

DIG

A GUIDE FOR
INJECTING
DRUG USERS



ANATOMY



The HEART

The heart beats at a steady rate – detectable in the pulse – and when it stops doing this you are (in technical jargon) DEAD.

The heart is a highly developed pump. Its job is to make sure blood is circulated around your body – taking oxygen and nutrients to the cells and collecting waste products that are processed by other organs in your body.

The ARTERIES

The arteries are the tubes leading away from the heart that carry the blood with its oxygen and nutrients. The large arteries go straight to your body's organs, these have a pulse. The large arteries branch off into smaller arteries (known as arteriole) and these branch off into even smaller ones (known as capillaries). Arteriole and capillaries do not have a pulse. The blood in an artery is bright red as it contains a lot of oxygen.

NEVER *Inject into an* ARTERY

If you inject into an artery you may bleed to death or lose a limb. You will know when you inject into an artery as when you pull the plunger back the blood is bright red and you feel a burning sensation. The blood can also appear frothy and the plunger can be forced back by the pressure of the blood.

If this happens, pull out the needle and apply pressure with your thumb for at least 15 minutes. If it does not stop bleeding call for an ambulance or get help.

The CAPILLARIES

Capillaries are the tiniest of the veins, they criss-cross the tissue of the body at individual cell level. They are very fragile and barely visible to the eye.

The VEINS

The veins take the blood back to the heart, they contain less oxygen than arteries, so the blood in a vein is a dark red, almost purple colour. The veins have a series of valves to stop the blood flowing in the wrong direction. The blood in the veins is pumped back to the heart using the muscles through which the veins pass, so the veins do not have a pulse. Veins look blue and can be seen on the surface of the skin.

If the veins are damaged or removed by surgery, the body can grow new veins that will bypass the damage and join up with other veins. However, these new veins take months to grow, and are never as large and strong as the originals.

Don't keep injecting in the same spot, change arms and veins to try and give them time to heal. Repeated injection will cause you to run out of accessible veins, and this may cause problems should you require emergency treatment in the future.



TYPE of INJECTION

Injecting into the muscle:

known as Intramuscular injection or I.M injection.

Steroids should only ever be injected into a muscle.

Skin popping:

injecting just under the surface of the skin is known as skin popping.

Skin popping heroin often leads to abscesses and complications can arise from these.

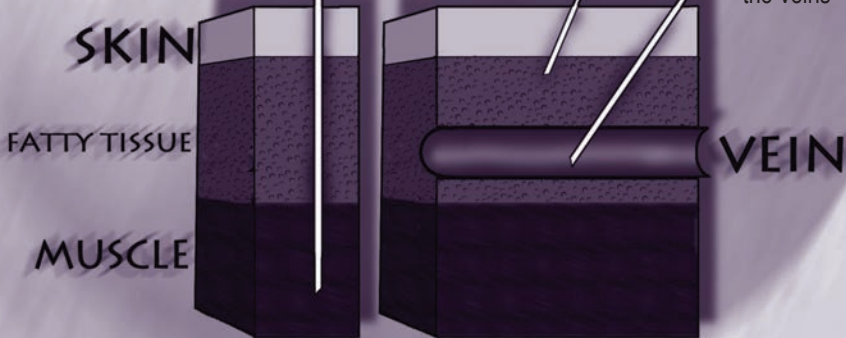
Injecting into the veins:

known as Intravenous or I.V injection, is by far the most common way to inject street drugs. It is popular because the drug effects start almost instantly, it is also the most damaging to the body.

Injecting into the muscle

Skin popping

Injecting into the veins



CHOOSING A NEEDLE

Needles come in various lengths, the colours show the thickness of the needle: Ask your needle exchange for advice about the right injection equipment.

GREY	0.4MM
ORANGE	0.5MM
BLUE	0.6MM
GREEN	0.8MM
YELLOW	0.9MM

The 1/2ml and 1ml all in one insulin syringe have a fine point.



Use the smallest needle and barrel possible, bearing in mind what you are trying to inject and where you are injecting. An orange needle will cope with surface veins, you don't need to use blue needles in the veins of your arm, there are no benefits, it just causes more damage. For injecting into a small vein in your hands, fingers or feet, you should use an insulin syringe. For deep veins like the groin you will need a bigger needle – [See injecting in the groin page 14.](#)

CHOOSING A SITE

Most new drug injectors use the **CROOK** of the **ARM**. This is because it is the easiest place to find a vein and inject.

