

KEEP WALKING

**A MAGAZINE FOR
GROIN INJECTORS**

- › **INTERVIEWS**
- › **FEATURES**
- › **PROBLEMS**
- › **FACTS**
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**FREE
DVD
INSIDE!**

What's on the DVD?

(see page 34 for more details)



**Sennan**

Current groin injector (both sides of his groin for 5 years, can only use the left side now and getting that is difficult!)

Sennan started off going in his arms but had moved to his groin because he'd had problems getting surface veins in his arms as he was shaking when injecting speedballs. Like other people he talks about it being "much easier" to get his groin, but acknowledges that he's now getting serious problems as a result of 5 years of going in his groin on both sides: "...but there's a lot of things that can go wrong with your groin... as I found out afterwards."

Sennan's femoral vein in his right leg is almost completely clotted off and the smaller veins are taking over the job of returning the blood back to his heart. On the left side (where he's still injecting) he has problems finding the vein because that is pretty badly clotted off too.

After having the ultrasound scan he knows that if he continues to inject in his groin he's going to develop more serious problems than the swelling and pain that he currently gets when walking or exercising.

Because he frequently hits his femoral artery, Sennan is almost certainly at high risk of developing a pseudo-aneurysm (which is what killed Andrea's friend and caused Martin to lose his right leg) unless he stops groin injecting.

**Sue**

Ex-groin injector (injected in both sides of her groin for 5 years)

Sue also started by going in her arms but found she was getting track marks that "didn't look very nice." She was also groin injecting for about 5 years until she got a DVT that "frightened the life out of her." Sue has now stopped groin injecting (she's on oral methadone) but has serious long-term problems with blood flow through her deep veins.

Although these will never significantly improve, the fact that she's stopped injecting and that she remains very active and loves walking will hopefully help her.

**Andrea**

Ex-groin injector (injected in both sides of her groin for 4 years)

Andrea swore she'd never inject in her groin but when she found it, used her right groin for about 3 years until she had a DVT. This prompted her to stop using her groin and move to injecting in her arms and start smoking. But eventually she decided to use the left side of her groin but quickly got a DVT and no longer injects (she's on a treatment programme with buprenorphine that she swears by).

Andrea's been luckier than the others (partly because she stopped injecting after the DVTs) and is determined that she won't inject again.

Who's on the DVD?

**Martin**

Ex-groin injector (injected in both sides of his groin for 10 years).

Martin lost his right leg due to a pseudo-aneurysm (see the middle pages). We first met and filmed Martin in 2006. Initially he had surgery to save the leg, but developed infection in the lower leg and it had to be removed.

Q&A

An interview with the director Jon Derricott

Q First question, the title, why 'Keep walking'?

I wanted to get away from really boring titles like 'Understanding the risks of groin injecting.' The people in the film were talking a lot about walking either because of the difficulties they were having or because of how important being able to get around is for them. Hopefully, by watching this more people will 'keep walking.'

Q How did you choose the people in it?

I interviewed quite a few people who go in their groin and in the end choosing each person was pretty much a guess, as we didn't really know what the ultrasound scans were going to show until we did them. In the end (from the point of view of making a useful film) I think we got a very good spread of problems.

Q People talk about it being easy to go in the groin. Are you promoting that people go there?

Absolutely no way!

The users on the DVD are talking about their own experiences and it would be wrong to censor what they say, and to suggest that it's difficult to get into the femoral vein. Difficult? No, not really. Dangerous? Yes (you don't know what else you might hit, like the artery or nerve), and the long-term problems you cause can be huge and life-long.

What the people on the DVD actually say is that "it's easy, **but...**" and it's the 'but' that's the most important part of what they are saying. All of them have had serious problems. Some have very serious ongoing problems that are only likely to get worse as they get older.

"Hopefully, by watching this DVD, more people will keep walking"



Q **What are the main messages that you want people to get from the DVD?**

1. That sooner or later groin injecting ALWAYS causes problems.
2. That once the damage is done it's too late to change your mind and you will probably have some problems for the rest of your life.
3. Use the surface veins in your arms instead. If you can't inject in those veins, smoke your drugs – that's what you'll have to do anyway in the end. The sooner you start smoking, the better your legs are going to be.
4. Get a script!

**“Sooner or later
groin injecting
ALWAYS causes
problems”**

Q **How common is it for someone to lose their leg?**

It doesn't happen that often, but it is happening more and more. It's more likely that people end up with a lifetime of chronic problems with their legs that tend to get worse as they get older. Of course these problems can be harder to see than a missing leg, so from the outside it can look as though people haven't suffered much damage from their groin injecting.

“I've finished up with lots of scars in the groin, down the side of my leg and in the foot, but I wasn't quick enough to save my toes. I've got my leg but I won't be doin' any hurdling this year”

Martin, 2006

eh?

The 'medical words'
in 'Keep walking'

The film follows groin injectors to see what damage has occurred to them as a result of groin injecting. We see their legs being scanned using ultrasound (see below) to see the extent of any damage. Occasionally, words are used that are not easily understood (but understanding many of them is important if you really want to know what problems groin injecting can cause). These words or phrases are explained below.

