



# EuroNPUD Peer-led Harm Reduction Series: Safer Injecting, One-Day Training Course

**Compiled by EuroNPUD - European Network of People who Use Drugs** 

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# Safer Injecting Programme

- Session One- 10:00 11:15
- Introduction, Reasons to Inject, other intake methods
- TEA BREAK 11:15 11:35
- Session Two 11:35 12:50
- Circulation System, Risk Factors, Preparing for Injection
- LUNCH 12:50 14:05
- Session Three 14:05 15:20:
- Preparing drugs and Taking Drugs by Injection
- **▼ TEA BREAK 15:20 15:40**
- Session Four 15:40 17:00:
- Distributing and Disposal of Used Injecting Equipment
- CLOSE 17:00





# SESSION 1

Introduction

Why start injecting?

**Transitions to injecting** 



#### **LEARNING OBJECTIVE**

- To welcome participants, to introduce the trainers and participants to each other and to agree ground rules for the course.
- To understand the reasons for injecting and the associated risks.



# **Opening Session**

### **Ground Rules**

- Value difference
- Confidential
- Time keeping
- Active listening
- Switch off mobile phone during sessions
  - Sticker = no photographs

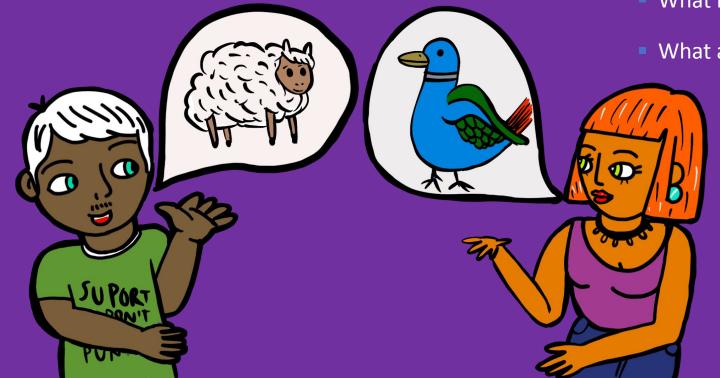




#### Group Introductions

# **Introduction Exercise Ice Breaker: Animal Connections**

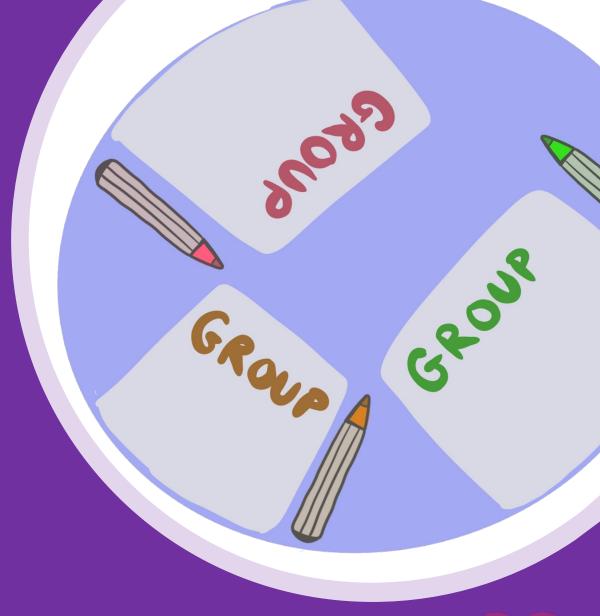
- Name
- Where you are from?
- What is your connection with injecting?
- What animal best symbolises your character?



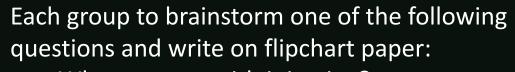


## Why start injecting?

• 3 small groups – each different colour pen.





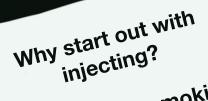


Why start out with injecting?

Why start out smoking or snorting and then switch to injecting?

Why might you start out injecting in the groin?
Discuss and write your answers for 10 minutes
Next pass sheet round to next group so they can review your work and add their comments

Pass every 5 minutes until you get your own sheet back



Why start out smoking or snorting and then switch to injecting?

Why might you start out injecting in the groin?



# Why Start Injecting? Summary Presentation

Why start injecting?	Reasons
Why start out with injecting?	<ul> <li>Available forms of drug are acid-based and water-soluble (China white heroin, cocaine powder, etc)</li> <li>Peer group are people who inject drugs</li> <li>In highly criminalised environment non-injecting methods are seen as too slow with increased risk of being caught in the act of using.</li> </ul>
Why start out smoking or snorting and then switch to injecting?	<ul> <li>Rising tolerance takes too long to overcome withdrawals symptoms</li> <li>Affordability as tolerance rises the greater efficiency of injecting becomes more attractive</li> <li>Change to peer group or intimate partner who injects drugs</li> </ul>
Why start out injecting in the groin?	<ul> <li>Women or young people seeking to hide their injecting from parents or clients of sex workers</li> <li>High levels of police repression – choose less visible 'track marks' (injecting scars)</li> </ul>



### **Transition to Injecting**

- Most injectors are uncomfortable being asked to initiate others into injecting.
- People who inject drugs may unintentionally provoke interest in injecting by talking about injecting positively or injecting in front of someone who doesn't inject.

Source: Hunt N et al (1999) <u>Preventing and curtailing injecting drug use: a review of opportunities for developing and delivering route transition interventions</u> Drug and Alcohol Review



# Breaking the cycle:

The following can raise interest in injecting:

Injecting in front of people

Telling people how good injecting feels

Talking about the process of injecting

 Nodding off or being stoned in front of people



# **Stand Your Ground!**The Benefits of Snorting, Smoking, Swallowing or Shafting

- Reduced risk of blood borne viruses
- Reduced risk of overdose
- Easier to manage tolerance and dependency
- More sociable and friendly
- The drugs last for longer not all gone in one big hit
- Old culture of "chasing the dragón" linked to Chinese history - proud tradition that predates injecting
- Injecting is one third more efficient but this step up will quickly go and then you will have a bigger habit to manage







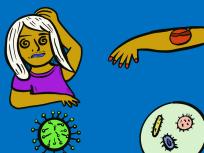


**Circulation System** 

**Risk Factors** 

**Preparing Drugs for Injection** 







#### **LEARNING OBJECTIVES**

- Introduction to the body Circulation system, types of injecting, veins and risks
- To become familiar with the equipment used to prepare a drug for injection





Blue areas Are safer.