UPPER and **LOWER ARMS** have plenty of visible veins. Regularly rotate sites (change the place where you inject) to give the veins a chance to heal.

Those who can no longer use veins in the arms may use the small veins on the back of their **HANDS***. Use a small barrel with an orange needle or 1/2 or 1ml insulin.

**We recomend speaking to staff at your needle exchange.*

Veins in **FINGERS** are even finer. Using them can be painful and they are easy to damage. There are also tiny arteries near the surface, so take care.

Remove any rings before injecting, in case of swelling, which could result in the loss of your finger.

There is a big vein in your **NECK** (the jugular). **NEVER** inject into this as it is likely you will bleed to death.

Women and men should avoid the **BREAST** area.

There are lots of veins in the back of your **LEGS**. The blood flows slowly in these, so inject slowly.

There are lots of small veins in your **FEET**. Inject slowly as it can be painful.

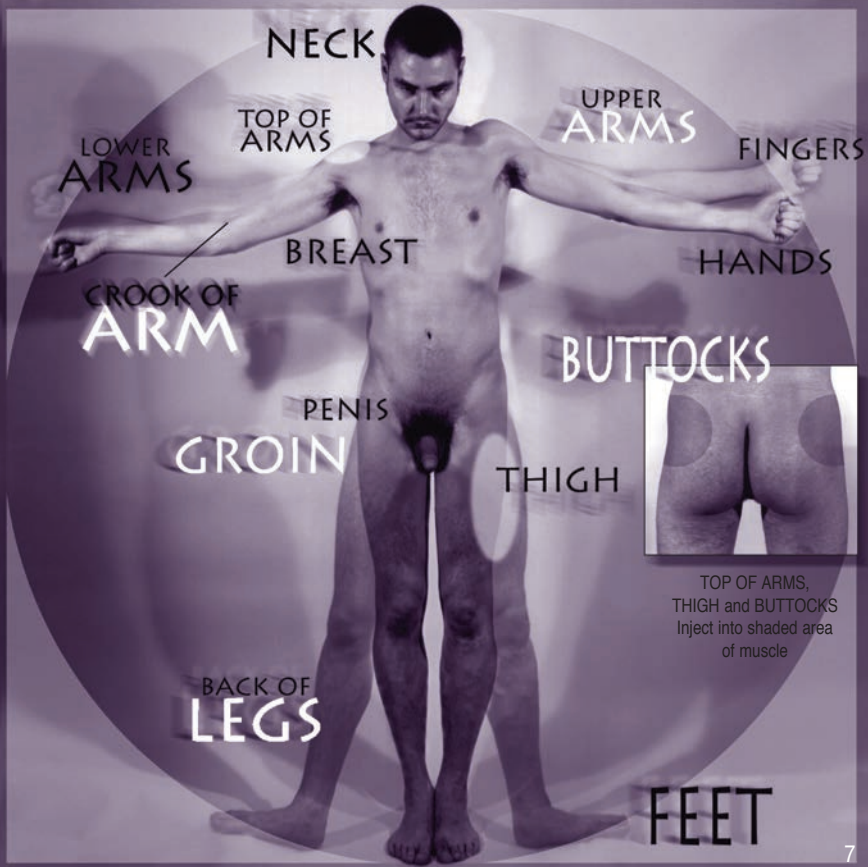
Never inject into your **PENIS**. The veins won't take a needle, they'll burst and your penis will turn black and swollen before you can even get a shot in.

If you are injecting into muscle, **BUTTOCKS** and **THIGHS** or the **TOP OF ARMS** are best. Inject into the shaded area. Use alternate sites each time you inject.

If you have been injecting for a while your veins will become damaged or may collapse. When this happens you may have trouble finding veins to use.

The temptation is to use the big, deep vein in your **GROIN** (the femoral). This is very dangerous, but despite this many drug users do end up using it.

