

# Safer Injecting Practice

Harm Reduction Guidance



# The Hierarchy of Harm Reduction

## Stop Using

Safest option.  
Eliminates all risk.

## Stop Injecting

Switch to smoking  
or snorting.  
Eliminates injection  
injury.

## Stop Sharing

Prevents Blood-Borne  
Viruses (HIV/Hep C).

## Improve Technique

Reduces vein damage,  
abscesses, and overdose  
risk.

## Key Insight

Injecting is the most  
efficient way to deliver  
drugs, but also the most  
risky.

If you cannot stop using,  
consider alternatives like  
smoking or snorting first.

# Use New Sterile Equipment Every Time

- sterile needle
- sterile syringe
- sterile filter
- sterile spoon or cooker
- sterile water ampoule



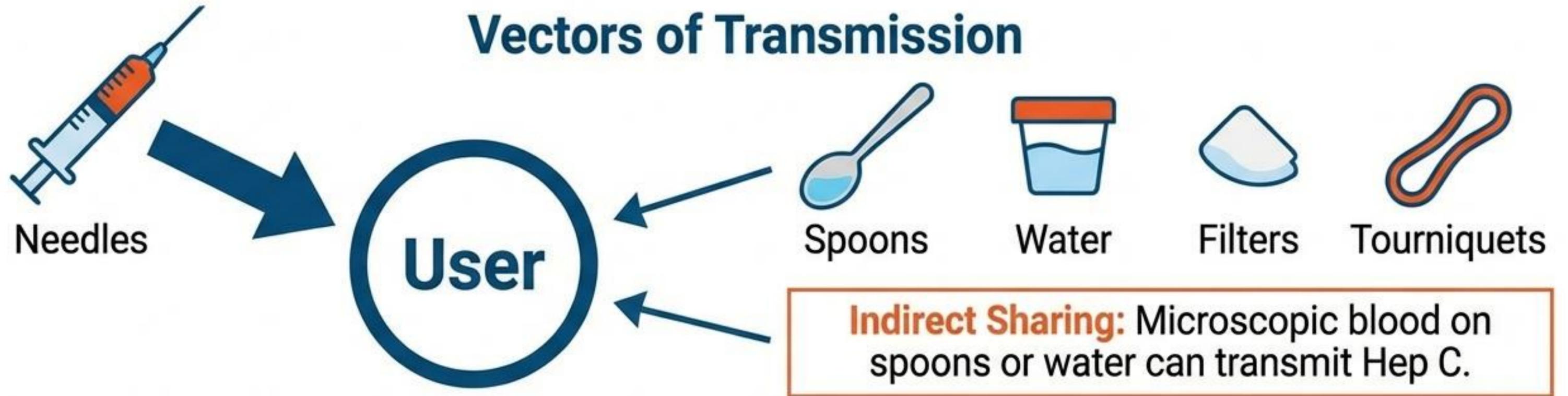
Reusing equipment—even your own—increases risk of bacterial infection, abscesses, and vein damage. **Never share equipment.** Sharing needles, syringes, cookers, filters, spoons or water can transmit HIV and Hepatitis C.

Use a sterile single-use cooker (preferred). If unavailable, use your own spoon and never share.

# The Silent Risks: Blood Borne Viruses (BBVs)

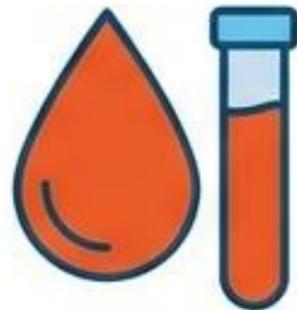
HIV, Hepatitis B, Hepatitis C

## Vectors of Transmission



### Vaccination

Get vaccinated for Hep B.



### Testing

Test every 3-6 months.  
Hep C is curable.



### Treatment

HIV is manageable.  
U=U (Undetectable = Untransmittable).

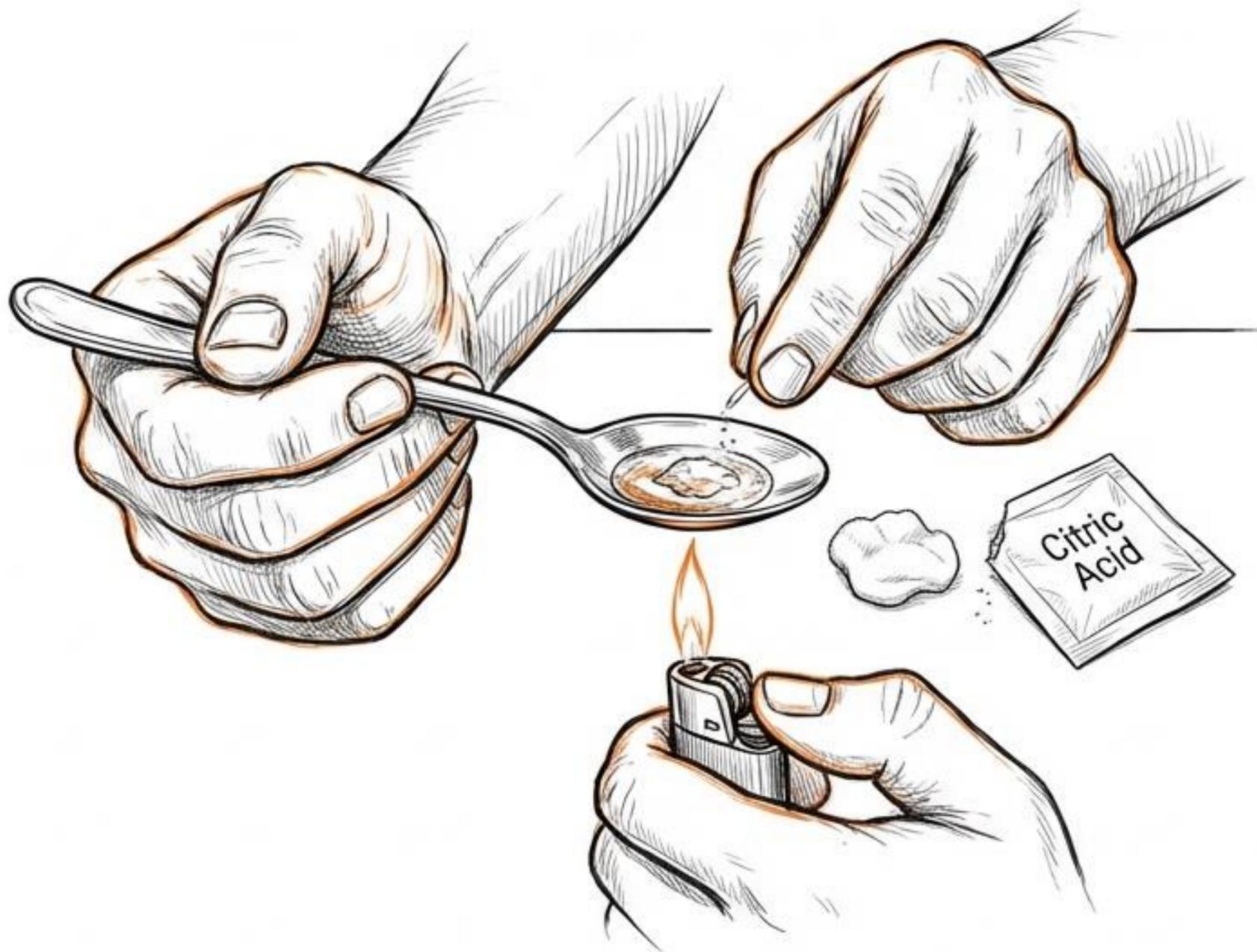
# Understanding Prevention Mechanisms



**Coloured Plunger Syringes** - Low-dead-space design contains less internal space where blood can remain after injection, reducing HIV and Hepatitis C transmission if reused or shared. Coloured plungers help individuals recognise their own equipment, reducing accidental sharing. Both mechanisms contribute to **lowering BBV transmission.**

**Why Booting or Flushing is Damaging** - Repeatedly drawing blood into the syringe and reinjecting causes turbulence and mechanical stress on the vein lining, inflammation and scarring, subcutaneous tissue damage, and accelerated loss of usable veins. It also increases BBV transmission risk.