Pink areas Involve greater Risk.

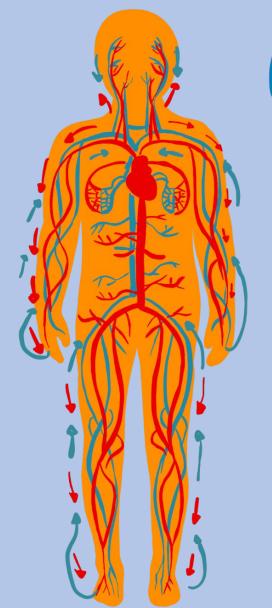
Wrist

Purple areas are Higher risk.



# VEINS

The Circulation System



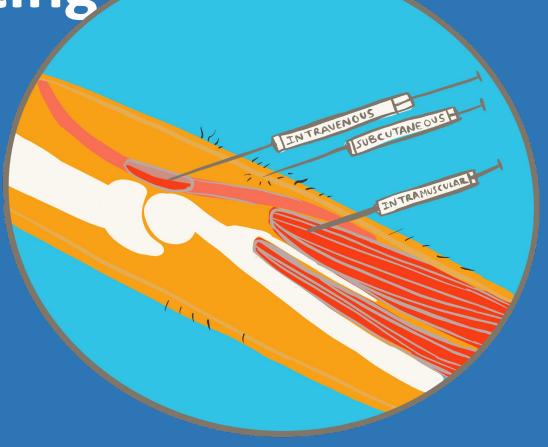
# ARTERIES





Types of Injecting

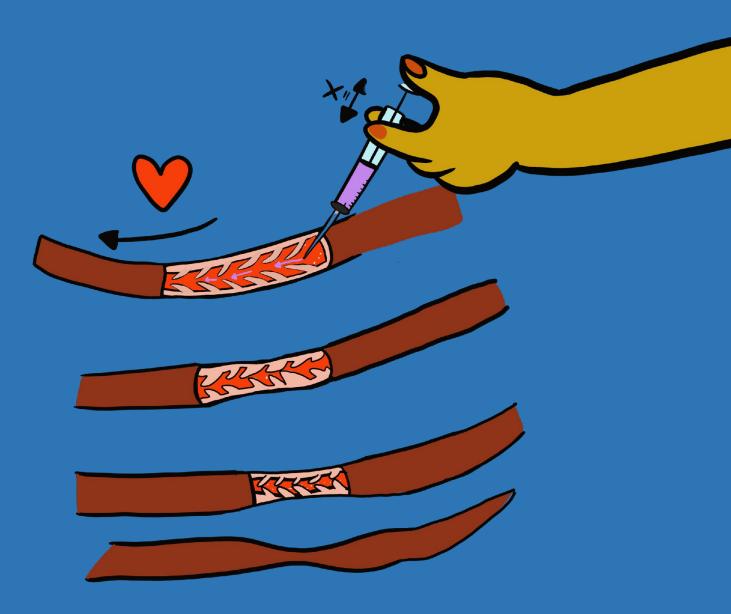
- Intravenous injecting
- Intramuscular injecting
- Subcutaneous injecting



## Vein Health

- Inject towards the heart
- Internal structure of a vein
- The risks of flushing
- Collapse
- Damage of veins



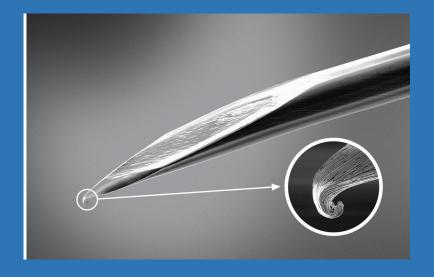


# Importance of Sharp Needles!



This needle has never been used

#### When a needle feels blunt

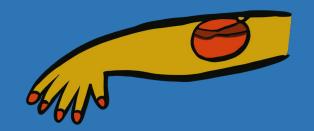


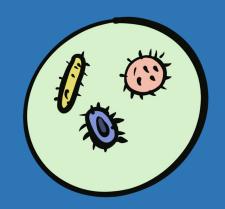
After it has been used 1 time



## The Risks of Injecting Drug Use







- Preventing Injecting Risk Factors –
   Plenary Discussion
- What are the key strategies for preventing the risks of:
  - Blood borne virus infection HIV and Hepatitis
  - Vein hardening and collapse
  - Bacteria infections
  - Overdose
- Call out answers



9 22 9	Injecting Risk Factor	Harm Reduction Strategies
	Catching viral infections	<ul> <li>Not sharing needle and syringe</li> <li>Not sharing any paraphernalia that could be contaminated with someone else's blood</li> <li>Using a complete new injecting kit with every hit</li> <li>Cleaning needle and syringe if re-using or sharing</li> </ul>
	Vein damage	<ul> <li>Use a sharp new needle for each injection</li> <li>Avoid blunting the needle during preparation</li> <li>Use the smallest and lowest gauge needle possible for the selected injecting site</li> <li>Use the minimum amount of acidifier (Vit C or citric acid)</li> <li>Don't flush!</li> </ul>
	Infection from bacteria that get into the blood	<ul> <li>Wash your hands and injecting site with soap and water before preparing your injection</li> <li>Wipe clean your injecting site with an alcohol wipe before injecting</li> <li>Don't keep and re-use your filters as bacteria grow on them</li> <li>Boil your drug mix to kill of bacteria before injecting</li> </ul>
	Overdose	<ul> <li>Avoiding drug mixing heroin or opioids with other depressants like alcohol, benzodiazepines or barbiturates.</li> <li>Alcohol used earlier in the day can can contribute to drug mixing and overdose</li> <li>Be careful when tolerance is reduced (after detox, prison, period of abstinence or reduced using, etc)</li> <li>Test new batches – start low, go slow!</li> </ul>

# Safer Injecting: Preparing for Injection

**European Network of People who Use Drugs (EuroNPUD)** 





# Washing Hands

#### Handwashing best practice is:

Remove all jewellery before washing;

Wash your hands and injecting site with warm running water and soap for at least 10 – 15 seconds (longer if visibly dirty).

