

Reducing Harm for People who Inject Drugs



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So what is harm reduction?

The following definition is taken from United Kingdom Harm Reduction Alliance (UKHRA)

Harm reduction: Harm reduction is a term that defines policies, programmes, services and actions that work to reduce the health, social and economic harms to individual's communities and society that are associated with the use of drugs.

The following principles of harm reduction are adapted from those set out by The Canadian Centre on Substance Abuse:

Harm Reduction:

Is pragmatic and accepts that the use of drugs is a common and enduring feature of human experience. It acknowledges that, while carrying risks, drug use provides the user with benefits that must be taken into account if responses to drug use are to be effective. Harm reduction recognises that containment and reduction of drug-related harms is a more feasible option than efforts to eliminate drug use entirely.

Prioritises goals - harm reduction responses to drug use incorporate the notion of a hierarchy of goals, with the immediate focus on pro-actively engaging individuals, targeting groups, and communities to address their most compelling needs through the provision of accessible and user friendly services. Achieving the most immediate realistic goals is viewed as an essential first step toward risk-free use, or, if appropriate, abstinence.

Has humanist values - the drug user's decision to use drugs is accepted as fact. No moral judgment is made either to condemn or to support use of drugs. The dignity and rights of the drug user are respected, and services endeavour to be 'user friendly' in the way they operate. Harm reduction approaches also recognise that, for many, dependent drug use is a long-term feature of their lives and that responses to drug use have to accept this.

Focuses on risks and harms - on the basis that by providing responses that reduce risk, harms can be reduced or avoided. The focus of risk reduction interventions are usually the drug taking behaviour of the drug user. However, harm reduction recognises that people's ability to change behaviours is also influenced by the norms held in common by drug users, the attitudes and views of the wider community harm reduction interventions may therefore target individuals, communities and the wider society.

Does not focus on abstinence - although harm reduction supports those who seek to moderate or reduce their drug use, it neither excludes nor presumes a treatment goal of abstinence. Harm reduction approaches recognise that short-term abstinence oriented treatments have low success rates and for opiate users, high post-treatment overdose rates.

Seeks to maximise the range of intervention options that are available, and engages in a process of identifying, measuring, and assessing the relative importance of drug-related harms and balancing costs and benefits in trying to reduce them.

Glaswegian injecting drug slang

The main street drugs injected are heroin, cocaine and amphetamines.

Heroin

Common street names used by injectors - kit, gear, smack, H, brown.

Snowball - refers to a cocaine and heroin mix which is injected.

How bought and sold

If people talk about a 'tenner bag' (£10) this refers to 140mg (approx) of heroin. If people talk about a 'score bag' (£20) this refers to approximately 350mg of heroin. However, heroin is also bought in the following weights 1 oz (28grams), ½ oz (14grams), ¼oz (7grams), 1/8th (3.5 grams) and a tenth (1.57grams).

Cocaine

Common street names used by injectors - coke, white, charlie, ching, crack, freebase, base

Cocaine freebase is washed with ammonia to form a base

Crack Cocaine is made with bicarbonate of soda and heat

How bought and sold

The most common way for cocaine to be bought is in grams, however it is also sold in the following amounts 1 oz (28grams), ½ oz (14grams), ¼oz (7grams), 1/8th (3.5 grams). Crack cocaine is usually sold per rock. This is not common in Glasgow where most users prefer to wash their powder cocaine back with ammonia to make freebase.

Amphetamine

Common street names used by injectors - speed, paste, base

How bought and sold

The most common way for amphetamines to be bought is in grams, however it is also sold in the following amounts 1 oz (28grams), ½ oz (14grams), ¼oz (7grams), 1/8th (3.5 grams).

Buying drugs

Score – this refers to buying drugs i.e.

"I had to go to Govan to score"

Dry up – this refers to very poor availability

Injecting equipment

Exchange –this refers to an Injecting Equipment Provider (previously called needle exchange)

Tools - this refers to needles and syringes

One Hit Kits – this refers to pre-packed needles and paraphernalia designed for single injections

Pins – this refers to needles

Barrels – this refers to the syringe/barrel (usually without an attached needle)

1mls – this is a poor form of shorthand to refer to a fixed needle and syringe i.e. “can I have some 1mls”. If correctly used it refers to the amount of fluid the barrel holds

2mls - this is a poor form of shorthand to refer to longer needles i.e. “can I have a 2ml blue”. If correctly used it refers to the amount of fluid the barrel holds

Short Orange – this refers to an orange hubbed needle which is 5/8th of an inch long, 25 gauge

Long orange – this refers to an orange hubbed needles which is 1 inch long, 25 gauge

Short Blue – this refers to a blue hubbed needle which is 1 inch long, 23 gauge

Long blue – this refers to a blue hubbed needle which is 1 ¼ inch long, 23 gauge

Long green – this refers to a green hubbed needle which is 1 ¼ inch long, 21 gauge

Acid – refers to citric acid or vitamin C. Both are used to dissolve brown heroin, freebase or crack cocaine.

Filter – only called filter. This is used to filter drug solution before injecting

Swab –only called swab. This is used to clean the skin before injecting

Cooker –this is a spoon which is used to heat any drug solution before injecting

Water, water amps or sterile water - all refer to water for injection which is used to dissolve powder before injecting.

Preparation & administration

Cooking up – this refers to the process of applying heat to dissolve heroin

Burn – this refers to the smoking of heroin

Chasing – this refers to the process of heroin smoking (sometimes called chasing the dragon)

Tooter – this refers to a foil tube which is used to inhale heroin fumes

Foil – this refers to foil which is used to facilitate heroin smoking

Run – this refers to the process of heating foil and running the fluid in a line

Beatle - this refers to the fluid heroin transforms in to when heated

Jag – refers to injecting

Dig – refers to injecting or to trying to find a vein i.e. “I need to dig about to get a vein”

Groin – refers to the femoral vein

Tourney – this refers to a tourniquet which is used to help raise a vein and anchor it in place. Tourniquets can include: belts; ties; bicycle tyre inner-tubes; medical tourniquets and shoe laces.

Effect and withdrawal

Oot ma bush – this refers to the strong, usually positive, effect of drugs

Wasted - this refers to the strong, usually positive, effect of drugs

Dunt – this refers to the strong, usually positive, effect of drugs

Rattling – this refers to a state of withdrawals

Cold turkey – detoxing without medical help

Strung out - this refers to a state of withdrawals

Square up – stopping withdrawals by consuming more drugs

OD – consuming too much of a drug and becoming unresponsive

Contextualising

*“I am **rattling** because there is a total **dry up** in my area. I’ve tried **chasing kit**, off of **foil** with a **tooter** but it didn’t **square me up**.”*

*I’ve tried **chasing** before but half the time the **kit** doesn’t **run** so you’ve no option but to **jag**.”*

*“It’s also easier to get **works** than **foil**. It’s good to hear the **exchanges** are going to start giving it out too.”*

*“Anyway, I managed to **score** in the town but I could only get a **tenner bag** so I bought some **white** too. I **snowballed** these, what a **dunt!**”*

*I know it’s extra dangerous though because I’m going in to my **groin**. I’ve seen loads of people **OD** this way.*

*I have to as I’m making a mess, **digging** all over the place. If I could use a **tourney** properly, maybe I could stay in my arms. I also don’t like having to use **2mls** as the big **pins** are sore but I can’t reach the vein with a **1ml**.*

*I’m careful in other ways though as I always used my own **cooker, water** and stuff and I never **share pins**.”*

Why do people inject?

The reasons people start using drugs is often a very complex issue. However, the reason people choose to inject drugs is often underpinned by very sound rationale.

Injecting can initially be more cost effective. This is particularly true for heroin, where although less of the drug is injected, it gives a more powerful effect than smoking.

There may be times or situations where people have less access to the drug so choose to inject for a period of time to maximise the effect from less drug, for example in prison people often prepare and inject 'street drugs' in small groups. The preference of these group members (peers) may influence the route of administration for others. This is particularly true if drugs are being shared or prepared for sharing through the making of a batch.

There are occasions where people choose to inject to hide evidence of drug use. For example, heroin has a very distinct smell when it is being smoked and may alert people to the fact drugs are being consumed. Dissolving heroin with water for injecting creates no fumes or smell so is likely to be less evident if drugs are being used.

Some drugs, such as oil based anabolic steroids, are only made for injection, therefore there is no alternative route of administration.

Risks

Injecting drugs (out with a medical setting) carries significant risk. These risks can be related to the drug itself, contamination from cutting/bulking agents or bacteria. Street drugs are often prepared for injection in unsanitary conditions, whilst injecting practices and techniques are often poor.

Many people are initiated in to injecting and taught bad practice. These poor (sometimes dangerous) practices may then be passed on to others. This 'cycle' will only end if professionals, Injecting Equipment Provision (IEP) staff and drug workers, engage fully with this group, with a view of positively influencing their clients' injecting practices.

Identifying risks

To properly identify specific risks for individuals, a full exploration of the person's preparation and injecting process is needed. It is this 'assessment of injecting related harm' (see table 1 below) which will help to identify areas of concern and allow us to propose changes. It is hoped these changes may reduce the immediate harm and minimise risks for the future.

