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# HEALTH INEQUALITIES AND PWID

# Injecting Drug Use


The use of drugs to support addiction which are injected through the skin.

*People who are involved with drugs may have multiple social and medical problems which may impact on skin condition.*





# Why

- Complex
  - Adverse life circumstances
  - Economic and social deprivation
  - Dysfunctional family
  - Injecting can be more cost effective
  - More powerful effect
  - Discreet
  - Peer pressure
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# Most common drug injected in Scotland : Heroin

- In the UK – mainly originates from Afghanistan
- Prepared in filthy conditions - old oil-drums and on the ground
- 'Cut' and re-cut many times from production to injection to increase bulk and profit margin
- In Australia - originates in Far East



<http://opiophilia.blogspot.co.uk/2012/12/how-heroin-is-made.html>

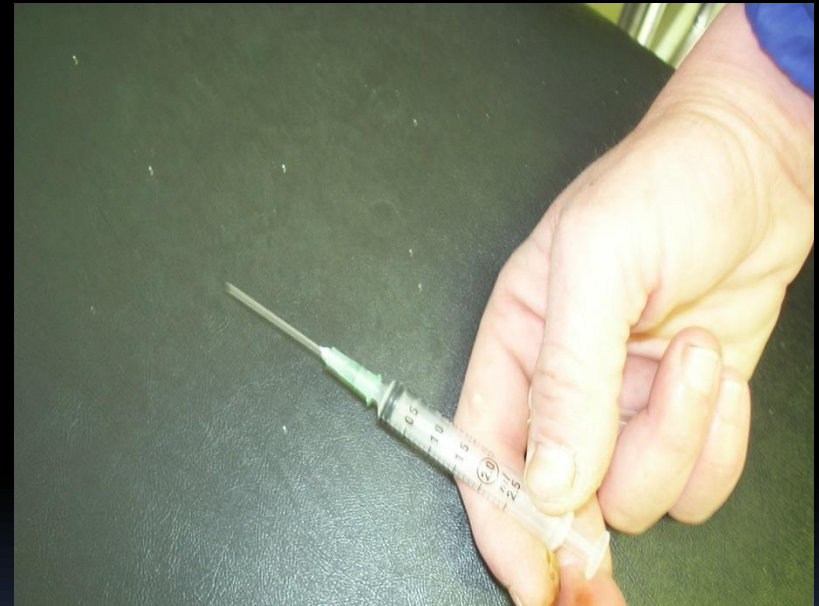
# Cutting Agents & Contaminants



- Bulk additives:
  - Gravy browning
  - Talcum powder
  - Glucose
  - Other drugs and medicines
  - Methylcellulose
- Micro-organisms
- Filter materials

# Preparation of the Injection

- Mixed with water and an agent to aid dissolving
- Combination is heated on a spoon or tinfoil
- May be filtered
- Drawn into a syringe and injected



# Acidifier

- Usually vitamin C or citric but other acids are used
- May be simple lemon juice or vinegar
- The acid damages sub-cuticular tissues allowing bacteria to proliferate
- Advised to use as little as possible