Remember to pay careful attention to your finger tips and between your fingers and hand creases;

Dry hands with paper towel;

Remember to swab the injecting site with an alcohol wipe (in one direction).



Source: Handwashing Factsheet Soap and Washing AIVL

•Wash your hands before injecting and always after going to the toilet to put a barrier between the really nasty shit-linked viruses and bacterial infections connected with toilets and faeces.

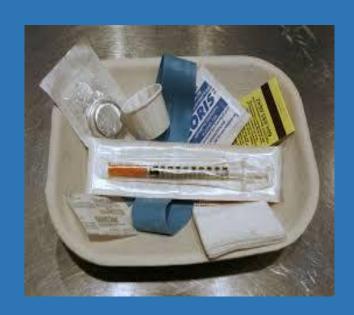


# Injecting Kit



#### • Injecting Kit Checklist

- Needle
- Syringe
- Sterile water ampoule 2ML
- Tourniquet
- Acidifier (Citric or Vit C)
- Cooker
- Filter
- Alcohol wipe
- Cotton wool
- Disposal Bin / Sharps Box
- One Kit For Every Hit!!

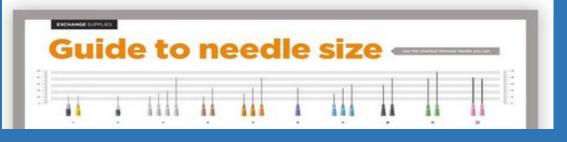




# MAIN TYPES OF INJECTING EQUIPMENT

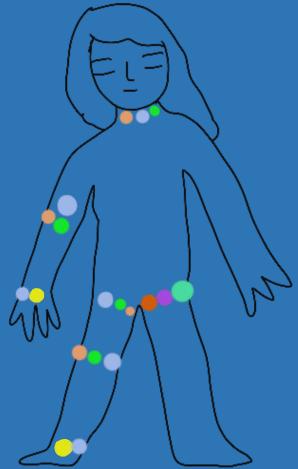


Item	Description	Rationale
1ML combination  – insulin and other 1ML combinations	Combined needle and barrel	1ml insulin syringes are often used as the entry-level syringe that is suitable for people injecting in low risk injecting sites if they have no or limited scaring. Insulin syringes are naturally low dead space.
1ML or 2ML barrels	Small barrels that can be used with detachable needles	Injecting a street dose of heroin normally requires the injection of 0.5ML of liquid. Liquid in ampoules or other drugs that require more liquid will need a larger size barrel.
5ML or 10ML barrels	Barrels that can be used with detachable needles	This is a very large gauge equipment normally used for injecting larger volumes of liquid required with injecting performance enhancing drugs or crushed tablets.
Shorter detachable needles	Suitable for injecting in low risk injecting sites (arms, hands and lower legs)	Firmer needle allows for injection in small low risk injecting site. Removable needle allows for replacement of the needle if the person is struggling to pierce a vein due to scaring or vein collapse reducing the risk of repeated injections with a needle that gets blunter with every attempt.
Longer detachable needles 1" - 1.5"	Suitable for intramuscular or injecting in the groin	Longer and firmer needle. Suitable for someone who is injecting in the groin. The gauge of needle shows have firm it is which is necessary when more scaring. Also suitable for intramuscular injection in the buttock or upper arm.



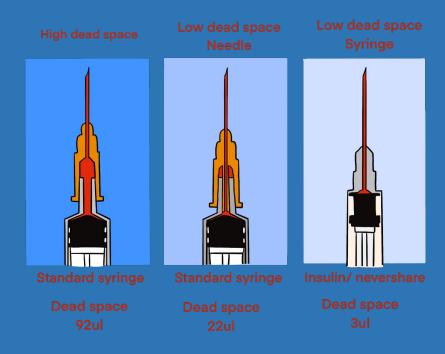
Needle size





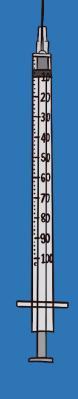


### **Needles and Syringes**



#### • Low Dead Space Needles

- The nipple in a traditional syringe provides reservoir for blood to be retained
- Low dead space needles fill the nipple reducing the amount of dead space available to hold residue blood
- Insulin combination needle and syringe are naturally low dead space
- Low dead space recommended by WHO\*
- Where LDS and IML Insulin syringes are unavailable other syringes can be used but LDS should remain the goal
- One-time use needles and syringes are not suitable for NSP – as it is better to allow for re-using of syringes than to increase the risk sharing – hierarchy of harm reduction





<sup>\*</sup> Guidance on prevention of viral hepatitis B and c among people who inject drugs WHO Policy Brief (2012)

#### NSP Stock List

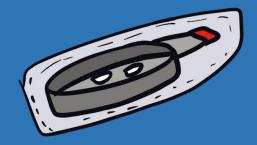




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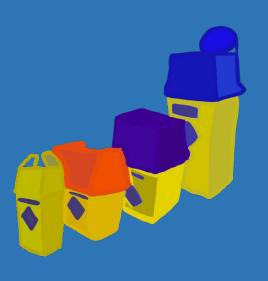




Item	Description	Rationale
Sterile water ampoule 2ML	Water for mixing with drugs that is sterile and encourages single use by one person	Sterile water ampoules are the safest option when preparing an injection. Using unsterile water can lead to infections and "dirty hits" - sudden flu like symptoms that is body's reaction to infection being introduced to blood stream. It is important to promote the use of one ampoule for one injection / person to avoid risk of blood borne virus transmission.
Tourniquet	Helps to restrict blood supply and raise vein for injection	Tourniquets can provide a route of blood borne virus transmission. If belts or wires are used this can result in soft tissue damage. Plastic tourniquets or rubber orthopaedic knee straps have been distributed by harm reduction services to reduce risks. Tourniquets are often re-used but should not be shared.
Cooker which can include filter and paper pad	Allows drug and sterile water to be mixed together and filtered. If an acidifier is needed, then this allows for cooking up.	Cookers provide a single use container for the mixing, heating and filtering of the drug solution. Cookers usually include a means of reducing the heat transfer to the fingers when cooking up. Even with drugs that dissolve in water and do not need to be converted or cooked up with an acidifier, it is sensible to use a cooker to boil, sterilise and filter the drug solution before injecting.
Separate filter	From dense cotton filter through to more specialist filters	The sterifilter clips onto a 1ML combination needle and syringe. This allows the drug solution to be drawn up into the barrel from the cooker without the risk of blunting the needle. More specialist filters exist that are designed to remove bacteria, chalky biproducts involved in injecting crushed tablets etc