(See page 14 on the groin)



NECK

UPPER
ARMS

FINGERS

LOWER
ARMS

TOP OF
ARMS

HANDS

BREAST

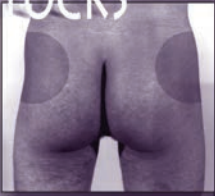
BUTTOCKS

CROOK OF
ARM

PENIS

GROIN

THIGH



TOP OF ARMS,
THIGH and BUTTOCKS
Inject into shaded area
of muscle

BACK OF
LEGS

FEET

THE SUBSTANCE

KNOW WHAT IT IS?

Don't inject any old shit. Drugs like amphetamine sulphate are rarely more than 5% pure, the rest could be anything.

Injecting cocaine will numb the warning signs of pain from a bad hit.

Temazepam in capsule form (jellies, eggs), are difficult to inject. If you do manage to inject them, they can cause serious damage. Temazepam capsules are no longer prescribed but they are still about along with illicitly produced clear capsules.

KNOW ITS PURITY

Whilst impure drugs cause problems, drugs with a high level of purity can easily lead to overdose and death. If you're unsure of purity then use a small amount or inject and wait.

AMOUNT

Remember, if you have stopped using for a while, you should use a lot less; you quickly build up and lose tolerance. What was your normal dose when you were using regularly could lead to an overdose after a period of not using.

DON'T MIX DRUGS.

Mixing drugs, including drinking alcohol on top of your hit, can lead to overdose.

POWDERS

Grind/chop down any lumpy powder as fine as possible.

TABLETS

Are not meant to be injected, so there is no safe way of injecting them. The chalk content in tablets is a major cause of vein collapse and blockage. If you use tablets, crush them as fine as you can between spoons or with a bottle.

PREPARING *Street* HEROIN

Use your own clean spoon, HIV (the AIDS virus), HEP B and HEP C, can all be caught from sharing spoons.

Estimate the amount of heroin you are going to use. Remember to use less if you are unsure of purity or you have had a break from regular use.

Make sure the powder is finely ground with no lumps.

Add as little as possible of citric acid or vitamin C powder. Using other acids like lemon juice and vinegar can lead to serious health problems.

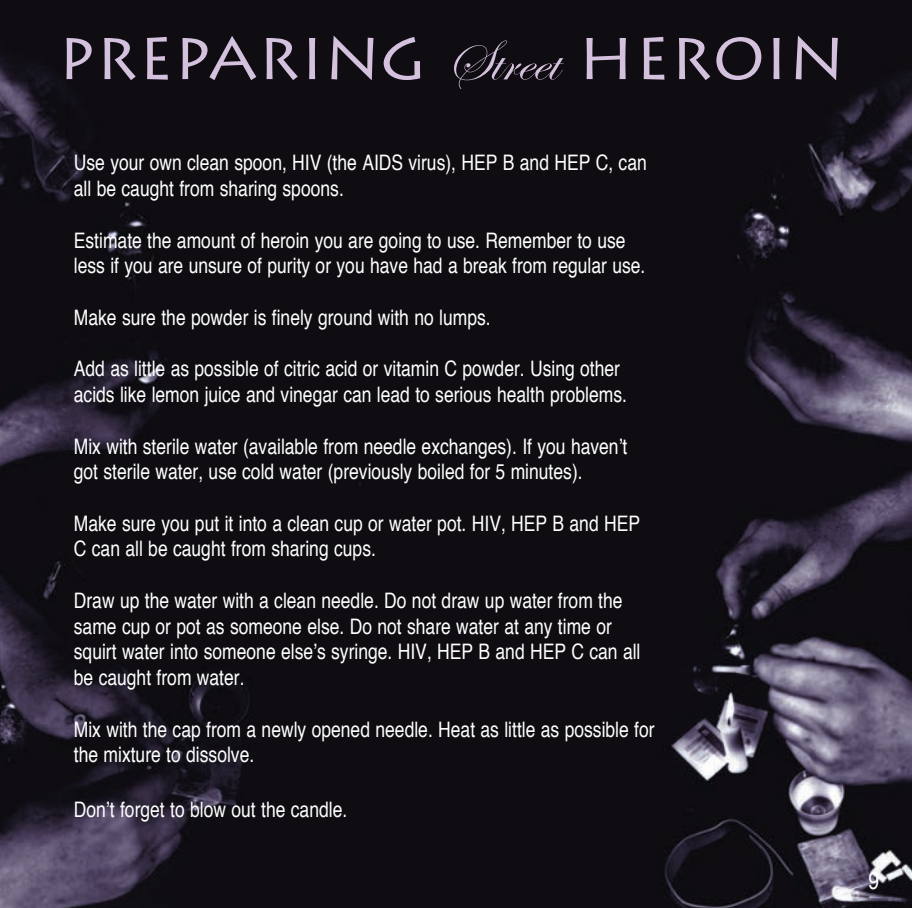
Mix with sterile water (available from needle exchanges). If you haven't got sterile water, use cold water (previously boiled for 5 minutes).