# Preparing the Shot: Acid and Filters



## Acid Control

Brown Heroin and Crack need acid to dissolve. Use sterile Citric Acid or Vitamin C sachets.



## The Warning

Avoid lemon juice or vinegar (**Risk of fungal infections and blindness**). Use the **smallest amount of acid possible** to avoid burning veins.



## Filters

Single use only. Old filters breed bacteria.

Use a sterile single-use cooker (preferred). If unavailable, use your own spoon and never share.

# Mixing, Filtering, and Loading

## MIXING UP

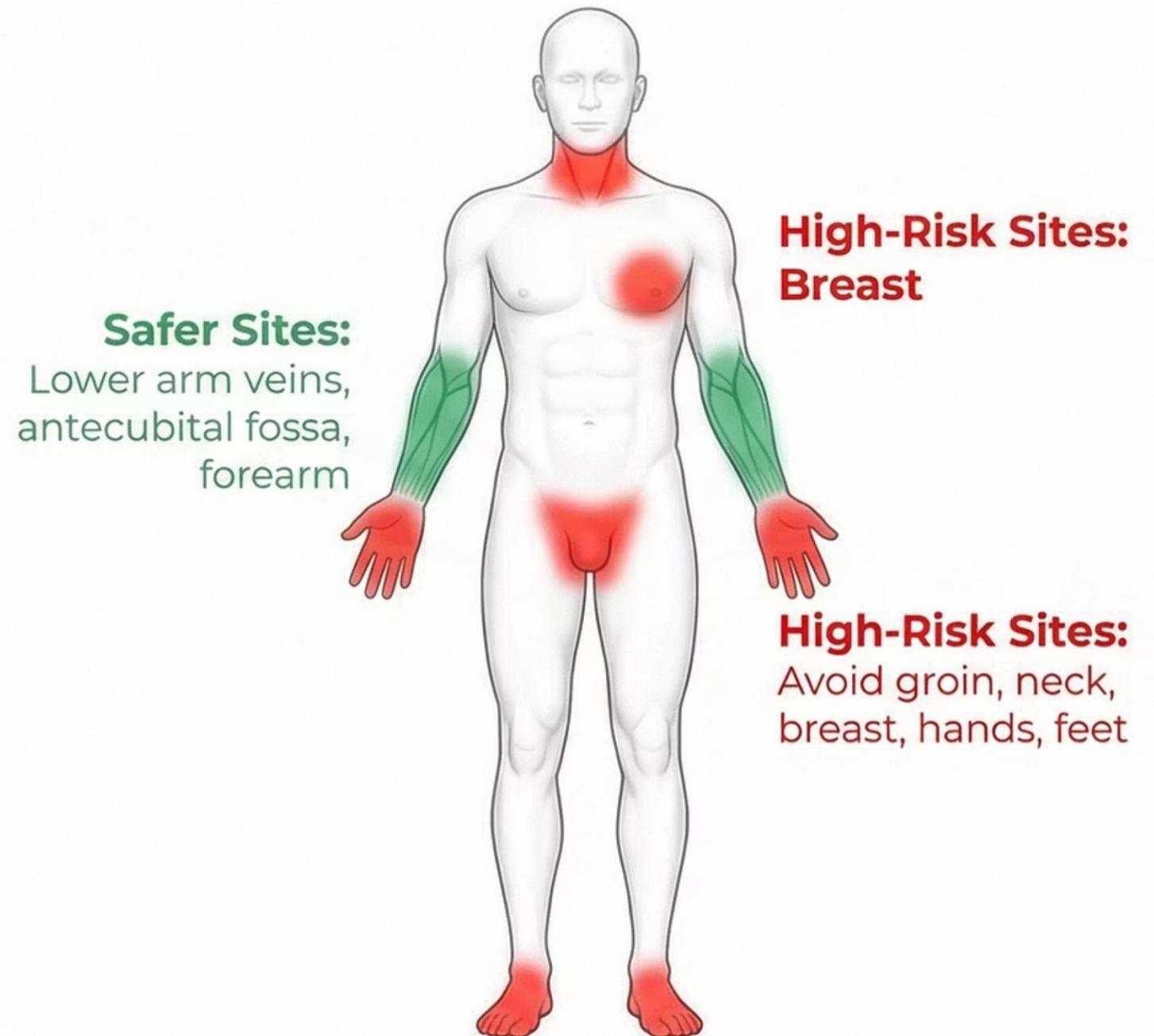


1. **Dissolve:** Use sterile water. If acidifier is needed, use the smallest amount possible to avoid vein burn.
2. **Filter:** Always draw up through a sterile filter to remove particulate matter.
3. **De-gas:** Point needle up, tap barrel, and push plunger to remove air bubbles.

