

Wound Care & Medical Triage

for People
Who Use Drugs

AND THE PROGRAMS THAT SERVE THEM

A GUIDE

APRIL 2023



CONTENTS

List of Acronyms	4	Injection-Related Infections	55
Wound Care and Medical Triage for People Who Use Drugs	5	Abscess Care & Management	55
Helpful Supplies for Wound Care and Preventative Health	6	Cellulitis	57
Part I: Staying as Healthy as Possible	8	MRSA	58
Basic Physical Health Tips	8	Cotton Fever	60
Basic Mental Health Tips	11	Endocarditis	61
Nasal Care	12	Sepsis	62
Lung Care	13	Wound Botulism	64
Skin & Lip Care	14	Necrotizing Fasciitis (aka Flesh-Eating Disease)	65
Foot & Leg Care	15	Xylazine & Xylazine-Related Skin & Soft Tissue Infections	66
Part II: Common Contagions	17	Part VI: Overdose & Overamp	69
Flu Care & Basics	17	Responding to Opioid Overdose without Naloxone	69
Hepatitis A Basics	19	Fentanyl & Wooden Chest Syndrome	71
Hepatitis B Virus (HBV) Basics	21	Overamp Response	72
Hepatitis C Virus (HCV) Basic	23	Part VII: Tapering, Withdrawal, & Diverted Medications for MOUDs	76
HIV Basics	25	Easing Opioid Withdrawal	76
COVID-19 Care & Basics	28	Easing Stimulant Withdrawal	79
MPOX (Monkeypox) Care & Basics	30	Inducting onto Diverted Buprenorphine (Suboxone or Subutex)	80
Athlete's Foot Care & Basics	32	Using Other Opioids While on Buprenorphine	82
Scabies Care & Basics	33	Long-Term Options for MOUD	83
Head Lice Care & Basics	35	Seeking Medical Care	84
Part III: Alternatives to Injection	37	Tips for Interacting with Medical Professionals	84
Safer Snorting	37		
Safer Smoking	38		
Safer Booty Bumping	42		
Part IV: Injecting Tips	43		
Getting the Most Out of Your Syringe	43		
If You're Going to Share A Syringe	46		
Finding & Raising Veins	47		
Missed Shots	49		
Hitting Arteries	50		
Hitting Nerves	51		
Reducing Welling When Skin Popping	52		
Caring for & Reducing Track Marks	53		

Credits & Acknowledgements

This guide was developed by NASTAD Drug User Health in collaboration with project consultant Kacey Byczek under the CDC 19-1909 [National Harm Reduction Technical Assistance Center](#) cooperative agreement. Technical assistance and resources provided through NHRTAC are intended to support the development and implementation of effective and equitable harm reduction services for people who use drugs, including syringe service programs (SSPs).

Special thanks to Jesse Mesenburg, FNP-C, and Tasha Turner-Bicknell, MSN, DNP, for their review and recommendations during the creation of this guide.

For more information, please contact DrugUserHealthTA@NASTAD.org.

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of PS 19-1909: National Harm Reduction Technical Assistance and Syringe Services Program Monitoring and Evaluation Funding Opportunity cooperative agreement, a financial assistance award totaling \$6,775,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

LIST OF ACRONYMS

AIDS – Acquired immunodeficiency syndrome

ART – Antiretroviral therapy

CPR – Cardiopulmonary resuscitation

HAV – Hepatitis A virus

HBV – Hepatitis B virus

HCV – Hepatitis C virus

HIV – Human immunodeficiency virus

IM – Intramuscular

IUD – Intrauterine device

IV – Intravenous

LGBTQIA+ – Lesbian, gay, bisexual, transgender, queer, intersex, asexual (and beyond)

MOUD – Medications for opioid use disorder

MPOX – Monkeypox (also MPV or MPX)

MRSA – Methicillin-resistant *Staphylococcus aureus*

NAT – Nucleic acid test

NSAIDs – Non-steroidal anti-inflammatory drugs

OTC – Over-the-counter

PEP – Post-exposure prophylaxis

PrEP – Pre-exposure prophylaxis

PWID – People who inject drugs

PWUD – People who use drugs

SPF – Sun protection factor

SQ (or SC) – Subcutaneous

SSP – Syringe services program

SSRI – Selective serotonin reuptake inhibitor

SNRI – Serotonin–norepinephrine reuptake inhibitor

WOUND CARE AND MEDICAL TRIAGE FOR PEOPLE WHO USE DRUGS

This guide has been written collaboratively by people with lived experience of substance use, nursing students, harm reductionists, and medical professionals to address medical issues that may affect people who use drugs.

While much of the information in this resource is focused on people experiencing homelessness, we also know that *many* people who use drugs—whether housed or unhoused, insured or not—have been stigmatized by medical providers and have had traumatic experiences while seeking medical care. We created this guide with the goal of providing realistic strategies for treating wounds and infections on the street and in harm reduction program settings. While formal health care should be accessible to everyone, it's unrealistic, unethical, and not in alignment with harm reduction philosophy to ask people who have been invalidated, mistreated, and/or traumatized by the medical system to expose themselves to more potentially harmful situations. Lessons and strategies from street medicine can be helpful for people who use drugs, staff in syringe services programs and other harm reduction settings, as well as other medical and social service providers serving people who use drugs who may face barriers to mainstream healthcare. Defined by the [Street Medicine Institute](#), street medicine includes “health and social services developed specifically to address the unique needs and circumstances of the unsheltered homeless delivered directly to them in their own environment,” the goal being to provide care in places and spaces where they feel most safe and comfortable. With an unregulated drug supply, being able to distinguish unusual drug effects of cuts and adulterants from medical symptoms can improve individual health by encouraging care-seeking when needed and produce valuable information to share with participants and communities.

This guide focuses on strategies, tools, and tips for addressing and responding to common physical ailments and harms related to drug use and/or living on the street, but also includes guidance on the times that it is *very important* to seek medical care at a hospital, community health clinic, or doctor's office. The reality is that some infections can be life-threatening and require a high level of professional medical care. Because of this, there is also information on interacting with doctors, nurses, and other medical professionals, and tools to help you assess whether your infection could be life threatening, and when medical treatment is absolutely necessary. *This resource is intended to support individual health and care-taking and direct service programming for people who use drugs and should not take the place of trained medical advice.*

The guide also includes some information about basic health literacy and common, non-substance use-related infections, like the flu, strep throat, and COVID-19. This is because staying in the best possible health generally will help your body to be able to fight off infections as they arise. Information on treatment modalities, including available COVID-19 vaccines, masking, and isolation guidance, is current as of early 2023.

We hope this guide helps you to stay safe and well.

HELPFUL SUPPLIES FOR WOUND CARE AND PREVENTATIVE HEALTH

	FIND IT AT	USE IT FOR	REMEMBER
A&D ointment, Vaseline, and/or Aquaphor	Pharmacies, big box stores	Can be used to promote healing on rashes and reduce swelling, redness, and itching on small wounds/scars	If you are houseless or living in extreme conditions, more “greasy” ointments can trap dirt or bacteria in and under it, as the skin does not absorb it quickly
Ace bandages	Pharmacies, big box stores	Wrapping a sprained or twisted limb / bone	Ace bandages contain elastic, so they could also be used as tourniquets in a pinch—just make sure there’s no blood on it before using it this way
Baby medicine syringes	Pharmacies (look in the baby supplies aisle)	Flushing out large, open wounds with water or saline	Do not share!
Baby powder	Pharmacies, big box stores	Keeping wounds dry; prevent sweat rashes and skin infections	
Band-aids and gauze	Pharmacies, big box stores	Keeping wounds covered and dry; for packing open wounds	Look for packs with varying sizes
Box cutter	Big box stores, hardware stores	Opening and draining abscesses	Sterilize before and after use
Castration kit	Feed stores (such as Tractor Supply or Rural King)	Opening and draining abscesses	Will generally contain a scalpel and some blades; dispose of any blades used in a sharps container; sterilize scalpel after use
Cheesecloth	Big box stores	Packing open wounds	Cheesecloth is not sterile like medical supplies (cotton/gauze) will be. It can be washed in washing machine or by hand, if you have access to detergent and a place to wash fabric
Contact solution	Pharmacies, big box stores	Flushing out or cleaning wounds; saline soaks	Look for a solution that is 100% saline
Cornstarch	Grocery stores	Keeping wounds dry; prevent sweat rashes and skin infections	

HELPFUL SUPPLIES FOR WOUND CARE AND PREVENTATIVE HEALTH

	FIND IT AT	USE IT FOR	REMEMBER
100% cotton t-shirts or other 100% cotton clothing (AS NEW AS POSSIBLE)	Big box stores, clothing stores, pharmacies	Packing open wounds	Cotton clothing also won't be sterile—try to wash it first if you're able. Cut into desired shape/size first.
Dermaplaning hair removal razors	Beauty supply stores, pharmacies	Opening and draining abscesses	Dispose of in sharps container
High-proof alcohol	Liquor stores; big box stores or grocery stores	Sterilizing equipment if bleach is unavailable	Look for concentrations of at least 50-70% alcohol (100 proof or higher), and make sure there is no added sugar!
Lighters	Corner stores, gas stations, pharmacies	Sterilize needles or blades	
Rubbing alcohol	Big box stores or grocery stores, beauty supply stores, pharmacies	Sterilizing equipment if bleach is unavailable, disinfecting wounds	70% isopropyl concentrations are best for disinfecting
Safety razor blade	Beauty supply stores, pharmacies	For opening and draining abscesses	Dispose of in sharps container
Sewing kit	Pharmacies; big box stores; craft stores	Measuring tape could be used to measure size of wounds and gauge if they're growing	We don't advise using sewing thread for sutures You can get full suture kits for about \$35 on Amazon
Soap (and water)	Pharmacies, big box stores or grocery stores, beauty supply stores, gas stations	Cleaning wounds, washing hands before doing first aid for yourself or others, prepping an injection site	Use antibacterial soap or something unscented to reduce irritation. Use clean, running water or bottled water if you can, and rinse well

Staying as Healthy as Possible

BASIC PHYSICAL HEALTH TIPS

Try to wash your hands often and try to wash your body at least every couple of days.¹

- Washing your hands regularly can help to limit skin and soft tissue infections, bacterial infections, and other health concerns.
- Keeping the rest of your body clean can also help to limit skin and soft tissue infections, as well as rashes.
- If you don't have reliable access to soap and water, antiseptic wipes or alcohol pads are a good alternative for wiping off your hands and body.

Try to change your socks and underwear as often as you can.²

- This is **much** easier said than done, but if you're able to get a clean pair of socks or underwear, it can help minimize infections and other health concerns on your feet, and yeast infections, pimples, rashes, and irritation on or near your genitals.
- Ask at your local syringe services program (SSP), food bank, or shelter if there are any fresh socks or underwear available.
 - Many organizations that serve unhoused people have sock and underwear drives in the winter, especially around the holiday season, so that may be an especially good time to stock up as much as you can.

Try to eat something every day, preferably at least three times a day if you're able.³

- Try to eat unprocessed or minimally processed foods—like fruits, vegetables, beans, and grains—as often as you're able to.
 - This includes canned fruits, vegetables, and beans; canned tuna; and frozen produce.
- That said, it's important to eat to curtail hunger, keep your blood sugar up, and make sure you have energy. When you need to eat, eat the food you have access to (even if it's not unprocessed).

1 <https://www.cdc.gov/handwashing/why-handwashing.html>

2 <https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions.aspx?hwid=abs2448>

3 <https://www.extension.iastate.edu/news/aim-3-meals-day>

Stay as hydrated as you can—try to drink at least 34-64 oz. (or about 4-8 glasses) of water or another hydrating liquid per day.⁴

- Water is best, but if you don't have regular, reliable access to a clean source of water, any non-caffeinated, nonalcoholic drink will also help to keep you hydrated.
- Caffeine—coffee, black and green teas, dark sodas like Pepsi—is dehydrating, as is alcohol. We aren't saying not to consume those beverages, but if you do, remember to drink an equal or greater amount of water, or something else that will keep you hydrated.⁵
- Caffeine constricts your veins, making it more challenging to inject. It's important to stay hydrated in order to help reduce these effects. Try drinking a glass or two of water a few hours before you inject, as it can take a while to actually impact you⁶
- Staying hydrated will help regulate your body temperature, help to fight infections, and even may help you sleep better.⁷

Try to get sleep when you can.⁸

- If you're using a lot of stimulants, not sleeping can exacerbate existing mental health concerns or even contribute to overamping episodes.
- If you're using opioids or another downer, you may be resting a lot more than someone who is using stimulants, but it's still important to get sleep.
- Try to time your use so that you're able to sleep for a few hours straight without worrying about withdrawal waking you up.