Make sure you put it into a clean cup or water pot. HIV, HEP B and HEP C can all be caught from sharing cups.

Draw up the water with a clean needle. Do not draw up water from the same cup or pot as someone else. Do not share water at any time or squirt water into someone else's syringe. HIV, HEP B and HEP C can all be caught from water.

Mix with the cap from a newly opened needle. Heat as little as possible for the mixture to dissolve.

Don't forget to blow out the candle.



Use a clean filter (available from needle exchanges) or an unused cigarette filter.
Do not use cotton wool or toilet roll as they clog the needle.

Do not share other peoples filters, or let them use yours.
HIV/HEP B and HEP C can all be caught from filters.

Using a new needle and syringe draw up the liquid through the filter.
Do not squirt this into other people's syringe or share (back load/ front load)
in any way. HIV, HEP B and HEP C can all be caught in this way.

Make sure there are no bubbles in the syringe. Tap the barrel and push the
plunger up until a tiny drop of the liquid appears at the end.

No matter how eager you are to inject, let the mixture cool.
Injecting a hot mixture can cause all sorts of problems.

Do not share anything with anybody or let anybody share anything of yours...

...EVER.
NEVER



PREPARING *the* SITE

Select the vein to be used. New users can often find surface veins. Heat or more commonly waving your arm around like a windmill will bring up veins.

Use a tourniquet to bring up the vein. A tourniquet will hold the vein in place to stop it rolling. Don't tie it too tight as this makes it harder to find a vein.

Clean the site. Use soap and water and then dry it with a clean towel.

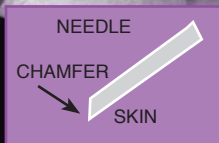
Alternatively wipe once with a swab. These are available from needle exchanges and chemists.

Let it evaporate.



INJECTING

Insert the needle at an angle in the direction of the blood flow.
Blood in the veins flows towards the heart.



Insert needle with the chamfer facing upwards.

Draw back the plunger until you see blood. If the blood is bright red or the plunger is forced back by the pressure of the blood, you have probably hit an artery (see page 2). Blood in veins is a dark red, it is very important to learn the difference.

Take the tourniquet off. If you inject with it on you could burst a vein and lose your hit. If you pass out with it on, you could lose your limb.

Depress the plunger slowly at a steady pace. Do not flush as it damages veins and doesn't get any more out of the syringe. Slide the needle out slowly.

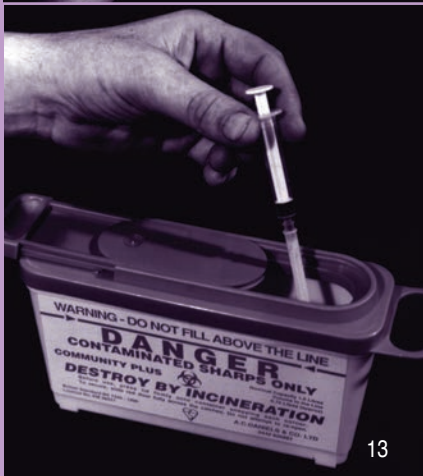
Keep pressure on the site with a clean swab for 2/3 minutes or until the bleeding stops. If the bleeding doesn't stop hold the limb up, keep pressure on it and get help.

After you have finished with your needle resheath it, do not resheath other peoples needles as you may accidently prick yourself.

Dispose of; needles, syringes, swabs, filters, used phials, cookers and anything else your blood and needle has come into contact with in a sharps container.