Given the often chaotic nature of injecting clients or the limitations imposed by workplace barriers, the assessment process will benefit from being as flexible as possible.

Assessments should be interactive, relaxed, non-judgemental and client focused. The use of visual props, such as injecting equipment and foil may help simplify processes and give more meaning to discussions or demonstrations. Simple plain English should be used and jargon avoided. Focusing on the most immediate harms and risks ensures the person will leave with (at least) some advice should the interview finish abruptly.

The following is an example of key topics which should be explored during assessment. As a minimum you should identify the following risks:

Key Topics	Identify	Tick
Drugs injected	Types of drugs injected, poly drug use, amounts, overdose risk	<input type="checkbox"/>
Frequency	How often, site rotation, amount of equipment taken, frequency of IEP transactions, needle reuse	<input type="checkbox"/>
Preparation	Environment (outside or indoors), sterility, filtration, use of acidifiers, batch preparation, proper use of equipment (including water)	<input type="checkbox"/>
Administration	Choice of needle, injecting sites accessed, high risk sites, hand and site cleaning, tourniquet technique	<input type="checkbox"/>
Injecting site health	Scarring, track marks, infection, bruising, swelling, heat, abscesses, ulcers, and signs of missed hits, collapsed or damaged veins.	<input type="checkbox"/>
What is the person's knowledge on the following?	<ul style="list-style-type: none"> • IEP provision, where to get equipment • BBV risks, testing and vaccinations • Current local issues i.e. botulism, HIV, HEP • Preparing drugs in a sterile manner, hand and site cleaning, choosing the right environment • Proper preparation for each drug (including the use of acidifiers) • BBV and bacterial risks associated with batch preparation • How to make and use a tourniquet • Accessing a suitable vein or injecting site and circulatory system • Choosing the right size of needle • Avoiding high risk injecting sites • Proper site rotation • Common complications and why they happen • Alternatives to injecting (including smoking heroin from foil) • Responding to overdose and the use of naloxone 	

BBVs

 www.youtube.com/watch?v=EYF8suY5w9k

Blood-borne viruses (hepatitis B&C and HIV) are transmitted when blood cells from an infected person are passed into the bloodstream of another person. When preparing and injecting drugs, there are many ways this could happen.


The most obvious route for BBV transmission, is the direct sharing of needles and syringes. However, the sharing of other paraphernalia items (spoons, water and filters) also presents a risk of transmission, particularly for hepatitis B&C.

There have been occasions where some people have used needles and syringes which have been used and discarded by someone else. This is very high risk.

Some people are aware of these risks and try to clean these previously used needles/syringes however; this is not always done properly.

There are often risks when drugs are prepared in a batch to be shared with others. It is possible that the drugs may be prepared with a needle, syringe, spoon, filter or water which has been used previously by another person. This potentially contaminated solution may be divided between people by back-loading or front-loading (squirting the solution in to the back or front of the other participant's syringes) so even if a person injects themselves with a new needle or syringe, the drug solution may have been inadvertently contaminated with a BBV.

In Glasgow in 2015, 47 people contracted HIV through the sharing of injecting equipment. By the end of 2016 this number had reach 72. The prevalence of hepatitis C remains high in Greater Glasgow and Clyde with 65% of injectors being infected at some point.

 www.youtube.com/watch?v=Snsk_4gOYHU&feature=youtu.be

Reducing the risk for BBVs

The easiest way to prevent the transmission of injecting related BBV's is to avoid sharing or reusing equipment. 'A single kit for every hit' needs to be our key message.

As it is unrealistic to think we can eliminate the sharing of drugs, the risks associated with batch preparation should be explained fully, in particular, highlighting that batch preparation can only be undertaken safely when everyone involved has access to a full range of unused, sterile equipment.

There is a recognised method for sterilising needles and syringes, which will reduce the risks of BBV transmission if they are to be reused or shared however, to properly disinfect injecting equipment, this process needs to be followed very carefully. The process involves the use of 3 sterile containers, 2 containing water and 1 containing bleach.

Container 1 Water	The syringe should be filled to the top by drawing up the water to fill the full barrel. This water should be squirted out (away from other paraphernalia) ideally down a sink or toilet.
Container 2 Thin Bleach	Then, the syringe should be filled to the top with thin bleach, by drawing and squirting out (away from other paraphernalia) ideally down a sink or toilet.
Container 3 Water	Then, the syringe should be filled to the top by drawing up the water to fill the full syringe. This water should be squirted out (away from other paraphernalia) ideally down a sink or toilet.

Cleaning needles and syringes should be a last resort. If a person needs to use a previously used needle or syringe, it is likely they won't have access to other unused injecting paraphernalia (spoons, water, filters) so BBV transmission may still occur.

All syringes provided in Glasgow have a scratch panel marked **ABC 123**. This is to allow a combination of letters and/or numbers to be scratched off, making identification easier if the syringe is going to be reused. However, if a syringe has even the slightest chance of being used by someone else, when it is out of sight, it should be considered high risk. If it must be reused it should be sterilised using the bleaching method described above.

Infection

Skin and soft tissue infections are common amongst people who inject street drugs. There have been significant spore forming bacterial outbreaks in Glasgow over the years, where drugs that are contaminated with spores have been sold, prepared and injected. Unfortunately, there is no way of knowing by looking at the drug, if it was contaminated or not.

Abscesses, cellulitis and other infections are widespread amongst people who inject drugs (PWID) and are further evidence of the unsterile preparation and injection of drugs.

Some people reuse their own injecting equipment a number of times. This will without doubt increase the risk of bacterial infections. For those who inject outside, there is limited opportunity to properly clean their hands and injecting sites, again leading to the potential for bacteria to be introduced.

In Greater Glasgow and Clyde, Clostridium Novyi heroin claimed the lives of 20 people in 2002, Anthrax was responsible for 9 deaths 2014, whilst Botulism hospitalised over 20 people in 2014.

Reducing the risk of infection

As most injection related infections occur due to poor sterility during the preparation stage, focus should be on improving the sterility of this full process.

The easiest way to ensure there is no bacteria introduced to the equipment, is to always use new needles, syringes and a full range of paraphernalia, including water, when preparing drugs for injection.

Needles and syringes can be sterilised using the bleaching method described above, however, there is no recognised way of sterilising filters or spoons.

It is very important that the hands and the target injection sites are washed well with soap and water prior to injecting. An alcohol swab may be used to clean the injection site if there is no access to soap and water. Although this is very basic information, hand and site cleaning, appears to be very seldom discussed with clients but is the most effective way of reducing infection.

Ideally the setting where the drugs are to be prepared should be clean and well lit.

When it is identified that injectable drugs are contaminated with spore forming bacteria, the transition from injecting to smoking should be promoted as this is likely to reduce this risk. The exception to this being Anthrax, which may also be contracted through inhalation.

Overdose

Fatal overdose remains a significant risk for those consuming drugs. In particular, heroin, methadone, alcohol, benzodiazepines and gabapentin are particularly high risk. Injecting also increases the risk, due to the high load of drugs which can be delivered in one go very quickly. Low tolerance, after a period of abstinence (prison, rehab, detox etc) can significantly increase the risk, whilst high tolerance may lead to the person consuming more drugs to get the desired effect. It is this desired effect which often leads to poly drug use and/or the administration of high doses. Many of those dying are older drug users, over the age of 35, often with chronic physical or mental health conditions and a history of non fatal overdose.

In 2015, 706 people in Scotland died through drug overdose, over 200 of these deaths happened in Greater Glasgow and Clyde.

Reducing the risks of overdose

Depressant drugs (heroin, methadone, benzodiazepines, gabapentin and alcohol) are responsible for the majority of deaths; therefore the dangers of using these drugs in combination should be highlighted. Much of the diazepam sold at street level contains other powerful benzodiazepines such as etizolam. The unpredictability of these benzodiazepines (dose and content) should also be discussed with clients.

Being with another person (for the hours after drug consumption) may reduce the risk of a fatality as there will be someone there to respond.

Smoking heroin is less likely to cause fatal overdose than injecting. However, where poly drug use exists the risk remains high.

Naloxone, a drug which reverses opioid overdose, has been available in GGC since 2007. All community drug services and many IEPs are part of this programme. The benefits of naloxone should be highlighted and offered to clients on a frequent basis, bearing in mind their previous kits may have been used, lost or out of date, and therefore this should also be discussed with the client.

Site and vein damage

Vein damage and complications remain high. The majority of these problems are directly attributable to the individual's poor injecting practices.

The reuse of needles leads to blunting or barbing of the needle tip which can result in more damage than necessary.

The reuse of any injecting equipment (needles, barrels, spoons, filters, water) can result in bacterial infection leading to abscesses, cellulitis, and septicaemia.

The inability to rotate injecting sites can cause veins to collapse, as insufficient time has passed to allow veins to heal.

The overuse of acidifiers (used to breakdown heroin or crack/freebase cocaine) causes damage to the vein and increases the likelihood of infection.

There are times where people miss a vein with the drug solution. This usually happens when the needle has not entered the vein properly, has slipped out, gone straight through the vein or pressure has caused the vein to split. This leads to swelling, which appears around an injection site, during or immediately after an injection.

Reducing the risk of site and vein damage

Promoting the single use of equipment to clients is likely to have the biggest impact on reducing site damage. This also includes the use of new paraphernalia for every injection.