Ultrasound

A way of looking at the internal structures of the body by bouncing high frequency sound off them and using a computer to construct visual images from these signals. Most people know ultrasound images from looking at images of unborn babies in the womb.

Deep veins/surface veins

Deep veins are larger than surface veins, they carry more blood and are deeper within the body.

Dilated

Swollen. Dilated veins stand out against the skin surface.

Collateral veins

These are the smaller veins that have to carry more blood back towards the heart if the deeper veins get damaged.

If the deep veins get damaged and cannot carry as much blood, the surface veins have

to work harder, carry more blood, and as a result stand out as swollen varicose veins.

Because these smaller surface veins are now doing at least some of the job of the deeper veins, injecting in these veins can have disastrous results, such as ulcers or amputation.

DVT

Most people know that this stands for deep vein thrombosis. Put more simply, that means a large clot in a deep vein. This will slow the blood flow in the deep veins, causing some of the symptoms such as swelling, staining and varicose veins that are explained below.

DVTs can be treated with anticoagulant drugs that break down the clot, but a DVT will always cause some permanent damage to the vein and the valves.



KEEP WALKING

HarmReductionWorks.org.uk

Pseudo-aneurysm / aneurysm

See the middle pages for a picture, but a pseudo-aneurysm is what can happen when the artery is damaged by injecting. When the artery wall is weakened by injecting, you can get a clot forming around the hole. Basically, this can be a clot with a high pressure arterial blood supply inside it. If you don't get treatment for it quickly you could bleed to death!

Staining / leaching / swelling / eczema

Where the skin on the lower legs has turned a purple/brown colour. This staining is because the damage to the deep veins and valves has caused high pressure in the leg veins. If the veins are under high pressure, fluid and blood cells can leak through the vein walls into the tissues of the legs. The leakage of fluid causes swelling. The leakage (leaching) of red blood cells causes the staining of the tissues. When the skin gets like this, it can often be sore and itchy and look like eczema (that's what the doctor means when he talks about the lower legs becoming 'eczematous').

Valves

Valves help to keep the pressure lower in the veins by providing places for the blood to 'rest' on the way back to the heart (think of them like the rungs on a ladder). There's an illustration of how valves work on the middle pages.

'Indent'

When the lower legs get swollen, anything tight (like socks) can cut into them causing irritating indented marks on the legs and further decreasing the blood flow in the veins and tissues.

Venous

To do with the veins (so damage to the veins is 'venous damage', pressure in the veins is 'venous pressure' etc.).

Re-canalise

When a DVT blocks a deep vein, sometimes the vein can open up again, allowing blood to flow through it. This is one of the reasons for getting treatment with anti-coagulant drugs such as heparin and warfarin as these can help the vein to open up again.

Patent

The medical meaning of patent is open, or unobstructed. So a vein that is patent is allowing blood to flow through it.

Sinus

An artificially created hole from the skin surface to a body structure below (see the problem page for more on this).

Gastrocnemius muscle

You've absolutely no need to know this and unless you plan on becoming a doctor will probably never use the information! But it is mentioned in the DVD, so you might as well know that it's the main muscle in the calf.

**BEEN
THERE
DONE IT**





Stuart talks to Andrew Bennett

GOT THE BLOODSTAINED T-SHIRT

Stuart grew up in Hull but has spent nearly half his life living in Portsmouth. He's also spent more than half his life using drugs. At the age of 17 his drug taking was causing problems to such an extent that his dad took him to Portsmouth and told him to come back when he had sorted himself out. He's now 31 years old and although he's only moved the 20 miles to Southampton, he's well on the way to sorting himself out. ►



Stuart has worked most of his life but says that drugs have usually cost him his job. “I’ve worked on ferries, stumbling down corridors, shouting at customers when egged-up. I got some leeway from the manager because her son was on heroin. I worked as a window cleaner but I kept falling asleep on people’s windows.” Stuart’s the first to admit that a desk job may have been safer!



**“If you keep going at it,
it don’t matter how careful
you are and what needle
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that you will end up
losing your leg”**

Stuart's drug taking followed a pattern that will be recognisable to many: cannabis at 12 years old; speed and trips aged 14; temgesics and heroin at 15. "Then everyone started injecting," Stuart says, "so I thought I'd give that a bash. I had my first hit when 15. Someone else's flush-out. I just used at the weekend at first. I was still going to school with all my pocket money going on gear. I then started using more. I was then asked to leave school." Heroin has remained his main drug (he has used crack from time to time but he says it's too expensive), injecting his method of use.

Compared to many Stuart looks in good health. He has few scars on his limbs and no swelling in his legs. Although he says it's a long time since he injected anywhere other than the groin, he has a constant pain on the outside of the left thigh and a lot of scar tissue in both sides of the groin that he says is the consequence of whacking gear into his groin for many years. "Scarring is a bit embarrassing when you are with a new girlfriend. It's hard to explain why you have a scar on both sides at identical levels."