If you do (or can) get a period, remember that using drugs can impact your menstrual cycle.⁹

- Even if you are not getting your period, it's still possible to get pregnant—so if you're having sex with someone who has a penis, try to use birth control.¹⁰

Free condoms (external and sometimes internal) are usually available at health departments, AIDS service organizations, SSPs, Planned Parenthood clinics, and community health clinics

- You also may want to check out bars, coffee shops, and/or LGBTQIA+-specific spaces for free condoms.

4 <https://www.scientificamerican.com/article/your-body-has-a-clever-way-to-detect-how-much-water-you-should-drink-every-day/>

5 <https://www.medicalnewstoday.com/articles/dehydrating-drinks>

6 <https://stanfordhealthcare.org/medical-conditions/brain-and-nerves/headache/treatments/caffeine.html>

7 https://www.cdc.gov/healthyweight/healthy_eating/water-and-healthier-drinks.html

8 <https://health.gov/myhealthfinder/healthy-living/mental-health-and-relationships/get-enough-sleep>

9 <https://pubmed.ncbi.nlm.nih.gov/16413143/>

10 <https://www.medicalnewstoday.com/articles/irregular-periods-and-pregnancy>

If you're able to see a gynecologist, an IUD is a very effective long-term birth control option.

- An IUD (intrauterine device) is a small, plastic, T-shaped device that is inserted into the uterus to prevent pregnancy. There are two types of IUDs: hormonal (brands: Mirena, Kyleena, Skyla, and Liletta) and copper (Paragard).¹¹
 - The Paragard is wrapped in a small bit of copper wire. It works because copper repels sperm. The Paragard is effective for up to 12 years.
 - Hormonal IUDs work by thickening the mucus on the cervix, which then traps sperm; and by stopping ovulation. The length of time that hormonal IUDs remain effective varies by brand:
 - Mirena: Up to 8 years
 - Liletta: Up to 8 years
 - Kyleena: Up to 5 years
 - Skyla: Up to 3 years
- IUDs are very effective: Each of the 5 available brands has over a 99% efficacy rate.^{12,13} The Paragard, Mirena, and Liletta brand IUDs can all be used as emergency contraception up to 5 days after having unprotected sex¹⁴, but it may be difficult to get an appointment that fast.
- IUD insertion can be painful, so it is recommended that you take ibuprofen or another over-the-counter pain medicine prior to your insertion appointment.¹⁵ You can also ask in advance for a numbing agent, or mild sedation (this may push your appointment back a few days though).
- IUDs do not protect against STIs. We recommend using condoms with new/unfamiliar partners.

Nexplanon, the birth control implant, is another very effective long-term birth control option.

- Nexplanon is a small, thin matchstick-sized rod that is inserted into your arm. It releases hormones that prevent pregnancy.
 - Nexplanon is effective for five years after insertion.
- Nexplanon is 99% effective at preventing pregnancy.
- Prior to insertion, a doctor or nurse will give you a numbing shot in the area where your implant will be placed. The shot may pinch a bit, but should prevent pain when the implant is inserted.¹⁶
- Like IUDs, Nexplanon does not protect against STIs, so it is recommended that you use condoms with new/unfamiliar partners.¹⁷

Remember that hunger, dehydration, poor sleep, and feeling physically ill can all impact your substance use experience, and even put you at heightened risk for overdose.

11 <https://www.plannedparenthood.org/learn/birth-control/iud>

12 <https://www.plannedparenthood.org/learn/birth-control/iud/how-effective-are-iuds>

13 <https://www.healthline.com/health/birth-control/mirena-paragard-skyla>

14 <https://www.plannedparenthood.org/learn/birth-control/iud>

15 <https://www.plannedparenthood.org/learn/birth-control/iud/iud-side-effects>

16 <https://valleycaremedical.ca/nexplanon-frequently-asked-questions/>

17 <https://www.plannedparenthood.org/learn/birth-control/birth-control-implant-nexplanon>

BASIC MENTAL HEALTH TIPS

If you're regularly prescribed medication for a mental health condition, try to take it as prescribed.

- When you're prescribed mental health medications, ask your provider if they might interact with other substances that you use, both prescribed and otherwise. Medication interactions can negatively impact you both physically and mentally, and some interactions can be very dangerous. Being honest with your provider can be really challenging, but is really important.
- In addition to impacting your mental health, not taking your medications as prescribed can impact your experience using substances, your sleep cycle, and your hunger cues.

If you do decide to stop taking a mental health medication (or if you have to for any reason), try to taper off of the medication rather than stopping cold turkey.¹⁸

- Discontinuing use of SSRIs or SNRIs can cause what some people describe as brain zaps (sensations that feel similar to small electrical shocks that start in the brain and might radiate to other body parts), in addition to headaches, nausea, irritability, fatigue, and many other side effects.
- Discontinuing benzo use cold turkey can cause seizures, and, in some cases, can be life-threatening.¹⁹

Be aware of how you experience different substances when you're in different moods—this can help you gauge whether you'll have the experience you're looking for with a substance based on your mood.

If you're feeling depressed, anxious, or in need of support but can't afford therapy, some options may be:

- Asking about options for free therapy at community health clinics or harm reduction programs.
- Seeking support from others experiencing similar situations or conditions on social media.
- Joining local support groups.
- If you feel like you or someone you're with is in serious crisis, calling a 24-Hour Crisis Hotline: 1-800-221-0446.

¹⁸ <https://www.aafp.org/pubs/afp/issues/2006/0801/p449.html>

¹⁹ <https://pubmed.ncbi.nlm.nih.gov/7841856/>

If you or someone you know are considering suicide or self-harm, call the Suicide and Crisis Lifeline at 988 or the National Suicide Prevention Hotline at 1-800-273-TALK.

- It is important to know that support hotlines may share information with local law enforcement if they believe someone is in immediate danger. 988 takes steps to limit law enforcement engagement, but still be careful when sharing information about drug use or other illicit activities.^{20,21}

NASAL CARE

Why Is Nasal Care Important?

- Bloodborne infections including hepatitis C can be spread through small cuts, scrapes or openings in the nostrils.²²
- Bacteria, viruses and other potentially harmful foreign objects can easily enter our bodies via our nostrils—especially bacteria and viruses that cause respiratory system infections.²³
- Our noses are an important part of our respiratory systems, so keeping our nostrils healthy helps us to breathe easier / helps our bodies to stay healthy generally.
- Edges of nostrils can crack and bleed, also creating opportunity for bloodborne infection to spread.

How Can I Care for My Nostrils?²⁴

- Use your own straw/snorting instrument. Use a new, clean straw every time you use substances.
 - Avoid using paper money or anything else that's been touched often, especially by many different people.²⁵
- Use saline after snorting to keep the inside of your nostrils clean and lubricated (to reduce bleeding). Don't share this with others.
- Try to make sure whatever you're snorting is crushed into as fine a powder as possible (fewer large pieces = less opportunity for abrasions/cuts).
- Lotion, Chapstick, petroleum jelly on outside of nostrils if they feel dry, cracked, or are bleeding.
- Try to use a different route of administration (swallowing or booty-bumping) if you have a cold/respiratory infection or are having trouble breathing or smelling.

Potential Impacts of Snorting Drugs²⁶

- Damage can be done to septum and nasal mucosa
- Loss of sense of smell
- Slower heartbeat
- Nosebleeds: Pinch nose, tilt head forward, breathe through mouth to stop a nosebleed.

20 <https://slate.com/technology/2022/04/crisis-lifelines-surveillance-geolocation-algorithms.html>

21 <https://khn.org/news/article/social-media-posts-criticize-988-suicide-hotline-calling-police>

22 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3699061/>

23 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3903101/>

24 <https://ourhealthyeg.ca/safer-snorting>

25 http://ohm.org/wp-content/uploads/2021/06/Connecting_Section3_Safer-Snorting-Swallowing_Pg78-81.pdf

26 <https://ourhealthyeg.ca/safer-snorting>

- Dry mouth
 - Can make it harder to swallow and result in infections in and around the mouth.
 - Chew gum to promote saliva production.
 - Xylitol in gum helps with this.
 - Chewing lots of gum may result in gas and/or diarrhea.
 - Xylitol mouthwashes are also available.
 - Be aware: **Xylitol is poisonous to cats and dogs, even in small amounts. If you have a pet, keep your gum or mouthwash in a place that is hard for them to reach, like an inner pocket of a backpack.**²⁷
 - Tart foods (lemons, cherries, olives, pickles) can help to promote saliva production, so can foods with high water content (fruits and vegetables).
- Swishing coconut oil or sesame oil in mouth (oil pulling).
- Try to sleep with mouth closed and breathe through your nose.
- Gargle with warm saltwater.
- Tooth decay related to dry mouth²⁸
 - Take care of your teeth! Brush, mouthwash, floss, and visit a dentist for regular cleanings if you can.
 - Stay hydrated—staying hydrated can help your body better produce saliva. Saliva helps wash away harmful bacteria that can cling to dry teeth and gums.

LUNG CARE

Why Is Caring for Your Lungs So Important?²⁹

- Caring for your lungs as best you can—even if you smoke your substances—is important so that you’re able to breathe as well and as deeply as possible.

How to Care for Your Lungs

- If you have asthma, use your inhaler regularly to ensure that you’re able to breathe as best you can.
- If you have a respiratory infection like a cold, COVID-19, or bronchitis, try not to smoke your drugs. Instead, try booty bumping (which has a similar onset time as smoking) or swallowing.
- Use a new, clean pipe and smoking supplies. Do not share your supplies with others because this can spread infection. Try to use a personal mouthpiece cover if you can’t use your own pipe. Change out your filter so small pieces of metal don’t get inhaled.

27 <https://www.fda.gov/consumers/consumer-updates/paws-xylitol-its-dangerous-dogs>

28 <https://www.nidcr.nih.gov/health-info/dry-mouth>

29 <https://www.lung.org/lung-health-diseases/wellness/protecting-your-lungs>

SKIN & LIP CARE³⁰

Why Is Caring for Your Lips So Important?

- Having very dry or cracked skin makes it more likely to bleed, which can make it easy to spread bloodborne infections. The same is true for lips, especially for people who smoke their substances.
- The skin is your body's first defense against diseases and infections: it helps protect other organs from being injured and helps regulate body temperature.

How to Care for Your Lips

- Drink water or other non-caffeinated, nonalcoholic fluids often if you're able—staying hydrated keeps your skin hydrated.
- Wear sunscreen if you can! Even in winter or on cloudy days, UV rays from the sun can do damage to skin cells.
- If you have access to lotion or moisturizer, use it on your skin, especially any skin that's exposed to the sun and/or cold (like your face and hands), to stay hydrated and prevent and heal damage.
- In winter, try to carry Chapstick or lip balm and apply it several times a day and before going to sleep, especially if you're living outside in cold conditions.
- Try to use Chapstick or other protectants that have some SPF (SPF 30 if you're able to get them)—protecting your lips from the sun can also help to keep them hydrated and healthy.
- Lotion or face moisturizer can also be helpful—anything that would hydrate your skin will hydrate the skin on your lips, too.
- Cooking oils (olive oil and coconut oil) will also work to moisturize lips. Avoid oils that have added salt (like bacon grease), which can be dehydrating.
- If your lips are extremely dry and/or cracked/bleeding, apply petroleum jelly to them a couple of times a day.

Smoking and Lip Care³¹

- If smoking out of glass or metal pipe, try to keep heat concentrated on the end of the pipe holding your drugs—the closer the heat is to the end touching your mouth, the greater the risk of burning/cracking becomes.
- Use a rubber spark plug cover to cover the end of your pipe if you're sharing, or if you feel like the end of your pipe is getting too hot.
 - Spark plug covers should be available at the auto supply store.
 - Some SSPs may also have them in safer smoking kits/supplies.
- Use a new, clean pipe and smoking supplies whenever you can. If reusing a pipe, clean it regularly—wipe it down with alcohol or antiseptic wipes.
 - This is especially important if you're sharing a pipe, but even if you're not, bacteria can grow/accumulate on your pipe, so it's important to wipe it down regularly regardless!
- Avoid sharing your pipe with other people. This can spread hepatitis C, COVID-19 or the flu.