## **WARNING**

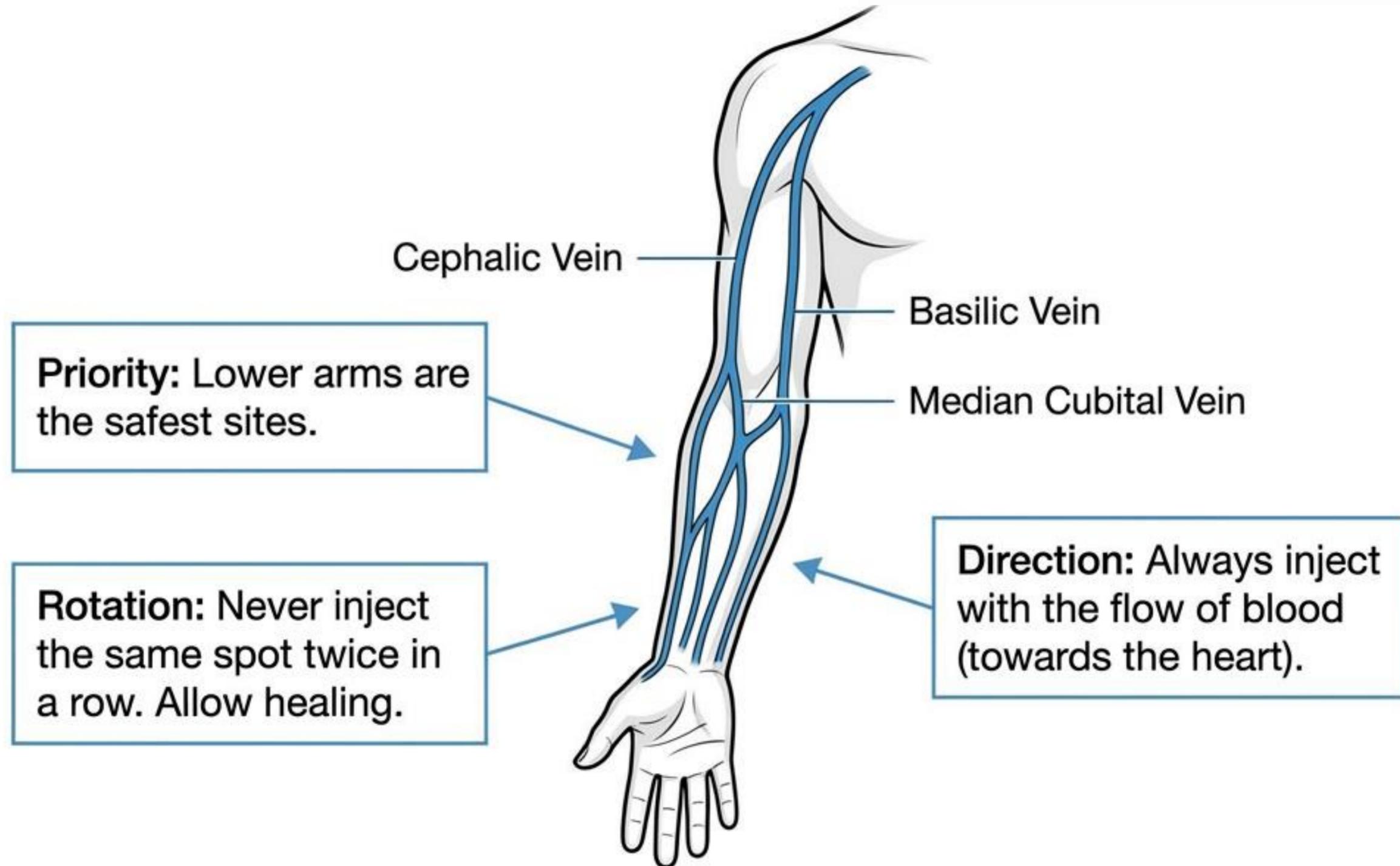
Do NOT lick the needle. Saliva contains bacteria that cause Endocarditis (heart infection) if introduced into the blood.

# Site Selection

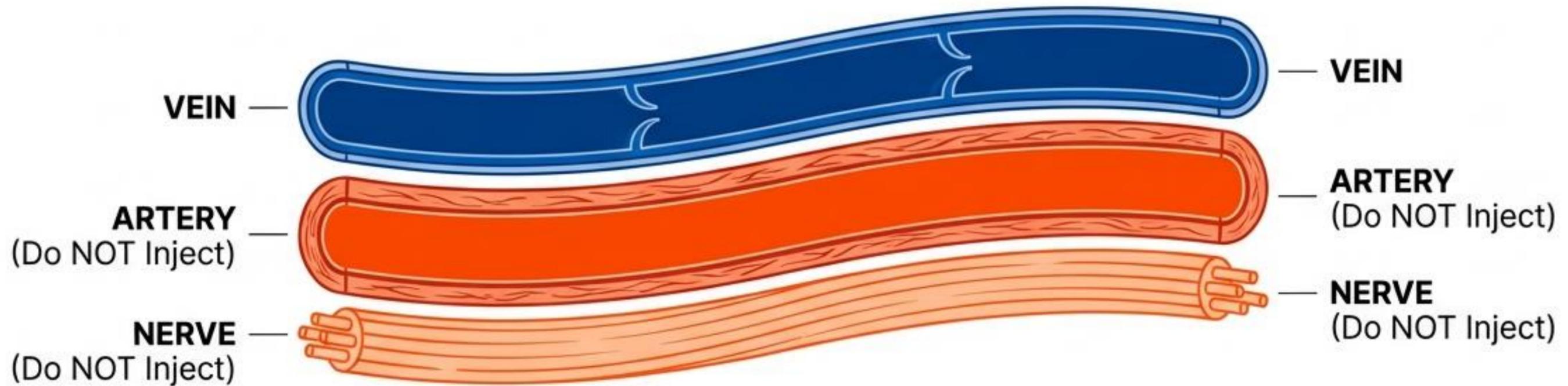


Groin injecting **risks:**  
arterial puncture, DVT,  
tissue necrosis, possible  
amputation.  
Neck injecting **dangerous**  
due to proximity to major  
arteries and airway.

# Anatomy: The Arms



# Danger Zones: Arteries & Nerves



## Pulse Check

If it pulses, it's an artery.  
Do NOT inject.



VENOUS

## The Pinky Check

ARTERIAL (Bright Red, High Pressure)

Arterial blood is bright red, frothy, and high pressure (pushes plunger back).  
Venous blood is dark red.



## Pain Signal

Electric shock sensation = Nerve hit. Withdraw immediately.

## EMERGENCY ACTION

**If you hit an artery:** Pull out, apply firm pressure for 15 minutes, raise limb, seek medical help.

# Hygiene: The 'Clean' Routine



## 1. Wash Hands.

Scrub with soap and warm water to reduce endocarditis risk.



## 2. Prepare Surface.

If the table is dirty, create a clean workspace with a fresh newspaper.



## 3. Swab Correctly.

Wipe the site once in one direction. Let it dry completely.



**DO NOT swab after the injection. Alcohol prevents clotting and delays healing. Use a clean dry tissue.**

# Mechanics: Raising the Vein

## DO



- Hydrate.



- Warm compress/bath.



- Gravity (Swing arm).



- Pump fist gently.