“Your body is not designed to take a needle three or four times a day without consequences. You are not thinking about that when you are smacked up”

I was interested in why Stuart injected so much and for so long in the femoral vein. “Some people say that you get a better rush,” he says. “I first tried it when I was 15. The first time I did it I did it wrong. Mum and Dad kept clocking my arms; there’s only so many excuses you can make so I thought I’d go in my groin. I didn’t have a clue. I’d no idea where to go! I actually thought you went into the pulse. I put my finger on the pulse and whacked it in. Two seconds later my fucking leg set on fire: incredible pain down my leg. I thought what the hell. Ahhhh! I was in pain for quite a while. My foot swelled up, couldn’t get my trainer on. I didn’t go in my groin for another eight months and resorted to wearing long tops all the time. Just needed to make sure you didn’t get blood on your top.”

Next time Stuart tried he got hold of a leaflet that gave him advice on how to do it more safely. He reports following the advice and doing it perfectly. “It didn’t hurt at all,” he says. Stuart however is under no illusions about the potential problems. “If you keep going at it, it don’t matter how careful you are and what needle you use, it’s inevitable that you will end up losing your leg. Doesn’t matter how good you are, in the end you’ll mess it up.”

“Your body is not designed to take a needle three or four times a day without consequences,” he says. “You are not thinking about that when you are smacked up. Plus I probably damaged it [the groin area] even more ‘cause I was smacked up and couldn’t feel owt. Two people I know have lost a leg, there are people on crutches. I have a friend who has a plastic vein. He’s in a mess now. He was under the wild impression that it would heal itself when he injected into his plastic vein.



Don't think the NHS was too proud of him. Everyone's got a limp – it's the worst place to go."

Stuart feels that he's been lucky not to suffer more serious problems. He also thinks that he followed some steps that reduced the likelihood of problems, such as always using clean needles and syringes and always using the smallest pin possible. "I know a lot of people who just go straight to the green and blue. The smaller the needle, the smaller the damage. A harpoon will cause a lot more damage."

We spoke about the frequency and type of advice that he'd been given from needle exchanges. "None really," he says. "You used to just walk into needle exchange, the staff weren't bothered. They just give you works. They should tell you there are different ways to do it. I was never challenged when I was young. The pharmacist just gave me needles. He never said you are a bit young for this. I had to get arrested before I got help."

Nowadays Stuart says that things have improved. "It's easier to get clean needles now. I had to travel eight miles to get my needles. There's even a delivery service in Southampton." Stuart however is still critical of the approach of some services. "I think a lot of it is just leaflets. The talking advice isn't really done. You've got to ask to get advice. You should be challenged about what you are doing."

Things are looking up for Stuart. He's kept busy with his son, who is almost three years old, and he's involved with the user group in Southampton – Morph. He says that he will keep on the straight and narrow and get his life sorted out: "I want a job, but I can't get a job in a factory standing up because my leg hurts." ■

Thanks to Morph, Southampton. Morph is a voluntary group started and run by ex and ongoing drug users. It stands for mutually organised rehabilitation and practical help for drug and alcohol users.

www.morph-uk.org



Stockings won't make you look sexier but they will help your legs

Snippets

They are definitely not a fashion statement but support stockings that are often prescribed after you've had a DVT can help to prevent ulcers, further DVTs or losing your leg.

We might as well come out up front and say that they may not feel that comfortable and they may make your legs itch. **So why wear them?**

If stockings are prescribed for you, it's because they can significantly help the blood flow from your legs back to your heart. DVTs can cause varying degrees of blockage in the deep veins of your leg, meaning that the blood has to work harder at higher pressure to get through the vein. This in turn will cause damage to the valves in your veins (the valves are like rungs on a ladder, helping your blood back to the heart), which further increases the pressure. The increased pressure in the veins causes swelling in your leg and discolouration of the skin in the lower leg (this is caused by red blood cells being forced out of the vein and into the skin by the high pressure).

The stockings work very simply by squeezing your whole leg to help the blood flow back towards your heart. So, if they are offered to you, we'd recommend that you wear them.

Of course if things have got to this stage, there's no way that you can continue groin injecting and not expect something very serious to happen.

IS GROIN INJECTING INCREASING?



Surveys suggest that groin injecting across the country seems to be increasing. Around 40% of injectors said that they'd used the groin as their main injecting site during the last month. In some areas the figure is higher.

Why is this? There are many reasons. Some researchers have suggested that users are increasingly prepared to accept the risk and that the increase in speedballing is resulting in other injecting sites on the body deteriorating more quickly. Injectors often say "I have nowhere else to go." Usually, this is not the case – please contact your local needle exchange to get advice. Injecting in the groin is very risky.



Not just cathedrals

Christopher Wren (him of St Paul's Cathedral fame) is the first person recorded to have used intravenous injecting in Britain. In 1656 he experimented by injecting dogs with opium and other substances. He also attempted to inject humans, including 'the (unfortunate) delinquent servant of a foreign ambassador', but the experiment failed.

Pro+blems?

Your questions answered



I've got a lump in my groin under where I inject, and when I touch it I can feel a pulse. Is this something to be worried about?