30 <https://www.skincancer.org/blog/5-tips-for-your-lips/>

31 <https://harmreduction.org/issues/safer-drug-use/facts/>

FOOT & LEG CARE

Why Is Taking Care of Legs and Feet So Important?^{32, 33}

- If you're living on (or spending lots of time on the streets), you're likely to be standing and walking more than people who aren't, so it's important to take extra care of your legs and feet.
- Limited access to clean socks and/or wearing ill-fitting shoes can increase the chances of developing skin infections, blisters, calluses and corns, toenail infections, and more.
- Injecting into your feet or toes increases the chances of foot swelling or developing an abscess.
- If it's raining or your feet get wet for some other reason, it's really hard to get them dry again, especially if you don't have a fresh pair of socks or a change of shoes—this can make being outside all day more uncomfortable and lead to other problems.
- When possible, try to collect/store as many new and dry pairs of socks as possible, preferably in packaging. SSPs and outreach programs should consider distributing two pairs of socks at a time, and packaging them in Ziplock bags to keep them dry prior to use.
- Injecting into the upper legs or thighs near the groin or femoral vein or artery can increase risk of hemorrhage (uncontrolled bleeding), thrombosis (blood clot), aneurysm (weak spot in an artery that can burst), or sepsis (blood infection).

How Can I Care for My Legs?

- If your legs are in pain or swollen, try to get off your feet for a little while.
- Lymphatic massage can help with swelling—[this resource](#) offers a guide on how to perform lymphatic massage on yourself.³⁴
- If you are injecting into your upper legs or thighs, you can take aspirin to preemptively counteract thrombosis.
 - This is especially important if you or your family have a history of blood clots.
- Knee bends and leg lifts can help to promote blood circulation in your legs.

How Can I Care for My Feet?

- Try to reduce moisture around your feet to minimize chances of developing rashes, yeast infections, blisters or ulcers on your feet.
 - Cornstarch, baby powder, and flour on your feet before putting on socks can help to keep your feet dry.
- If you do develop a sweat/yeast rash, washing your feet at least twice a day and using an antifungal cream can help to get rid of it faster and keep it from spreading. If you don't have access to an anti-fungal cream, using 70% isopropyl alcohol on a rag or an alcohol pad can kill bacteria, works especially well on athlete's foot

32 <https://jfootankleres.biomedcentral.com/articles/10.1186/s13047-022-00518-7>

33 <https://www.ncbi.nlm.nih.gov/books/NBK218236/>

34 <https://medicine.umich.edu/sites/default/files/content/downloads/Rogers%20Gina%20December%207%20Lymphatic%20Massage.pdf>

- Wear the cleanest socks that you have access to, and try to avoid re-wearing wet socks until they've dried whenever possible
- Compression socks can help decrease swelling and promote blood circulation.
- Promote blood circulation in and to your feet by doing ankle flexes when you're sitting or lying down.³⁵
- If you're standing all day, you can counteract the impact on your feet by:
 - Sitting occasionally for about 20 minutes throughout the day, if you're able to find a bench or a safe space to sit down.
 - Soaking your feet in saline or Epsom salt.³⁶
 - If you don't have access to a tub or bucket and running water for a soak, using saline water on a cloth can help, too.

35 <https://pubmed.ncbi.nlm.nih.gov/10463749/>

36 <https://www.podiatrygroup.us/blog/2020/6/22/should-you-use-epsom-salt-for-foot-pain>

Common Contagions

FLU CARE & BASICS

Preventing the Flu³⁷

The best way to protect yourself from the flu is to get a seasonal flu vaccine in the fall. Though the flu vaccine doesn't guarantee that you won't get the flu, it does help your body develop antibodies against many of the most common flu strains and can make it less severe if you do get sick.

There are lots of places where you can get your flu vaccine for free.³⁸

- If you have insurance (including Medicaid), pharmacies like Walgreens and CVS and big-box stores like Walmart often offer flu vaccines. Depending on where you are, some may even offer free vaccines to people without health insurance.
- Many city and county health departments offer free flu vaccines, regardless of insurance status.
- If you're somewhere with a big university, medical students may be offering vaccines for free.
- If there is an SSP or harm reduction center that you go to, ask if they're offering vaccines—some programs offer preventative medical care or work with doctors and/or medical students to offer free vaccine services to their participants.

The Flu vs. Cotton Fever vs. Withdrawal

Cotton fever and opioid withdrawal both share some symptoms with some strains of the flu, like nausea, fever and chills, and pain in your muscles and joints. However, there are some differences. Here are some ways you might be able to determine what's going on:

- Cotton fever should only last up to twelve hours, while flu symptoms (and withdrawal symptoms) will likely last days or longer.³⁹
- You may notice flu symptoms coming on slowly—for instance, you may start to feel tired, sore, or like you have mild cold-like symptoms a few days before you start to feel nauseous or like you have the chills. Cotton fever will have a more rapid onset, from shortly after injecting to a few hours later. Withdrawal can start anywhere from 20 minutes to a day after your last use, depending on what you use and how often.
- Nausea and vomiting are not universal flu symptoms. Most adults are more likely to have a sore throat and a cough than nausea if they have the flu. If you feel feverish, sore, and fatigued but not nauseous, it may be the flu.⁴⁰
- No amount of opioids that will “cure” or stave off flu symptoms—so if you're using as you normally do and not feeling your symptoms subside, it may be the flu. **Try not to use extra—if you have the flu, using more will not make symptoms go away, but using more will put you at increased risk for overdose.**⁴¹

37 <https://www.cdc.gov/flu/prevent/flushot.htm>

38 <https://www.vaccines.gov/find-vaccines/>

39 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4803705/>

40 <https://www.cdc.gov/flu/resource-center/freeresources/graphics/sick-with-flu-infographic.htm>

41 <https://www.opiate.com/withdrawal/mild-opiate-withdrawal-symptoms-vs-the-flu/>

If I Think I Have the Flu, Should I Keep Using?

This is a complicated question with a complicated answer. No amount of opioids will stave off flu symptoms. Also, poor physical health can impact susceptibility to overdose. That said, you may want to maintain your tolerance so that you're not at increased risk of overdose when you are feeling better, and/or you may not want to go through withdrawal when you're already feeling ill. Here are some things to think about:

- If you're able to, use around other people. Because being ill can make you more susceptible to overdose, it's especially important that friends with naloxone are nearby and looking out for you.
- How much do you need to use to maintain your tolerance? Try to use just that amount, especially since using won't get rid of your flu symptoms.
- **OR**, if you're interested in reducing or stopping your use, try to slowly taper while you're sick so that you don't experience withdrawal symptoms on top of flu symptoms.
- Medications for opioid use disorder like buprenorphine can also be helpful in reducing use temporarily or in the long-term.

Taking Care of Yourself While You Have the Flu⁴²

Here are some things you can do to feel a little better if you have the flu:

- Drink lots of fluids! When our bodies are feverish, it's especially important to stay hydrated.
- If you're able to rest or sleep more, do so. This will help your body recover.
- Try to eat healthy, non-processed foods if at all possible, and if you're able to keep food down. The flu is often accompanied by nausea and vomiting, making staying nourished and hydrated really difficult. Try to drink water, gatorade, or another electrolyte drink if you aren't able to hold down food. If you are, consider eating things that are easy on your stomach like bananas, plain rice, applesauce, or toast.
- If you're feeling feverish or in pain, take an over-the-counter medication like ibuprofen or acetaminophen (Tylenol) to lessen the pain
- Do not use more than 4000 mg of acetaminophen (or about 12 pills of regular strength Tylenol)/day **if you do not have liver damage**, or more than 2000 mg (6 pills) if you do.^{43 44}
- Do not use more than 1200 mg of ibuprofen (or about 6 pills of regular strength Advil)/day.⁴⁵
- **Acetaminophen can cause liver toxicity, so if you have hepatitis or are concerned you might, try to use ibuprofen rather than acetaminophen.**
- If your fever gets to 105°F or higher, go to the emergency room!

42 <https://www.cdc.gov/flu/treatment/takingcare.htm>

43 <https://www.health.harvard.edu/pain/acetaminophen-safety-be-cautious-but-not-afraid#:~:text=For%20the%20average%20healthy%20adult,be%20toxic%20to%20the%20liver.>

44 <https://americanaddictioncenters.org/over-the-counter-medications/acetaminophen>

45 <https://www.mayoclinic.org/drugs-supplements/ibuprofen-oral-route/proper-use/drg-20070602#:~:text=Adults%20and%20teenagers%E2%80%941200%20milligrams,into%20three%20or%20four%20doses>

HEPATITIS A BASICS⁴⁶

What Is Hepatitis A Virus (HAV)?

- HAV is a contagious liver infection that generally lasts for two months in infected people.
- HAV is spread through the fecal-to-oral route:
 - Contaminated food or water
 - Contaminated cooking supplies and utensils
 - Unwashed hands
 - Analingus (rimming/rim job/eating ass)
- Because HAV is carried in fecal matter, people who live in close, congregate settings or without access to clean water or plumbing are at increased risk.
- Since 2016, there have been many outbreaks of hepatitis A across the country, mostly impacting people who use drugs and people experiencing houselessness and homelessness.

What Should I Do to Avoid HAV?

- **The absolute best way to avoid contracting HAV is to get vaccinated against it!**
 - The vaccine requires 2 doses, given 6 months apart.
 - It's likely available through community health clinics and local health departments, at AIDS service organizations and/or SSPs depending on your city/state
 - Ask—even if they don't do them, they may know where to get them free!
 - If you were born after 2006, it's possible that you've already received the HAV vaccine.
- Symptoms of HAV include nausea, vomiting, diarrhea, fever, stomach pain, and jaundice. These symptoms usually last 1-2 months.
 - However, many people have no symptoms at all
- Symptoms of jaundice include yellowing of the skin, eyes and gums; dark urine; pale clay-like stools; itchy skin; and stomach pain.
- Wash hands with soap and clean water, and keep your body as clean as possible
 - If you don't have regular access to soap and water or showers, try to use antiseptic wipes or alcohol wipes to keep your hands and body as clean as you can.
- Avoid sharing utensils or cooking supplies with other people.
- Wash hands before sharing food; wash fresh fruits/veggies if you can, try to eat food that has been packaged and still has intact, unopened packaging.
 - **ESPECIALLY** wash or thoroughly wipe down any food you've dumpstered.
- If you're living in a tent city, camp, or other outdoor community of unhoused people, try to set up living quarters as far away as possible from where people are using the restroom/bathroom

46 <https://www.cdc.gov/hepatitis/hav/index.htm>

How Can I Be Tested for HAV? What Happens If I Test Positive?⁴⁷

Anyone who is experiencing acute hepatitis A symptoms like fever, headache, nausea, vomiting, or diarrhea AND jaundice should be tested for hepatitis A. The hepatitis A test involves two blood tests:

1. An antibody test to see if there are HAV antibodies (immune cells that fight the virus) in the blood, and
2. A test called a nucleic acid amplification test (NAAT), which tests for current viral load of the HAV virus.

If someone tests positive only on the antibody test, it means they have either been vaccinated or have natural immunity from a previous infection. If someone tests positive on both tests, it means they have an active HAV infection. If someone tests negative on both tests, they do not have an active HAV infection, but also have no immunity and should be vaccinated.⁴⁸

Is There a Treatment for HAV?

There is a post-exposure prophylactic medication available to people who have been exposed to HAV. It is best given within the first two weeks after exposure, alongside the HAV vaccination. However, many people don't experience symptoms and don't know if they have been exposed to the virus, not everyone will be able to access this postexposure prophylactic treatment.⁴⁹

There is no other treatment for hepatitis A, and 85% of people who contract the virus clear it on their own, or "spontaneously," within 6 months. However, people have needed to be hospitalized due to hepatitis A, and in rare cases, people have died from the virus. If you are experiencing acute hepatitis A symptoms, it is important to get tested and seek care.⁵⁰

While most people do clear HAV spontaneously, it is possible to have multiple types of hepatitis (like hep A, hep b, and/or hep C) at once. Having multiple hepatitis viruses can cause more long-term damage to your liver.⁵¹

47 <https://www.cdc.gov/hepatitis/hav/havfaq.htm#protection>

48 <https://www.hepatitis.va.gov/hav/screening-tests-interpretation.asp>

49 <https://www.cdc.gov/hepatitis/hav/havfaq.htm#E1>

50 <https://www.hopkinsmedicine.org/health/conditions-and-diseases/hepatitis/hepatitis-a>

51 <https://pubmed.ncbi.nlm.nih.gov/8514275/>

HEPATITIS B VIRUS (HBV) BASICS

What Is Hepatitis B Virus (HBV)?

