



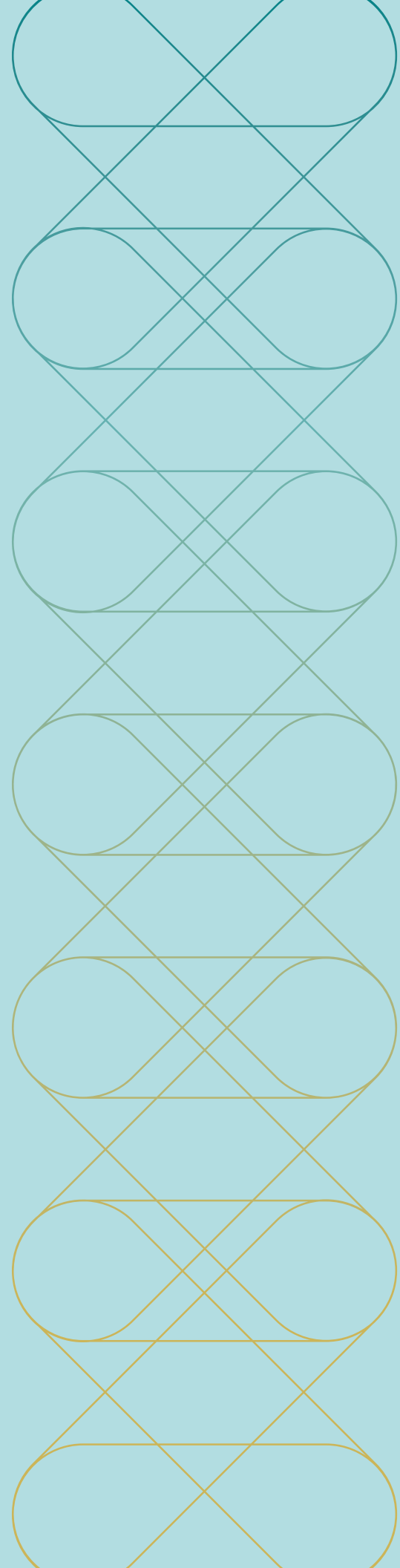
**L'Équipe de soutien
clinique et organisationnel**
en dépendance et itinérance

CLINICAL TOOL

7 Steps to Safer Injections

MAY 2024

Québec 



Clinical Tool: 7 Steps to Safer Injections

This tool is intended for health and social services professionals who hand out injection equipment. The aim is to familiarize them with the available equipment and to enable them to feel more confident about initiating a discussion on promoting safer injections of psychoactive substances (PAS) during their interventions. To make it easier to understand the seven steps involved in reducing injection risk, this tool is accompanied by a video* (*Injection à risque réduit en 7 étapes*)

A document* and another video,* *Soutien à l'intervention pour une injection à risque réduit (Supporting Safer Injections)*, are also available to help professionals adopt a supportive role and feel more at ease while tackling the issue of injecting psychoactive substances (PAS) in a positive, non-taboo way.

* These tools are available on the dependanceitinerance.ca website. Videos are in French Only, but closed captioning is available in English.

The equipment

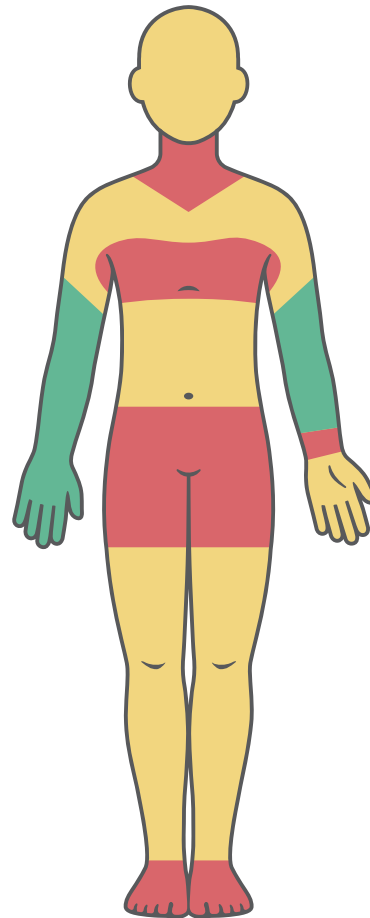


IMPORTANT

- Use new, sterile equipment for each injection. The only item that can be reused is the tourniquet. However, it is important not to share it, as it can be a vector for the transmission of various micro-organisms. A tourniquet should never be shared.
- Surfaces that come into contact with the solution (e.g., the inside of dissolving container, syringe needle, filter, dry swab, orange tip or syringe plunger if it is used to mix the substance, etc.) should never be touched directly with fingers.
- Have naloxone on hand at all times and know how to use it, regardless of the substance taken.
- Avoid using drugs alone and in an isolated place.


