



# VeinCare

Maintain your veins



[www.saferinjecting.info](http://www.saferinjecting.info)

This booklet is aimed at people who inject drugs, to help reduce some of the problems caused by injecting.

If you are a drug user who doesn't inject, there is no need to read any further – the advice is simple: **don't start!**

## Introduction

**First, let's state the obvious – injecting is by far the most dangerous way to take drugs.**

When you start injecting you massively increase the risk of potentially fatal overdose, not to mention the risks of catching infections like hepatitis B and C, collapsing veins, and developing abscesses and painful lumps at injection sites.

**This guide can't tell you how to make injecting safe, but it can give you tips on how to make it less dangerous.**

If you are injecting and you are running out of veins in your arms, or if you are already injecting into high risk sites like the neck or groin, please think seriously about switching to a less risky way of taking drugs such as snorting, smoking, shafting or swallowing.

**Improving injecting technique can reduce vein damage, and prevent some of the really serious conditions that affect people with lots of collapsed veins. We want to reduce vein damage, and the numbers of people who switch from injecting into their arms (which is dangerous enough) to much more dangerous sites such as the neck or groin.**

## Why?

**You have only got one set of veins. If you give them a break when they have been damaged by injecting, they can sometimes recover. But once they collapse they are gone for good** (see page 4).

When veins first start collapsing, the blood uses other nearby veins to get back to the heart. But, as the amount of damage increases, eventually the amount of blood the veins can carry out of the limb is less than the amount being pumped in by the heart. This makes the arm (or more seriously, leg) swollen, cold and painful.

**This condition is life-long and incurable.**

If the circulation is really bad, then the skin can break down into very painful weeping sores called ulcers, that sometimes don't ever heal properly.

**The information in this booklet will help you preserve the veins in your arm and hopefully give you time to think about stopping or switching how you take drugs, before you need to think about moving to other sites.**

## How veins collapse

**Blood is amazing stuff. It flows around our bodies 24/7 without clotting, but as soon as we get a cut or graze, it stops flowing and forms clots, which turn into scabs, which then turn into scars.**

It does this because there are billions of tiny cells called platelets, which clot as soon as there is any turbulence in the flow of blood.

Grazes quickly stop bleeding because the ends of the blood vessels that get cut are ragged, causing lots of turbulence in the flow of blood. Razor cuts bleed for much longer because the vessels are cut clean through and the blood flows out much more smoothly.

**The lining of veins is perfectly smooth, so that the blood won't clot as it flows along. But the smooth lining of the vein can get damaged by: the needle; the drug (especially pills); injecting too often or too fast; infection; and 'flushing' the syringe after your shot.**

## How veins collapse



Damage to the lining of the vein causes turbulence in the flow of blood, which causes clots to form on the inside of the vein.



It can become a vicious circle, with the vein getting narrower, more clots forming, making the vein even narrower...



Eventually the vein blocks, and the clots turn into scar tissue which shrinks and pulls the side of the vein together, collapsing the vein.



Anything which might cause the blood to flow more slowly and clot is going to shorten the life of your veins.

## Rotating sites

**If you can inject into both arms, and vary the places that you inject into, it will give your veins a chance to recover between injections.**

**It is always easier to inject with the hand you write with, but learning to inject with the other hand could save your veins.**

**It is better to learn this skill sooner rather than later** – because needing a hit, and having no veins left that you can reach with your 'good hand' is no time to start trying to learn how to inject with your other hand.

## Needle and syringe size

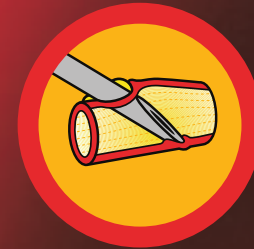
**Use the smallest size needle that you can – for most people, and most sites, this is the standard 27G needle that comes with a 1ml syringe.**

**Using bigger needles just causes unnecessary vein damage.**

Injecting more fluid than you need to, just increases the risk of a miss...

## Avoiding misses

**Having some of the injection leak out into tissues around the vein can be very painful, cause serious infections, and can drastically shorten the life of veins.**



Hurrying to get the needle in, not checking its position carefully, and pushing the plunger down too quickly can all cause leakage and bleeding around the injection site.