Hepatitis B Virus (often abbreviated to HBV or hep B) is a virus that causes a liver infection. **Like hep A, hep B is vaccine preventable, and treatable with antiretroviral medications—but not curable.**⁵² Many people who contract hep B will clear the virus spontaneously⁵³, but not everyone does. This means hep B can become a lifelong virus, and, if untreated, can cause cirrhosis and other liver damage.⁵⁴

How Is HBV Spread?

Hepatitis B is primarily spread through blood-to-blood contact, but—to a lesser extent—can also be spread through other bodily fluids, like:

- Seminal fluid (both cum and pre-cum)
- Rectal/anal fluid
- Vaginal fluid
- Saliva⁵⁵

That said, casual contact with someone infected with HBV is **not a risk for infection**. Common ways people contract hep B include:

- Sexual contact with someone who has HBV.
- Sharing items like toothbrushes, which can break mucous membranes.⁵⁶
- Sharing injection or other drug use equipment with someone who has HBV.
- The HBV vaccine can prevent infection. Since 1982, CDC has encouraged HBV vaccination for newborns, so you may have already gotten it. It's recommended for people 19-60, and for people over 60 who might be at risk of infection.
- An open wound coming into contact with HBV-infected blood.

What Are Early Symptoms of HBV?

Not everyone who contracts hep B will experience symptoms—many will experience no symptoms at all—but those who do will likely notice symptoms within 90 days (or about 3 months) after infection and may continue to experience symptoms for up to 6 months. This is called acute hepatitis B infection. People who experience acute HBV symptoms may notice:

- Fever, fatigue, nausea, vomiting, and other flu or stomach virus-like symptoms
- Clay-colored poop
- Stomach or abdominal pain, and/or joint pain
- Jaundice, or yellowing of the skin and/or whites of eyes⁵⁷
- Dark yellow urine

52 <https://www.cdc.gov/hepatitis/hbv/index.htm>

53 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4656664/>

54 <https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#treatment>

55 https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_b/fact_sheet.htm

56 <https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#treatment>

57 <https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#treatment>

How Can I Be Tested for HBV? What Happens If I Test Positive?

It is a good idea for people who have shared injection or other drug use equipment, people who have a sexual partner who has HBV, and anyone displaying symptoms of acute HBV to be screened for the virus. Screening for hepatitis B involves a blood test called a “Hepatitis B Panel” that includes three tests:

- 1. A test for Hepatitis B antigens in the blood.** This tests for active hepatitis B virus antigens in the blood. If this test is positive for HBV antigens, further testing is needed to determine if the infection is acute or chronic. A positive result on this antigen test means someone is actively infected with the hepatitis B virus and can pass it to others.
- 2. A test for Hepatitis B surface antibodies in the blood.** A positive result on this test means that the person has either been vaccinated for HBV previously or has had the virus in the past and successfully recovered.
- 3. A test for Hepatitis B core antibodies in the blood.** A positive result on this test could mean that the person is currently infected with HBV or has been in the past. It does not mean the person is necessarily protected against HBV.⁵⁸

If someone is negative on all three of these tests, it means they do not have HBV but also have never been vaccinated, and should be vaccinated. If someone receives a positive result only on Test 2, they have been vaccinated and have immunity. If someone gets positive results on Tests 2 and 3 and a negative result on Test 1, they have immunity from a natural infection that has cleared and do not need to be vaccinated. If someone receives positive results from Tests 1 and 3 and negative results from Test 2, they have an active infection and need further testing to determine how treatment should proceed. If only Test 3 is positive, more testing is needed, as results are unclear.⁵⁹

What Happens If I Am Infected With Chronic HBV?

If you learn you are infected with chronic HBV, your doctor should connect you with a hepatitis specialist, who will perform tests to see how well your liver is functioning and what damage there might be. They may perform follow up exams once or twice a year. There are antiviral medications that can be prescribed for hepatitis B, but not everyone who is infected will need them—it depends on the amount of damage that has been done to your liver.⁶⁰

58 <https://www.hepb.org/prevention-and-diagnosis/diagnosis/hbv-blood-tests/>

59 <https://www.hepb.org/prevention-and-diagnosis/diagnosis/understanding-your-test-results/>

60 <https://www.hepb.org/treatment-and-management/adults-with-hepatitis-b/>

HEPATITIS C VIRUS (HCV) BASICS

What Is Hepatitis C Virus (HCV)?

Hepatitis C Virus (often abbreviated to HCV or hep C) is a virus that causes a liver infection and liver damage. Unlike HAV and HBV, there is no vaccine to prevent HCV. However, also unlike HAV and HBV, there are medications that can cure HCV.⁶¹

How Is HCV Transmitted?

HCV is transmitted and contracted through blood, or, occasionally, other body fluids that contain blood. This means it can be spread through:

- Sharing injection equipment or other drug use equipment, including smoking or snorting equipment.
- Tattooing in an unsterile or unregulated environment.
- Sharing items like razors that have come into contact with HCV-infected blood.⁶²

HCV-infected blood can live outside the body and at room temperature for a long time—though research varies, some studies say the virus can remain active in dried blood for up to six weeks.⁶³ Because of this, sharing injection or other drug use equipment with someone who is known to have HCV or whose HCV status is unknown carries a high risk of infection, even if the equipment has not been used for several days or weeks.

What Are the Symptoms of HCV Infection?

As with HAV and HBV, only some people infected with HCV will experience symptoms of acute HCV before it becomes chronic. For people who do experience symptoms, they may appear anywhere between 2 weeks and 6 months after initial exposure and infection. People who experience acute HCV symptoms may notice:

- Fever, fatigue, nausea, vomiting, and other flu or stomach virus-like symptoms
- Clay-colored poop
- Stomach or abdominal pain, and/or joint pain
- Jaundice, or yellowing of the skin and/or whites of eyes⁶⁴
- Dark yellow urine

Is It True That Some People Who Get HCV Don't Need Treatment?

Yes, this is true—about 25% of people who contract HCV spontaneously clear the virus without receiving treatment. However, the only way to tell if you have had and have spontaneously cleared hepatitis C is to get tested.⁶⁵

61 <https://www.cdc.gov/hepatitis/hcv/index.htm>

62 <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#b1>

63 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969546/>

64 <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#b8>

65 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3608418/>

How Can I Be Tested for HCV? What Happens If I Test Positive?

As with other kinds of hepatitis, there are multiple kinds of tests for HCV. Most people will first be tested with a rapid antibody test, which involves a blood draw from a vein or a finger stick and checks to see if your body has developed antibodies (immune cells to fight the virus) against HCV. Results from rapid antibody tests are usually available within 20 minutes⁶⁶, and most community clinics and SSPs offer these tests.⁶⁷ Some of these tests are also available for purchase at pharmacies. The window period for these test ranges from 2 weeks to 6 months.⁶⁸

Following a positive test result on a rapid antibody test, your provider should refer you to get a blood test to check your HCV viral load. This is the only way to tell if you have an active HCV infection. Because these tests require processing by a lab, it may take several days to receive the results.⁶⁹

What Is HCV Treatment Like?

Since 2014, many new HCV treatment medications have been developed, all of which are oral antiretrovirals (pills), most of which are taken once per day for anywhere from 8-16 weeks. These medications are referred to as “simplified treatment”⁷⁰

Current treatment guidelines say that almost anyone with an acute or chronic HCV infection can be treated using these simplified treatment medications. People who may be referred to a specialist for other kinds of treatment include:⁷¹

- People who have received prior treatment for hepatitis C
- People with cirrhosis (severe liver damage)
- People with an active hepatitis B infection
- Anyone who is currently pregnant
- People with, or suspected to have, liver cancer
- Anyone who has had a liver transplant before

This does not mean these groups cannot receive treatment—people who fall into one or more of these categories will likely be referred to specialists to better monitor their care.

People who currently use drugs other than alcohol are eligible for hepatitis C treatment, and research shows that the medications are effective even if people continue to use while receiving treatment for hepatitis C.^{72, 73} However, because alcohol impacts the liver, it is important to avoid drinking alcohol while on these medications.⁷⁴

66 <http://www.testhepc.com/>

67 <https://www.cdc.gov/hepatitis/hcv/pdfs/hepcgettingtested.pdf>

68 <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>

69 <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#c8>

70 <https://www.hepatitis.va.gov/products/treatment-update.asp>

71 <https://www.hcvguidelines.org/treatment-naive/simplified-treatment>

72 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3690289/>

73 <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//150-146-HepC-cliniciantestingbrief.pdf>

74 <https://www.hepmag.com/basics/hepatitis-c-basics/alcohol-drugs>

I've Heard People Can Be Reinfected With Hepatitis C—Is This True?^{75,76,77}

Yes, it is possible to be reinfected with hepatitis C. People who share injection, smoking, or snorting equipment when using drugs are at increased risk for reinfection. Unfortunately, due to stigma against people who use drugs, many medical providers do not feel that treating people for hepatitis C after reinfection is “worthwhile.”⁷⁸ Because of this (and for the health of your liver!), it is important to try, as much as possible, to prevent reinfection and practice harm reduction by:

- Not sharing injection, snorting, or smoking equipment whenever possible.
- Bleaching syringes and other equipment if you do need to share.
- Using sterile injection, snorting, and smoking equipment whenever possible.

A note on bleaching syringes: bleach has **not** been found to kill hepatitis C in syringes, but it is still better to take this extra step than not if you are going to share—there are infections besides HCV that can be spread by sharing syringes.⁷⁹

HIV BASICS

What Is HIV?

HIV (human immunodeficiency virus) is an infection that weakens the body's immune system. The virus attacks cells in the immune system called CD4 cells. While there are many effective treatments for HIV, there is currently no cure for HIV.⁸⁰ If untreated, HIV can progress into AIDS (acquired immunodeficiency syndrome), meaning the immune system has been damaged to a significant degree. This increases the chances of getting severe illnesses or opportunistic infections because the body is unable to effectively fight back.⁸¹

How Is HIV Transmitted?⁸²

HIV is transmitted when someone without HIV comes into contact with one or more of the following five body fluids from someone who has a *detectable* HIV viral load:

- Blood
- Rectal fluids (found in our butts)
- Semen (cum) and/or pre-seminal fluid (pre-cum)
- Vaginal fluids
- Breast milk

This means HIV can be spread through vaginal or anal sex without a condom; sharing syringes or works; during pregnancy, childbirth, or through breast-feeding; and via a needlestick injury. Of these, vaginal and anal sex without a condom and sharing syringes or other equipment are the most common ways HIV is

75 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841922/>

76 [https://www.journal-of-hepatology.eu/article/S0168-8278\(19\)30699-3/fulltext](https://www.journal-of-hepatology.eu/article/S0168-8278(19)30699-3/fulltext)

77 [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(22\)00077-7/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(22)00077-7/fulltext)

78 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841922/>

79 <https://www.cdc.gov/hepatitis/hcv/pdfs/factsheet-pwid.pdf>

80 <https://www.cdc.gov/hiv/basics/whatishiv.html>

81 <https://www.cdc.gov/hiv/basics/livingwithhiv/opportunisticinfections.html>

82 <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/how-is-hiv-transmitted>

transmitted. It is possible but much less likely to transmit HIV through oral sex—for instance, when cum comes into contact with small cuts in the mouth. (Prolonged contact between mouth cuts or abrasions and semen carrying HIV increases the likelihood of transmission. Either spit or swallow—the HIV virus is killed off by stomach acid—but try to avoid holding cum in your mouth.)

People who are HIV-positive and who take medications called antiretrovirals (or ART for antiretroviral therapy) are “virally suppressed” when they have undetectable levels of HIV virus in their blood. People who are undetectable cannot pass the virus onto their partners via vaginal or anal sex. While having an undetectable viral load *likely* reduces the risk of transmission of HIV through sharing syringes and other injection equipment,⁸³ there is little data on exactly how effective being undetectable is for preventing transmission through syringe sharing and other blood-to-blood routes.⁸⁴ It takes about six months of ART for HIV to become undetectable.⁸⁵

I’ve Heard There Are Medications That Can Help Prevent HIV Infection. Is This True?