Sharps containers are available from needle exchanges. Don't overfill your sharps container. When it is filled up to the line, take it back to the needle exchange.

Wash out any cups with a drop of diluted bleach before you use them again.



INJECTING *in the* GROIN

If you get to the stage where your groin is the only thing left, think about giving your veins a chance to repair themselves. Try smoking heroin, or a methadone script for a while. Some people use this as an opportunity to sack heroin for good.

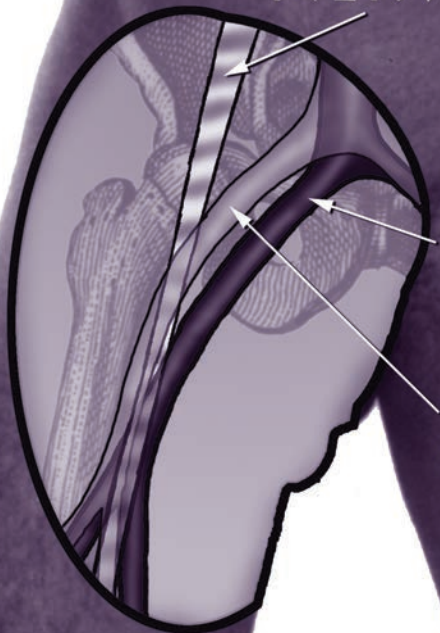
Going into the groin is very dangerous. There is a deep vein in the groin (the femoral vein). The femoral vein is also right next to the main artery that supplies blood to the leg (the femoral artery). It is all too easy to miss the vein and hit this artery. This is a major artery and you could bleed to death or lose a leg by hitting it.

If you do hit the artery then try and stem the flow of blood by any means you can. Call an ambulance and keep pressure on it to try to stop the bleeding

As well as being next to a major artery the femoral vein is also next to a major nerve (the femoral nerve). Hitting this will be extremely painful and could also result in serious damage to your leg.

- ◇ Clean the site.
- ◇ Use a long needle. Most people use a blue 1" needle. Some people can reach it with an orange 5/8". The wider the gauge of the needle the more damage caused.
- ◇ Put your finger on your groin until you find a pulse. The pulse belongs to the artery. **DO NOT INJECT HERE.** Leave your finger on your artery and measure about the width of two fingers away from the artery (DOWN if you were lying on your back) to find the vein. This is only a rough guide as the position will vary from person to person.
- ◇ Go in straight, not at an angle. Insert the needle 3/4 of the way so it can be removed more easily if it snaps.
- ◇ Draw back until you see dark red blood.
- ◇ Depress plunger slowly.
- ◇ Remove needle.
- ◇ Keep pressure on the site until bleeding stops.

FEMORAL NERVE



FEMORAL VEIN

FEMORAL ARTERY

Rotate your injection site. If you notice a hot, red, sore or swollen area, see a doctor. Deep vein thrombosis is a very serious but fairly common result of injecting in the groin.

INFECTED HEROIN

ANTHRAX & BACTERIA:

A number of people have died over the last few years after injecting heroin infected with a bacteria called *Clostridium* (sometimes called 'Botulism' or 'Wound Botulism') and more recently through heroin infected with the bug *Anthrax*. *Clostridium* was only spread by injecting infected heroin, however *Anthrax*, can be spread by both injecting and smoking infected heroin. Unfortunately there is no way of telling if your heroin is infected as it looks and acts the same as any other batch of heroin.

THE SYMPTOMS:

Clostridium. Infection symptoms begin with blurred vision and difficulties with speaking and swallowing. It can be successfully treated in most cases but it can kill. If you experience symptoms get medical help straight away.

Anthrax. If you inject heroin infected with anthrax you may notice swelling and redness at the injection site, which may lead to an abscess or ulcer. You may have other symptoms such as fever or headache. If you smoke heroin, you may find it hard to breathe and may have a fever or flu like symptoms.

WHAT TO DO

Watch out for alerts about infected heroin. If you notice any of the symptoms go along to your nearest hospital A&E.

If you are worried go along to your local drug service and discuss either help with quitting or getting a script of methadone or buprenorphine.