## DON'T

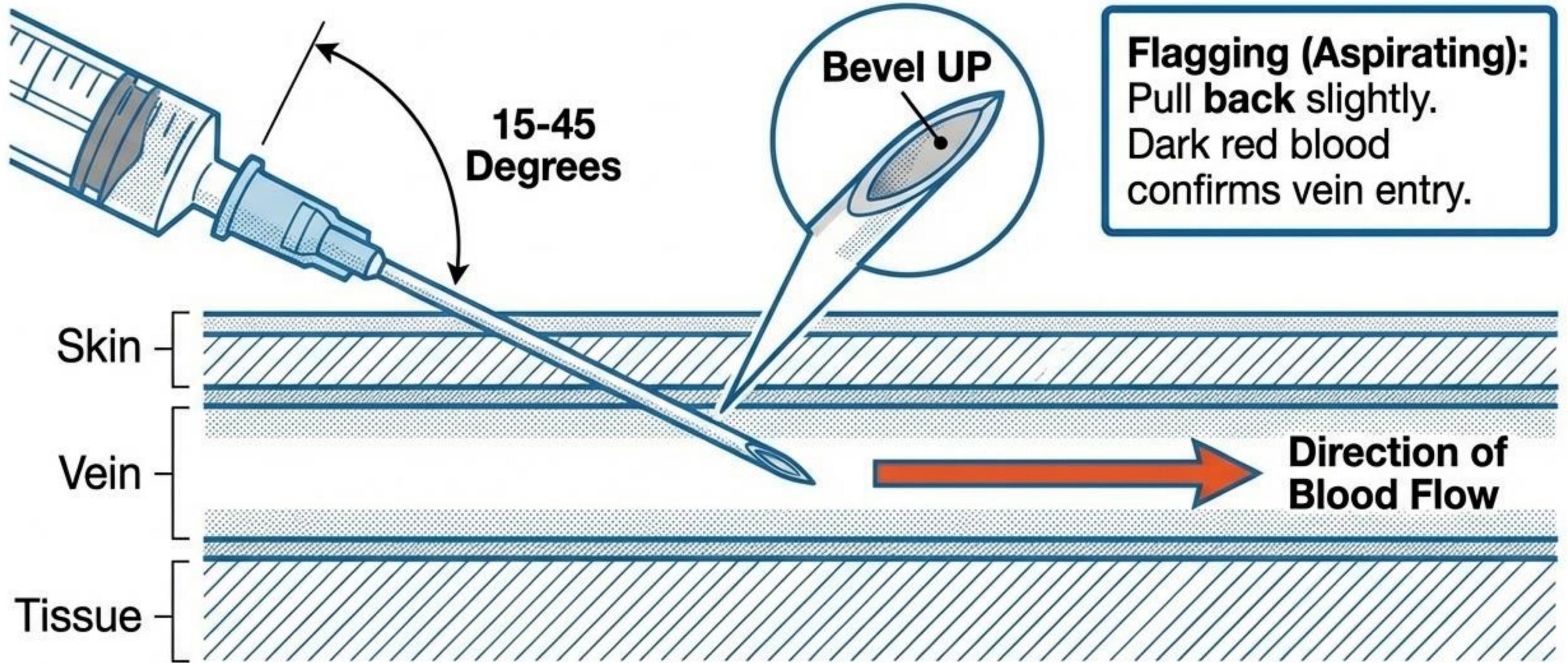


- Do NOT slap the vein hard (causes trauma).



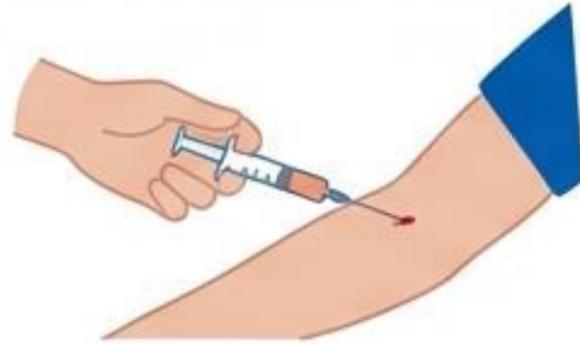
- No smoking before (constricts veins).

# The Injection: Angle & Flow



## ✓ DO THIS

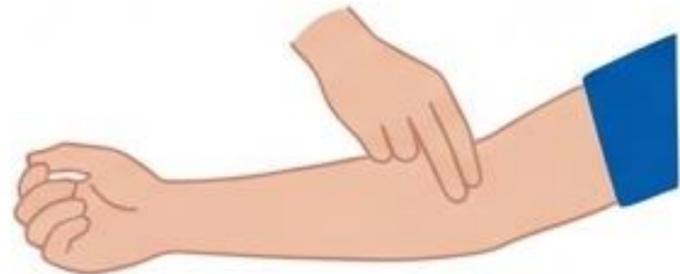
✓ Remove needle slowly at the same angle.



✓ Apply gentle pressure with clean tissue or cotton ball.



✓ Keep arm straight.



## ✗ DON'T DO THAT

✗ Do NOT use an alcohol swab on the wound.



✗ Do NOT bend the elbow.



### ⚠ Rationale:

Alcohol acts as an anticoagulant, preventing clotting and increasing bruising. Bending the arm causes hematoma.

# AFTERCARE & DISPOSAL

1

## Stop the Bleed



Apply gentle pressure for 3 minutes.



**WARNING:** Do NOT rub.  
Rubbing causes bruising.

2

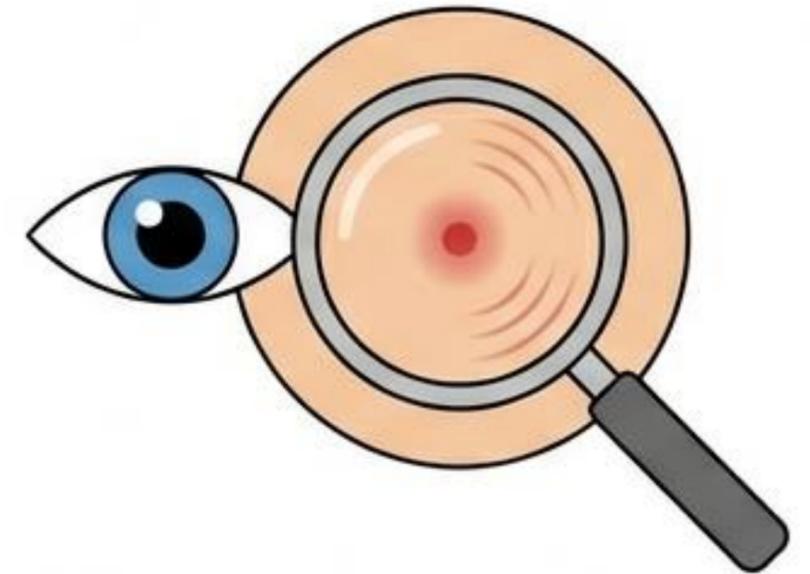
## Disposal



Immediate disposal in sharps bin. Keep away from children.

3

## Review

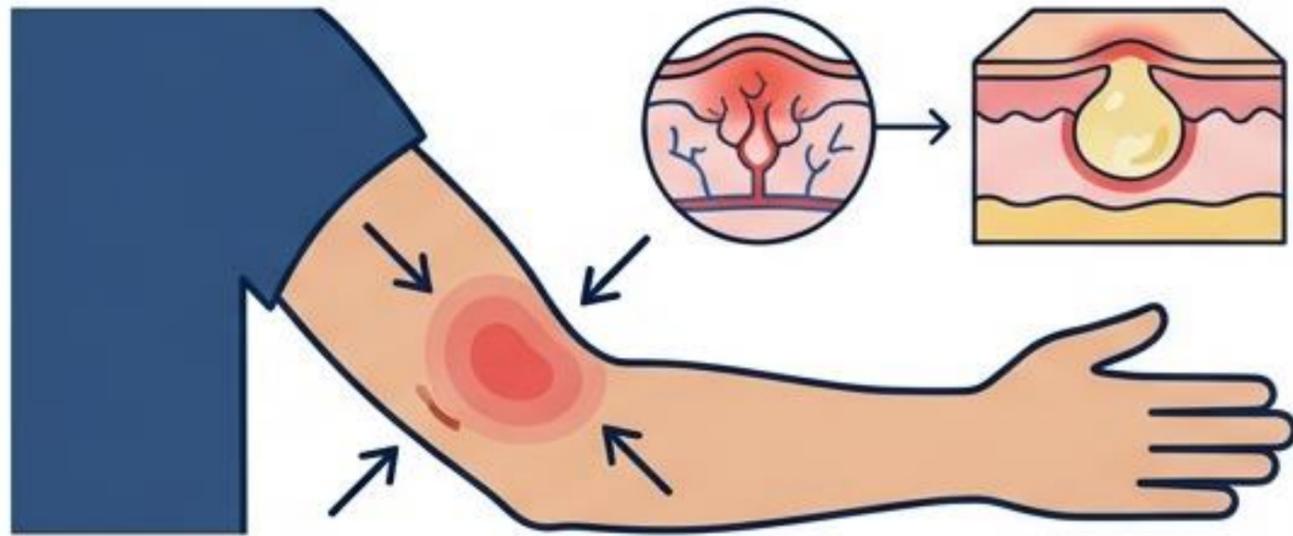


Check site later for heat, redness, or swelling (signs of infection).