Item	Description	Rationale
Alcohol wipe	To clean the injecting site prior to inserting the needle	The person should clean their injecting site with an alcohol wipe prior to inserting the needle. This avoids the risk of bactieria being transferred from the surface of the skin into the blood stream. The person should wipe the injecting site in a single downward movement. Rubbing up and down will move the dirt around, potentially leaving it over the injecting site.
Cotton wool or tissue pad	To place over the injection site and apply pressure after the injection	Cotton wool or clean tissue paper can be used to apply pressure to the injecting site after administration. Some cookers come with a cotton pad that can be used to stop any bleeding. Put the cotton pad over the injection site and apply pressure. Hold for a minute or two or until the bleeding stops. Alternatively NSPs give out cotton wool balls. This is more effective at absorbing the blood meaning less blood passing to the fingers and less risk of transfer.
Disposal Bins / Sharp Boxes	Sharps boxes can be filled two thirds full and support safe return of used injecting equipment	Sharps disposal bins come in a variety of sizes from individual boxes that take 5 – 10 needles and syringes through to a range of larger sizes bins for using venues or needle patrols. Very large size bins are used by fixed site NSP so returned personal bins can be safely stored prior to incineration. Bins should not be filled more than two thirds full. Do not empty and count the returned equipment – estimate content for data reporting. Bins should be clearly marked as hazardous waste. They can also have harm reduction campaigns promoting safer disposal and/or safer injecting messages. Empty clear plastic water bottles can be used when disposal bins are not available.

### Acidifier

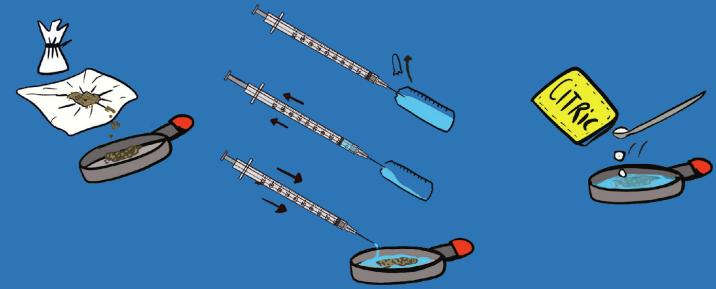




#### • Why do we need an acidifier?

- Acid-based drugs are water-soluble, so they are suitable for snorting or injection.
- Heroin hydrochloride (china white) and cocaine hydrochloride (cocaine powder) are acid-based, water-soluble versions of heroin and cocaine
- Acidifiers are needed to convert base forms of drugs (brown heroin or smoked cocaine) into an acid-base, injectable version of the drug.
- Converting brown heroin or smoked cocaine into an injectable form is achieved by heating the solution with an acidifier. This is called "cooking up".
- Putting too much acidifier in the mix with heroin leads to the drug solution having a similar PH to vinegar. This leads to vein hardening and longer term vein collapse.
- Failing to cook up brown heroin means the drug solution will still have organic matter floating around. Failing to boil the drug means bacteria are still likely to be present. This can result in significant injecting related injuries.

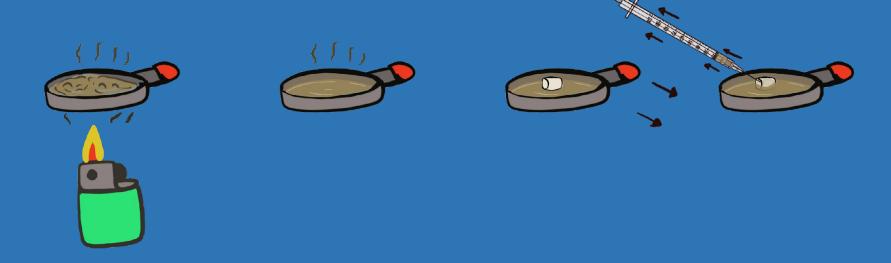
### Acidifier



- Acidifiers and Harm Reduction
  - Key messages on the use of acid:
    - Use acid to convert base drugs
    - Start low and build up the amount of acid you use quarter of a sachet is normally enough for one 0.1G dose of brown heroin but this will vary.