# Problems with injecting



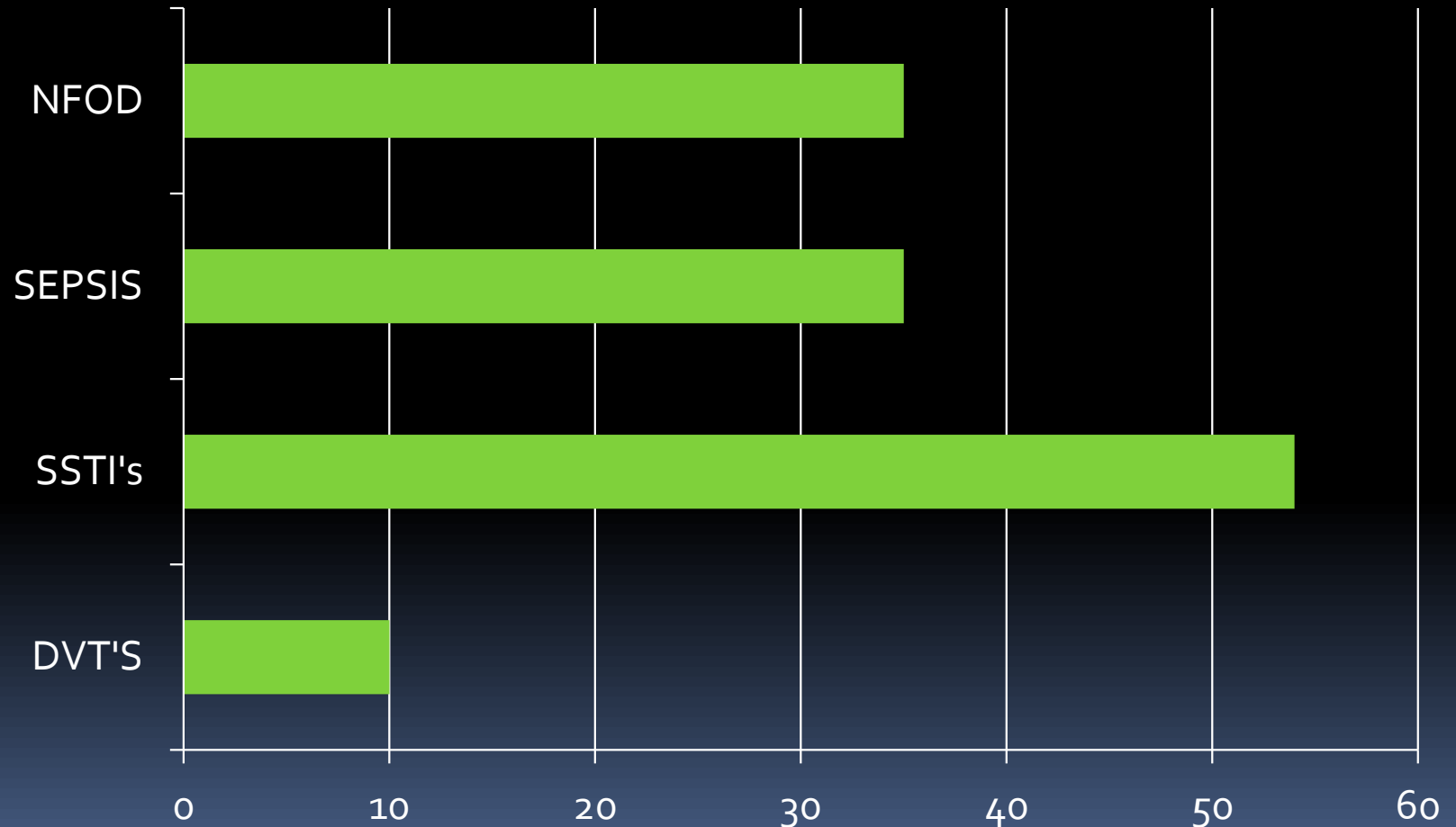
- Micro-organisms
- Skin hygiene
- Acidifier
- Adulterants
- Undissolved particles
- Poor technique /missed veins
- Filter materials



# Drug use is changing

- Uppers-cocaine/crack/NPS
- Downers-benzo's
- Anticonvulsants-Pregabalin/Gabapent in
- IPEDS/STEROIDS
- Poly drug toxicity
- overdose
- BBV risk
- Sexual health risk
- Impact of treatment options-OST retention

# Reasons for admission



GROIN ABSCESS

CALF ABSCESS

THIGH ABSCESS

HAND ABSCESS

MULTIPLE ABSCESS

PSEUDO ANEURYSM

CELLULITIS

DVT'S



NECROTISING FACIATIS

DISCITIS

CHEST WALL ABSCESS

SEPTIC ARTHRITIS

ABOVE KNEE


AMPUTATIONS

# Drug Liaison interventions

- Drug history including BBV testing/status
- Initiation of Opioid Substitution Therapy in carefully selected patients
- Advice on management of withdrawal in the hospital setting
- Liaison with community Substance Misuse Teams
- Facilitation of early follow-up
- Naloxone training and take-home kits for patients
- Harm reduction advice
- Psychosocial interventions