# Infection Watch: Sepsis & Abscesses

Don't ignore a temperature.

## Local Signs (Abscess/Cellulitis)



- Redness, Heat, Swelling, Pain at the site.

## Systemic Signs (Sepsis/Endocarditis)



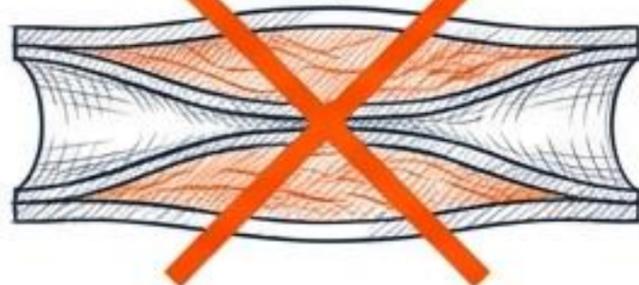
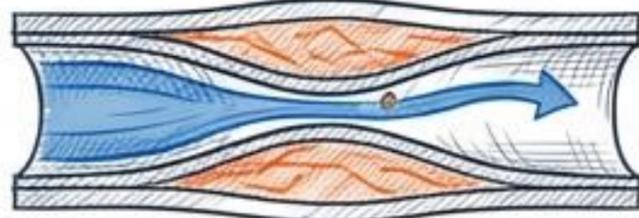
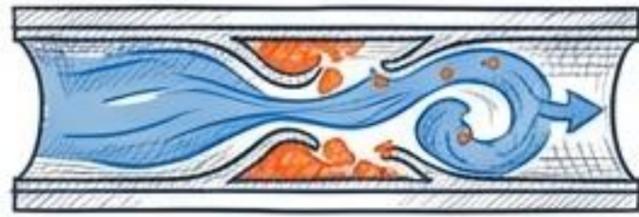
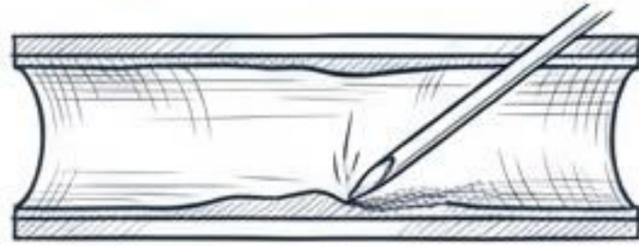
- High fever, Uncontrollable shivering, Cold clammy skin.



If you feel feverish or unwell after injecting, seek medical attention immediately. Sepsis can kill quickly.

# How Veins Collapse

## Stages of Collapse



1. Needle scratches lining.

2. Clots form from turbulence.

3. Scar tissue shrinks walls.

4. Permanent collapse.

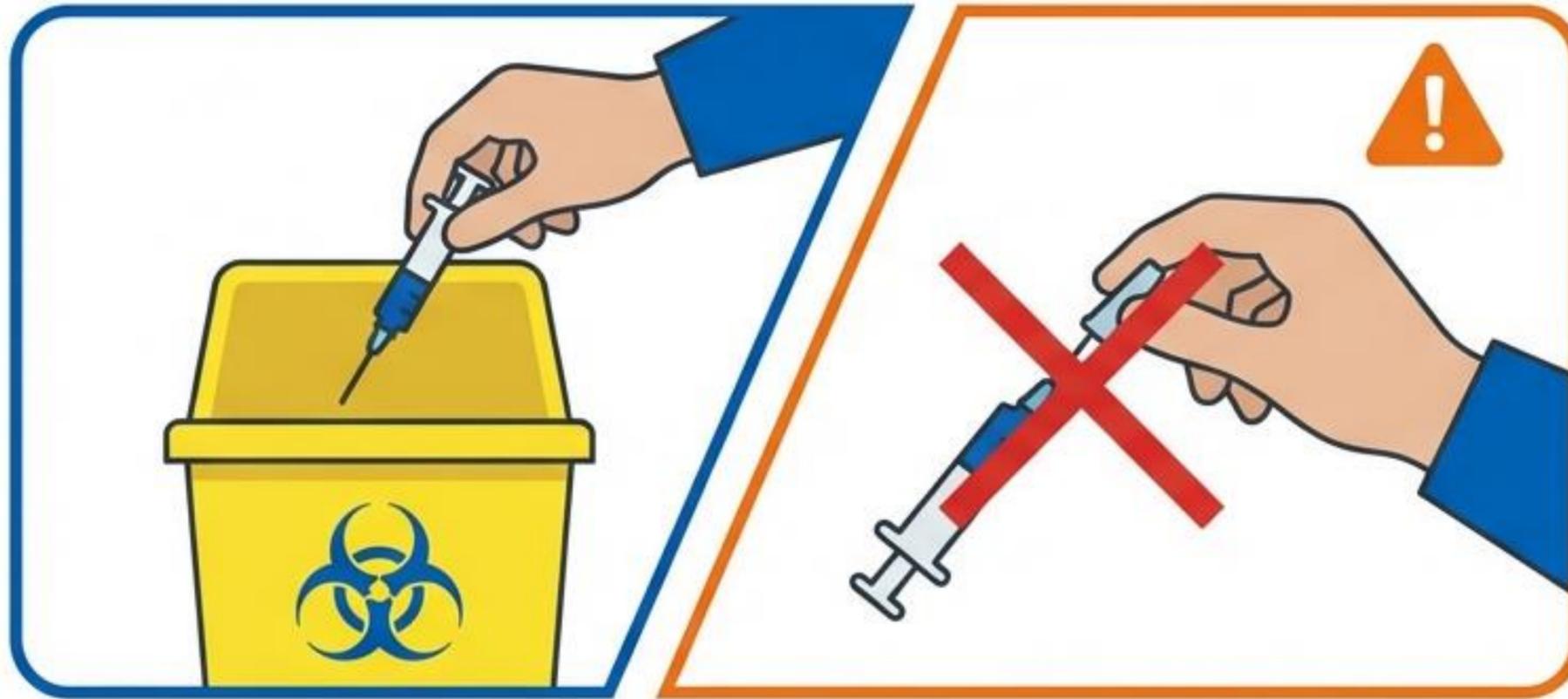
## The Process:

It is not just bad luck. Turbulence causes clots to form, which turn into scar tissue.

## The “New Vein” Myth:

Small, spider-like veins that appear after collapse are not new. They are over-pressurized capillaries. They will burst if injected.