**Yes! You should be very worried.
See a doctor straight away.**

What has almost certainly happened is that you've hit your artery and caused a hole in the artery wall. A clot has formed around the hole and THAT is the pulsing lump that you can feel. The good news is that it's stopped bleeding. The bad news is that it could bleed severely at any time. If you don't get treatment quickly you could bleed to death!

Q **Is there anything I can do to avoid getting a hole at my injecting site?**

Other than stopping injecting, no. If you inject very regularly in one site skin cells will grow down around the sides of the hole and you will end up with a tunnel like the one you end up with from an ear piercing.

Like an ear piercing, it will heal up to some extent when you stop injecting (but you will usually be left with at least a 'dent' in the skin and sometimes a blind-ended hole).

If you do get a hole (its proper medical name is a 'sinus') it is very important to keep it as clean as you can to help avoid it getting infected. If you do get an infection there, you should see a doctor.

Q **I've had a clot in my leg in the past but it feels okay now. Is it safe to carry on injecting in my groin?**

No! Clots in the vein in your leg are known as deep vein thrombosis or DVT – the DVT will have caused some damage to the veins that carry blood out of your leg back towards your heart, so if you carry on injecting in your groin you will almost certainly cause more damage. In the long term you'll be more likely to get more DVTs, swollen and discoloured legs, and leg ulcers.

Q **I've got a broken-off needle in my groin. What should I do?**

You should ask to see a doctor about it. In most cases they'll probably leave it and wait for it to find its own way out. It sounds strange but the body usually rejects foreign bodies

– though it may take years to reach the skin surface. But, it's important to check that it's not in a dangerous place at the moment – even then, surgery might be considered more dangerous than leaving it alone.

Q **Going in my groin sounds dangerous. Should I go in my neck instead?**

No! Injecting in your groin IS dangerous, but so is going in your neck. It's hard to say which is more dangerous, but at least you can see what you are doing when you inject in your groin. If you inject in your neck you are usually relying on a mirror or 'help' from someone else (which means you lose all control over what happens). The same problems of infection and DVTs can happen in your neck in just the same way as they can happen in your groin, but the fact that you are injecting much closer to your heart can cause extra problems.

GROIN TROUBLE

Injecting into the major vein in your groin (the femoral vein) can lead to serious complications. Accidentally hitting the artery in your groin (femoral artery) can kill.



Arteries

NEVER INJECT INTO AN ARTERY

Your heart pumps blood through a network of tubes called **arteries**. The bright red blood in your arteries transports oxygen and nutrients around your body.

The artery in your groin is very big as it supplies nearly all the blood for your legs. Accidentally hit this artery with a needle and there will be serious trouble.

Hitting your artery can cause a **pseudo-aneurysm**. This is where a wall of the artery blows up like a balloon as it fills with blood.

You may feel a pulsing lump if you have a pseudo-aneurysm in your groin.

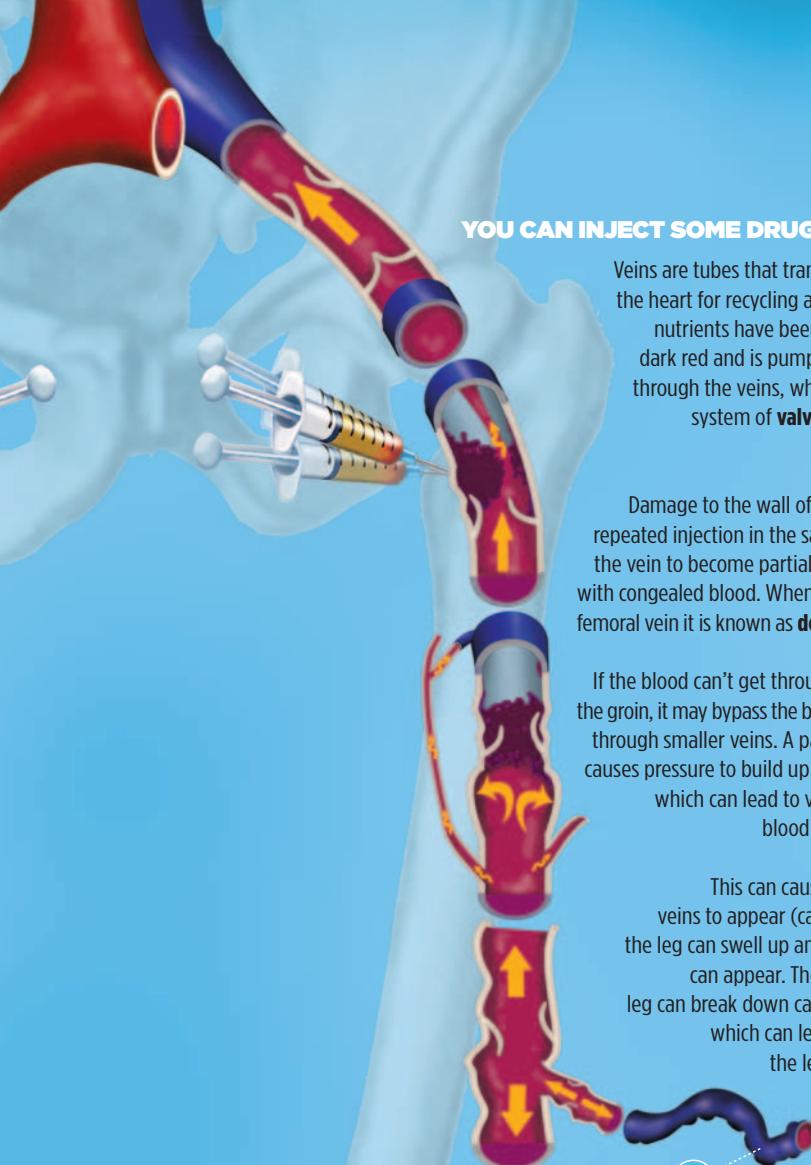
If the pseudo-aneurysm is not treated it could expand until it finally bursts.