Having a number of sites, for example 5-6 on each arm, will allow for proper rotation and keep sites accessible for longer.

Assisting clients with the proper use of injecting equipment and influencing the right choice of needle for injecting is paramount. Details of this can be found in the "preparing drugs for injecting, safer injecting and know your kit" section of this guide.

Preparing drugs for injecting

The environment

Wherever possible a safe, sterile, warm and well lit environment should be the first choice. Ideally, there should be other people present to help if the person experiences difficulties. However, this may not always be possible, with many people having to prepare and inject their drugs outdoors or in public places, away from the view of others.

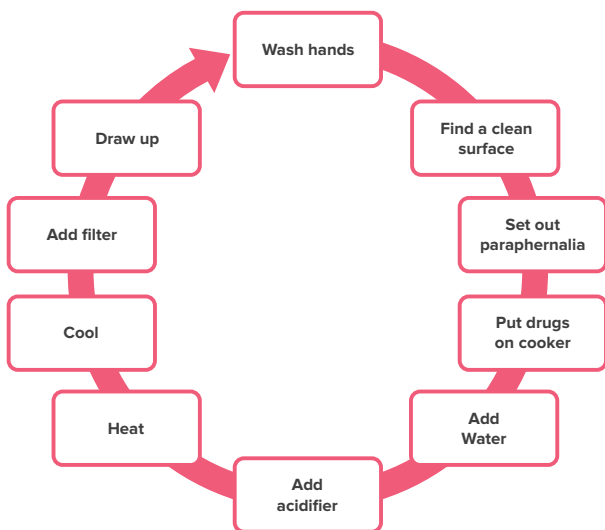
This often means there is no access to running water, poor lighting and the person is exposed to the elements. In addition to this, 'fear of being seen' means injections are often hurried increasing the risk of injection site damage.

Preparation

It is common for the importance of the 'safer preparation of drugs' to be overlooked during discussions with PWID. In reality, small changes introduced during this stage can have a significant bearing on drug related harm.

Ensuring all paraphernalia is unused (in sealed packets), water for injection is at hand and running water is available will help reduce risks. Not all drugs are prepared in the same way i.e. some require an acidifier to break them down, some need to be heated and others do not.

Preparing heroin for injection



Preparing powder cocaine, amphetamines, NPS



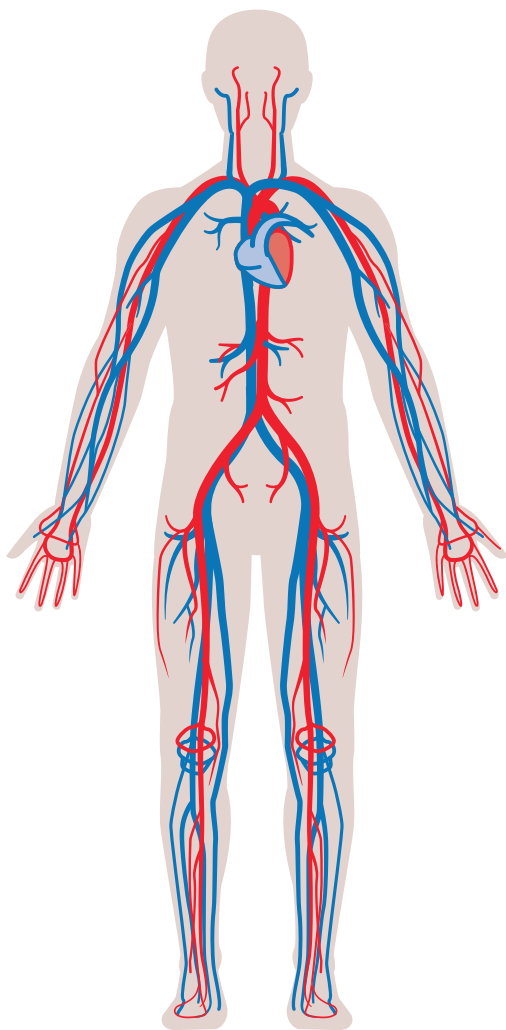
Preparing freebase or crack cocaine



 www.youtube.com/watch?v=e_hlxbW1v20

Intravenous injection (IV) steps for drugs other than IPEDs:

Wherever possible, visible veins in the crook of the arm area should be first choice. These veins are accessible, easy to clean and allow for a more controlled injection. If possible, 5-6 sites on each arm should be selected and rotated in turn. This will reduce the likelihood of collapsed veins and allow the sites to heal.



■ Veins
■ Arteries

Thereafter the following hierarchy of sites should be considered:

1. Arms (lowest risk)
2. Hands (medium risk) bacterial risks, small veins easily damaged
3. Feet (high risk) bacterial risks, small veins, slower blood flow, mobility risks if problems occur
4. Legs (high risk) slower blood flow, valves are easily damaged, DVT's are common
5. Femoral (very high risk) deep vein, close to main artery and nerve, damage is common and often leads to DVT's
6. Neck (very high risk) difficult to perform on self, complex structure
7. Penis, breasts, head (very, very high risk) avoid completely

Using a tourniquet will help trap blood in the vein making it more visible and accessible. A good choice of tourniquet is one which can be: easily used without tying a knot; released without letting go of the syringe; comfortable; non-damaging and cleanable.

Thin rope, rubber tubing and neck ties have all been used successfully. The best time for people to practice using a tourniquet is when they are not withdrawing. At this time tourniquets are not provided from IEPs.

The smallest finest needle should be used for the injection which is taking place (see "know your kit" section)

The injection process

1. Veins in the crook arm should be first choice
2. Tourniquets (if used properly) will help make the veins more visible and accessible
3. Clean the injection site ideally using soap and water. If using a sterile swab, wipe the site and leave for 1 minute to dry
4. The needle should be introduced to the vein with the flow of blood (towards the heart) at 45 degrees (90 degrees for the femoral vein) with the needle eye facing upwards
5. The plunger should be drawn back to ensure blood enters the syringe. This blood should be dark in colour. Bright red blood indicates arterial blood and the injection should stop
6. If a tourniquet has been used it should be released, just before injecting
7. Inject slowly
8. Carefully remove the needle from the vein
9. Place the used needle/syringe into a sharps bin
10. Apply gentle pressure to the site using the clean tissue or cotton pad

NB If using the filter syringe, please see page 20

Preparing IPEDs for Injection

 www.ipedinfo.co.uk/film_videos.php

Preparing oil based steroids – a large 10ml vial

- Remove the cap from the vial and wipe the top with a sterile swab
- Attach a green needle (21g 1 ½”) to the syringe and remove the needle cap
- Draw back the plunger of the syringe to the same level as the amount you are going to draw from the vial
- Insert the green needle into the vial and push down the plunger to inject the air into the vial
- With the needle and syringe still inserted turn the vial upside down and draw up the required amount of solution
- Withdraw the needle and syringe from the vial
- Pull back the plunger slightly, remove the green needle and place into a sharps bin
- Attach a blue needle (23g 1 ¼”) to the end of the syringe

Preparing oil based steroids – a small 1ml ampoule

- Attach a green needle to a 2ml barrel – keep the needle capped
- Hold the ampoule upright and flick the top gently to ensure all the solution is below the snap line around the neck of the ampoule
- Using an amp snapper, break the top off the amp
- Remove the cap from the green needle and insert into the ampoule
- Carefully draw up the solution and withdraw from the ampoule
- Place the empty ampoule into the sharps bin
- Pull the plunger back slightly
- Remove the green needle and place into a sharps bin
- Attach a new blue needle to the barrel but keep the needle capped until ready to administer the injection

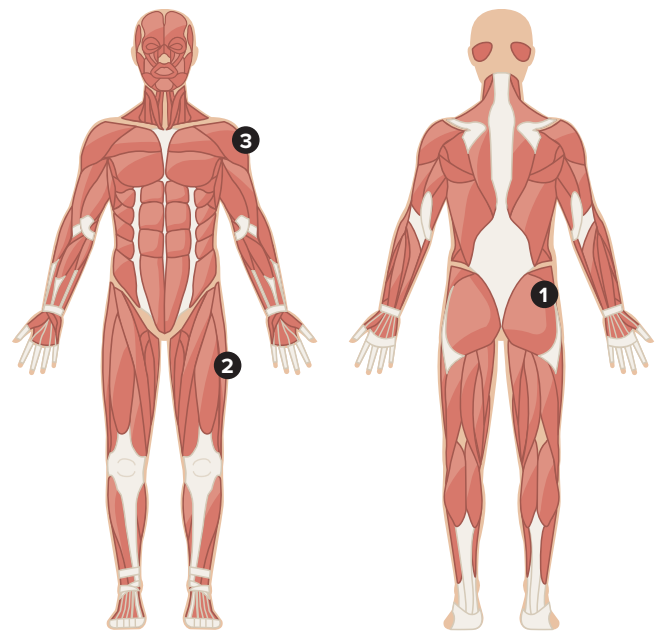
Preparing growth hormone, melanotan or other powder based IPEDs from a small amp

- Flip off the seal of the product and wipe the top with a sterile swab
- Twist the top of the plastic water amp
- Take a 1ml fixed head needle and syringe, remove the needle cap
- Insert the needle into the water amp and draw up the required amount of water
- Place the used ampoule into the sharps bin
- Insert the needle into the vial containing the powder and inject the water slowly by running it down the inside wall of the vial
- Remove the needle and syringe and place in the sharps bin
- Gently mix the water and powder mix by turning the vial - DO NOT SHAKE
- Remove a new 1ml fixed head needle and syringe from its packaging and remove the needle cap (but do not discard)
- Draw back the syringe plunger to the same level as the amount of solution that will be drawn up
- Insert the needle into the vial and inject the air in
- Turn the vial with the needle and syringe in upside down and draw up the solution

Injecting IPEDs steps

Steroids and other IPEDs should never be injected into a vein – it could kill.