# Disposal & Safety

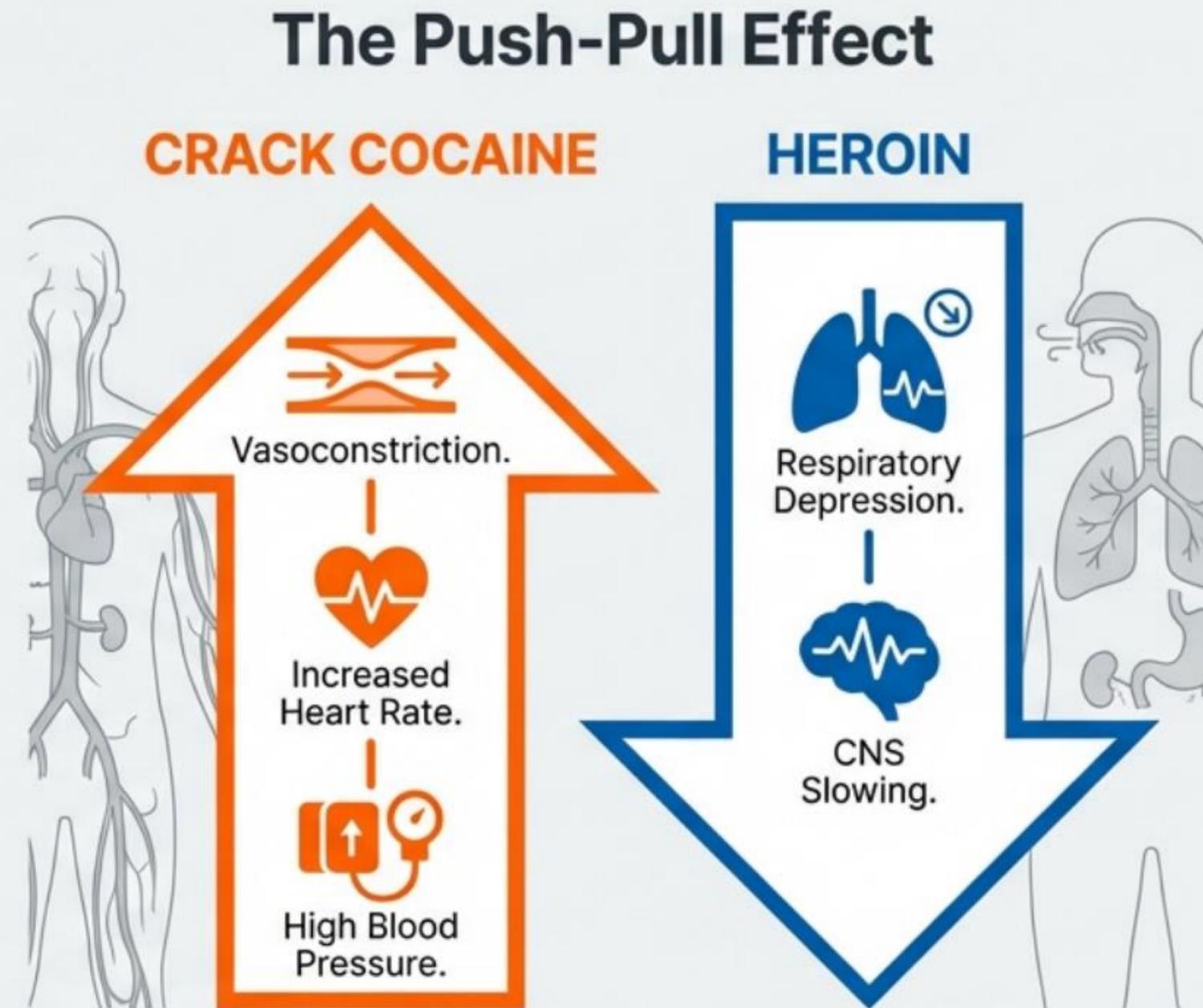


- **Disposal:** Place needle/syringe immediately into a sharps bin.
- **Clean Up:** Wipe down surface area with soapy water or bleach solution.
- **Never Re-cap:** Attempting to put the cap back on is the #1 cause of needle stick injuries.
- **Community Safety:** Store away from children until returned to a needle exchange.

# What is Snowballing?

**Definition:** The simultaneous injection of heroin (depressant) and crack cocaine (stimulant).

**Note:** “Speedballing” can also specifically refer to the UK crack/heroin mixture.



### ⚠ The Masking Effect:

Stimulant high masks opioid sedation. Risk of delayed respiratory overdose (“dropping out”) once the crack wears off.

# Risks: Overdose Awareness

Opiate OD (Heroin)	Stimulant OD (Cocaine)
<p><b>Signs:</b></p> <ul style="list-style-type: none"><li> • Pin-point pupils</li><li> • Blue lips</li><li> • Shallow breathing</li><li> • Unroutable</li></ul> <p><b>ACTION: NALOXONE</b> + Rescue Breathing + <b>Call 999</b></p> <div data-bbox="1179 1148 1619 1395"></div>	<p><b>Signs:</b></p> <ul style="list-style-type: none"><li> • Overheating</li><li> • Chest pain</li><li> • Rapid heart rate</li><li> • Seizures</li></ul> <p><b>ACTION: Cool down,</b> <b>calm environment</b> + <b>Call 999</b></p> <div data-bbox="2645 1148 3085 1395"></div>



**Poly-Drug Risk:** Mixing depressants (Heroin + Alcohol + Benzos) exponentially increases overdose risk.

# The Poly-Drug Risk

Mixing depressants increases overdose probability.



## Opioids + **Benzodiazepines** (e.g., Bromazolam)

Highly lethal combination often found in current supply.

## Opioids + Alcohol

Both suppress breathing functions.

## Opioids + Pregabalin

**Warning:** Pregabalin takes time to work. Don't re-dose if you don't feel it immediately.

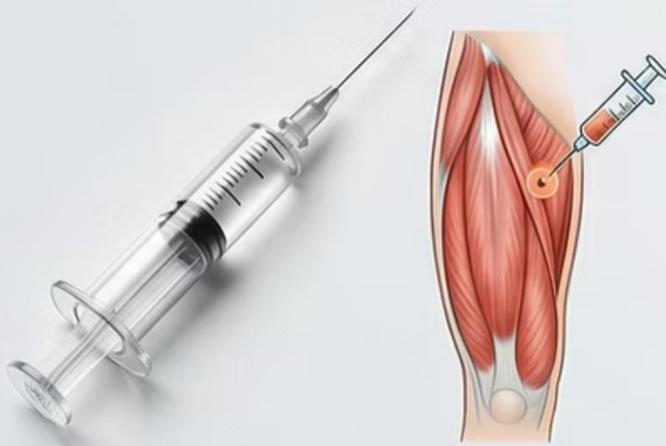
**! Advice: If you must mix, use lower doses of both.**



# Specific Drug Considerations



**Tablets and Capsules** - Injecting crushed tablets carries substantial risk due to insoluble fillers such as talc, starch and **waxes**. These can cause emboli, abscesses and severe tissue damage. Fine filtering reduces but does not eliminate risk. It **can never** make tablet injecting safe – only less unsafe.



**Anabolic Steroids** - Steroids are typically injected intramuscularly, not intravenously. The thigh is often safer for self-injection as it reduces the risk of striking the sciatic nerve. Z-tracking helps prevent medication leakage and tissue irritation.