Injection areas (green, yellow, red)

Suggest that the person rotate between injection areas to slow down the process of vein damage.¹⁻⁷ To facilitate this, it may be a good idea to advise the person to practise using both hands when injecting.^{1,3}



If the person is no longer able to inject in the **less risky areas** (the green areas), suggest that they move on to the **less recommended areas** (the yellow areas) rather than inject in the **dangerous areas** (the red areas), which should be avoided. Depending on the psychoactive substances (PAS) used, smoking, sniffing, or intramuscular injections may also be suggested when veins cannot be found in the less risky areas (the green areas).^{3,4,8} By temporarily adopting a different method of drug use, people will avoid going into withdrawal and will give their veins some relief.

Once this advice has been given, the professional must realize that it is up to the person to make the final choice of injection site,³ depending on what is possible with their veins, or to change their method of consumption.

 Injections should first be made in the lower green areas (starting at the top of the wrists), and then move upward to reduce the risk of injecting substances into a vein that has been damaged upstream.^{4,6}



Less risky areas for injections

The arms and forearms (between the top of the wrist and the shoulder)¹⁻¹⁰ are the areas that present the least risk.

The back of the hand is somewhat less safe, as the veins there are thin and can be damaged more easily, potentially leading to burst veins, hematomas, and abscesses. The nerves near these veins could also be affected, causing intense pain and potentially permanent numbness or paralysis.^{1,2,5,6,8-10}



Less recommended areas

The legs have slower blood flow and contain more valves, which increases the risk of complications such as varicose veins, phlebitis, and other infections. Healing takes place more slowly, and there is a greater risk of blood clots forming. If clots break off, they risk blocking the vessels of the heart and lungs.^{1-3,5,7,8,10}



Dangerous areas – to be avoided

The feet have very small veins, which are more fragile and take longer to heal. The presence of contaminants, micro-organisms, and fungal infections in this part of the body increases the risk of infectious complications, while the nerves, cartilage, and tendons in the feet pose at greater risk of infection.^{1,3,4,7-9}

The chest has very fragile veins. In women, the milk ducts (which carry the milk produced by the mammary glands) may become filled by the injected solution, causing abscesses and numerous infections. There is also an increased risk of blood clots forming, with all the associated risks if they travel to the lungs or the heart.^{1,3,7-9}

The wrists are full of fragile, deep veins, arteries, and nerves that are very close to each other. In addition to the pain caused by nerve damage, there is a risk of infecting bones, joints, tendons, and soft tissue.^{1-5,9,10}

The groin has veins that are very close to the femoral nerve, damage to which could cause intense pain and possibly paralysis if it is touched, and to the femoral artery, damage to which could lead to severe bleeding, serious infection, and even the loss of a limb.^{1,2,5,10,11}


In **the armpits** runs the subclavian vein, which is located close to arteries and nerves and can cause a pneumothorax (the presence of air between the two protective envelopes of the lungs). The significant presence of bacteria in this moist area also greatly increases the risk of infection.^{3,7,8}


The genitals are at risk because the veins in this area are delicate and sometimes difficult to see. They are easily damaged, leading to blood clots and serious infections. In the penis, the risk of infection is high and if the corpora cavernosa becomes destroyed, the result may be erectile dysfunction.^{1-5,7-10}

In **the neck**, the jugular vein is the injection route that poses the greatest risk. The jugular vein is located very close to the carotid artery, which brings blood to the brain and which, if touched, can cause serious and potentially fatal bleeding. The tendons, muscles and arteries found here increase the risk of infection, and abscesses and cellulitis in this area can lead to tracheal obstruction and generalized sepsis.^{1-5,7-11}

Seven steps to safer injections




Each of the seven steps that follow first proposes lower risk injection techniques to be used in an ideal context. Since there are many and varied PAS and drug use contexts, the tool then suggests lower-risk alternatives, followed by advice on how to modify certain aspects of consumption to encourage the use of lower-risk practices.