Locations for intramuscular injections (for all oil or water based steroids)



1. The upper outer quadrant of the buttock (low risk)
2. Lateral part of thigh (low/medium risk)
3. Deltoid-upper outer third of the shoulder region (medium/high risk)

Injecting into the shoulder should be the third choice as the deltoid is a much smaller muscle and therefore diffusion of the steroid is reduced and the risk of nerve and other damage is far greater.

Upper outer quadrant of the buttock (glute - intramuscular injecting)

Needle size - Blue 23 gauge 1¼" long. Do not inject more than 3ml into this site, 2ml is recommended where the muscle is less developed

The injection process:

- Clean the injection site using a sterile swab and leave for 1 minute to dry
- Relax the muscle you intend to inject into by transferring your weight to the other leg but ensure you are stable
- Remove the cap from the needle and gently push up the plunger to expel air from the top of the syringe, a small droplet of solution will appear at the tip of the needle
- Insert the needle at 90°. Ensure you leave a small part of the needle showing
- If it is practical to do so, gently pull back the plunger to ensure that no blood enters the syringe – *if blood enters the syringe, remove the needle/syringe and apply gentle pressure to the site using a clean tissue or cotton pad. Do not re-inject into this area – and discard the injection into a sharps bin*
- Inject slowly – 10 seconds per 1ml of solution
- Keep the syringe as still as possible as movement can cause the needle to tear the muscle
- Carefully withdraw the needle and syringe and place into a sharps bin
- Apply gentle pressure to the site using the clean tissue or cotton pad. Gently massage the area. Do not use a sterile swab after an injection
- Ensure all used equipment is placed in the sharps bin

Lateral part of the thigh (intramuscular injecting)

Needle size - Blue 23 gauge 1¼" long. Do not inject more than 3ml into this site, 2ml is recommended where the muscle is less developed

- Clean the injection site using a sterile swab and leave to dry for 1 minute
- Relax the muscle you intend to inject, preferably by sitting down
- Remove the cap from the needle and gently push up the plunger to expel air from the top of the syringe, a small droplet of solution will appear at the tip of the needle
- Insert the needle at 90°, ensure you leave a small part of the needle showing
- Gently pull back the plunger and check that no blood enters the syringe. – *if blood enters the syringe, remove the needle/syringe and apply gentle pressure to the site using the clean tissue or cotton pad. Do not re-inject into this area – and discard the injection into a sharps bin*
- Inject slowly – 10 seconds per 1 ml of solution
- Keep the syringe as still as possible as movement can cause the needle to tear the muscle
- Carefully withdraw the needle and syringe and place into a sharps bin
- Apply gentle pressure to the site using the clean tissue or cotton pad; gently massage the area to disperse the solution. Do not use a sterile swab after an injection
- Ensure all used equipment is placed in the sharps bin

Deltoid – upper middle part of the shoulder (intramuscular injecting)

Needle size - Blue 23 gauge 1 ¼” long. Do not inject more than 2ml into this site, 1ml is recommended where the muscle is less developed

Injecting into the shoulder region should be a last resort as the deltoid is a much smaller muscle and therefore diffusion of the steroid is reduced and the risk of nerve and other damage is far greater.

- Clean the site using a sterile swab and leave to dry for 1 minute
- Relax the muscle
- Remove the needle cap and gently push up the plunger, expelling the air, until a drop of the solution appears at the end of the needle
- Insert the needle at 90° ensure you leave a small part of the needle showing
- Gently pull back the plunger and check that no blood enters the syringe – *if blood enters the syringe, remove the needle/syringe and apply gentle pressure to the site using a clean tissue or cotton pad. Do not re-inject into this area – and discard the injection into a sharps bin*
- Inject slowly – 10 seconds per 1 ml
- Keep the syringe as still as possible as movement can cause the needle to tear the muscle
- Carefully withdraw the needle and put in the sharps bin
- Apply gentle pressure to the injection site using a cotton pad or tissue and massage the area to disperse the solution. Do not use a sterile swab after an injection
- Place all used equipment in the sharps bin

Lower abdominal area between skin and muscle (Subcutaneous injection)

Do not inject more than 1ml into this site

- Clean the site using a sterile swab and leave to dry for 1 minute
- Remove the needle cap and gently push up the plunger, expelling the air, until a drop of the solution appears at the end of the needle
- Pinch the area to be injected and insert the needle at 90° (or 45° if you have low levels of body fat in the area)
- Leave a small part of the needle showing
- Inject slowly – 10 seconds per 1ml
- Keep the syringe as still as possible as movement can cause the needle to damage the area
- Carefully withdraw the needle and put in the sharps bin
- Apply gentle pressure to the injection site using a cotton pad or tissue and gently massage. Do not use a sterile swab after injection
- Place all used equipment in the sharps bin



Know your kit

The range of needles, syringes and injecting paraphernalia we provide is of the highest quality and manufactured to medical standards. Many of these items have been specifically developed to facilitate the preparation and injection of street drugs in the safest manner possible.

This injecting equipment, if used properly, can help reduce many injecting related harms and complications. There are however a number of variables which can affect the safety and risk of the injections taking place. For example good equipment and technique will do little to reduce infection if contaminated drugs are used.

It is best practice to provide written and verbal harm reduction information wherever injecting equipment is available.

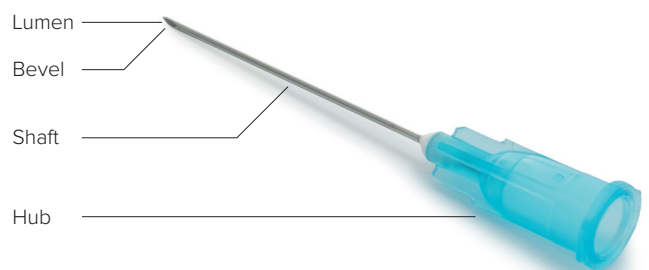
It should be noted that injecting any street drug comes with significant risk

Know your needles

All the needles we provide are of medical standard. They are presented in a sterile sealed packet which requires opening.

All our needles are designed to be **single use** and should be properly disposed of immediately after use, in an appropriate sharps container.

- **Sharing needles with others is very risky and can easily transmit Blood Borne Viruses – Hepatitis B, Hepatitis C and HIV**
- **Reusing needles creates a risk for bacterial infections. The needle will also be less sharp and likely to cause damage**



Choosing the right size of needle for the planned injection is essential if harms and complications are to be minimised. As a general rule of thumb, the smallest, thinnest needle, which comfortably reaches the target vein or muscle (depending on substance), should be first choice.

All our detachable needles are marked by both length and gauge (thickness). It is important to know that 'the higher the gauge the finer the needle'. There is also a colour system to help quickly identify sizes. Inserting the needle with the 'bevel' up allows the sharp tip to pierce the skin first.

Colour	Gauge Size	Length	Suitability for	Drugs usually injected by needle	Available in One Hit Kit Format
Green	21g (0.8mm)	1½" (38mm)	Drawing oil based steroids Intramuscular (IM) injection of steroids (buttocks).	Oil Based Steroids	In Steriod Glasses Case
Blue	23g (0.6mm)	1¼" (32mm)	Intramuscular (IM) injection (buttocks) of steroids. Femoral (groin) injection (IV).	Steroids, Heroin, Cocaine and Amphetamine (if femoral vein accessed).	In Blue One Hit Kit (2ml) In Steriod Glasses Case
Blue	23g (0.6mm)	1" (25mm)	Intramuscular (IM) injection (buttock, thighs and shoulders) of steroids. Femoral (groin) injection (IV).	Steroids, Heroin, Cocaine and Amphetamine (if femoral vein accessed).	No - Access fixed site for Pick & Mix
Orange	25g (0.5mm)	1" (25mm)	Femoral (groin) injection (IV) Slightly deeper veins when the needle is prone to blocking.	Steroids, Heroin, Cocaine and Amphetamine (if femoral vein accessed).	In Orange One Hit Kit (3ml)
Orange	25g (0.5mm)	5⁄8" (16mm)	Slightly deeper veins when the needle is prone to blocking.	Steroids, Heroin, Cocaine and Amphetamine (if femoral vein accessed).	No - Access fixed site for Pick & Mix
1ML Fixed (LOW DEAD SPACE)	27g - 29g	½" (13mm)	Superficial veins, such as arms, hands, feet and legs (IV) Subcutaneous injection of some hormones.	Heroin, Cocaine, Amphetamine and NPS. IPEDS such as growth hormone, tanning agents and peptides.	In Black One Hit Kit (1ml)

Know your barrels/syringes

All the barrels/syringes we provide are of medical standard. They are presented in a sterile sealed packet which requires opening.