HEALTH PROBLEMS

WEIGHT LOSS: is often a sign of other illness, however, in injecting drug users it is usually explained by not eating enough.

CONSTIPATION: as above – what's not put in, can't come out. Constipation is also an occupational hazard of using opiates.

DIARRHOEA: is often caused by eating spicy foods, or by an infection. It can also (strangely) be caused by severe constipation.

VOMITING: is a feature for new opiate users, it is also a symptom of withdrawal.

SKIN RASHES: often caused by poor diet. Skin Rashes are difficult to treat, you should ask to see a specialist if it is severe.

BRONCHITIS: this is an infection of the smaller airways that branch off the windpipe. It is caused by damp and cold. Opiate users are more at risk because of the affects of opiates on the respiratory system.

WARNING SIGNS: There are many different problems that can be caused by injecting. Most can be treated by your doctor. However, the longer you leave it untreated the more severe the problem can become and in some cases they can become life threatening. Watch out for any signs around the injection site. If the area becomes painful, tender, red, hot or swollen or generally if you are feeling ill or weak with a temperature, go to your doctor.

Watch out for any infection. If the skin becomes sore, weeps or turns black, go to your doctor as it won't heal by itself. If infection is spreading, it is often noticed in the hands and fingers, they become; red, swollen, hot, tight, shiny and painful (the fingers look like sausages). Another sign is a red track mark that may be visible under the skin and as the infection spreads the track mark spreads. If you are feeling weak or ill and notice the appearance of bruises in the mouth or eyes, go to your doctor.

Get regular medical check-ups, as Injecting drug users often lead lifestyles that make excessive demands on their bodies. If you have trouble finding a doctor, contact your local drug service.

SEXUALLY TRANSMITTED

DISEASES: if you have any kind of infection, pain or discharge, you should go straight to the Genital Urinary Medicine Clinic (GUM Clinic). You should of course use condoms to protect yourself and your partner.

SHARING: you are at risk from HIV, Hep B and Hep C by sharing needles, syringes, barrels, water or anything else that has come into contact with somebody else's blood, body fluids or works.

HIV: if you have contracted HIV (the virus that leads to AIDS) the only way of knowing is to go for a test, as it could be years before any symptoms appear.

HEP C: Hepatitis C, is a recently discovered virus. It is thought that over half of the drug injectors in Britain have it. You may have no symptoms at all when you first pick it up and it can be years before signs of the illness show. Or you can become ill, feel tired, have flu like symptoms and jaundice (your skin and whites of your eyes appear yellow). Contact your local drug service for more advice.

HEP B: Hepatitis B is an old enemy of drug users. You may not notice signs straight away, many of the symptoms are masked by the use of drugs like heroin. Sure signs are jaundice, your pee is dark or your shit is very pale/white. A vaccination for Hep B is available. See your local drug service or your doctor.

OVERDOSE: as a drug user you will probably be more aware than anybody when something is wrong with a friend. If you think they have overdosed, try and keep them awake, although this may prove impossible. Do not give them anything to eat or drink, do not inject them with anything.

If they are unconscious and can't be roused call an ambulance. Put them on their side in the 'recovery position' (Illustration on next page) so they don't choke on their vomit (a common cause of death). Call an ambulance.

Ambulance services in many parts of the country only call the police if: there is a death, they are threatened or there is a child at risk.

THE RECOVERY POSITION



Put the right hand by the head
(as if they were waving)



Put the left arm across the chest, so that
the back of the hand rests against the
cheek



Hold the hand in place and lift up
the left knee



Turn them on their side by pushing down
on their knee

Tell the ambulance crew what they have taken. There are antidotes to overdoses. An injection of naloxone (Narcan) will rapidly reverse an overdose from an opioid drug like heroin. Obviously, if you inject on your own there is nobody who can help you. If you regularly inject with a friend, talk over beforehand what you will do in an emergency.

For help and advice contact



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[>] aims
To provide information for current injectors that reduces the risk of problems associated with injecting drugs. It includes information on anatomy and injection sites, the preparation and injection of heroin, and highlights the dangers associated with blood borne viruses, femoral injection and overdose.

[>] audience
Injecting drug users. Use with under 16s with support.

[v] content
No swearing, photographic images of drug use.

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