



# [injecting anabolic steroids]

step-by-step visual guide



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Ten things everyone should know about using anabolic steroids

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# [10 things you should know]

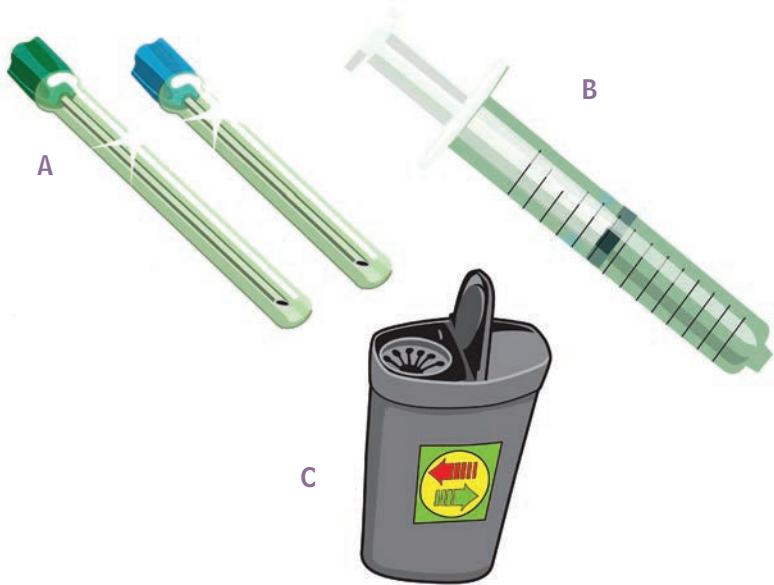
1. Injecting any drug can be dangerous.
2. Sharing injection equipment puts you at risk of blood borne viruses such as HIV or Hepatitis C.
3. Poor injecting technique could leave you with 'dead' legs, abscesses, damaged muscles and maybe more.
4. Many of the anabolic steroids that are bought on the streets contain a different substance, or a different dose, than that which is described on the label.
5. Even when they are used 'properly', anabolic steroids may have side effects.
6. The long-term effects of steroid use are sometimes serious and very hard to predict.
7. Training, sleep, diet regulation, illness and stress determine how well you will respond to steroids.

8. If you want to use anabolic steroids you should find out as much about them as you can. There is plenty of information on the internet, but a lot of it is dated or inaccurate. Your local drugs service should be able to give you advice on anabolic steroids. If they cannot, they should know someone who can.
9. Your local needle exchange scheme provides needles, syringes, sharps boxes and other sterile equipment. They can also offer guidance and advice.
10. Needle exchange is confidential and free of charge.



# [equipment]

- A** The needle must be long enough to reach into your muscle and thick enough to allow the drug to pass through. Both long green and long blue needles are used (ask a needle exchange worker for specific advice). Ideally you need two for each injection: a green one to draw up with and a blue or green for the actual injection.
- B** A 2ml barrel is a good choice. 2ml is the maximum amount of fluid that can safely be injected into the muscle at any one time. Bigger barrels are used in exceptional circumstances.
- C** Every single piece of equipment used in an injection must be considered contaminated and disposed of safely into a specially designed sharps box.



# [prepare]

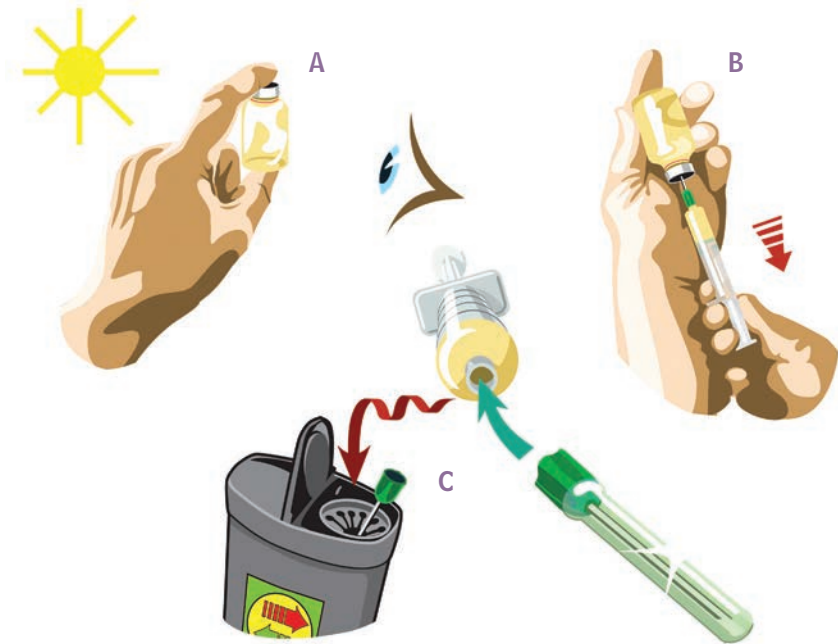
- A** Find a clean, clear area to assemble your sterile equipment and to prepare your injection. Never, ever share ANYTHING you use to inject steroids with.
- B** An injection opens the door for infections so keeping everything clean is important. Wash your hands and the place you are going to inject with soap and hot water.