All of our barrels/syringes are designed to be **single use** and should be properly disposed of immediately after use, in an appropriate sharps container.

- Sharing barrels with others is very high risk and can easily transmit Blood Borne Viruses – Hep B Hep C and HIV
- Reusing your own barrels creates a risk for bacterial infections.

A syringe has three main parts: the tip, barrel and plunger. The barrel is the hollow tube that holds an amount of fluid, the plunger is the piston-type rod that fits tightly inside the barrel, and the tip attaches to the needle.

There are 2 main types of barrels/syringes available – our fixed needle and syringe and a selection of barrels/syringes which are designed to accept a separate (detachable needle).

The fixed barrel and syringe (1ml only)

This 'one piece' unit has the needle permanently attached to the end of the syringe. This perfect fit ensures the volume of blood left behind after injection is minimal. We call this low dead space. The needle attached is of a high gauge (27g-30g) so likely to cause the minimal amount of harm if used properly. Wherever possible this should be the first choice for anyone injecting street drugs.

The separate barrel

Our separate barrels/syringes come in a range of sizes; 1ml, 2.5ml, 5ml, 10ml. The most common barrel to be used for the injection of both street drugs is either a 1ml or 2.5ml barrel. For steroids the choice is usually 2.5ml. This is more than enough fluid volume for most people to consider injecting.

All our barrels come with a scratch panel to allow individualised coding, which may be useful should an **emergency** situation arise where the barrel/syringe may have to be used again. This ABC 123 system allows for an enormous choice of codes to be created. This may reduce the likelihood of accidental mix ups. However, single use should always be promoted and the risks of sharing and reuse should be discouraged.

In a recent development we have redesigned the plunger tip to fill the hollow chamber (where the needle attaches). This reduces the volume of blood and fluid left behind post injection making it *lower* dead space than before.



Filter Syringe

The filter syringe we provide is of medical standard. They are presented in a sterile sealed packet which requires opening.

The Filter Syringe has been specifically designed to provide maximum filtration for street drugs.

The filter syringe is designed to be **single use** and should be properly disposed of immediately after use, in an appropriate sharps container.

It is important that clear instructions are given on how to properly use this syringe and filter as it will require a small change to the injecting preparation process.

As the filter is embedded within the cap, there is no need to expose the needle during the preparation process. As well as excellent filtration it ensures the needle remains sharp and uncontaminated.

An example of how to use the filter syringe when preparing heroin for injection

1. Remove from wrapper - do not remove the cap
2. Place water for injection (from plastic or glass amp) on to sterile spoon
3. Draw up water to desired amount - discard any water left on spoon
4. Place heroin on spoon
5. Press the plunger to release the water on to the heroin (without removing cap)
6. Add acidifier
7. Heat
8. Allow to cool
9. Draw up
10. Remove the cap



Filter Syringe



Filter Syringe & Spoon

Spoons

The spoons we provide are of the highest standard possible. They are presented in a sterile sealed packet which requires opening.

Spoons (sometimes called cookers) are used to allow powder drugs to be dissolved with water. Some drugs such as heroin also require the solution to be heated to help the drug dissolve. This is usually by holding the flame from a lighter underneath the spoon.

Our spoons are designed to be single use. **Reusing spoons may increase the risk of BBV transmission and bacterial infections.**



Spoon & Filter

Filters

Sterile filters are used to try and filter out any small insoluble particles which may cause damage if injected.

Each spoon comes packaged with a filter for filtration of street drugs (such as heroin or cocaine). **Reusing filters may increase the risk of BBV transmission and bacterial infections.** The most effective filter we provide comes attached to the filter syringe (see page 20)

- Stainless Steel to reduce likelihood of burning fingers
- Large surface area and sloping sides for easier drawing up
- Flat base for stability
- Filter packaged with spoon
- Individual soft packaging with harm reduction message



Filter

Acidifiers

The acidifiers we provide are of the highest standard possible. They are presented in a sterile sealed packet which requires opening.

There are two main acidifiers available to help break down drugs for injection - citric acid and vitamin C. Both are very effective at breaking down drugs and it is very much a matter of choice for each person.

Citric acid can be seen as more effective; however, it is easy to add too much. If vitamin C is used more has to be added, usually around twice as much.

Heroin, crack cocaine and freebase cocaine all require an acidifier during the preparation process to help break the drug down. **Regardless what acidifiers are used, they should be used in the smallest amounts possible, as over use can cause vein damage and make it harder for sites to heal.**

Swabs

The swabs we provide are of the highest quality. They are presented in a sterile sealed packet which requires opening.

Sterile swabs are used to clean the injecting site prior to injecting. However, this should be considered in the general context of sterility and hand cleaning during the preparation and injecting process is recommended in the first instance.




To use properly, wipe the identified injection area from the centre outwards.

Swabs should **not** be placed on the injection site after injecting to stop bleeding as the alcohol will stop healing, encourage bleeding and bruising.

Bins

The sharps disposal bins we provide are of the highest quality, are secure and lockable and have an additional

penetration tray build in. All bins come with a relevant harm reduction message.

Size	Approximate number of needles held	Useful Info
0.2L 	5 - 10 fixed 1mls	Temporary and final locking mechanism – push flap down to cover, fully depress for locking. Useful for outside injectors
0.3L 	5 - 10 fixed 1mls or 8 2ml barrels and needles if detached (using mechanism on bin)	Temporary and final locking mechanism – push flap down to cover, fully depress for locking. Fits easily in to a pocket
0.45L 	10 - 12 fixed 1mls or 10 2ml barrels and needles if detached (using mechanism on bin)	Temporary and final locking mechanism – push flap down to cover, fully depress for locking. Suitable for home use

Please Note: A larger 22 litre bin may also be available for people to take away from the IEP site.

Water

The water we provide is of medical standard. These are provided in a sterile ampoule which requires opening.

Water for Injection (WFI) is a specially prepared, cleaned and purified form of water which contains no chemicals or bacteria. It is available in either a 2ml glass or 5ml plastic amp. **Regardless of the size of ampoule, this water is single use and should never be shared.**

Water is an essential component in the injecting process for street drugs and some IPED's. Primarily, it is used as a diluting agent to dissolve powder forms of drugs into an injectable solution. Water that is used to prepare drugs for injection is often shared or obtained from non-sterile sources. Some people have reported using kettle water, tap water, bottled water, toilet water and puddle water to dissolve their drugs. This is very high risk.

- **Even sterile water which is shared may pose a risk of transmitting blood-borne viruses.**
- **Unsterile sources of water (including reuse of sterile water) carry a risk of serious bacterial infections if injected.**

5ml - The 'luer slip' design of the plastic 5ml ampoule allows for needles or barrels to be easily attached to the end and water drawn without spillage. The plastic is made from robust polypropylene and is tough enough to be carried in a bag or pocket without fear of breakage.

Know your foil

The foil we provide is specifically produced for the smoking of street drugs. It is manufactured in a different way from domestic foil, which comes with a layer of oil on the surface. The foil we provide is oil free.

Recent changes to the Misuse of Drugs Act (MDA) allows drug services and needle and syringe programmes to provide foil for the smoking of street drugs. Ideally people would move from injecting to smoking. This is called route transition.

The most common drug to be smoked from foil is heroin. Heroin is a very powerful and dangerous drug to take, smoked or not. However, it is widely agreed that the most harmful way to administer heroin is to inject.

The rationale behind providing foil is simple - smoking:

Stops the risk of all injecting related blood born viruses

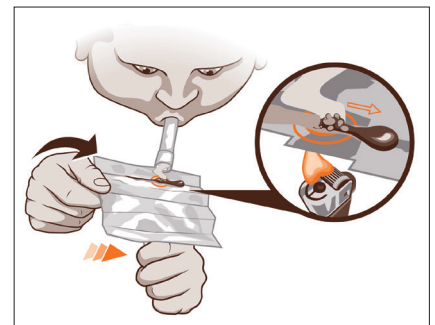
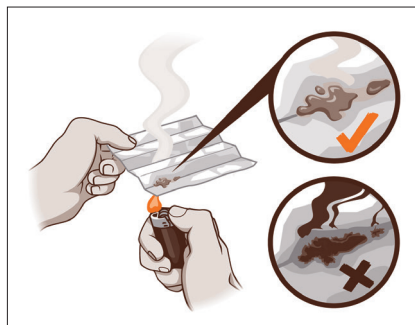
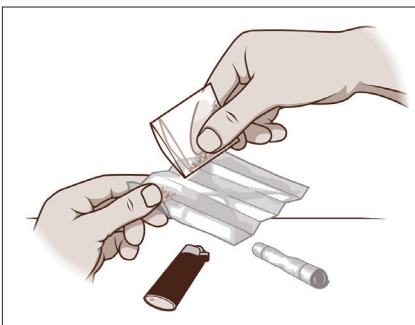
Reduces the risk of death through overdose

No need to have needles in the house or have to carry them with you

Can lead to an improvement in overall health

Heroin is smoked by:

- Placing a small amount of heroin onto a smooth rectangle piece of foil
- Bringing the drug to a fluid state, by heating the foil from underneath
- Inhaling the fumes through a separate piece of foil that has been folded and rolled in to a tube. This tube is often called a 'tooter'



Smoking Brown, How to chase street heroin. Version 2, 2013 Lifeline Publications
Design: Richard Kemplay www.adojo.co.uk

One Hit Kits

All our OHK's are manufactured to the highest possible standard.