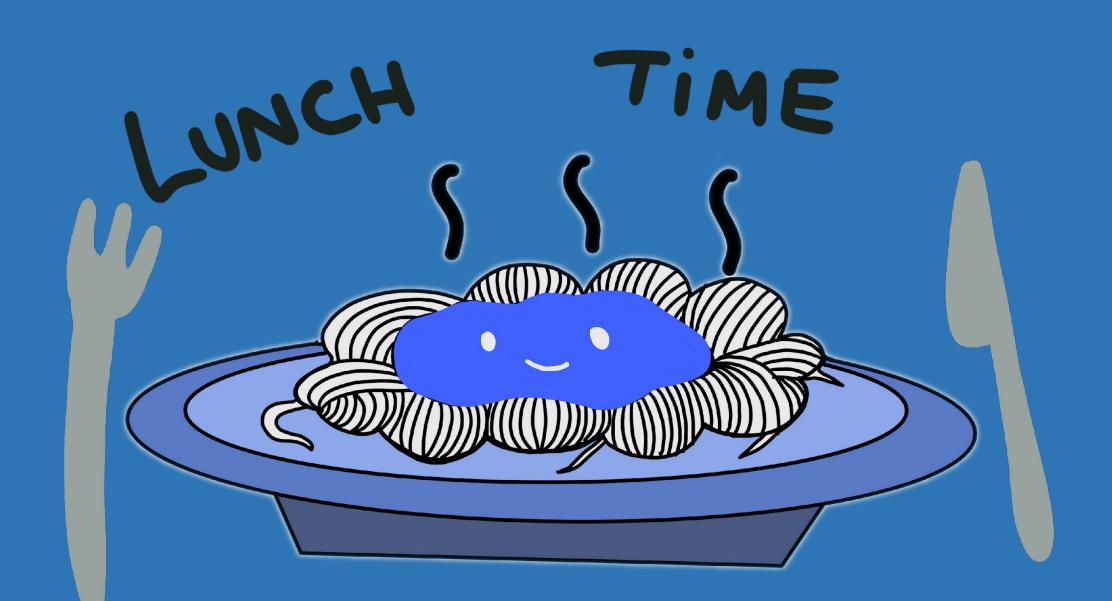


### Acidifier



- Don't try and get a clear wash (everything dissolved). The heroin dissolves quickly and you do not want to keep adding acidifier until all the cutting agents dissolve.
- Filter your solution before injecting.
- Don't cool the solution down by adding cold water as this risks re-introducing bacteria into the drug solution.







## Learning objectives

To understand the process of preparing drugs for injection and applying safer

injecting practices



## **Preparing Drugs for Injection**



- Step-by-Step Preparation of Drugs for Injection:
  - Wash hands and injecting sites
  - Gather injecting equipment
  - Create protected using space
  - Select dose of drug and place in cooker
  - For water-soluble drugs just add water
  - For base drugs add a minimum dose of acidifier
     cook up and add more acidifier as required
  - Heat and boil converts base drugs into an injectable form and/or kills bacteria reducing the risk of infection
  - Draw up liquid through filter into the syringe
  - Now you are ready to inject



- Step-by-Step Preparation of Drugs for Injection:
  - Demonstration video

### **Preparing Drugs for Injection**



## Protected Using Space Street Level Infection Control Strategy

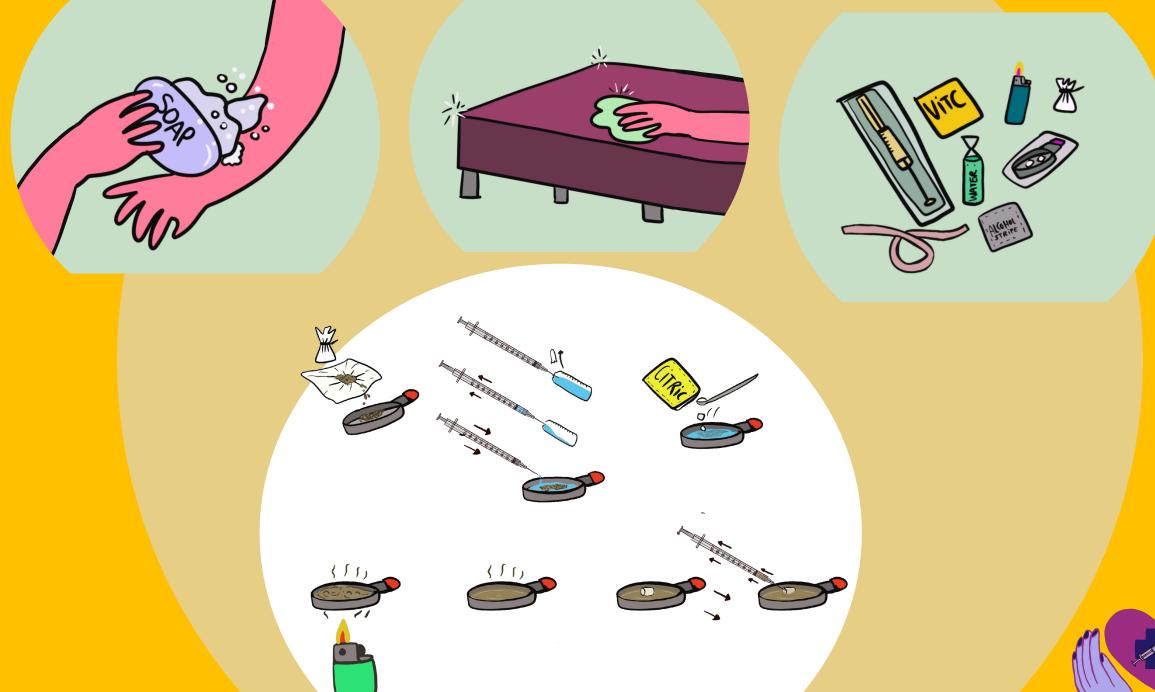


# Taking Drugs by Injection

#### Full Kit Inspection

- Divide participants into 4 small groups
- Each group will be given a 'mock drug'
- Set out on the table is paraphernalia used for injecting and non-injecting drug use and some other miscellaneous household goods
- Each group is asked to collect the paraphernalia required to prepare their 'mock drug' for injection
- Once your group has gathered the required equipment, you should practice preparing the 'mock drug' for injection
- Once you are confident that you have the required equipment and know the required steps then call over a Trainer to validate your learning