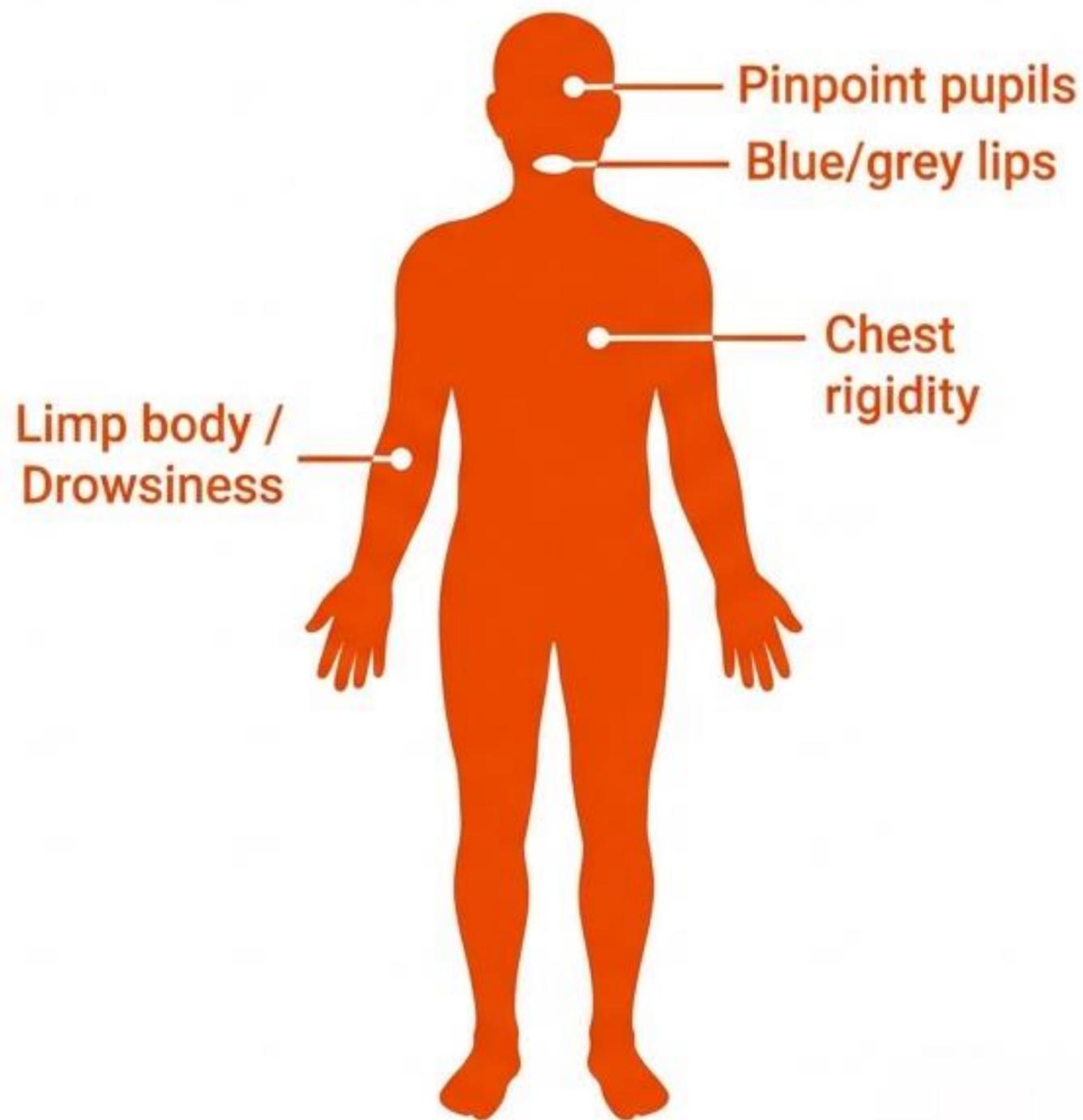


# CRITICAL ALERT: Synthetic Opioids (Nitazenes)

Potent synthetic opioids (Nitazenes) are infiltrating the UK supply. Found in heroin, fake oxycodone, and benzodiazepines.

**Potency: Significantly stronger than heroin and fentanyl.**

**The Response:** Rapid administration of Naloxone is critical. Multiple doses may be required.



# The 'Tranq' Factor: Non-Opioid Adulterants

Xylazine is a veterinary sedative (non-opioid) often mixed with strong opioids to prolong effects.

## Xylazine Risks



Profound sedation with immobilisation.



Severe, non-healing skin ulcers and necrosis (flesh-eating wounds).



Lesions may occur spontaneously on limbs NOT used for injection.

## Medetomidine Risks



Stronger veterinary anaesthetic.



Causes hallucinations and marked bradycardia.



**Clinical Alert: Xylazine is NOT reversed by Naloxone. Wound care requires urgent attention.**

# Wound Care Awareness (Xylazine Associated)

Xylazine causes vasoconstriction leading to skin ulcers. These can appear spontaneously on limbs not used for injection.

## Care Protocol



### Clean

Wash with soap and water.



### Cover

Keep covered with non-adherent dressings.



### Inject Elsewhere

Do not inject into or around the wound.

Pain and stigma prevent engagement. Use a non-judgmental approach to encourage tissue viability checks.