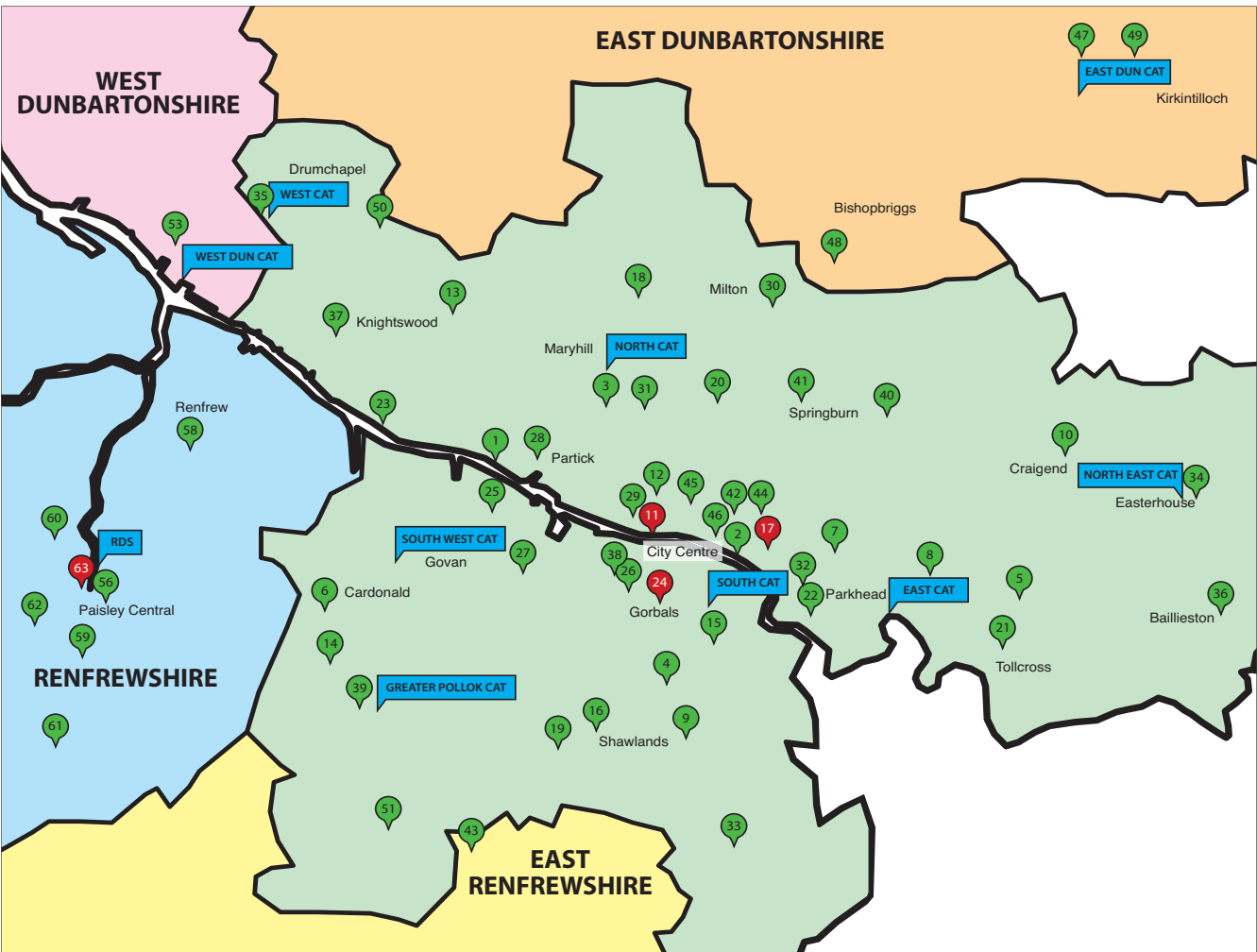
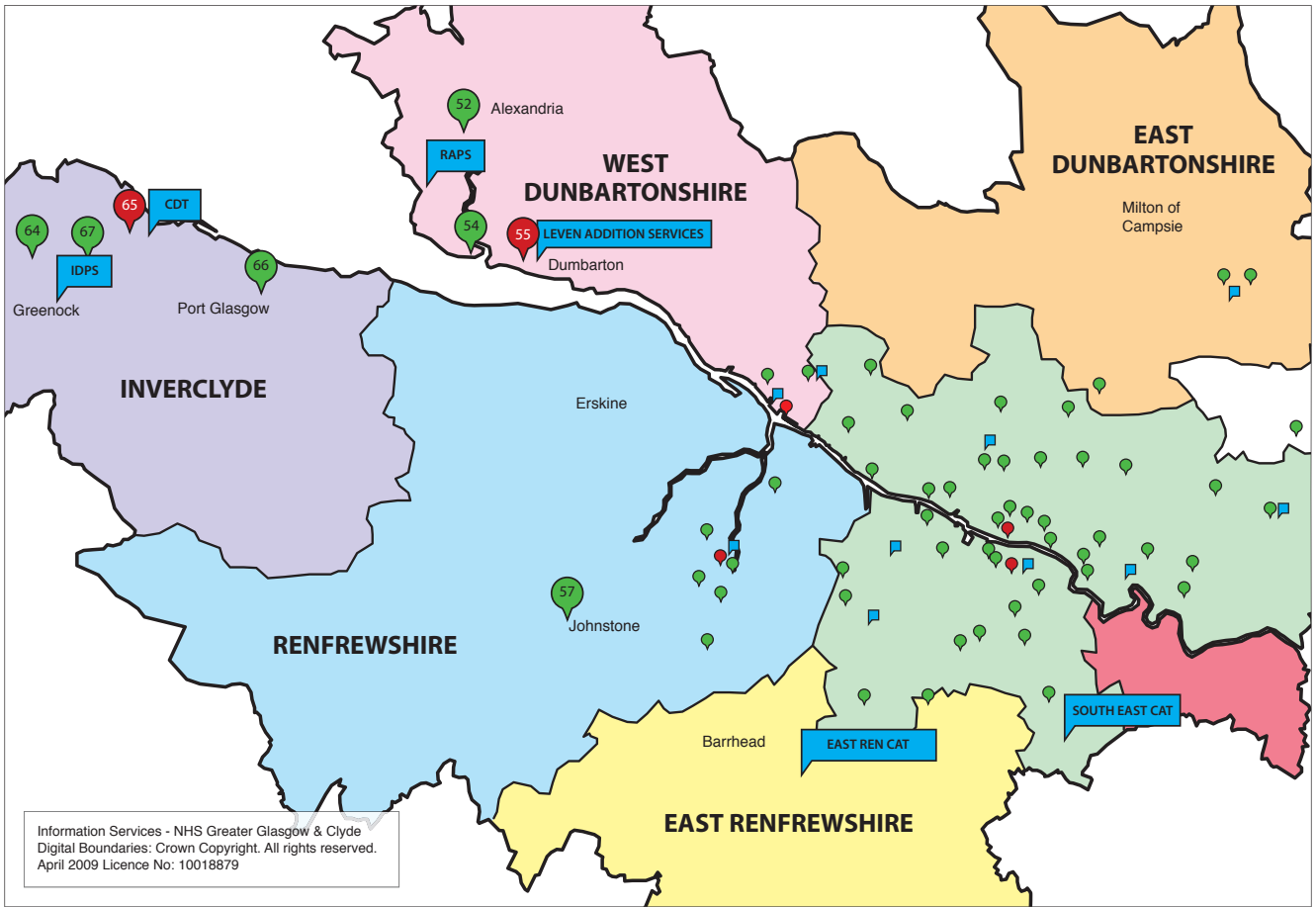
One hit kits are individual 'sterile packs' that contain all the equipment needed to prepare and inject most street drugs once.

These packs and all the equipment in them are designed for single use only. Nothing in these packs should be shared or reused.

It is important to note that people injecting powder cocaine, NPS or hormones will not require an acidifier.

People using the 2ml blue 1HK for injecting steroids will not need the spoon, filter or citric and would be better placed accessing the specialist steroid pack or individual items.