# [drawing up]

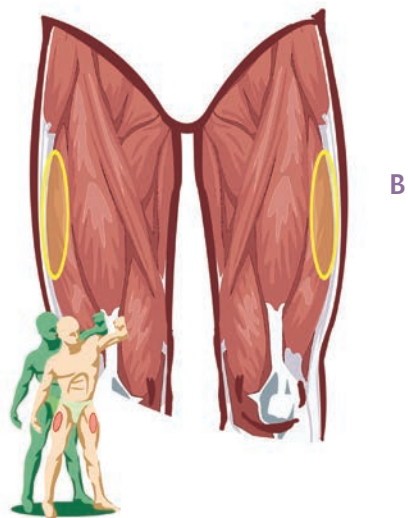
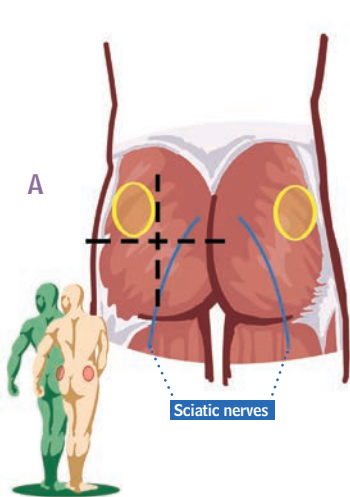
- A** Hold your ampoule up to the light and take a good look. If the liquid is discoloured or there are bits floating in it then it could be dangerous or faulty and you should not use it. Oil-based solutions will be easier to inject if warmed to body temperature by standing in warm water.
- B** If you are satisfied the drug looks OK, push the needle through the seal, then draw back the plunger until the dose you want is in the syringe.
- C** Pushing a needle through the seal will make it blunt and a blunt needle will cause more damage to your muscle. Discard the used needle (use your sharps box) and replace it with a new sterile needle. Don't uncap the new needle until you are ready to inject.



# [where?]

Anabolic steroids are normally injected into parts of the thigh or the buttock. Injecting into the wrong place can have serious consequences. Get good advice and make sure you know exactly what you are doing. Avoid injecting the same spot twice in a row; rotate sites to allow each muscle a chance to recover.

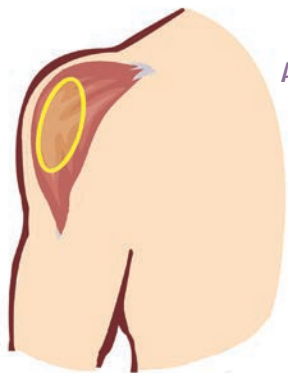
- A** When injecting into the buttock, you should aim for the upper outer quadrant of the buttock (the top right or left sides). This muscle is called the gluteus maximus. Injecting here means you are less likely to hit your **sciatic nerve**, which could cause severe pain and lasting injury.
- B** When injecting into the thigh, you should aim for the middle outer muscle, which is called the vastus lateralis.



# [other sites]

- A** If the buttocks and thighs cannot be used, some users inject into the **deltoids** (see diagram). If you are going to go in to your deltoid, it is probably better to inject 1ml or less.
- B** The smaller the muscle, the more pain and damage an injection will cause. More care must be taken and a smaller dose used. Warm solutions to body temperature, inject slowly and then gently exercise or lightly massage the area to help distribute the drug.