Yes! There are two types of medications that can reduce the risk of contracting HIV:⁸⁶

- **PrEP**, or pre-exposure prophylaxis, a pill taken daily or a shot given monthly to reduce risk of contracting HIV. Many people describe it as being “like birth control for HIV.”⁸⁷
- **PEP**, or post-exposure prophylaxis, a course of treatment involving taking two to three antiretroviral (ART) medications every day for 28 days after being exposed to HIV. PEP is most effective if it’s started within 72 hours of HIV exposure, like unprotected sex with someone HIV-positive (or of unknown status), an accidental needlestick, or sharing syringes, cookers, or other works with someone known to be HIV-positive.^{88, 89}

Both PEP and PrEP are available at community health clinics, reproductive care clinics like Planned Parenthood, and through primary care physicians. PEP is available at some emergency rooms (try to call ahead to make sure) and may be available at your local health department.⁹⁰

PrEP is 99% effective at preventing sexual transmission of HIV, and 74% effective at preventing transmission via syringe-sharing. If treatment is started within 2-72 hours of exposure, PEP is very effective at preventing HIV after sexual exposure. There is little to no research on PEP’s effectiveness after exposure via sharing syringes or injection equipment, but it may still reduce the risk that you will develop HIV.⁹¹

If you are on PrEP, your prescribing doctor will test you for HIV before prescribing and then again every three months while you are on the medication. If you take PEP, you will be tested for HIV before you are prescribed the medication and after you complete the treatment.⁹²

83 <https://www.cdc.gov/hiv/basics/livingwithhiv/protecting-others.html>

84 <https://www.hiv.va.gov/patient/faqs/transmission-of-undetectable-virus.asp>

85 <https://www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression>

86 <https://www.cdc.gov/hiv/clinicians/prevention/prep-and-pep.html>

87 <https://prepdaily.org/whats-the-difference-between-prep-and-pep/>

88 <https://stanfordhealthcare.org/medical-conditions/sexual-and-reproductive-health/hiv-aids/treatments/pep.html>

89 <https://www.ncbi.nlm.nih.gov/books/NBK562734/>

90 <https://www.plannedparenthood.org/planned-parenthood-great-northwest-hawaii-alaska-indiana-kentuck/patients/health-care-services/prep-pep>

91 <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>

92 <https://www.sfaf.org/collections/beta/fact-sheet-prep-and-pep/>

PrEP pills “kick in” and provide effective protection after:⁹³

- 7 days for receptive anal sex (bottoming)
- 21 days for receptive vaginal sex and injection drug use
- There is no exact data to say when PrEP becomes effective for insertive anal (topping) or insertive vaginal sex
- *It is not yet clear how long a PrEP shot takes to be effective for any of these activities.*

What Are the Symptoms of HIV? How Will I Know If I Have It?

Some people experience no symptoms after HIV infection, and others experience flu-like symptoms about 2 to 4 weeks after infection, including:

- Sore throat
- Fatigue or extreme tiredness
- Fever and chills
- Night sweats
- Muscle aches
- Skin rash or mouth ulcers

This is the first stage of HIV infection, called acute HIV infection, and these symptoms generally stop when the infection progresses to the second, asymptomatic phase, chronic HIV infection.⁹⁴

It is worth emphasizing that the symptoms above are associated with many common viruses and infections, including the flu, common colds, strep throat, and COVID-19, and that some people do not experience any of these symptoms with acute HIV infection at all. Getting tested is the only way to know for sure if you have been infected with HIV.

How Can I Get Tested for HIV?

There are several ways to get tested for HIV. It is recommended that people at higher risk for contracting HIV, including men who have sex with men, individuals of any gender who have an HIV-positive partner, individuals with multiple partners of unknown HIV status, individuals who share syringes or other drug use equipment, individuals who exchange sex for money, goods, or housing, and individuals who have been diagnosed with an STI, hepatitis, or tuberculosis get tested at least once per year.⁹⁵

There are three kinds of HIV tests:

1. **Antibody tests:** These use either saliva or blood from a vein or finger stick to look for HIV antibodies, the proteins your body produces that fight the HIV virus. These tests are also referred to as “rapid tests” because results come back within 20 minutes. These tests are available at doctor’s offices, community health clinics, clinics like Planned Parenthood, syringe services programs, and can be purchased at pharmacies for self-testing.⁹⁶ Because antibodies take time to develop after HIV infection, these tests take 23 to 90 days after initial exposure to give accurate results.⁹⁷
2. **Antigen/antibody tests:** These tests use blood from a vein draw or finger stick to test for both antibodies (cells that fight HIV) and antigens (HIV molecules). These tests are performed in a doctor’s

93 <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>

94 <https://www.cdc.gov/hiv/basics/whatishiv.html>

95 <https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html>

96 <https://www.cdc.gov/hiv/basics/hiv-testing/test-types.html>

97 <https://www.cdc.gov/hiv/basics/hiv-testing/hiv-window-period.html>

office or community clinic with a lab,⁹⁸ and usually can detect HIV 18 to 45 days after initial exposure.⁹⁹ Results from rapid versions of antigen/antibody tests can be given in about 30 minutes. For non-rapid tests, it may take a few days to receive the results.¹⁰⁰

- 3. Nucleic Acid Tests (NATs):** These tests use blood from a vein draw to test for HIV viral load, or how much HIV is present in the blood currently. Done in doctor's offices or community clinics with labs, these tests are given after a positive result on an antibody or antigen/antibody test to confirm HIV diagnosis and see how much of the virus is present.¹⁰¹ NATs can detect HIV in the blood anywhere from 10 to 33 days after initial exposure, but it can take several days to receive results.¹⁰² Once someone has gone on antiretroviral therapy (ART), NATs will be done every 1-3 months until the patient's viral load is undetectable. Once undetectable, NATs will be done every 6 months to confirm that undetectable status.¹⁰³

If you receive a positive result (a result indicating there are HIV antibodies and/or antigens in your blood) from an antibody or antigen/antibody test, you should be referred to a provider for a confirmatory NAT and to receive treatment.¹⁰⁴

COVID-19 CARE & BASICS^{105, 106}

What Is COVID-19 and How Is It Transmitted?

COVID-19 is caused by a virus that most often results in respiratory symptoms similar to the flu, a cold, or pneumonia.

- Most people who contract COVID-19 get relatively mild symptoms, but people who use drugs, people older than 65, and people with underlying health conditions are at higher risk of getting severely ill, requiring hospitalization, or death.
- That said, anyone with COVID-19 *can* get severely ill and require hospitalization and breathing assistance (ventilation).
- There are different variants of COVID-19, and some are more contagious and more likely to cause healthy people to experience severe disease. This is especially likely among those who are not up to date on their COVID vaccines and boosters.
- Even if you only get mildly sick or experience no COVID-19 symptoms at all, it is possible to experience "long COVID." Symptoms of long COVID include but may not be limited to breathing difficulties, tiredness, a persistent cough, nausea, stomach pain, and long-term changes to sense of taste and smell.¹⁰⁷

98 <https://www.cdc.gov/hiv/basics/hiv-testing/test-types.html>

99 <https://www.cdc.gov/hiv/basics/hiv-testing/hiv-window-period.html>

100 <https://www.labcorp.com/node/2942>

101 <https://www.cdc.gov/hiv/basics/hiv-testing/test-types.html>

102 <https://www.cdc.gov/hiv/basics/hiv-testing/hiv-window-period.html>

103 <https://www.labcorp.com/help/patient-test-info/hiv-viral-load>

104 <https://www.cdc.gov/hiv/basics/livingwithhiv/newly-diagnosed.html>

105 https://www.who.int/health-topics/coronavirus#tab=tab_1

106 <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

107 <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-long-haulers-long-term-effects-of-covid19>

- An NIH-funded study found that the COVID-19 vaccines may cause temporary, short-term increase in menstrual cycle length.¹⁰⁸ Anecdotally, many women and other people with uteruses have reported disruptions to menstrual cycles that can last weeks and even months after initial infection.^{109, 110}
- It is transmitted via respiratory droplets, which means that breathing the same air or being in close physical contact with someone who is infected can spread the virus.
 - Sharing snorting straws, pipes, cigarettes, utensils or drinking out of the same bottle can spread COVID-19.
- Research on many aspects of COVID transmission, infection, and impact is still ongoing. Guidance and resources related to COVID-19 are likely to evolve as we learn more.¹¹¹

What Can I Do to Avoid Contracting COVID-19?

- The most important thing to do to mitigate your risk of contracting COVID-19—as well as your risk of becoming seriously ill if you do contract it—is to get vaccinated.^{112, 113}
 - As of Winter 2022, there are 4 COVID-19 vaccines:
 - Moderna (2 doses, 4-8 weeks apart)
 - Pfizer (2 doses, 3-8 weeks apart)
 - Johnson & Johnson(J&J)/Janssen (1 dose)
 - Novavax (2 doses, 3-8 weeks apart)
 - Booster dose: All COVID vaccines require booster doses to keep immune protections as strong as possible. Having all recommended shots and boosters means you're "up to date" on your COVID vaccines. The newest boosters are bivalent boosters, produced by Moderna and Pfizer. Getting one of these updated bivalent boosters is recommended no matter which of the four vaccines you have received.
- CDC's current booster guidance is:
 - Moderna: Updated bivalent booster dose at least 2 months after your second dose of the primary vaccine series, or 2 months after your last booster
 - Pfizer: Updated bivalent booster dose at least 2 months after your second dose of the primary vaccine series, or 2 months after your last booster
 - J&J/Janssen: Updated bivalent booster dose 2 months after your first dose, or 2 months after your last booster
 - Novavax: Booster dose at least 2 months after your second dose of the primary vaccine series, or 2 months after your last booster

108 <https://www.nih.gov/news-events/news-releases/study-confirms-link-between-covid-19-vaccination-temporary-increase-menstrual-cycle-length>

109 <https://www.science.org/content/article/thousands-report-unusual-menstruation-patterns-after-covid-19-vaccination>

110 <https://www.bmj.com/company/newsroom/link-between-menstrual-changes-after-covid-19-vaccination-is-plausible-and-should-be-investigated/>

111 https://clinicaltrials.gov/ct2/who_table

112 <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#adults>

113 <https://www.forbes.com/sites/brucelee/2022/10/07/how-long-after-having-covid-19-should-you-wait-to-get-the-booster-vaccine/?sh=2567ca41566d>

- **As of early 2023, each of the available COVID-19 vaccines and boosters are free and do not require health insurance.**¹¹⁴
 Vaccines are available at most pharmacies and community health clinics across the U.S., and also may be available at health departments and some SSPs.¹¹⁵
 - [Vaccines.gov](https://www.vaccines.gov) will show you where the COVID vaccine is available near you.¹¹⁶
- Wearing a mask, especially indoors, and keeping about 6 feet away from other people, also reduces your chances of getting COVID-19.¹¹⁷
- If you're worried you may have been exposed to COVID-19, you can get tested at a [community test site](#). Results may take 2-3 days to receive.¹¹⁸

What Should I Do If I Contract COVID-19?

- COVID guidelines from the Center for Disease Control and Prevention (CDC) change often. Current guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>.

MPOX (MONKEYPOX) CARE & BASICS

What Is Mpox (Monkeypox)?¹¹⁹

Monkeypox or mpox (also abbreviated as MPV or MPX) is a viral infection caused by the monkeypox virus. It is rare, but in 2022 there were outbreaks of mpox across the world. Mpox symptoms are similar—but milder—to smallpox symptoms.

How Is Mpox Transmitted?¹²⁰

Mpox is most often spread through skin-to-skin contact between two or more people, including:

- Oral, anal, or vaginal sex
- **Close** face-to-face contact
- Hugging, kissing, giving or receiving massages

Though the risk is much lower, mpox can also be spread by touching clothing, objects (including sex toys), and other surfaces that have been handled by someone with mpox.

What Are the Signs and Symptoms of Mpox?¹²¹

The primary sign and symptom of mpox is a rash that may start out looking like pimples, blisters, or small abscesses. The rash will go through several stages, eventually scabbing over. The rash can be found on any area of the body that has been exposed to the mpox virus.