Type	Contents	Drugs used to inject
1ml One Hit Kit	Opaque bag, filter syringe 29g x 1ml fixed, pre-injection cleaning swabs, spoons with filter, citric acid sachets	<p>These kits are suitable for people injecting into superficial veins such as those visible in the arms or those injecting under the skin.</p> <p>Likely drugs to be injected are heroin, cocaine, amphetamines, growth hormones, tanning agents (melanotan) and NPS</p>
2ml One Hit Kit	Opaque bag, 2 ml syringe, orange 25g x 1" needle, pre-injection cleaning swabs, spoons with filter, citric acid sachets	<p>These kits may be suitable for people injecting into deeper veins, especially the femoral vein.</p> <p>Likely drugs to be injected are heroin, cocaine, amphetamines, NPS</p>
2ml One Hit Kit	Opaque bag, 2ml syringe, blue 23g x 1 ¼" needle, pre-injection cleaning swabs, spoons with filter, citric acid sachets	<p>These kits may be suitable for people injecting into deeper veins, especially the femoral vein, although for femoral injecting orange would be less harmful.</p> <p>Likely drugs to be injected are heroin, cocaine, amphetamines, NPS, Steroids.</p>
Steroid Glasses Case	Black plastic holder/sharps bin, 3 x 23g needles, 3 x 2ml barrels, 3 x pre-injection cleaning swabs, 3 x green needles 21g 1 ½" long	<p>These kits are only for the intramuscular injection of steroids. The green needles should be used for drawing up the oil. The blue needle is used for the injection. These cases should not be issued for the injection of heroin or other street drugs</p>



1	A Hand Pharmacy 510 Dumbarton Road G11 6SN	Mon - Fri 09:00 - 18:00 Sat 09:00 - 17:00
2	Abbey Chemists 144 Trongate G1 5EN	Mon-Sat 09:00 - 17:30
3	Boots 80 Queen Mrgt. Drive G20 8NZ	Mon-Fri 09:00 - 18:00 Sat 09:00 - 18:00
4	Boots 426 Victoria Road G42 8YU	Mon-Fri 09:00 - 17:30 Sat 09:00 - 17:30
5	Boots 1035 Shettleston Road G32 7PB	Mon-Fri 09:00 - 18:00 Sat 09:00 - 17:00
6	Boots 50 Hillington Road South G52 2AA	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
7	Boots 430 Duke Street Glasgow G31 1PY	Mon-Fri 09:00 - 18:00 Sat 09:00 - 17:30
8	Boots 90 Westmuir Street Parkhead G31 5SW	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
9	Apple 1009 Cathcart Road Pharmacy G42 9XL	Mon-Fri 09:00 - 17:30 Sat 09:00 - 17:30
10	Apple 11 Mossvale Crescent Pharmacy Craighend G33 5NZ	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
11	Route Out 75 Robertson Street G2 8QD	Mon, Tues, Fri & Sat 21:00 - 01:00 Wed 09:30 - 16:00
12	Boots 494 Sauchiehall Street G2 3LW	Mon-Fri 08:15 - 17:45 Sat 09:00 - 17:30
13	Boots 90 Fulton Street Annie'sland G13 1DT	Mon-Fri 08:30 - 17:30 Sat 09:00 - 13:00
14	Boots 220 Dalmellington Road Crookston G31 5BW	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
15	Boots 155 Crown Street Gor- bals G5 9XT	Mon-Fri 09:00 - 17:30 Sat 09:00 - 13:00
16	Boots Unit A, 92 Kilmarnock Road Shawlands G41 3NN	Mon-Sat 09:00 - 17:30 Sat 09:00 - 17:00
17	Simon Community Call 08000 277 466 for location	Mon-Sat 18:00 - 21:00
18	Cadder Pharmacy 52 Skirsa Street G23 5BA	Mon-Sat 07:00 - 19:00
19	Catterson Chemists 7-9 McArthur Street G43 1RU	Mon-Fri 09:00 - 17:45 Sat 09:00 - 13:00
20	D Houlihan Pharmacy 128 Saracen Street G22 5AR	Mon-Sat 09:00 - 18:00
21	Dickson Chemist 1024 Tollcross Road Shettleston G32 8UW	Mon-Fri 09:00 - 17:30 Sat 09:00 - 17:00
22	Dickson Chemists 21 Main Street Bridgeton G40 1QA	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
23	Dunnet Pharmacy 1399 Dumbarton Road G14 9XS	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
24	Glasgow Drug Crisis Centre 123 West Street G5 8BA	24 Hour NEX Access
24	IPED Clinic 123 West Street G5 8BA	Tues 18:00 - 22:00
25	Harmony Row Chemist 21 Harmony Row Govan G51 3BB	Mon-Fri 09:00 - 18:00 Sat 09:00 - 17:00
26	Hughes' Chemist 16 Admiral Street G41 1HU	Mon-Fri 09:00 - 18:30 Sat 09:00 - 13:00
27	AJ Gilbride Chemists 182 Copland Road Ibrox G51 2RW	Mon-Fri 09:00 - 18:00 (Tue- 13:00) Sat 09:00 - 13:00

28	J Gilbride Chemists 37 Hynd- land Street Partick G11 5QF	Mon-Fri 09:00 - 18:00 (Tue - 13:00) Sat 09:00 - 13:00
29	L G Pharmacy 476 St. Vincent Street G3 8XU	Mon-Fri 08:30 - 18:00 Sat 09:00 - 13:00
30	Liddesdale Pharmacy 59 Liddesdale Square G22 7BT	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
31	Lloyds Pharmacy 549 Maryhill Road G20 7UJ	Mon-Fri 09:00 - 17:30 Sat 09:00 - 13:00
32	Lloyds Pharmacy 186 Abercromby Street Bridge- ton G40 2RZ	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00
33	Lloyds Pharmacy 426 Carmunock Road G44 5EH	Mon-Fri 09:00 - 20:00 Sat 09:00 - 17:30
34	Lloyds Pharmacy Unit 38 Shandwick Square Easterhouse G34 9DT	Mon-Fri 09:00 - 17:30 Sat 09:00 - 17:30
35	Lloyds Pharmacy 29 Dunkenny Square Drumchapel G15 8NE	Mon-Fri 09:00 - 17:30 Sat 09:00 - 13:00
36	Lloyds Pharmacy 3-5 Main Street Baillieston G69 6SG	Mon-Fri 09:00 - 17:30 Sat 09:00 - 13:00
37	Lloyds Pharmacy 263 Alderman Road Knightswood G13 3AY	Mon-Fri 09:00 - 23:00 Sat 09:00 - 23:00
38	P Gilbride Chemists 40 Paisley Road West G51 1LB	Mon-Fri 09:00 - 18:00 (Tue - 13:00) Sat 09:00 - 13:00
39	PHC Pharmacy 21 Cowglen Rd G53 6EQ	Mon-Fri 09:00 - 18:00
40	Red Road Pharmacy 51 Red Road Court G21 4PL	Mon-Fri 09:00 - 17:30 Sat 09:00 - 13:00
41	Rowlands Pharmacy 210 Springburn Way G21 1DU	Mon-Fri 09:00 - 21:00 Sat 09:00 - 17:00 Sun 12:00 - 17:00
42	Boots 200 Sauchiehall Street, City Glasgow G2 3EN	Mon-Fri 08:00 - 19:00 (Thu 22:00) Sat 8:00 -18:00 Sun 10:30-17:30
43	Boots 182-184 Main Street Barrhead G78 1SL	Mon-Fri 09:00 - 18:00 Sat 09:00 - 17:30
44	Boots 10 Sauchiehall Street (Buchanan Galleries) G2 3GF	Mon, Tues, Wed & Fri 08:00 - 19:00 Thurs 08:00 - 20:00 Sat 08:30 - 18:30 Sun 10:00 - 18:00
45	Boots 498 Sauchiehall Street G2 3LW	Mon-Fri 08:00 - 18:00 Sun 10:30 - 17:30
46	Boots Glasgow Central Station G1 3SQ	Mon-Sat 07:00 - 22:00 Sun 09:00 - 21:00
47	Boots 9 The Regent Centre Kirkintilloch G66 1JH	Mon-Fri 09:00 - 18:00 Sat 09:00 - 17:30
48	Boots 3 The Triangle Bishopbriggs G64 2TR	Mon-Fri 09:00 - 17:45 Sat 09:00 - 17:45
49	Pulse Pharmacy 10 Newdyke Road Kirkintilloch G66 2PX	Mon 09:00 - 22:00 Tue-Fri 09:00-18:00 Sat 09:00 - 13:00
50	Sinclair Pharmacy 145 Spey Road Bearsden G61 1LF	Mon-Fri 09:00 - 21:00 Sat 09:00 - 18:00
51	Boots 61b Main Street Thornliebank G46 7RX	Mon-Fri 09:00 - 18:00 Sat 09:00 - 17:00
52	Boots 11-13 Mitchell Way Alexandria G83 0LW	Mon-Fri 09:00 - 18:00 Sat 09:00 - 17:00
53	Boots 98 Sylvania Way Clydebank G81 2TL	Mon-Fri 09:00 - 18:00 Sat 09:00 - 13:00

54	Boots 73 High Street Dumbarton G82 1LS	Mon-Fri 09:00 - 17:30 Sat 09:00 - 17:30
55	Leven Addiction Services Dumbarton Joint Hospital Dumbarton G82 5JA	NEX Mon-Fri 09:00 - 16:00 Tue-Thu 14:00 - 16:00
56	Abbey Chemist 27 Gauze Street Paisley PA1 1ES	Mon-Fri 08:45 - 18:00 Sat 09:00 - 17:00
57	Boots 7 Houston Court Johnstone PA5 8DT	Mon-Fri 09:00 - 17:30 Sat 09:00 - 17:00
58	Alliance / Boots 118-120 Paisley Road Paisley PA4 8HE	Mon-Fri 09:00 - 17:30 Sat 09:00 - 12:30
59	Boots 6 Neilston Road Paisley PA2 6LN	Mon-Fri 09:00 - 18:00 Sat 09:00 - 14:00
60	Boots Unit 2 Clippins Road Linwood PA3 2DG	Mon-Fri 09:00 - 17:30 Sat 09:00 - 17:00
61	Glenburn Pharmacy 20 Skye Crescent Glenburn PA2 8EL	Mon-Fri 09:00 - 17:30 Sat 09:00 - 13:00