This can lead to amputation of the leg or you could bleed to death.



Veins

YOU CAN INJECT SOME DRUGS INTO VEINS



Veins are tubes that transport blood back to the heart for recycling after the oxygen and nutrients have been used. This blood is dark red and is pumped by your muscles through the veins, which have a one-way system of **valves** to stop the blood flowing backwards.

Damage to the wall of the vein, caused by repeated injection in the same spot, can cause the vein to become partially or totally blocked with congealed blood. When this happens in the femoral vein it is known as **deep vein thrombosis**.

If the blood can't get through the main vein in the groin, it may bypass the blockage by travelling through smaller veins. A partially blocked vein causes pressure to build up below the blockage, which can lead to valve damage as the blood is forced backwards.

This can cause damaged surface veins to appear (called **varicose veins**), the leg can swell up and red/purple stains can appear. The tissue in the lower leg can break down causing ulcers to form, which can lead to infections and the leg being amputated.



**TRUST
ME**



I'M A VASCULAR SURGEON

Colin Bicknell is a vascular surgeon.

A small but significant part of his work involves dealing with the consequences of femoral injecting.

Andrew Bennett reports

“Vascular surgery and drug injecting do collide and collide quite spectacularly, especially in the groin”

When two worlds collide

Colin Bicknell is a vascular surgeon at St Mary's Hospital, London. Some might wonder why he is concerned about drug injecting. "Vascular surgeons may be seen to be remote, well paid with little understanding of what life must be like for the typical heroin user on the street," says Colin. "Vascular surgery and drug injecting do collide and collide quite spectacularly, especially in the groin. People's lives change dramatically. Losing your leg is not a good thing to happen – it's quite a life-changing event – some consider it worse than dying."

Vascular surgery is a speciality of surgery concerned with diseases of the vascular system – or the arteries and veins. Colin explains that vascular surgery provides a varied and

interesting workload with high levels of emergency work. Downsides include time-consuming, long operations, which sometimes still result in unsatisfactory outcomes.

Colin is unsure whether groin injecting, and the problems associated with it, are increasing. He has been moving from one hospital to another so it's difficult to gauge but he says that although it is a small part of his overall work at around 5%, when it does occur it often results in a big problem. Colin considers that the problem is probably bigger than many would imagine. "It is likely that many people with chronic ulcers caused by injecting remain hidden from health services and only tend to turn up when there is a serious complication." ►

The problems

Important vessels pass through the groin area. Blood is carried to and from the heart, and the leg is supplied and drained with blood, which keeps the muscles going. Colin explains that the problems can be local to the injecting site but importantly can be passed on to other parts of the body, including the lungs and heart. So what are the problems?

Infections – these range from simple redness to abscesses that grow like a boil in the tissues surrounding the vein. An abscess will either discharge itself or it may need to be lanced. Although it can be treated reasonably easily, it may take many months to heal with regular dressings.

Arterial problems – if the needle is placed into the artery, you can get bleeding and bruising or, if the hole in the artery fails to seal with a clot, sometimes an aneurysm can form which consists of an expanding, weak-walled artery. This has the potential to burst and needs emergency surgical repair.

If there is infection as well as an aneurysm, sometimes the artery wall cannot be repaired and the artery has to be tied off. This as you can imagine leads to loss of the leg in many cases.

Venous problems – injecting into the vein can cause blockage of the vein with a clot (a deep vein thrombosis or DVT). In the short term the leg becomes swollen, red and painful. This clot may be unstable and break off, travelling to the lungs as a pulmonary embolism. This can cause symptoms such as chest pain, breathlessness and coughing up blood. Occasionally it's fatal.

In the long term, DVT may lead to blockage of the outflow of blood in the leg by physically obstructing the vein or by damaging the valves that normally ensure the blood flows in the right direction. Legs with poor venous outflow tend to be swollen and may develop purple/brown pigmentation, damage to the skin and ultimately lead to ulcers, which often are impossible to heal.