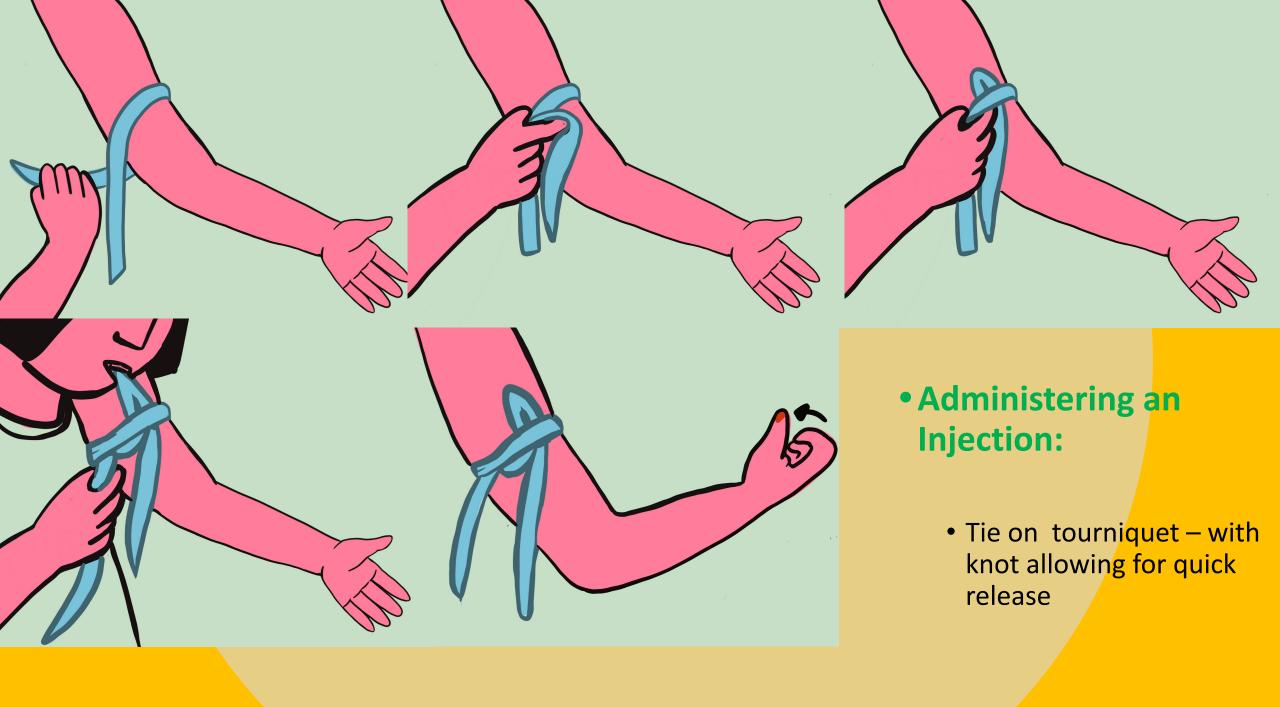


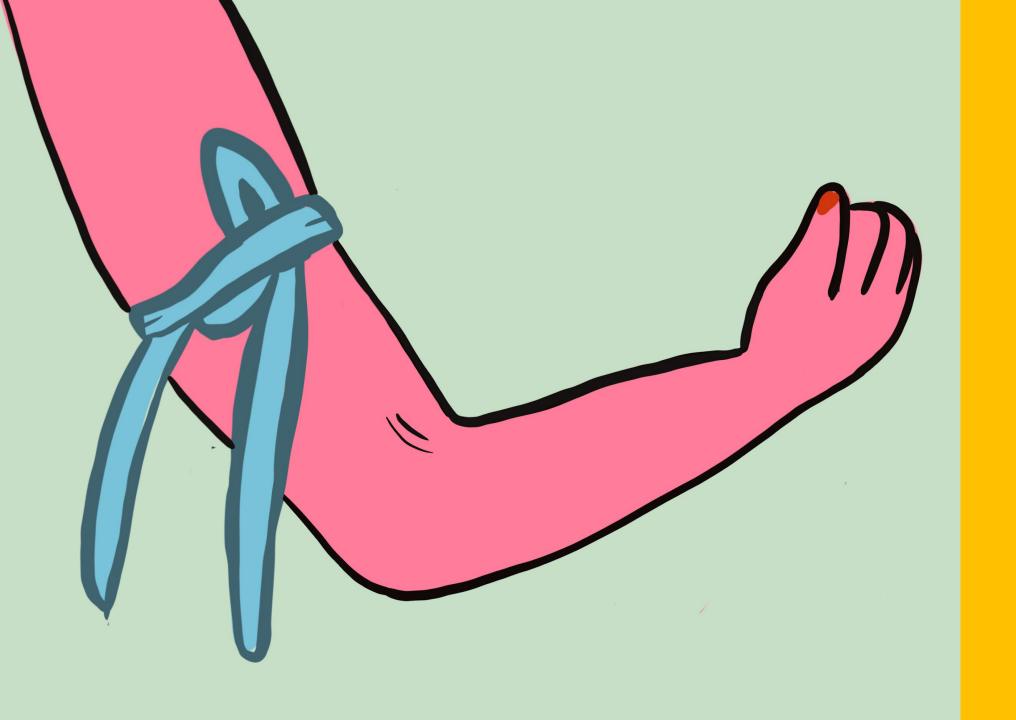


## Prepare Shot

Needle and syringe with drug injection, alcohol wipe, cotton pad or wool, tourniquet.