 Advice for people who inject drugs



 Lower-risk alternatives to the proposed practices


1 Prepare the place where the drugs will be used

1.1 Find a quiet and well-lit place.^{1,2,4,10}


-  Avoid washrooms, where there may be more bacteria.
-  If pets are present, they may cause equipment to fall or be contaminated.
-  Wear a headlamp on the neck to have good lighting.


1.2 Wash hands with soap and water.^{1-10,12,13}


-  Wash both forearms and the crooks of the elbows in case several attempts are needed to find a vein.¹
-  Use lukewarm water, as the heat will make it easier to find veins.¹

 If soap and water are not available, clean the skin with antiseptic gel or alcohol swabs (different from the one used to clean the injection area).^{1-5,8-12}

1.3 Place the injecting supplies on a flat, clean surface, making sure that all the equipment is easily within reach.^{1,3-5,7,9,10,13}

-  Place clearly visible obstacles (such as lighters, cigarettes, keys, etc.) away from the area where the injection equipment is placed. In addition, mark the equipment (with a permanent marker, nail varnish, a piece of adhesive tape) to reduce the risk of equipment accidentally being shared.¹

 Clean the surface used to prepare the drug with a clean cloth and soap or with alcohol swabs (other than the one that will be used to clean the injection area).^{1,5,6,8-10,12}

 If a clean cloth and soap or alcohol swabs are not available, cover the surface with something relatively clean (a sheet of paper, some cardboard, a book, etc.).^{1,4,6,8,9,12}

2 Prepare the substance for injection

💡 If the substance will be shared among several people, it is preferable to divide it in dry form into separate sterile dissolving containers (one for each consumer).¹

↻ If the person absolutely wants to divide the substance in liquid form (after dissolution), use a sterile syringe to measure and divide the substance for the different users. The person can then (after Step 4.5) transfer the solution back to the other user by dispensing the solution:

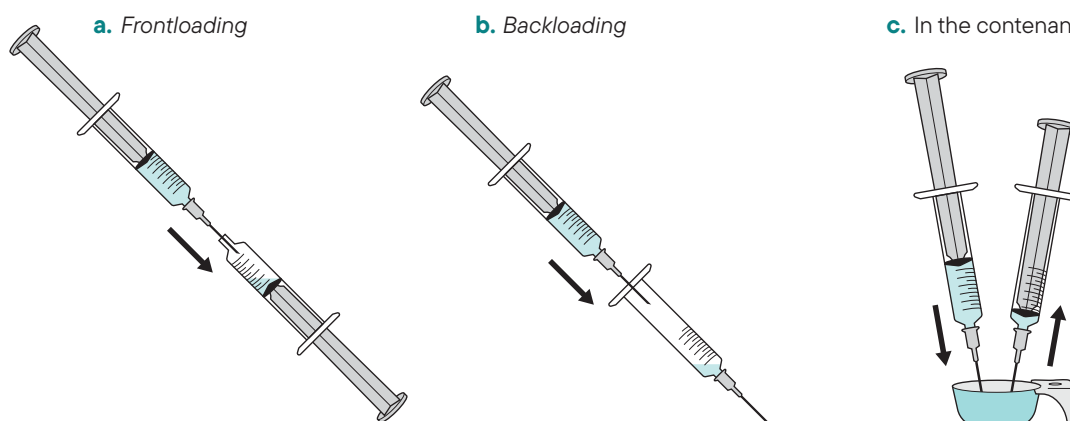
a. Into the front port of the receiving syringe (frontloading)^{1,3,8} if the other user does not have a needle (syringe not crimped);

or

b. Into the back port (backloading)^{1,3,4,8} by removing the plunger from the receiving syringe to fill it with solution. Be careful when replacing the plunger to avoid the solution escaping due to pressure;

or

c. Into the dissolving container so that the other person using the solution can draw it into a new syringe. The first person then uses the syringe that was used to measure the quantity of solution for their own injection.