# Emergency Response Protocol

1

**Call 999:** Immediately request ambulance.



2

**Administer Naloxone:** If unresponsive. Reverses heroin effect. Safe to use even if crack is present.



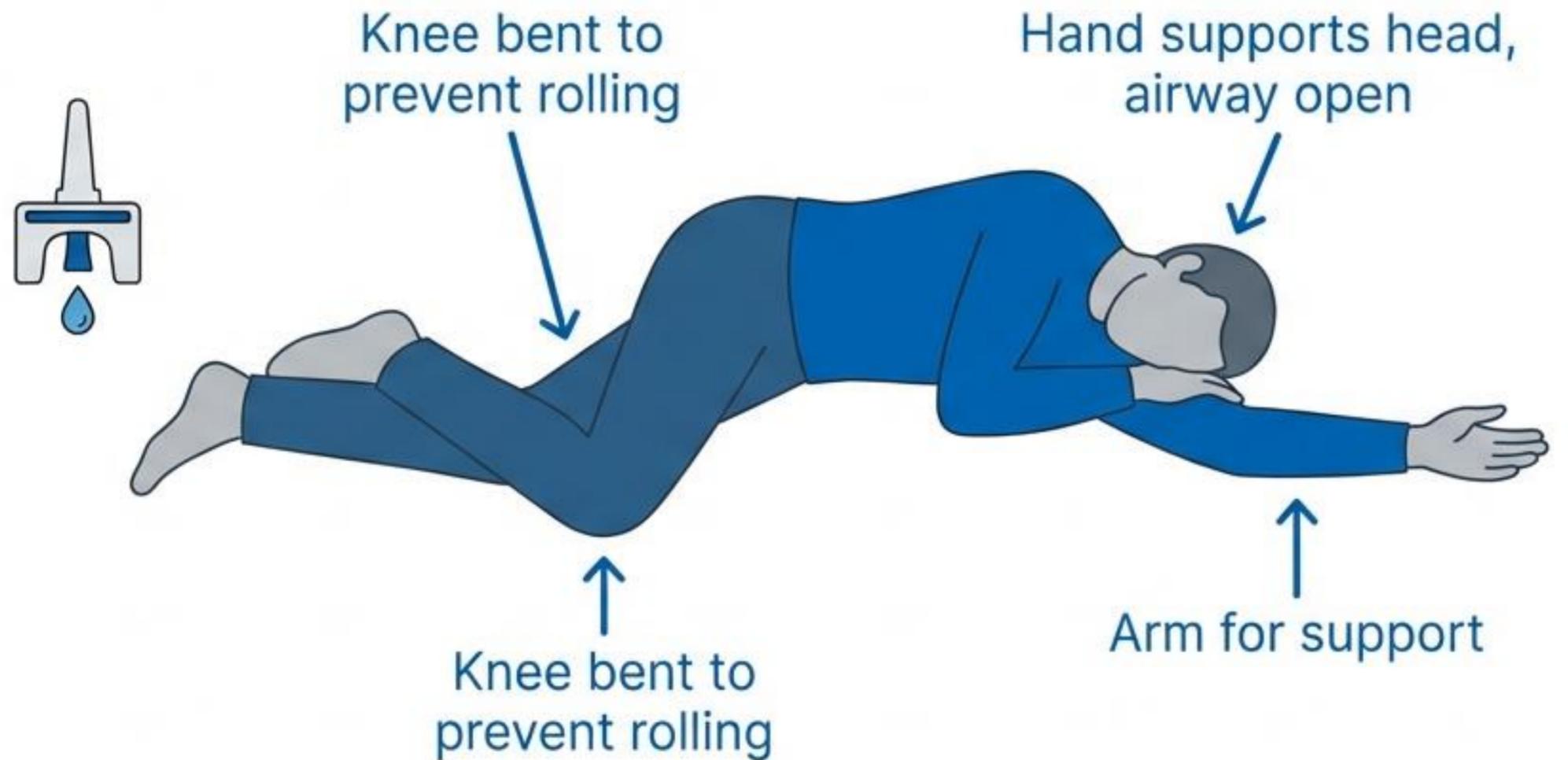
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**Recovery Position:** Keep airway clear.



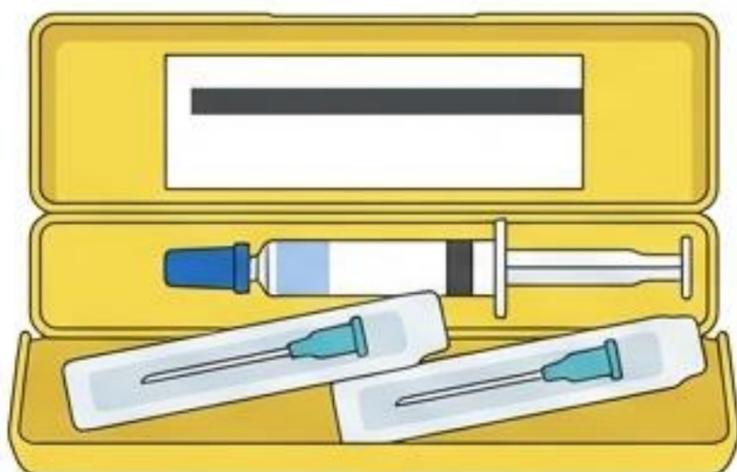
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**Stay & Monitor:** Commence CPR if breathing stops.

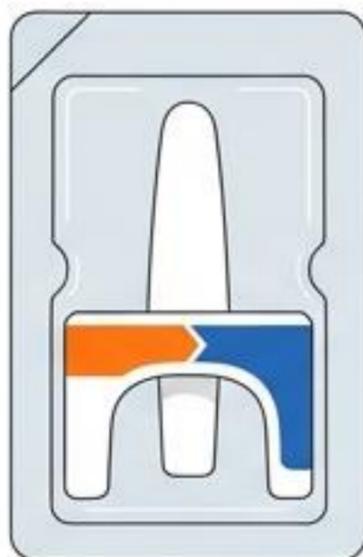


# Overdose Response: Naloxone Saves Lives

Prenoxad



Nyxoid



Emergency Protocol

1. Call 999. 
2. Administer Naloxone. 
3. Stay with person. 



**SYNTHETIC ALERT:** Nitazenes may require multiple doses of Naloxone to reverse overdose.

# Harm Reduction: Advice for Clients (Consumption)



## Go **Low, Go Slow**

Test dose habits are vital. Gauge strength with a tiny amount.



## Never Use **Alone**

Rapid onset makes self-rescue impossible. Use a buddy system.



## Carry **Naloxone**

Ensure friends and family know how to use it.



## Route **Awareness**

Smoking/Vaping is not necessarily safer given the extreme potency.

# Harm Reduction: Advice for Clients (Supply & Mixing)



## The 'Fake Meds' Warning

Be wary of loose benzos or painkillers bought online. If it didn't come from a pharmacy, assume it **contains Nitazenes**.



## Avoid Mixing

Nitazenes + Alcohol/Benzos = Drastically increased risk of **fatal respiratory arrest**.



## Tolerance Fallacy

Long-term heroin tolerance offers little protection against **Nitazene potency spikes**.



## Use Testing

Utilize **WEDINOS** (postal testing) for **batch surveillance**.

# The Golden Rules of Safer Injecting

**Preparation:** Wash hands. Use new, sterile equipment.

**Direction:** Always inject towards the heart.

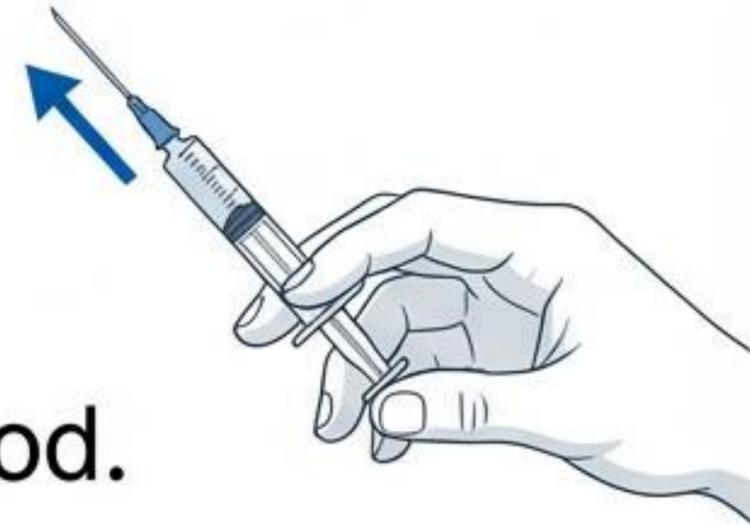
**Orientation:** Bevel (eye of needle) facing **UP**.

**Verification:** Aspirate to check for dark red blood.

**Safety:** Loosen tourniquet **BEFORE** injecting.

**Aftercare:** Dry pressure only—no alcohol on wound.

 **Alert:** Carry Naloxone. Never use alone.



For support, contact your local needle exchange or harm reduction service.

# Support & Resources

A handbook is not a substitute for talking things through.



Needle Exchanges are not just for equipment.

- Ask for advice on technique and vein care.
- Get tested for Blood-Borne Viruses (HIV/Hep C).
- Referral services are available for treatment or alternatives.

**Stay safe. Seek support.**



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