“Losing your leg is not a good thing to happen. It’s quite a life-changing event. Some consider it worse than dying”

Cocaine and crack

Some drug workers think that the number of people injecting in the groin is on the increase and of those people who do inject in the groin, more are experiencing problems sooner rather than later. There may be logic to this: crack /cocaine injectors tend to inject more often each day than heroin injectors and the local anaesthetic properties of coke means that users may be damaging themselves without realising. However, Colin says that he has seen few differences between those that inject heroin and /or other drugs such as crack cocaine. “As far as the groin is concerned it is septic whatever happens – long-term damages results from the injecting rather than the drugs themselves. It’s a big vein, so the problems don’t come from what you inject but the method of injecting.”

Getting to know you

A surgeon is in a strange position. They get to know some parts of your body intimately but do they get to know you as a person? I was interested to find out to what extent Colin gets to know the drug-injecting patient who turns up in surgery. Colin demonstrated that he possesses good knowledge that has been built up by talking with his patients about injecting behaviour and the difficulties that injectors face. He spoke about why people inject in the femoral vein. “Sometimes it’s when all other sites are exhausted but not always. For some it’s a matter of convenience – a sinus may develop, which provides quick and discreet access. It may be more prevalent among professional people.” ►

Often Colin and his team speak with people following an operation. Typically, he would say, “If you are leaving hospital, I would like to tell you a few things about what you are doing, what the risks are and what could happen if you continue to inject in the groin area.” He spoke about the importance of reassuring people about confidentiality and helping as much as they can, especially in the follow-up in the clinics. “People benefit a lot from the advice and help that is provided and we have excellent links to the specialist drug team in the hospital. However, we realise that some people are not going to change and unfortunately we also lose people when they don’t come back to the clinics.”

Harm reduction or harm production? Among practitioners and researchers in the drug field there are differing views about the relevance and appropriateness of providing harm reduction advice to groin injectors. We discussed the pros and cons of advising people about groin injecting. Should people be told not to inject in the groin area? Colin says, “Vascular surgeons would say that people shouldn’t be using that area of the body because of the inherent risks and the long-term damage you can do to yourself. However, people do inject in the femoral vein, so we must be prepared to talk to people about the risks.”

There is no safe way to inject into the groin area. This is apparent when Colin describes how vascular surgeons in a hospital environment put a line in the groin. (A line is a drip or tube that is placed into the vein to inject antibiotics and other medicines and to give fluids to the critically ill.)

“To avoid complications in hospital we have to be exceptionally careful. We would get the patient lying down flat. Everything is clean and sterile to ensure there are no bugs. This includes surfaces, gowns, gloves and medical equipment. We will go in the vein once to avoid multiple holes, bleeding and bruising. Once the needle is taken out, pressure should be applied to stop bleeding and to avoid bruising, which can hide infection. Patients who are not drug injectors will have soft groins, so pressure usually only needs to be provided for a few minutes. If people have injected in the groin area, it is likely that pressure needs to be applied longer because the groin tissue is likely to be hard and uneven.”

Colin makes it clear that the groin is only used with critically ill patients in a hospital environment. There are risks in using these veins, as with any other veins in the body. Medics balance up the risks of using large veins in the groin for medical treatment and the benefits that might be gained by being able to inject fluids and medical drugs into that area. They also see major complications from lines in the groin, which can be disastrous.

Replicating the injecting environment that Colin describes in the home or street is impossible. We should also not forget that risks are massively reduced in the hospital environment as a result of the trained medical practitioner who performs the procedure and the near certainty that they will not be intoxicated.

Colin believes that he has a duty to inform people of the risks and explain why risks occur. He says that the issue is similar to others such as sexual health that involves talking to people about risk behaviour. “There is a hierarchy of advice that should be provided to people with a clear message that the only way to avoid harm is not to do it. However, we can’t sweep the issue under the carpet. We need to provide clear and concise information to people and explain what might happen and why it might happen.”



“People do inject in the femoral vein, so we must be prepared to talk to people about the risks”

CVI?

Stands for **chronic venous insufficiency**, it's the medical term for some of the problems with veins that often occur from femoral injecting.

Chronic

Means something that goes on for ages – a long-term problem.

Venous

Anything to do with veins.

Insufficiency

Because of DVTs and valve damage, your veins are no longer up to the job of returning blood to the heart.

What can you do to help your blood flow if you've got CVI?

1. Stop injecting in your groin.
2. Wear support stockings if they've been prescribed.
3. Raise your legs above the level of your heart when resting.
4. Don't stand for long periods.
5. If you have to stand up for a while, regularly flex your legs.
6. If you're overweight, lose weight.



SEEK MEDICAL HELP SOONER RATHER THAN LATER

A recent study identifies an increase in skin and soft tissue infections and vascular disease among drug users in England.

It is thought that groin injecting is a contributory factor to this increase. If you have any concerns about your health, seek medical advice as soon as possible. Seek advice from needle exchanges about alternative injecting sites.

Snippets

Let's play blood clot bingo!

The more of them you've got, the better the chance of a line or house!