2.1 Open the Maxicup packaging gently to prevent the material from falling out and insert the handle into the dissolution container (leaving the filter and the dry pad swab in the packaging, without touching them).^{3-7,9,10,12,13}

💡 Pinch the filter through the plastic packaging when opening, to keep it inside.^{5,6,9}

2.2 Crush the substance that is still in its bag with a hard, clean object into as fine of a powder as possible (taking care not to tear the bag).^{1,4-7,9,10,12,14}

↻ If the substance is not in a bag, place it in an envelope, or place it on a piece of paper and fold it over at both ends before crushing the contents.^{3,4,6,9,10,13}

↻ If the person absolutely must crush the substance directly into the dissolving container (after Step 2.3), clean the object used with an alcohol swab (other than the one used to clean the injection area).⁶

2.3 Transfer the substance into the dissolving container.^{5,6,9,10,12}

💡 To help stabilize the dissolving container on a flat surface, some lubricant or moisturizing cream can be added underneath.¹⁵

2.4

Add sterile water to the dissolution container, pressing down on the ampoule until the amount of water required for complete dissolution has come out.^{1-5,7,9-12}

- 💡 Use more water to dissolve tablets or capsules. More water does not mean a smaller effect.^{3-6,9,10,12,14,16,17}
- 💡 Dispense the amount of water that will be required to dissolve the substance in relation to the volume of the syringe that has been chosen. Doing so helps avoid ending up with some substance remaining in the dissolving container, which could encourage the person to inject again with the same syringe. If the volume of water required to dissolve the substance is greater than the volume of the syringe, use a larger volume syringe (think of using a 1 cc syringe before a 3 cc syringe).^{3,4,9,11,12,14,16}
- 💡 Do not open the water ampoule with the teeth to avoid risk of contamination with saliva.^{3,7}

2.5

Heat the solution until small bubbles appear.^{1,5,6,9-12}

- 💡 Even if the substance does not need to be heated to be dissolved, heating will still facilitate the process and reduce the risk of infection by a microorganism.^{1-4,10-12,14,16}

2.6

Mix the solution to make it as homogeneous as possible.

- 💡 Use the stopper or plunger of a syringe that has just been unwrapped (avoid touching it).^{3-7,9,10,12}
- 💡 If ascorbic acid (Vit C) is needed to dissolve the substance (crack/freebase, brown heroin, some forms of fentanyl), add as little ascorbic acid as possible to the solution to prevent it from becoming too acidic and damaging the veins.^{1-5,7-11,14,16} It is better to add a bit more after than to have used too much.^{3-5,14}

2.7

Wait for the solution to cool before drawing it up with the syringe.^{3-7,10,12}

- 💡 Some pharmaceutical tablets and capsules contain waxy agents. Allowing the solution to cool allows the wax to solidify, which prevents it from being injected.^{3,6,9,10,12,14,16} Wax contains no active substances and can damage veins.⁸
- 💡 The person can prepare their skin and vein for the injection (Step 3) while the solution is cooling down.
- 💡 If the person is in a hurry, they can add some water to the solution to cool it down more quickly.³

3

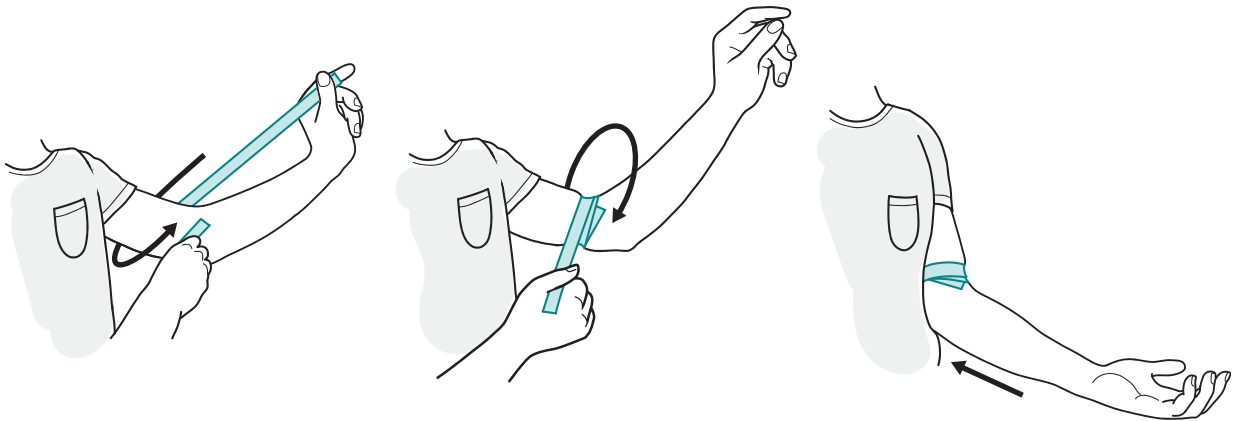
Prepare the skin and the vein for the injection

3.1 Select the area that will be injected (prioritize arms and forearms). See the section “Injection zones (green, yellow, red, etc.)”