Some steroid users inject specific sites all over the body (e.g. the calves) to target lagging muscle groups. This can be dangerous and, despite what some people may tell you, there is no scientific evidence whatsoever to show that it works. Steroids act throughout the body they do not act locally.



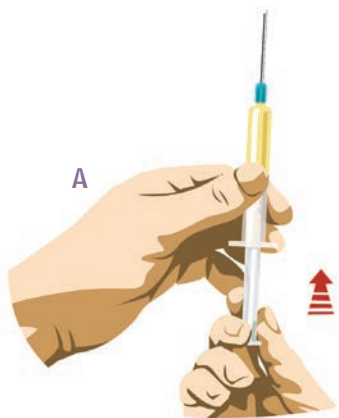
B



# [pre-injection]

- A** Get rid of any big bubbles in the syringe for smoother injecting and to be sure of your dose. Flick the barrel and then press the plunger until the solution reaches the top of the syringe. Injecting some bubbles will not cause you any harm or damage.
- B** If you have already washed your injection site with soap and water then there is no need to use a swab. Soap and water is healthier for your skin than alcohol swabs. Some needle exchanges now give out non alcohol based antiseptic wipes.





# [injection]

- A** Holding the syringe like a dart, push the needle through the skin and into the muscle. Go in at a 90-degree angle to reduce the damage to your muscle. Insert the needle far enough in to reach the muscle (ask at your needle exchange for more specific advice). Try practising your injection technique on an orange!
- B** Before injecting the solution, make sure that the needle is not in a blood vessel (a vein or artery). Ease the plunger back a little way. If blood appears in the syringe, withdraw the needle, apply pressure to stop any bleeding and try again somewhere different.
- C** Once you are satisfied that the needle is in the muscle, press the plunger. To lessen damage, the solution should be injected s-l-o-w-l-y into the muscle.

A



B



C



# [finally]

- A** A little bleeding is normal. Apply pressure with a clean tissue or cotton wool for a few minutes to stop the blood and prevent bruising. Any swelling, itching or redness should quickly subside.
- B** Everything you have used in the injection – needles, syringes, swabs and empty ampoules should be placed in your sharps box and returned to a needle exchange for safe disposal.
- C** Thoroughly wash your hands with hot water and soap
- D** Lightly exercise or gently massage the area to help distribute the steroid.



# [injecting problems]

## nerve hits

If you feel a severe pain, like an electric shock, when the needle goes in then it is likely you have hit a nerve. Hitting a nerve can cause permanent damage and even paralysis. Your instincts will tell you the right thing to do: remove the needle straight away.

## muscle damage

Repeated injections into the same muscle can cause damage and scarring, which may affect muscle function. Further injections may be painful and badly absorbed. Remember to switch or rotate the place you inject, each time you inject. Injecting into a muscle after working on that muscle can be very painful. (i.e. if you train legs on a Monday do not inject in your quads on a Tuesday.)

## internal bleeding (haemorrhage)

Accidentally puncturing a blood vessel when you inject can cause bleeding inside the muscle (a haemorrhage), which, at the very least, will affect your training performance and cause stiffness and pain. If you accidentally injected steroids into an artery you would be in a whole heap of trouble. Always check that the needle is not in a blood vessel before you inject (see page 19).

## missing the spot

Unless you make your injections in exactly the right place you risk damaging tendons, nerves and ligaments, causing pain and serious mobility problems. Unless you are absolutely certain you know where and how to inject, get some expert advice before you go anywhere near a syringe.

## redness and swelling

Non-sterile equipment or poor hygiene can cause infections at the injection site leading to swelling or abscesses, which can be difficult to heal. If the injection site becomes hot or red or starts to weep fluid, then you should stop injecting there and seek medical attention before the problem gets worse.

## getting help

If you have any worries or concerns about your injecting, go straight to your needle exchange, drugs service or GP. Remember that a health professional will only be able to help you properly if you are honest about your steroid use. Don't just hope that your problems will get better on their own – they're just as likely to get a lot worse.

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**[>]** aims  
To provide information for self-injecting anabolic steroid users in an accessible graphic format. This booklet includes a step-by-step guide to intramuscular injection for the promotion of safer practice.

**[>]** audience  
Steroid users, aged 18+

**[∨]** content  
No swearing

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