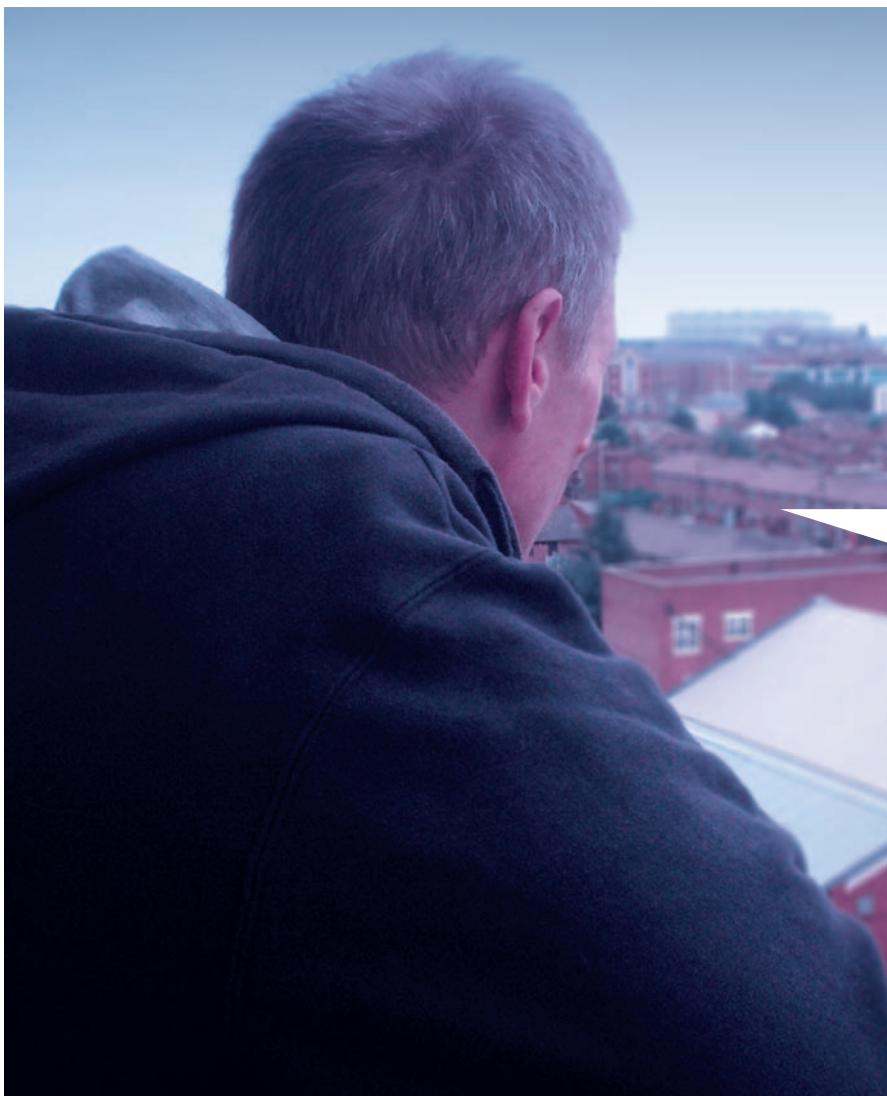


Are you a winner or loser?

If you're a **winner** at blood clot bingo, then you're a **loser** in terms of your health because you are almost certainly at high risk of getting a DVT.

If you've got house, or a line that includes legs 11 (groin injecting), **put this magazine down now and start thinking very seriously about anything you can change to bring down your score!**

Even getting one bingo number means that your chances of DVT are increased.





In my own words...

I'm David.

I am 46 years old and I live in Birkenhead.

I am really into sport. When I was 14, I was almost a tennis champion in West Cheshire. Then I got into pot, girls and by the time I was 20 I was buying quarter ounces of coke every Friday. I started snorting coke and smoking heroin. I went to prison in 1995 for dealing. When I came out in 1997 it was the crack epidemic. ►

At first it was take it or leave it and then I got into speedballs.

For me it's been speedballs off and on for years. It got to the extent that if I had heroin in my pocket and I was turkeying, and I didn't have crack to put in with it, I considered it a waste of heroin
- speedballs were the thing for me.

Since I was 21 I've been in and out of jail for a total of 13 years, which has kept the teeth in my mouth and kept me not looking like every other junkie I bump into on the street. Merseyside is my problem. If I am anywhere else I leave drugs alone.

A couple of years ago I decided I couldn't continue grafting and going back to jail. I've recently gone on methadone and am getting my life sorted out. I am getting involved in the drug service and InnerAction.



The hair dryer treatment

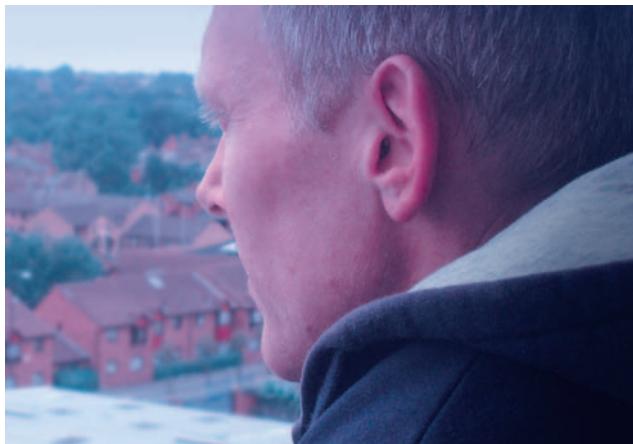
Until I went away in 1995, I had hardly ever injected. When I came out [of prison] in 1997, everyone was into speedballs. When I started injecting I said I'd never go in my groin but I also said I'd never go on methadone.