114 <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect.html>

115 <https://nastad.org/resources/covid-19-vaccine-guidance-syringe-services-programs-health-departments-and-people-who-use>

116 <https://www.vaccines.gov/>

117 <https://www.pnas.org/doi/10.1073/pnas.2119266119>

118 <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>

119 <https://www.cdc.gov/poxvirus/monkeypox/about/faq.html>

120 <https://www.cdc.gov/poxvirus/monkeypox/if-sick/transmission.html>

121 <https://www.cdc.gov/poxvirus/monkeypox/symptoms/index.html>

Other signs and symptoms of mpox include:

- Fever and chills
- Muscle and body aches
- Headaches
- Sore throat
- Coughing or congestion
- Fatigue or exhaustion

How Do I Get Tested for Mpox?¹²²

It is only recommended that you get tested if you have an mpox-like rash. Availability of testing varies depending on what city and state you're in, so you should check with the local health department about where testing is available in your area. In some places, free testing is available through health departments and/or community health clinics. In others, testing may only be available in private labs or from private practice physicians, which means you would need insurance or to pay out-of-pocket for testing. Testing availability may change as prevalence in the U.S. changes.

The mpox test involves:

- Filling out paperwork about your risk and exposure
- A few days for the specimen to be sent to the lab and testing before you get your results
- Taking a swab of your rash or lesions—this is likely to be uncomfortable

While waiting for the results of an mpox test, you should take care to not participate in activities that could spread mpox if you do indeed test positive.

What Should I Do If I Have Mpox?^{123, 124, 125}

If your mpox test is positive (or if you are waiting for test results), you should take the following precautions to avoid spreading the virus to other people:

- Isolate yourself from others as much as you possibly can and avoid sharing any items with others—including furniture, clothing, towels or washcloths, injection equipment, and utensils.
- If you're unable to isolate yourself from others, keep your rash/lesions fully covered, and wear a face mask to avoid spreading the virus.
- If you are sharing a bathroom with anyone, or using a public bathroom, disinfect all surfaces, including the toilet seat, faucet and handles, door handle, counters, shower, bathtub, and any knobs/handles as best you can, preferable using a bleach solution.
- If you are sharing clothing, towels, linens, or other items, wash them with detergent between uses.
- Ask other people pick up anything you need, including food, drugs, drug use equipment, and any medications and deliver it to you without coming into direct contact with you. If you have to get your own food, drugs, equipment, or anything else, keep your rash covered and wear a mask when interacting with others.
- Avoid public transit as much as you can.

¹²² <https://www.cdc.gov/poxvirus/monkeypox/testing/testing-basics.html>

¹²³ <https://www.cdc.gov/poxvirus/monkeypox/if-sick/preventing-spread.html>

¹²⁴ <https://www.cdc.gov/hygiene/cleaning/cleaning-your-home.html>

¹²⁵ https://www.cdc.gov/poxvirus/monkeypox/if-sick/cleaning-disinfecting.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fpoxvirus%2Fmonkeypox%2Fif-sick%2Fhome-disinfection.html

Mpox symptoms usually last between 2–4 weeks. There is no treatment for mpox, but doctors may prescribe medications used for smallpox depending how severe your symptoms are. If you have symptoms, you should:¹²⁶

- Use medications like ibuprofen to manage your pain.
- Rest as much as possible and eat as healthily as possible.
- Keep any lesions covered with gauze.
- Rinse with salt water if your rash spreads to the inside of your mouth.
- Keep any lesions clean and dry (clean and re-dress with gauze as regularly as possible).
- Use cream containing lidocaine on your skin and take Benadryl for itch relief.
- Wear a mask and keep lesions covered when around other people.
- **DO NOT** attempt to lance, shave, or open your wounds or lesions.

If you're diagnosed with mpox, you should inform any people you've had close physical contact with, including sexual partners, household members or anyone who's been in your living space, and any with whom you've shared meals, drinks, or paraphernalia so they can look for symptoms and get tested if needed.¹²⁷

ATHLETE'S FOOT CARE & BASICS

What Is Athlete's Foot?¹²⁸

Athlete's foot is a fungal infection that commonly grows on feet and toenails. It is also known as "foot rot" and thrives in warm, moist conditions, like sweaty feet covered in tight shoes and thick socks. Athlete's foot is very easily spread—anything that the fungus has touched, from shoes to socks to towels and blankets, can transmit the fungus. It can also be transmitted through skin-to-skin contact.

Signs and symptoms of athlete's foot can include:¹²⁹

- A burning or stinging sensation anywhere on the foot or between the toes
- Cracked, flaking, or peeling skin, especially between the toes
- Redness and itchiness—in some cases, it might look like eczema
- Dry skin
- Blisters
- Ulcers or wounds
- Discolored (yellow) toenails
- Toenails that are pulling away from the nail bed

126 <https://www.cdc.gov/poxvirus/monkeypox/if-sick/what-to-do.html>

127 <https://www.cdc.gov/poxvirus/monkeypox/if-sick/preventing-spread.html>

128 <https://kidshealth.org/en/teens/athletes-foot.html>

129 <https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/athletes-foot>

How Do I Get Rid of Athlete's Foot?

There are several strategies that may help alleviate symptoms, including homeopathic remedies. The most reliable ways to deal with foot rot are:

- Apply over-the-counter antifungal cream to affected area 1-2 times a day until 1 week after symptoms resolve (usually about 4 weeks).
- Go to a clinic or primary care doctor. They might prescribe oral antifungal medication.
- Rinse your feet with rubbing alcohol or wipe them down with alcohol pads. This will dry out your skin, making it harder for bacteria to grow, and will kill existing bacteria and fungus.

Athlete's Foot Prevention¹³⁰

- Wear clean, dry socks daily. Change your socks as often as you can, including after exercising and sweating.
- Avoid wearing wet shoes or socks.
- Use cornstarch or antifungal powder on your feet and in your shoes.
- Avoid wearing socks that are tight on your foot.
- Air the feet as frequently as possible and dry shoes in the sun when not on the feet.
- Practice good foot hygiene, washing feet daily with soap and water, washing between the toes, and then also drying feet properly before putting on socks and shoes.
- Try to keep your feet dry, as best as you can.
- Avoid sharing nail tools, such as clippers and scissors. Avoid sharing towels and other linens, socks, and shoes and wash well between uses.

SCABIES CARE & BASICS

What Is Scabies?¹³¹

Scabies is a skin condition that develops when very small insects called human itch mites burrow beneath the top layer of someone's skin and lay eggs, causing itching and a rash. In a typical scabies case in otherwise healthy people, only 10-15 mites will tunnel beneath the skin and the infestation will be relatively mild. However, immunocompromised, disabled, and elderly people are at risk for a more serious condition called crusted scabies, also known as Norwegian scabies.

Crusted (Norwegian) scabies is much more severe than typical cases of scabies, and people with crusted scabies are more contagious to other people. Rather than itchiness and small rashes, people with crusted scabies will have thick crusts of skin where many mites and eggs have burrowed. People with crusted scabies may have hundreds or thousands of mites living on them at any given time. Crusted scabies occurs when someone's body cannot develop resistance to the mites.

130 <https://www.aad.org/public/diseases/a-z/athletes-foot-prevent>

131 https://www.cdc.gov/parasites/scabies/gen_info/faqs.html

What Are Signs and Symptoms of Scabies?

The most common symptoms of scabies are:

- Very itchy skin, especially at night.
- A skin rash that resembles pimples. This rash can occur anywhere on the body and can be either widespread or localized.

Other symptoms may include:

- Small, raised burrows in the skin where the female itch mites enter. These burrows are often light gray or the same color as someone's skin. They are often found in hidden or hard-to-reach places, like webbing between fingers and toes, areas near joints like knees, wrists, or elbows, or in the groin, breasts, and shoulder blades.
- Though not a direct symptom of scabies, scratching at the rashes can cause open sores, which can get inflamed and be further infected by other bacteria.

Symptoms of crusted (Norwegian) scabies include:¹³²

- Large and widespread crusts on the skin, where mites are living and laying eggs. These crusts are very thick and tend to crumble when touched.

How Is Scabies Transmitted?

Scabies can be transmitted through direct skin-to-skin contact with someone who has scabies, or through indirect contact by sharing items like clothes, towels, or bed linens. Transmission almost always occurs through prolonged direct or indirect contact with someone who has scabies—transmission is unlikely to occur through shaking hands or exchanging a quick hug. For adults, scabies is often transmitted via sex.

How Is Scabies Treated?¹³³

Unfortunately, there are no do-it-yourself or over-the-counter treatments for scabies. However, doctors can prescribe medications called scabicides that kill mites. Some of these medicines also kill eggs, but not all. Regardless of whether they have scabies rashes or not, any sexual partners or household members of someone being treated for scabies should also be treated with a scabicide.

If a scabies rash reappears (or appears in a household member or sexual partner of someone who had scabies) within 2-4 weeks of starting treatment, another round of treatment may be required.

Clothing, towels, bed linens and other fabrics that may have come into contact with mites should be decontaminated by machine-washing in hot water and drying on high heat or by dry cleaning. Items that can't be machine washed, like fabric-covered furniture or carpets, should be avoided for 72 hours—while mites can live on humans for up to 2 months, they can only live away from humans for 2-3 days.

132 <https://www.aad.org/public/diseases/a-z/scabies-symptoms>

133 <https://www.medicalnewstoday.com/articles/scabies-treatment-over-the-counter>

HEAD LICE CARE & BASICS

What Are Head Lice?¹³⁴

Head lice (singular: louse) are small, parasitic insects that live in the hair on people's heads (including eyebrows and eyelashes), very close to the skin. Lice survive by feeding on human blood multiple times per day.

Head lice can be found in three forms or life stages:

- 1. Nit:** Nits, or lice eggs, are laid by female lice very close to the scalp, near the hair root (or "shaft"). Nits are attached well to the root and are very small and very hard to see. They're often mistaken for dandruff, scabs, or undissolved drops of hairspray or another hair product. Nits take about 8-9 days to hatch.
- 2. Nymph:** A nymph is an immature louse, or a louse that hasn't yet reached adulthood. Nymphs look like adult lice but are smaller and harder to see. As they feed on blood, nymphs grow. They take about 9-12 days to reach adulthood.
- 3. Adult:** Adult lice are about the size of a single sesame seed, can be anywhere from tan to light gray in color, and have six legs. Often, lice found on people with darker hair are darker in color than lice found on people with lighter hair. Adult lice can live for up to 30 days feeding on blood but will die within about 2 days if they are not attached to a host.

What Are the Signs and Symptoms of Head Lice?

- The feeling of something moving in the hair, often like faint tickling.
- Some people are allergic to lice—if this is the case, lice will make their scalps itch.
- Difficulty sleeping, as lice are most active in the dark.
- Though not a direct sign or symptom, sores on the head may be caused by scratching to relieve itching caused by lice and can become inflamed.

How Are Lice Passed Person-to-Person?

Lice are passed through direct or indirect head-to-head contact. Direct head-to-head contact may mean sleeping next to someone with lice or leaning your head against theirs. Examples of indirect contact may be sharing clothing or accessories like scrunchies and hats with someone who has lice or laying on furniture or pillows that someone who has lice has also laid on.

How Do I Get Rid of Lice?¹³⁵

Lice can typically be treated using over-the-counter products that are found in most pharmacies, like lice-killing shampoo. Some of these shampoos kill lice (both nymphs and adults) and nits, while some only kill hatched lice and do not kill the eggs. If using a product that does not kill nits, it's important to re-treat several days after the initial treatment so that the lice can be killed as they mature.

¹³⁴ https://www.cdc.gov/parasites/lice/head/gen_info/faqs.html

¹³⁵ <https://www.cdc.gov/parasites/lice/head/treatment.html>

Nit combs are also sold in pharmacies and can be used to comb lice and nits out of the hair. It helps to have someone do this for you who can get a good look at your head.

If one person in a household (or close-knit living situation, including encampments) is found to have lice, it's a good idea to treat everyone for lice.

Alternatives to Injection ^{133, 134, 135, 136}

A later section of this guide will deal with tips for safer injection, but it is important to remember that injection carries higher risk of overdose when using opioids and is more likely to spread of bloodborne viruses like HIV and hepatitis C, regardless of substance. Alternative routes of administration, like snorting and smoking, can reduce or mitigate these risks.

Though risk of overdose is lower with these routes than with injection, overdose is possible no matter how you consume drugs, so you should do your best to avoid using alone, start low and go slow (only use a little bit to start), and carry naloxone no matter how you're using, even if you don't think you're using opioids.