3.2 If someone uses a tourniquet to find a vein, place it 5 to 13 cm above the area where the injection will be made.^{4,10,12} A tourniquet is not needed if the veins are sufficiently visible.^{5,7-9,11}

💡 The tourniquet must not be too tight and must be easy to remove.¹⁻³

See the self-removing tourniquet technique shown in the video: *Injection à risque réduit en 7 étapes (7 Steps to Safer Injections)* on the [dependanceitinérance.ca](https://www.dependanceitinérance.ca) website.



💡 The tourniquet is the only piece of equipment that can be reused, so it should be cleaned with an alcohol swab before each use.^{3,4,6,9,12,14} However, it is important not to share a tourniquet.^{2,5,7,9,12,14}

↻ If the person does not have a tourniquet or does not want to use one, there are other ways to pop veins. Here are a few techniques:

- Tightly clench one's fist^{1,2,5,8}
- Make circular movements (like a windmill) with the arm^{1,5,8}
- Let the arm hang limply^{5,8}
- Gently tap the vein several times with the fingers^{2,5}
- Apply a warm compress to the vein^{1,5,8}

3.3 With each attempt in a new area, clean the injection area with an alcohol swab (once and in one direction only).¹⁻¹⁴

💡 Avoid blowing on the cleaned area, as saliva could contaminate the skin.^{3,4}


💡 If the injection area is too dirty, use alcohol swabs to clean it as well as possible, and a final swab to disinfect it (swiping once and in one direction only).⁴

4 Prepare the syringe for the injection

4.1 Drop the filter (still in its packaging) into the dissolving container, without touching it.^{1,3,4,9-12,14,17}


4.2 Take a new syringe and remove the cap.^{1-12,14}


4.3 Insert the Sterifilt firmly into the tip of the syringe without letting the fingers touch the membrane.^{4,9,12,14,17,18} Using the Sterifilt reduces impurities and the risk of infection with fungi, bacteria or viruses.^{4,8,17,18}


 The person can hold the Sterifilt between their fingers through the packaging, only unwrapping the end to be attached to the syringe. Once the Sterifilt is attached, it can be completely removed from its packaging.^{9,12,17,18}

4.4 Press the Sterifilt membrane onto the filter in the dissolving container and gently draw the solution into the syringe using the “double filtration” or “combined filtration” method.^{3,4,6,9,11-14,16,17}

4.5 Remove the Sterifilt and push on the plunger until the air is released.^{1,4,9,12,14}

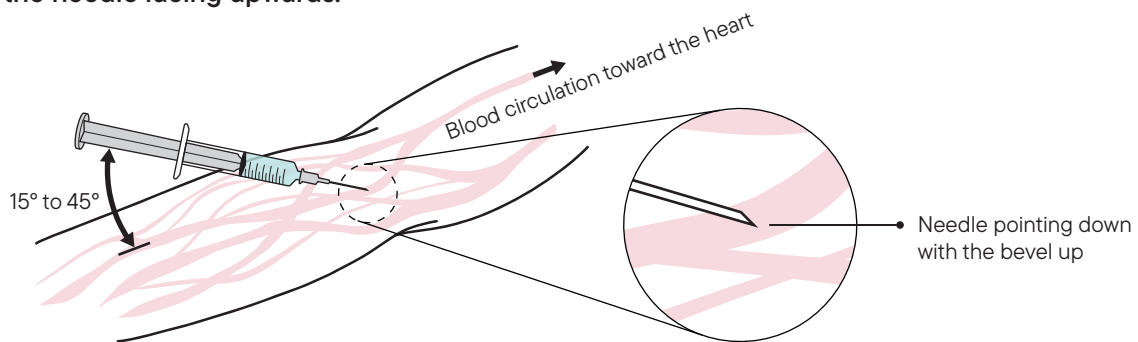
 Do not lick the drop on the tip of the needle.^{3,4,7,11}

 When using a non-crimped syringe, insert the Sterifilt (Step 4.3), filter the solution (Step 4.4) and remove the Sterifilt before inserting the needle. While keeping the cap on the needle, insert it into the end of the syringe and push it in a twisting motion to secure it to the syringe.^{4,9,12,14,17}

 If the person is reluctant to use the Sterifilt because they think that some of the active ingredient may remain in the membrane, suggest that they add a few drops of water to the dissolution container and suck it up before removing the Sterifilt. If any active ingredient remains in the membrane, it will be drawn back into the syringe after this step.