# Drug Liaison role

- Supporting patients
  - Supporting relatives
  - Supporting staff
    - medical/nursing/pain team/community teams
  - Education
- 


# Typical Priorities for Patients

- Management of withdrawals-absconding, self discharging, drug use on site. *"I left cos I needed to square myself up after sitting there for 4 hours, I knew it was coming"* –**Inform the patient Drug Liaison is on site**
- Pain-general intolerance to discomfort (appear drug seeking), pain relief *"I didnt ask cos they just see me as a junkie"* -**Explaining a degree of pain is normal but severe pain requires management**
- Sleeplessness-patients are used to self medicating to induce sleep, chronic insomnia, PTSD symptoms *"Im used to taking 5 yellies"* -**Sleeping in a busy hospital environment is difficult, apply some sleep hygiene techniques**
- Smoking *"they wont let me go out cos I have that drip thing in my arm, they think im gonna shoot up there! Im angry they think that and the guy in the next bed with one in can go when he wants"* –**Should there be any difference in management of this scenario?**
- Isolation-no family support *"my ma is only interested in her latest new fella"* –**DLN can provide social support**
- Finances/Accommodation *"I missed an assessment cos i had nae money to go through to Edinburgh and now im sanctioned. Havent had a penny for 7 weeks"* -**Could be signposted to CAB, contact SW, housing, foodbank**
- Follow up-*"will I get ma script when I get out of here? I dont want to go back on the gear"* -**require to consider informing DLN when patient is planned for discharge to ensure continuity**







# CHALLENGES

- Manage withdrawals
  - Pain/polypharmacy
  - Ward management
  - Sleeplessness
  - Isolation
  - Accommodation
  - Finances
  - Continuation of script
  - Follow up
- 





# How we can help as health care professionals

- Ask questions
  - Language used, explain procedures
  - Treat holistically-use MDT
  - Teach self-management of simple illness
  - Hand washing techniques
  - Harm reduction
  - Discharge planning
- 

# References

- Getting Serious about Stigma in Scotland: The problem with stigmatising drug users

[www.ukdpc.org.uk/publications.shtml#Stigma\\_reports](http://www.ukdpc.org.uk/publications.shtml#Stigma_reports)

- Public Health England. Shooting Up. Infections among people who inject drugs in the UK, 2017
- NMC Standards of proficiency for Registered Nurses, 2018

## Signs of vein damage from leg and groin injecting

Unless injecting stops – vein damage becomes worse. Don't ignore any of these signs.

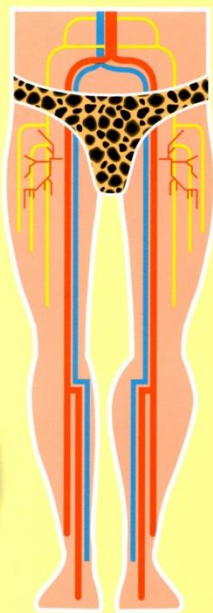
**Thread Veins:** are an early sign of vein damage. Surface veins become bigger and more visible.



**Varicose veins:** look wider, bulging, and twisted. They can be painful, itchy and bleed easily.



**Skin staining:** means the skin turns brown and feels hard and woody. Deep vein damage is causing the veins to leak and the discolouration.



● Vein  
● Artery  
● Nerve

**Leg ulceration:** is the final stage of vein damage – open wounds. They are usually painful, can be smelly, leaky and embarrassing. They take a long time to heal.



**'Champagne bottle leg':** The calf becomes wider and the ankle becomes longer and slimmer. Just like an upturned champagne bottle.



**Ankle flare:** are dilated veins at the ankle caused by pressure or a blockage higher up the leg such as deep vein thrombosis (DVT), clots or narrowing of the femoral vein.



Don't ignore any of these signs. If you have vein damage, please speak to your Drugs Worker, GP or Pharmacist and think about how you might stop injecting.

The images used in the photos are all of injectors legs