SAFER SNORTING^{140, 141, 142}

When you snort drugs, they're absorbed through blood vessels and mucous membranes in your nose and from there enter your bloodstream. It takes about 5-10 minutes for someone to feel the effects of the drugs in their system after snorting. Snorting is also sometimes called "insufflation."

Risks of snorting drugs include:

- Overdose and overamp
- Spread of hepatitis C, through small cuts in the nostrils or through shared snorting equipment, such as dollar bills or keys.
- Damage to the nose, especially the septum (the part of the nose that separates your nostrils).

Useful supplies for snorting drugs include:

- Disposable, differently colored straws to snort through, so each person can easily identify their own straw and avoid reusing.
- Saline water to wet the inside of the nostrils to reduce irritation and the chance of cuts.
- Alcohol or antiseptic wipes, to clean off surfaces before snorting off of them.
- Gum, especially if snorting stimulants like cocaine or methamphetamine, which can dry out the mouth.
- Vitamin E oil, to promote healing in the nostrils.
- A clean piece of plastic about the size and shape of a credit card, for cutting lines.

136 <https://deepblue.lib.umich.edu/bitstream/handle/2027.42/75145/j.1553-2712.2007.tb01846.x.pdf?sequence=1>

137 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3225003/>

138 http://ohm.org/wp-content/uploads/2021/06/Connecting_Section3_Safer-Snorting-Swallowing_Pg78-81.pdf

139 <https://nextdistro.org/resources-collection/transitioning-routes-of-administration>

140 <https://www.youtube.com/watch?v=31fuvYXxeV0>

141 <https://ourhealthyeq.ca/safer-snorting>

142 <https://harmreduction.org/issues/safer-drug-use/facts/>

Some safer snorting tips include:

- Not using common items that have been touched often and exposed to lots of bacteria, like money or keys, to snort off.
- Not using common items that have been touched often and exposed to lots of bacteria, like credit cards, to cut lines.
- Cleaning off surfaces as best you can before snorting off them.
- If snorting pills, making sure they are crushed into as fine a powder as possible prior to using, to minimize chances of irritation and open wounds in the nostrils and to aid absorption.
- Go slow—you can always use more, not less.
- **Do not use alone.** Take turns using so someone is always available to respond if needed.
- Carry naloxone, even if you don't think your supply contains opioids.

SAFER SMOKING^{143, 144, 145, 146, 147, 148, 149, 150, 151, 152}

When people smoke, drugs are vaporized and absorbed through air sacs in the lungs. Chemicals then pass into the bloodstream and spread throughout the body, including the brain, very quickly—usually within 5-7 seconds.

Risks of smoking drugs include:

- Overdose and overamp
- Contracting hepatitis C through open wounds or burns on the lips or inside the mouth when pipes and other supplies are shared. Smoking with shared supplies can also spread other infections, like COVID-19.
- Lung damage, including damage from adulterants or “cuts.”

Some general safer smoking tips, no matter what drug you're smoking, include:

- Using your own pipe or straw; or else using a spark plug cover of your own if sharing a pipe. If you can't do that, wipe the pipe down with alcohol or antiseptic wipes between people.
- Go slow and take a break between hits
- **Do not use alone.** Take turns using so someone is always available to respond if needed.
- Carry naloxone, even if you don't think your supply contains opioids

143 <https://ohrn.org/wp-content/uploads/2021/05/Safer-Crystal-Smoking-CATIE-2020.pdf>

144 <https://ohrn.org/wp-content/uploads/2021/05/Safer-Crack-Smoking-CATIE-2020.pdf>

145 http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/ScreensQA_v3_Nov2011_.pdf

146 https://www.drugsandalcohol.ie/15565/1/Chrysalis_crack_booklet.pdf

147 https://aidsetc.org/sites/default/files/resources_files/stimulant.pdf

148 https://www.youthadtoolbox.org.au/sites/default/files/documents_global/Alternatives%20to%20Injecting.pdf

149 <https://brandfolder.com/sfaf-digital-marketing/od-awareness-month-2021>

150 <https://tweaker.org/crystal-meth/ways-guys-do-meth/smoking/>

151 <https://drugpolicy.org/drug-facts/what-is-meth-mouth>

152 <https://nextdistro.org/resources-collection/hot-rails>

Different drugs are smoked differently and using different supplies. The following are supplies and processes for smoking heroin/fentanyl (“freebasing”), meth, and rock cocaine (crack).

Freebasing Heroin/Fentanyl

SUPPLIES

- Aluminum foil cut into a small rectangle, about the size of your palm
- A straw, either glass or rolled-up foil
- A lighter
- Optional: A piece of balled-up Brillo pad or Chore Boy (copper, no soap) to catch the residue when inhaling
- Optional: A spark plug cover to use as a mouthpiece if you’re sharing your straw

PROCESS

1. Take your rectangle of aluminum foil and smooth it out as much as possible with your lighter.
2. Use the duller side of the foil—some brands of foil have a plastic coating on the shinier side, which is more reflective and may heat too quickly, burning away some of your drugs. You can also pre-burn your foil a little bit to reduce fumes.
3. Place your drug on the foil and heat beneath it, keeping the lighter a few inches below the foil. Heat until you see some vapor rising from the foil.
4. Once the substance has liquified, keep it moving to prevent burning by tilting your foil.
5. If you’re using a glass pipe, you can put a small piece of rolled-up Brillo pad or Chore Boy in the end away from your mouth to catch the residue in your pipe and smoke it later (sort of like a cotton shot).
6. Pick up your straw or roll of foil and follow or “chase” the smoke, inhaling as you do.
7. Take it slow, especially if it’s your first time smoking or you haven’t used in a while. Remember that it’s still possible to overdose when smoking, so give yourself a few minutes to see how you feel after that first inhale.

Smoking Meth

SUPPLIES

- A meth pipe or “bubbler” should have a 3-4-inch-long glass stem with a glass bowl or “bubble” at the end
- Alcohol pads and/or soap and water to wash your hands and clean your pipe
- Lighter to heat your drugs
- Optional: If you’re sharing a pipe, use a rubber spark plug cover or a thick rubber band as a mouthpiece for each person who is using the pipe. This prevents spreading germs between people and is a shield between your mouth and the hot pipe.

PROCESS

1. Use alcohol pads and/or soap and water to wash your hands to and clean the end of the pipe where you will put your mouth.
2. Place a mouthpiece on the pipe if you plan on using one. Remember to have extras and change mouthpieces in between people if sharing with someone else.

3. Pour your meth crystals into your pipe carefully, so as not to lose any of the drug. Tilt your pipe down slightly and lightly tap the stem until your meth moves into the bowl/bubbler.
4. Hold your pipe on the stem about two inches away from the bowl, so that you don't burn your fingers, and ignite your lighter. Hold the lighter a couple of inches below the bowl—don't let the flame touch the bowl. Keep the flame of the lighter in motion around the bowl to avoid burning your drug or cracking the glass.
5. As the drugs vaporize, continue applying heat. Inhale slowly, but exhale immediately. You do not need to hold meth smoke in your lungs—this can be harsh on them and won't get you any higher.

Is It True That Meth Messes Up Your Teeth?

No, there is nothing inherent to or unique about methamphetamine that damages your teeth. That said, smoking *any* drug can have an impact on oral health, and adulterants and cuts added to substances can sometimes be harmful and caustic if smoked or vaporized. Stimulants—including meth and cocaine—can cause dry mouth by reducing saliva production. Saliva keeps mouths healthy by washing away food residue and germs that would otherwise cling to teeth and gums and lead to irritation and sometimes infections. Going for long periods without sufficient saliva production can make you more susceptible to oral infections and tooth damage. Also, if you're staying awake tweaking for several days, you might forget to brush your teeth or stay hydrated.

Here are some tips for keeping your mouth as healthy as possible no matter what drugs you're using:

- Stay hydrated. Your body will have an easier time producing saliva—and healing cuts and blisters you might develop in your mouth from smoking from a hot pipe—if you're drinking water, juice, or other nonalcoholic beverages. If you're planning on tweaking for several days, it's a good idea to put out sufficient water beforehand to help you remember to drink it.
- Chew gum while you're tweaking to help produce saliva. If you're a teeth-grinder, this will give you something else to do with your teeth, preventing tooth damage and jaw injury.
- Keep your lips healthy using Chapstick or other ointments, especially if you have blisters, burns, or chapped lips.
- Brush your teeth before smoking meth, especially if you're planning on being up using for several days. Try to remember to brush your teeth at least once every 24 hours. Use mouthwash regularly.

Smoking Rock Cocaine (Crack)

SUPPLIES

- A straight glass or metal pipe, about 3-4 inches long, to smoke out of. Plastic is not a good option because heat will warp or melt it.
- Small, rolled-up piece of copper scrubber for a filter (Chore Boy and Brillo are common brands—make sure to get the kind without soap powder), or a copper filter screen.

- A thin wooden stick to push your filter into the pipe. Chopsticks are great to use as pushers, since they're long, wooden, and easy to find. Avoid using metal pushers if possible so you don't crack or damage the pipe.
- Lighter for pre-burning the filter and heating your drugs
- Alcohol pads, or soap and water to clean or wash your hands with, and to wipe your pipe down with after you smoke.
- Optional: If you're sharing your pipe, use a rubber sparkplug cover or wrap a rubber band around the end of your pipe that your mouth will be touching. Replace for each person using the pipe.
- Optional: Ash from a cigarette or piece of burned paper to add to your filter, which can help it last longer.

PROCESS

1. Wash your hands or use an alcohol pad to clean your hands. You can also use the alcohol pads to clean off your pipe before you put your mouth to it.
2. Use your lighter to burn your copper scrubber for a few seconds before you smoke. Doing this will help release toxic chemicals in the copper scrubber, and will also reduce the metallic, coppery taste when you're smoking. **Don't** hold the filter in your hand when you're burning it you don't want to burn your fingertips! Instead, put it on the table, in a metal cooker, or hold it between two long items like matches, pens, or chopsticks. If you're using a filter screen, you don't need to pre-burn it like this
3. Use your pusher to put the copper scrubber in your pipe away from the end where you're putting your mouth. Leave about half an inch to an inch of room between the filter and the end of the pipe for your crack.
4. Once your filter is snugly in the pipe, blow through the pipe to make sure it's in tight enough, and that you won't suck it up once you begin to smoke.
5. Put on a mouthpiece if you're using one.
6. Add some ash on top of your filter (on the side where you'll put in your drugs), either by ashing a cigarette or burning a small amount of paper. This will serve as a barrier to protect your filter and make it last longer and also help your crack from being sucked through the filter.
7. Insert your crack in front of the filter.
8. Put your mouth on the pipe and get ready to smoke. Move the lighter along the stem to distribute the heat evenly. This will keep your drugs from burning up too quickly and will also keep your pipe from getting too hot and cracking.
9. Inhale slowly and exhale quickly. Holding the smoke in your lungs for a long time won't get you higher, but it can do more damage to your lungs.
10. Take a break between hits! Give yourself a bit of time to see how it feels before continuing to smoke.

SAFER BOOTY BUMPING^{153, 154, 155}

Booty bumping (or “plugging” or “boofing”) is when drugs are inserted rectally and absorbed through mucous membranes and blood vessels in anal tissue. As with snorting, lag time for booty bumping is 3-5 minutes. Because you are not creating a puncture wound, there is less risk of transmitting or contracting bloodborne infections than with injecting—but it is still possible.