If you inject too quickly, the vein may not be able to take all the extra fluid, and some will most likely escape into the tissues around the vein. This is known as a 'miss,' which can be avoided if the injection is slow enough for the vein.

When people can't understand how they 'missed' – because they know they were in the vein – this is probably what happened.

The smaller the vein, the slower the injection has to be.

## **‘Flushing’ after your shot**

Every time you pull back the plunger and push it in again, there will be some movement of the tip of the needle – it is impossible to avoid it. This movement will increase vein damage.

**Syringes are effective medical devices designed to deliver 100% of the dose of a medication to the patient.**

**Drawing blood into the syringe and ‘flushing’ it out after an injection will not increase the amount of drugs in your system at all, but will shorten the life of your veins.**

## **Infections**

**Our skins, and illicitly produced drugs, are covered in bacteria which can cause problems if they get inside your body. Injecting allows them to get past the protective barrier of the skin.**

When they are injected directly into the bloodstream, the body is usually able to kill them. But when the vein is missed, the warm, moist, airless dark space under the skin is an ideal place for bacteria to grow.

Infections and swelling around an injection site can slow the flow of blood, and lead to clotting and scarring which can collapse the vein.

**To prevent infections, abscesses and vein damage it is important to always:**

- use new sterile equipment;
- wash your hands and the injection site; and to
- clean your mixing equipment

**before (and ideally after) every injection.**

Hot water and soap is best for cleaning hands and skin, bleach is best for cleaning mixing equipment. If that is not possible, wiping with alcohol swabs (available from your local NSP) will reduce the risk.

If you do get an infection or swelling in your arm or hand take off your rings as the swelling can cut off the blood supply.

## Pills

**Pills cause vein problems because of all the insoluble particles they contain. Only a small amount of the total volume of a pill is psychoactive – the rest is filler and glue to bulk the pill up into a shape for swallowing.**

Some types of pill – particularly benzos like Temazepam – cause a local reaction which sends the veins into spasm. This can mean that they collapse after a single injection. If you want your veins to last, don't inject pills.

**If you do inject pills, think seriously about stopping.**

In the meantime, following this advice may reduce some of the problems: allow the particles to settle, and filter your hit carefully. If you have crushed the pills in water, the psychoactive chemicals will have dissolved, and all that you will see in the spoon will be fillers and binding compounds used to make the pill – **there is nothing to be gained from injecting these.**

## 'New veins'

**Sometimes you'll hear someone say 'I thought I was out of veins, but I've got a new one here.' These veins never last because they are not new veins.**

What happens is that as veins collapse and circulation gets restricted, it gets 're-routed' through smaller and smaller veins. If the pressure in a small vein gets too great, it can 'blow up' like a balloon.

**The walls of these veins are very thin and fragile. Sticking a needle in them usually results in a painful bruise. If you (or someone you know) are at the stage of finding these 'new veins' you should seriously think about stopping injecting because carrying on is likely to lead to serious, and life-long, circulation damage.**

## Tourniquets

**Tourniquets are not essential for most people. If you are having difficulty finding a vein, washing the arm in hot water, having a hot bath (get out before you inject!), or doing a quick bit of exercise (like push-ups, or swinging the arm) are the best ways of increasing the flow of blood, and therefore the size of the vein.**

If this doesn't work, putting a tourniquet on can help. Tourniquets must not be applied so tightly that they restrict the flow of blood into the arm (you should be able to feel a pulse in your arm) – as this makes the veins thinner!

**It is also essential that you release the tourniquet as soon as you get a vein because if you try to inject into a vein that is blocked by a tourniquet, the drug will often leak out around the needle and cause a miss.**

## Cocaine

**Cocaine is a powerful local anaesthetic, so after one or two shots the whole area around the site will be numb. This means that it gets harder and harder to hit the vein – and to tell when you're missing.**

It is far better to smoke crack, or sniff powder cocaine, than it is to inject either of these substances. If you do inject cocaine have a rule that you will only inject into one site, once a day at the most.

**The alternative can be rapid vein collapse.**

**In short... Go slow.  
Be gentle.  
Rotate sites.  
Use a new sterile syringe every time.  
Look after your veins.**

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Further copies of this booklet and the other materials  
in the Vein Care campaign are available from:  
**Queensland** ADIS (07) 3236 2414 or Regional Freecall 1800 177 833  
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