5 Injecting the substance

- 5.1 Sit in a comfortable position and immobilize the limb to be injected. If the injection area has been touched while preparing the syringe, use a new alcohol swab to clean it (swiping only once and in one direction).
- 5.2 Insert the needle into the vein at an angle of 15 to 45 degrees^{1,3,4,6,7,9,10,12,13} (to avoid crossing the vein) in the direction of blood flow (always with the blood flowing toward the heart)^{1-3,5,7,8,10} and with the bevel of the needle facing upwards.^{1,2,4-7,9,10,12,13}



- 5.3 Pull on the plunger to draw some blood back into the syringe to make sure the needle is in a vein.^{1,2,4-10,12}
- If the blood is dark-coloured, the needle is in a vein.^{3,7-10,12}
 - If the blood is bright-coloured, the needle is in an artery, which is dangerous as it can cause potentially fatal hemorrhaging.^{1,3-5,7,9,10}
 - If there is no blood, the needle is not in a vein.^{3,5} The injection should therefore not proceed, as it could present health risks (e.g., a risk of necrosis with cocaine).

💡 A metal key ring can be attached to the plunger of the syringe. This will make it easier to pull the plunger by placing a finger in the ring.¹⁵

- 5.4 Release the tourniquet before the injection to avoid any risk of bursting the vein or of a prolonged loss of blood.^{1-10,12,13}

💡 To remove it quickly, use the tight tourniquet under the arm technique.

Or see the [figure](#) in point 3.2.

💡 Using the tight tourniquet under the arm technique reduces the difficulty of removing the tourniquet and provides additional protection by ensuring that if the person falls asleep after the injection, the tourniquet will simply fall off.

- 5.5 Push slowly on the plunger to complete the injection.^{1,3-5,7-10,12,13}

6 Caring for the injection site

6.1 Gently withdraw the needle, keeping it at the same angle as it when entered the vein.¹

6.2 Apply a dry pad to the injection site, applying gentle pressure for at least 30 seconds.^{1-10,12,14}

- 💡 Maintain the pressure for longer if the bleeding does not stop.^{1,3}
- 💡 Do not bend the elbow to avoid a hematoma (bruising).³
- 💡 Do not lick blood from an injection site, as mouths contain a lot of bacteria, and do not apply an alcohol swab to the site, as this slows down the healing process.^{1,3-5,7-9,11,13}

7 Dispose of the equipment safely

7.1 Dispose of the used equipment in a sharps container.^{1-6,9-12,14}



- 💡 Any material that has been in contact with blood (a syringe, dry swab, etc.) presents a risk of contamination and should be disposed of in the biomedical recovery container.^{1,4,11}
- 💡 Avoid breaking the needle, as this increases the injury risk and makes it easy to lose track of where it is.

↻ If the person does not have a sharps container, they can put the orange cap back on the needle to prevent an accident and drop it into a plastic bottle with a hermetically sealed cap. The bottle can then be disposed of in a high-capacity recycling device (at a CLSC or community organization that recovers injection equipment).

WASHES

Some people extract the residue from their own or others' filters and/or dissolving containers, add water, and inject it. **This practice carries a high risk of infection and health complications, and it is not recommended.**^{3-5,14,16} However, if someone still wants to do this, here are a few important tips:

- Use only one's own equipment to avoid viral infections (HIV, HCV, HBV).^{4,16}
- Keep filters and dissolution containers as clean as possible.
- Always heat the solution (Step 2.5), as it is more likely than before to contain bacteria, mould, yeast, or fungi.^{4,5,11}
- Be sure to filter the solution before injecting it, following the "dual filtration" method or the "combined filtration" method (Step 4.4).⁴

It is important to always remember to:


- Encourage the person to avoid using drugs alone and/or in an isolated place
- Offer extra equipment to ensure that the person doesn't run out
- Encourage the person to start with a reduced dose to test the substance's effects
- Not let several people take the same substance at the same time so that help can be more easily provided if the substance is highly toxic
- Encourage the use of supervised consumption sites, where appropriate
- Encourage the use of drug checking services, if available
- Have naloxone on hand at all times (naloxone is free and should be provided with the equipment!)
- Ensure that those present when drugs are being used know how to use naloxone
- Have naloxone on hand at all times, regardless of the substance used, as any substance purchased on the illicit market may be contaminated with opioids
- Consult a healthcare professional as soon as any health problem appears
- Have a list of resources available nearby

What to do in the event of a possible opioid overdose

- A person who is severely intoxicated and/or is having difficulty staying awake should not lie down, be left alone, or take more drugs.
- If these signs occur in a healthcare facility, follow the protocol for an overdose.

The person seems to be unconscious

1 TRY MAKING THEM RESPOND TO SOUND OR PAIN



YELL their name
TALK TO THEM loudly


RUB the centre of their chest (sternum) hard

They are unresponsive

2 CALL OR HAVE SOMEONE CALL 911


IF YOU ARE ON YOUR OWN WITHOUT A PHONE:

- Administer a dose of naloxone
- Perform chest compressions for 2 min
- Lay the person on their side
- Find a way to call 911 and follow instructions



They are unresponsive

3 ADMINISTER A DOSE OF NALOXONE




A Lay the person on their back. Tilt head backwards, supporting neck.

B Remove nasal spray from box: don't test it!


HOLD IT like this

C Insert tip into one nostril. Press firmly with your thumb.



They are unresponsive

4 PERFORM CHEST COMPRESSIONS IMMEDIATELY



GIVE 2 compressions (5 cm deep) per second

OR **START** giving CPR if you have been trained, using the barrier mask

They are unresponsive 3 min after administration

5 ADMINISTER ANOTHER DOSE OF NALOXONE IN THE OTHER NOSTRIL

REPEAT STEPS 4 AND 5 as long as the person is unresponsive

Out of naloxone? Continue chest compressions or CPR until help arrives

FOR MORE INFORMATION ON PAS POISONING AND OVERDOSES

- [Knowing How to Recognize and Respond to a Severe Intoxication or Overdose Related to Psychoactive Substance Use or Alcohol Withdrawal – A toolbox](#)
(Available on the dependanceitinerance.ca website)

For more information on injection equipment, please consult the following documents:

- [One kit, one hit: Reducing injection risks, brochure, MSSS](#)
- [Support document – One kit, one hit: Reducing injection risks – Update: May 2020, MSSS](#) (In French only. Available on the website of the Ministère de la Santé et des Services sociaux du Québec in the publications section)

[Nasal administration of naloxone](#) 

[Administration of naloxone by injection](#) 

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7 Steps to Safer Injections has been produced by the Équipe de soutien clinique et organisationnel en dépendance et itinérance at CIUSSS du Centre-Sud-de-l'Île-de-Montréal.

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DISCLAIMER

The content of this tool is based on various scientific data, clinical guidelines, and departmental orientations. The content has been submitted to a committee of competent experts to ensure that it is adapted to the Quebec context.

However, it should be noted that this guide is not prescriptive in nature, and that its authors cannot be held accountable for the clinical practices of professionals or for the practices adopted by people who inject psychoactive substances. Health and social services professionals are expected to assume responsibility for being appropriately qualified and trained. They must exercise clinical judgment when providing care and services, in compliance with the professional standards and codes of ethics to which they are subject.

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This tool was written on unceded Indigenous territories. We would like to take a moment to acknowledge the Kanien'kehá: ka Nation as custodians of the waters and lands on which ESCODI is physically located. [Historically, Tiohtiá:ke / Montréal is known as a gathering place for many First Nations.](#) Today, a diverse Indigenous population, as well as other peoples, reside here. ESCODI also has members living and working throughout Quebec. In this context, it is important for us to also recognize the territory of the 11 Indigenous Nations of Quebec. To learn more, we suggest that you [consult this map with the names in the Indigenous languages of all the Indigenous communities in Quebec.](#)

As an advocate for social justice, ESCODI recognizes the past and present consequences of colonialism. Respecting the links with the past, the present, and the future, we recognize the ongoing relationship between Indigenous peoples and other members of the Quebec community, and we encourage everyone to recognize the unceded territory they inhabit. We encourage you to learn more about the history of ancestral territories across Canada by visiting the [First Nations of Quebec and Labrador Health and Social Services Commission.](#)