I started using 1 millies [1 ml syringes] in my arms, wrists, hands, feet - I am always careful. But once it got to the stage that I was often missing [veins], someone introduced me to the groin.

Someone then showed me where to go. I hit the ceiling. I tell you, it was like someone holding a hair dryer at my bollocks while pouring a cup of coffee down my leg. I'm saying "it shouldn't feel like that" and they were saying "it should." I was only putting a little bit in at a time. So for the first few times it was taking me 15 minutes to get a hit. I think it was going into an artery.

I know I had been doing it wrong. When I watched other people, they didn't have that problem. After a month I could just bang it in. ►

"I knew I was getting DVT – I'd walk 100 yards and my leg was getting bigger. The blood was going down my leg but not coming back. Got painful to walk"





So easy to mess your groin up

I have heard horror stories and seen horrible things in the groin. Huge abscesses. I've had one girlfriend who was always getting blood clots all around her body – always getting hospitalised. Whether I am a bit more careful or have got steady hands, I don't know. I've always put the first bit in very slowly to make sure you know where you are.

You've only got so long before you get problems

I knew I was getting DVT – I'd walk 100 yards and my leg was getting bigger. The blood was going down my leg but not coming back. Got painful to walk. At those times I'd start smoking, leave it for a few weeks until it got better. I'm sure that if I tried to run a marathon my legs would ache.

People tend to use blunt equipment. Although there's a lot of equipment out there it's not always there when you need it – I've used blunt blues, which I am sure have damaged my veins.

People I hadn't seen for a few years are now driving around on those electrical scooters kids use because they literally can't walk – open wounds all over them – horrible things. I know these people are going back and forth to the doctors. Maybe the reason I haven't big problems is because I've done it from time to time, been really, really careful and lucky.

Nowhere else to go

You only start going in your groin because you've nowhere else to go. It is always the last chance saloon apart from people who wear short-sleeve T-shirts or don't want girlfriends or parents to know. There's also the ease and the quickness of going in the groin for some people.

**“If I’d had more 1 ml syringes and more advice,
I wouldn’t have needed to go in my groin.
People need to be made more aware of
how to inject properly in their arms”**

Advice please

Should we tell people not to do it? Oh yeah. Just like we should tell people not to take drugs and not to drink. Everybody has got vices and let's face it, it is enjoyable. This is why I do it. People don't moan about the drugs, they moan about the withdrawal.

You should be told to use sharp equipment all the time. You can feel a blunt end pushing the vein out of the way. You're making loads of holes, which is asking for problems. Always put a small hit in first. You tend to use too much citric in the groin – you don't get the same burning sensation as you do in your arms. So you tend to get blasé and throw more citric in the hit than you need. However, eventually it does sting – you've probably burnt the inside of the vein.

I wouldn't have gone in my groin if I hadn't messed up my arms. If I'd had more 1 ml syringes and more advice, I wouldn't have needed to go in my groin. People need to be made more aware of how to inject properly in their arms.

Anyone for tennis?

I go in the park now and again but there's no one to my standard. But other things have taken priority. You tend to become an armchair sportsman. I fly the flag for England. I'm like my parents – if there was a tiddlywinks championship they'd put a flag up. ■

Thanks to InnerAction, Wirral. A service user group which empowers people to gain control over their lives and the services they use.

Email: inneraction@ntiworld.com

Also on the DVD...

Cleaning syringes

How to clean a syringe

A simple film that shows how to clean syringes effectively.



Does cleaning syringes work?

Short film in which the researchers from Yale who investigated the survival of HIV in syringes explain how effective bleaching is.

Preventing abscesses and sores

Hand washing: spot the difference

A new film showing the difference in bacteria levels on hands that have been washed and those that haven't.



How to wash your hands

A short instructional film showing how to wash your hands properly.



Hepatitis C

How small is the hep C virus?

A short animated film that shows just how small the hep C virus is (totally invisible unless you've got an electron microscope).



HIV and hep C survival in syringes

Short film that answers the question 'how long does hep C remain infectious in a used syringe?'

Overdose

Going over

Going over presents four overdose scenarios dramatised from real events. The stories give clear and important messages about responding to overdose.



Recovery

How to put people who have overdosed in the recovery position and call an ambulance!

Time for a test?

**Most injectors
don't have
hepatitis C,
but many do**

**If you have ever injected, ask your doctor
or drug service about getting tested**

If you test positive, ask about treatment

hepc



The Harm Reduction Works resources are produced by Exchange Supplies for the National Treatment Agency and Department of Health as part of the Reducing Drug Related Harm Action Plan.

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