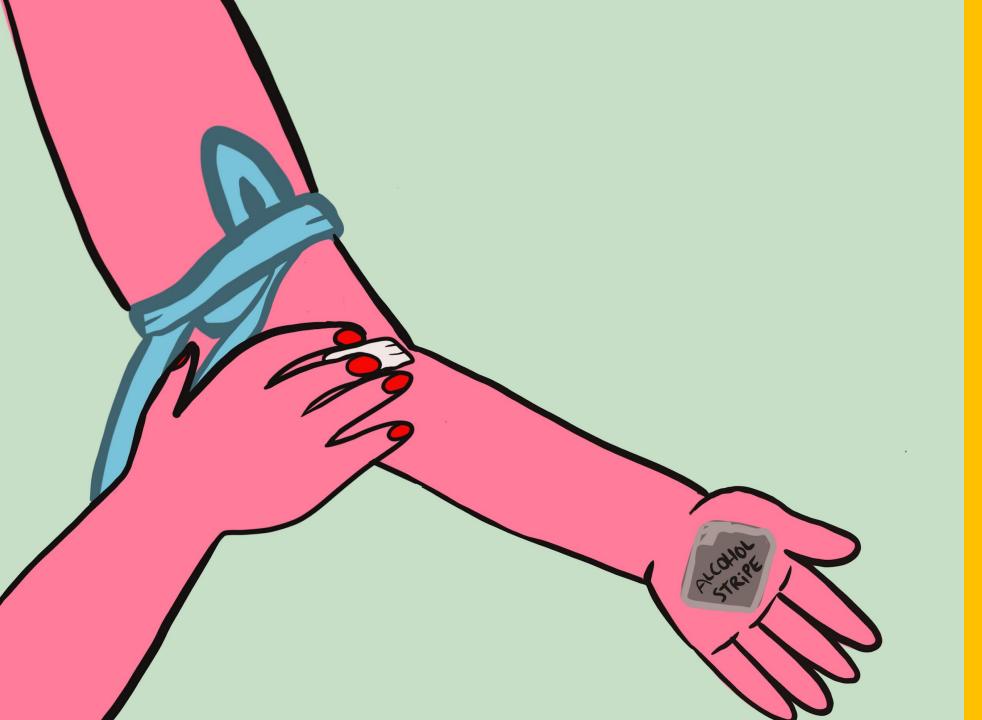




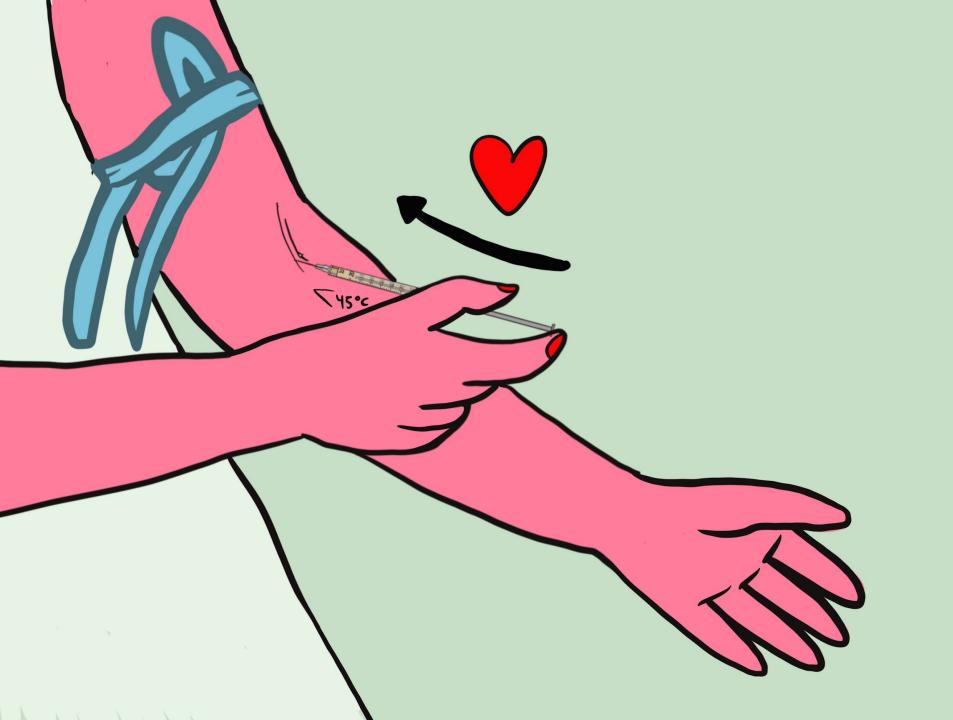


 Once you have tied off, pump you fist to raise the vein. Choose which vein to inject in.





 Use an alcohol wipe to clean the injection site. Wipe down in single strokes. Avoid wiping up and down as you will just move the dirt around. Do not lick you injection site or needle. This introduces lots of bacteria from your



Insert needle at 45 degree angle, with bevel up, to pierce the vein and then lower angle and push needle into the vein. Inject towards your heart.





Draw back and get a 'show of blood' so you know you are in the vein or adjust until you are in the vein





 Tie off vein with tourniquet – allow for quick release before pressing down the plunger





Withdraw
needle and
apply pressure
with cotton
wool or tissue
paper for one
or two minutes.





Clear up and wipe down your injecting space and safely dispose of your used equipment



#### Taking Drugs By Injection

• Demonstration video

## Taking Drugs by Injection

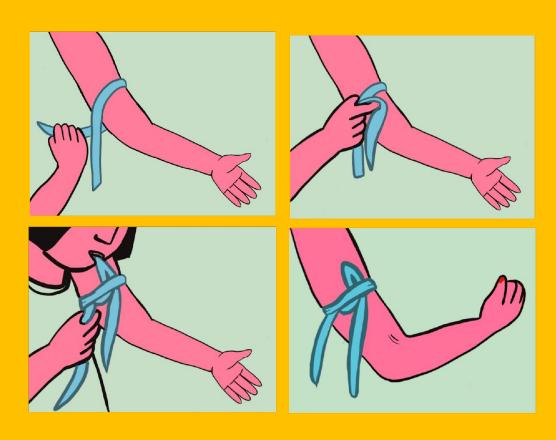


Most people start injecting drugs in the arms.

Stigma, vein damage etc. may lead people to inject in higher risk areas – The focus of this course is to promote injecting practice that reduce or at least delay the need for using high risk areas. Using high risk areas should be focus of more advanced, specialist training.

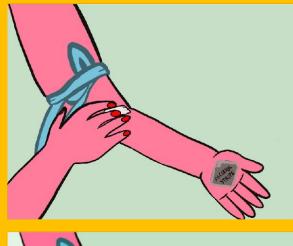


#### **Summary Safer Injecting**



#### Summary of Safer Injecting

- Using a new needle each time maintains vein condition and limits viral infections.
- Hand washing and disinfection of injection site reduce the likelihood of bacterial and fungal infections of injection site and lower the risk of abscesses and blood poisoning.
- Undoing the tourniquet before injecting maintains vein condition and reduces the risk of bruising.
- Injecting into a vein, avoids breaking the needle in an artery and improves the effect of the drug, reduces bleeding and infections.









- Injecting toward the heart improves the effect of the drug, maintains vein condition and avoids pins and needles in outer limbs.
- Avoiding flushing reduces pain and vein damage.
- Using a sharp needle also lowers the risk of bruising and increased vein damage.
- Using a cotton pad post-injection helps healing.