62	Lloyds Pharmacy Tannahill Centre, 76 Blackstoun Road PA3 1NT	Mon-Fri 09:00 - 18:00 (Wed 09:00 - 17:30) Sat 09:00 - 12:30
63	Renfrewshire Drug Service Back Sneddon Centre 20 Back Sneddon Street, Paisley, PA3 2DJ	NEX Mon-Fri 13:00 - 16:00
64	A C Still Limited Unit 1a Cumberland Walk, Greenock PA16 7AW	Mon-Fri 09:00 - 17:30 Sat 09:00 - 13:00
65	Community Drug Team 128 Cathcart Street Greenock PA15 1BQ	Mon & Thurs 13:00 - 15:00 Tue 12:00 - 14:00
66	David Wyse Limited 12 John Wood Street Port Glasgow PA14 5HU	Mon-Fri 09:00 - 17:30 Sat 09:00 - 16:30
67	E R McAnerney 182 Dunlop Street Greenock PA16 9DP	Mon-Sat 09:00 - 17:30

Where to get drug treatment

Community Addiction Team		Address	Tel No.
Glasgow Addiction Service - (HQ)		Festival Business Centre, 150 Brand Street, Glasgow G51 1DP	0141 303 8971
East CAT	NE Sector	The Newlands Centre, 871 Springfield Rd, Glasgow G31 4HZ	0141 565 0200
North East CAT		Westwood House, 1250 Westerhouse Road, Glasgow G34 9EA	0141 276 3420
NW CAT (Hecla Sq)	NW Sector	7-19 Hecla Square, Drumchapel, Glasgow G15 8NH	0141 276 4330
NW CAT (Callander St)		Possilpark Health and Care Centre, 99 Saracen Street, Glasgow G22 5AP	0141 800 0670
NW CAT (Closeburn St)		7 Closeburn St Possilpark Glasgow G22 5JZ	0141 276 4580
South West CAT	South Sector	Pavillion 1, Rowan Business Park, Ardlaw Street, Glasgow G52 3RX	0141 276 8740
South CAT		Twomax Building 3rd Floor, 187 Old Rutherglen Road, Glasgow G5 0RE	0141 420 8100
Greater Pollok CAT		130 Langton Road, Glasgow G53 5DP	0141 276 3010
South East CAT		10 Ardencraig Place, Glasgow G45 9US	0141 276 5040
Homeless Addiction Team		55 Hunter Street, Glasgow G4 0UH	0141 552 9287
Drug Court Team		80 Norfolk Street, Glasgow G5 9EJ	0141 274 6000
West Dunbartonshire CAT		120 Dumbarton Road, G81 1UG	0141 562 2311
Leven Addiction Services		Main Building Cardross Rd Dumbarton G82 5JA	01389 812018
East Dunbartonshire CAT		Kirkintilloch Health and Care Centre 10 Saramago St Kirkintilloch G66 3BF	0141 232 8211
East Renfrewshire CAT		St Andrews House, 113 Cross Arthurlie St, Barrhead G78 1EE	0141 577 3368
Inverclyde Drug Services		Cathcart Centre, 128 Cathcart Street, Greenock PA15 1BQ	01475 499 000
Renfrewshire Drug Service		20 Back Sneddon Street, Paisley PA3 2DJ	0141 618 2585

Further reading

Policies & Guidance

Road to Recovery our national drugs strategy
www.gov.scot/Publications/2008/05/22161610/0

IEP Guidelines
www.gov.scot/Publications/2010/03/29165055/0

NESI Study maps the prevalence of HEP C
www.uws.ac.uk/research/research-institutes/social-sciences/health-behaviours-and-policy/needle-exchange-surveillance-initiative/

Shooting Up Report highlights infections amongst injectors
www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk

Websites

www.sdf.org.uk a great site for all drug policy discussions

www.scottishdrugservices.com a useful directory of all drug services in Scotland

www.injectingadvice.com a comprehensive site with provides a wealth of harm reduction materials

www.ipedinfo.co.uk all things steroid related

www.thedrugswheel.com up to date NPS advice site

Posters and client information campaigns

frontiermedical group

"I WANT TO BREAK FREE, I WANT TO BREAK FREE..."

AND WE WANT TO HELP YOU

WE NOW PROVIDE FOIL TO HELP YOU BREAK AWAY FROM INJECTING

This is a trial so please help keep the costs down by:

- Only taking as much foil as you need
- Not wasting or discarding unused foil

Read the alternatives to injecting booklet and speak to staff for further information

frontiermedical group NHS Greater Glasgow and Clyde

One Hit Kits

Pick your kits by needle size



1ml One Hit Kit Fixed needle	2ml One Hit Kit Orange	2ml One Hit Kit Blue
Contains a 29 gauge (thinnest) needle (1/2 inch long). This should be your choice if injecting in to your arms, hands or feet.	Contains a 25 gauge (medium) needle (1 inch long). This should be your choice for deeper veins, particularly the femoral/groin, but injecting here is more risky.	Contains a 23 gauge (thickest) needle (1 1/4 inch long). This can also be used for femoral/groin injection. An Orange needle is less likely to cause vein damage. Please use Orange if possible.



Always use the thinnest and shortest possible needle to reduce vein damage

BENEFITS OF SMOKING OVER INJECTING

- > Stops the risk of all injecting related blood born viruses
- > Stops injecting related complications like abscesses, infections, ulcers etc
- > Reduces the risk of death through overdose
- > Can help reduce the chaos that comes with injecting
- > No need to have needles in the house or have to carry them on you

HERE'S WHY WE WANT TO HELP YOU TO BREAK FREE FROM INJECTING.

- > HIV is at its highest level ever amongst injectors in Glasgow with more than 50 people recently infected
- > Botulism recently hospitalised over 20 people in Glasgow, all were injectors
- > Anthrax killed 9 people in Glasgow and hospitalised many more, most were injectors
- > Clostridium Novi (a bacterial infection) killed 19 people in Glasgow, all were injectors
- > Hepatitis C remains a real problem with as many as 69% of Glasgow's injectors infected
- > Abscesses, ulcers and other infections remain common amongst injectors in Glasgow
- > 189 people died from a drug overdose in Glasgow in 2015, most were injectors

SDF Scottish Drugs Forum NHS Greater Glasgow and Clyde

CONTAMINATED HEROIN WARNING

There have been a number of cases where people have contracted Botulism in this area after using contaminated heroin

Botulism can kill if not treated quickly

HIV in Glasgow

New HIV infections in Glasgow's injectors are increasing in 2015. HIV is spreading, but you can protect yourself.

HIV can be easily spread through:

- Unprotected Sex
- The sharing of any injecting equipment



Stop HIV infection by:

- Using condoms
- Always using clean fresh injecting equipment
- Never sharing any equipment
- Visiting the needle exchange as often as possible
- Taking away enough equipment to cover all your likely injections

We have no limits on the amount of injecting equipment you can take from the exchange.

Early diagnosis and treatment saves lives. To get tested contact your GP, Addiction Team or Drug Service, Participating Pharmacy, Brownlee Centre (0141 211 1075) or Sandyford Clinic (0141 211 8130).

Ask a member of staff for more details



Injecting Steroids - Reduce your risk!

Injecting steroids, growth hormone, tanning agents or other image enhancing drugs? You could be at risk of Infections, Abscesses and Blood Borne Viruses

We could help reduce this risk.

Our confidential, anonymous and non-judgemental clinic provides the following:

- A comprehensive selection of needles, barrels and water for injection.
- A wide range of hormone and BBV blood tests
- Consultations
- Safer injecting advice

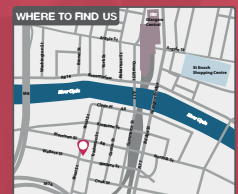
Drop in any Tuesday evening between 6pm and 10pm

123 West St, G5 8BA

Tel 0141 420 6969



Pharmacies in Glasgow also provide needles and equipment to steroid and other image enhancing drug users free of charge - look out for this sign.



IT'S MY WATER AND IT'S NOT FOR SHARING

Due to supply problems we are now supplying our water for injection in larger 5ml plastic amps.

DO NOT SHARE



DO NOT REUSE

Sharing water or other injecting equipment increases your risk of blood borne viruses and other infections

Ask staff for a demonstration

Blues, Vallies, Scoobies, Benzos, Diazepam

whatever you call them, we have a problem!

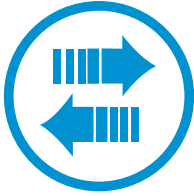
There have been a number of recent cases where people using 'street valium' have had a very bad experience. A number of these people required life saving interventions and hospital treatment.

Many tablets sold on the street look the same as those given out from pharmacies. However, testing has shown that:

- Some do not contain diazepam at the stated dose.
- Some have been shown to contain no diazepam at all.
- Some contain more powerful and dangerous drugs.

If you use benzodiazepines very regularly, then it may be unsafe to stop suddenly, and you should get advice from your local addiction services or your GP.

Please don't take tablets that you are unsure of.



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John Campbell
August 2017