOR **ENHANCED HARM REDUCTION** PROVISION

### Enhanced Harm Reduction

- Provide more IEP to distribute within network
- Conversation on risk of BBV infection
- Advise not to share any drug injecting equipment including water