#### Safer Injecting

#### **Session Four**

Distribution and Disposal of Injecting Equipment

Learning objectives



## Distribution and Disposal of Injecting Equipment

- Assessing the Different Models for Distributing Needles, Syringes and Injecting Paraphernalia
- Divide participants into 4 x small group
- Assess the advantages and disadvantages of a model for distributing injecting equipment:
  - Fixed site Needle and Syringe Programme (NSP)
  - Pharmacy-based needle and syringe Programme (NSP)
  - o peer-to-peer needle and syringe Programme (NSP)
  - Needle and syringe dispensing machine or Fixel site disposal points
- Who is best reached by each distribution model?
- ☐ Pass flip chart pages round for other groups to review and add to



### Safe Disposal of Used Injecting Equipment



#### Standards in Safer Disposal

- Encourage PWID to recap their own needles before putting them in a sharps bin or plastic water bottle to reduce the risk of needles piecing containers.
- Don't recap other people's needles as this creates the risk of a needle stick injury.
- Sharps bins ideal only fill two thirds full.
- Disposal pragmatic see-through plastic water bottles.
- Mother bins gather together personal bins for safe onward storage.
- Understand how people are returning safely through secondary disposal sites, fixed site disposal sites, or through a friend's bins.
- Understand barriers to safe returns without judgement.
- Don't limit access to sterile injecting equipment as a strategy to promote returns.
- Count returns based on estimates for different size bins.





#### **Peer Needle Patrols Safety**

- Cleaning Up Discarded Injecting Equipment Safely:
  - Don't directly handle used injecting equipment
  - Use grabbers or needle resistant gloves
  - Wear robust footwear to avoid needle stick injuries



Put needles and syringes directly into sharps bin and dispose via medical waste



Wear Strong boots to avoid needle stick injuries.



Litter pickers



Kevlar gloves for safe disposal of drug litter



### Safe Disposal of Used Injecting Equipment

- Community Models of Disposing of Discarded Injecting Equipment Safely
- Different models for disposing of injecting equipment discarded in the community:
  - Peer Needle Patrol
  - Community Clean Up Operation
  - Community Disposal Sites



## Peer Needle Patrol

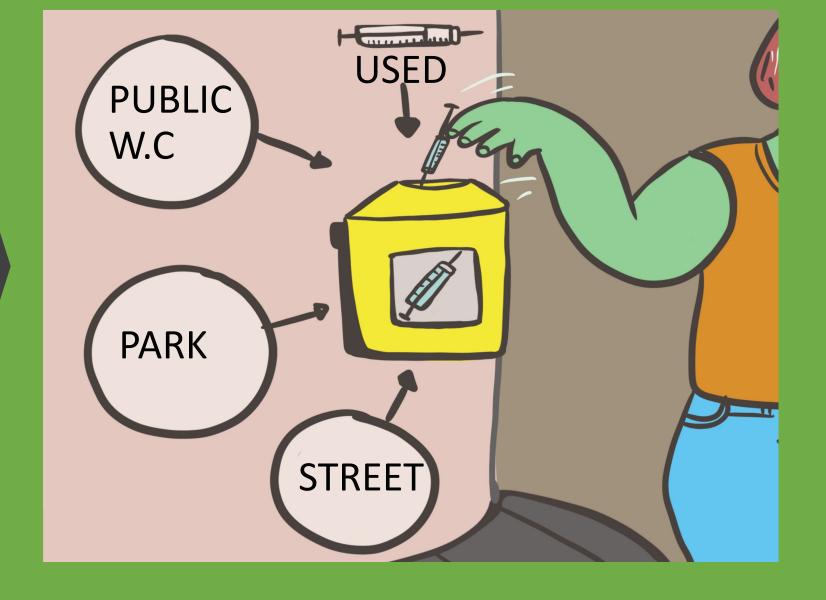


# Community Clean Up Operation





Community
Disposal
Sites





## Privileged Access



#### **Strengths of Peer-led Harm Reduction:**

- Privileged access to drug using venues
- Privileged access to drug supply systems
- Privileged access to formal and informal mutual aid networks
- Privileged access to drug scenes involving purchase and use
- Trust from their peers
- Shared lived experiences



ource: Mat Southwell (2019) EuroNPUD Peer-to-Peer Distribution of Naloxone Technical Briefing

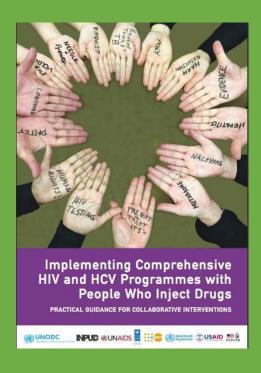
**Check Out** 



#### • Closing Circle:

- Each participant invited to reflect on their learning from the Safer Injecting Course
- Reflect on key take home message
- What step will you take next week to apply the learning from this course.

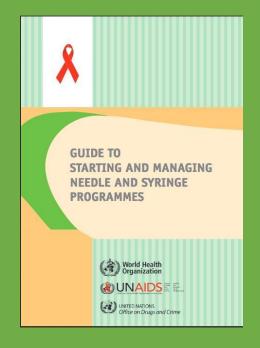
#### **Technical Resources**



UNODC, INPUD, UNAIDS, UNDP, UNFPA, WHO, USAID, PEPFAR -

Implementing comprehensive HIV and HCV programmes with people who inject drugs

<u>Practical Guidance for collaborative</u> <u>interventions (the "IDUIT")</u>



WHO, UNAIDS and
UNODC
Guide to Starting and
Managing Needle and
Syringe Programmes



#### **Technical Resources**



Eurosider is a European project, supporting initiatives in the field of drugs policy.

Eurosider Project

ITSESI (Individually Tailored

Support and Educational

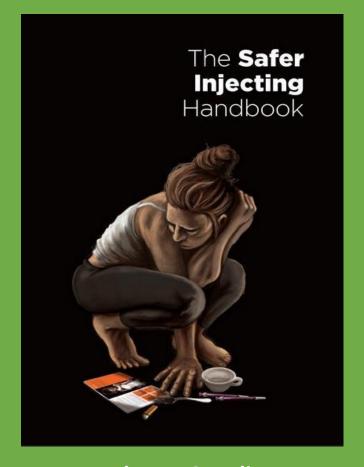
Supervised injection) European

Training Manual

https://www.correlation-net.org/eurosider/



### **Course Handout**



Exchange Supplies

Safer Injecting Handbook

Accessible, practical and maintained practice resource