COMMON WAYS TO BOOTY BUMP INCLUDE:

- Putting drug solution (powder and water) into a “de-needled” syringe, baster, or other tool and emptying it into the butt
- Inserting pills and powders using fingers

SOME RISKS ASSOCIATED WITH BOOTY BUMPING ARE:

- Damage to the rectum (butthole) or anal cavity, especially tearing
- Pills and powders that are not mixed with water or water based-lube can burn the lining of the rectum, eventually decreasing how much drug can be absorbed through the rectum.
- Overdose and overamp
- Spread of infections like hepatitis C when sharing or reusing supplies

SUPPLIES USED FOR BOOTY BUMPING INCLUDE:

- A syringe without the needle, a baster, a “lube launcher,” or fingers
- Water, for dissolving powder. A more diluted solution is less harsh on anal tissue.
- Alcohol and/or antiseptic wipes for prep and clean up

SOME TIPS FOR SAFER BOOTY BUMPING INCLUDE:

- Use your own supplies
- Wash your hands prior to mixing and inserting your dose
- Make sure powders are finely crushed before mixing your dose to prevent irritation and ease absorption
- Pills and powders are best mixed with water or water-based lube in order to avoid damaging the lining of the rectum.
- Go slow and take a break between doses
- **Do not use alone.** Take turns using so someone is always available to respond if needed.
- Carry naloxone, even if you don’t think your supply contains opioids

153 <https://www.sfaf.org/collections/beta/how-to-booty-bump-better/>

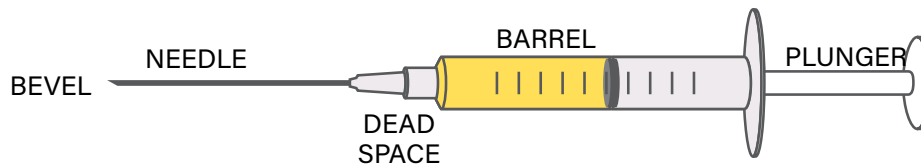
154 <https://issuu.com/nextdistro/docs/bootybumping>

155 <https://www.sessikuwabarablanchard.com/store/boof-it-zine>

GETTING THE MOST OUT OF YOUR SYRINGE

Know the Anatomy of a Syringe¹⁵⁶

To pick the best syringe for your injection, it's helpful to understand what each part of the syringe is and how they vary. The important parts of the syringe are:



Needle

Needles come in a variety of widths and lengths. Some are better suited for some people and some substances than others.

- The “gauge” refers to the width of the opening at the end of the needle on a syringe. Gauge sizes work in reverse—the bigger the number, the narrower or thinner the needle. (For example, a 30G syringe has a thinner needle than a 29G syringe, which has a thinner needle than a 28G syringe.) In general, you’ll want to use the smallest needle possible to inject in order to minimize damage to your skin and veins.
 - It’s usually not recommended to inject intravenously (into your veins) with a needle bigger than 27G. (Remember that “bigger than 27G” would be a smaller number, and that thinner needles will have higher numbers. Syringes with needles thinner than 27G would include 28G, 29G, 30G, 31G, and so on.)
 - Thin, short needles (“bee stingers”) are preferable for skin popping and for subcutaneous or SC, injections.
- If you’re injecting intramuscularly, you’ll use a larger gauge syringe—sometimes 22G or 21G, but possibly as large as 18G or 16G.
- Needle length is measured in inches, from the point of the needle to the base where it connects to the barrel.
 - For intravenous (IV) injection, use shorter needles—typically ½” or 1” in length. It’s not advisable to inject IV with a needle longer than 1 ½” or shorter than about ½” inch, so it’s not so long that it damages deeper tissue or so short that you lose your shot.
 - For SQ injection, the shorter the needle, the better—5/16” and ½” syringes are ideal for this.
 - For intramuscular (IM) injections, you’ll want to use a longer needle, about 1.5” (like the syringe that comes in an injectable naloxone kit).

156 https://www.exchangesupplies.org/article_the_anatomy_of_a_hypodermic_needle_and_syringe.php

Bevel

Most syringes have a bevel tip, meaning one side of the needle is longer than the other and connect with a slanted point (instead of a blunt, flat edge). Having an angled point makes it go into the skin more easily but also means the needle point can be damaged more easily. Keeping the point sharp—and using a new syringe for every injection, to the extent possible—will prevent unnecessary harm when inserting the needle and help puncture wounds heal better.

- When pulling up your shot, face the bevel (slanted side) down so it is flush against the bottom of the cooker and use a cotton or other filter as a barrier—this will help keep the point from dulling. Holding it at this angle also allows you to pull up as much of the solution into the syringe barrel as possible.
- When injecting, hold the syringe bevel up so that the longest edge of the point enters first—this is the sharpest point and will help the rest of the needle go in easier.

Barrel

Barrels are measured in cubic centimeters (cc). This measures the volume of liquid that a barrel of a syringe can hold.

- ½ cc and 1 cc barrel-size syringes are typically used for IV and SQ injection.
- Larger barrels, from about 2 to 3 cc, are typically used for IM injections.

Dead Space

Dead space is the area at the end of the barrel between the plunger (when fully pushed in) and the needle. It's easy for blood to accumulate there because, in typical syringes, not all the liquid can be pressed out—this is especially true for syringes where the needle can be twisted off and removed from the rest of the syringe.

- Some harm reduction programs and researchers are working to adopt “low dead-space syringes” that hold less residue and are less likely to spread infections when shared.

Plungers

The plunger is the part of the syringe that you pull up to load the syringe and push down to inject your substance.

- Some syringe brands have plungers that move more or less easily than others—get a feel for the plunger's pressure/resistance when using a new syringe to avoid messing up your shot.

If I Have to Reuse a Syringe, How Can I Keep It in Good Shape?¹⁵⁷

First of all, **avoid sharing** your syringe, needle, barrel, or any other supplies you use to prepare or use your drugs **whenever possible**. HIV, viral hepatitis, and other diseases can be transmitted easily through shared equipment, and supplies that have been damaged through previous use can be harder or less enjoyable to use.

- If you're using in a group, mark your syringe with a permanent marker so you know which is yours.
- Some harm reduction programs also provide color-coded syringes, which can help you stay organized if using in a group. These syringes are available for purchase online.

IF YOU DO NEED TO KEEP A USED SYRINGE IN GOOD SHAPE:

- Store your syringe with the plunger pulled out, so that any residue dries.
- Apply a little bit of water-based lube to the rubber stopper of the plunger to keep it moving smoothly.
- Use a cotton filter when pulling up your shot to keep the tip of your needle from scraping against the bottom of the cooker and becoming dull or bent.
- When not in use, keep your needle capped so it doesn't bump up against anything and dull more.
- Cap your syringe carefully, so you're not bumping the tip of your needle against the cap. (All syringes, and especially thinner-gauge needles, are fragile and damaged easily!)
- If your syringe feels clogged, load it with cold water and gently push it out until it flows easily.

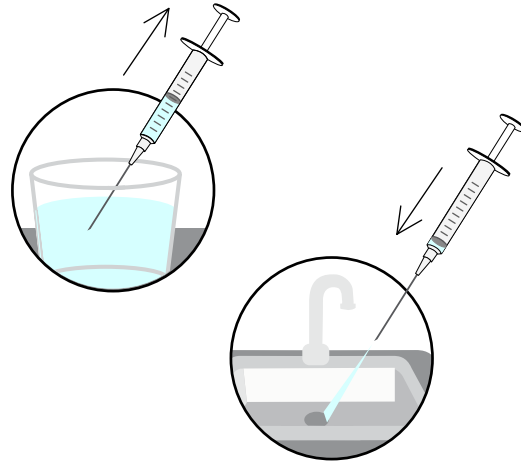
We don't recommend trying to file your syringe's needle to keep it sharp. This can further damage the point and introduce additional germs and particulates.

¹⁵⁷ <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/syringe-reuse-harm-reduction.pdf>

IF YOU'RE GOING TO SHARE A SYRINGE^{158, 159}

THE BEST WAY TO CLEAN A SYRINGE BEFORE SHARING IS WITH BLEACH:

1. Rinse the syringe in cold water. Load the barrel with cold water, tap or shake for 30 seconds, and push it out to get rid of residue. Don't use warm water—it will make any blood in the residue clot and clog your syringe.
2. Fill the syringe with bleach and tap or shake for 30 seconds. Push the bleach out.
3. Reload the syringe with cold water from a new water source (do not put the syringe back into the same bottle or cooker that you drew up from the first time), tap or shake for 30 seconds, and run it through the syringe. Rinse as well as you can but don't worry too much about the residue—a small amount of bleach won't hurt you.



IF YOU DON'T HAVE BLEACH, THE NEXT BEST THINGS TO USE ARE:¹⁶⁰

- High-proof alcohol, 70% rubbing alcohol, or hydrogen peroxide (following the same method as above)
- Only water (run cold water through the syringe two or more times, shaking or tapping the filled syringe each time)
- **Don't** use liquid soap—it's too thick and will clog your syringe and it is less effective at killing viruses

158 <https://www.cdc.gov/hiv/basics/hiv-prevention/inject-drugs.html>

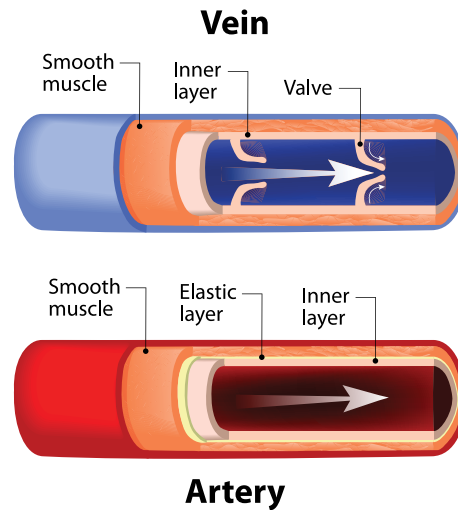
159 <https://www.cdc.gov/hiv/pdf/library/pocket-guides/cdc-hiv-syringe-service-pocket-guide.pdf>

160 <https://harmreduction.org/issues/syringe-access/guide-to-managing-programs/appendix-g-cleaning-syringes/>

FINDING & RAISING VEINS

What Do Veins Look and Feel Like?¹⁶¹

- Veins (especially surface veins) may be detectable under the skin, either by color (bluish or greenish) or touch (raised up from the rest of your skin).
 - Nerves are never visible under skin.
- Vein blood, once exposed to oxygen, will be a dark, rich red. It will not be frothy, bubbly, or gushy.
- Veins do not have a pulse. (Arteries have a pulse! Avoid injecting into arteries.)
- Veins have lower pressure than arteries. You will always need to pull back on your plunger to “flag” when injecting into a vein—but if you hit an artery, blood may rush back into the syringe without touching the plunger.



What Does Hitting a Vein Feel Like?^{162, 163}

Most importantly, hitting a vein should not hurt! If it's your first time injecting intravenously, you may feel a pinch or some small discomfort as the syringe enters the vein, but it should not be painful once the syringe is in the vein.

If it is painful and you are still seeing vein blood (dark red, not frothy) enter the syringe as you pull back on the plunger, it may be because:

- You're using too large a needle.
- The needle is blunted or dulled.
- You're injecting with the bevel down, meaning you are not putting the sharpest part of the needle into your vein first.
- You've punctured or done other damage to the vein or that part of your body.

161 <https://www.ncbi.nlm.nih.gov/books/NBK470401/>

162 <https://sdtreatmentcenter.com/drug-treatment/veins-vs-arteries/>

163 <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/safer-injection-basics/>

How Can I Quickly Find a Vein? How Can I Keep My Veins Healthy?¹⁶⁴

IF YOU'RE HAVING TROUBLE FINDING A VEIN:

- If you've been injecting into the same spot several times in a row, switch arms/limbs or at least find a different spot.
- Drink water! Hydration helps veins bulge.
- Use a tourniquet (tie) to build pressure in veins and help them swell. Use a latex tie, condom, or other flexible material that is easy to release—don't use a belt, it is more likely to bruise.
- Nicotine and caffeine can both constrict veins, making them harder to hit. If you regularly have trouble finding a vein, you may want to inject before smoking a cigarette and/or drinking coffee, tea, soda, or energy drinks first thing in the morning, and/or wait until at least 20 minutes before trying to inject after smoking or drinking a caffeinated beverage later in the day.
- If possible, look for veins after wiping skin with alcohol in the best light you can find. Sometimes moisture on your skin can help you see the color or shape of veins better.
- Movement creates body heat, which dilates veins and helps raise them in the skin. Doing some jumping jacks, taking a brisk walk, or even pumping your hands into fists or squeezing a stress ball for a few minutes may help.
- Applying heat can also help to raise your veins—you can put a warm compress or heating pad on your chosen injection location, run it under warm water, or take a warm shower if you're able to.
- Gravity can also help to get the blood flowing—lie down on an elevated surface (like a bed or a bench) and dangle your arm down towards the ground,
- Stress and anxiety can make it harder to find a vein, as can feeling unwell or being in withdrawal—if you're having a lot of trouble or feel like nothing's working, it might be a good idea to snort, smoke, or booty bump a little bit of your substance so you can get well and level out a little.

TO TAKE CARE OF YOUR VEINS IN THE LONG TERM:

- Drink lots of water! Being hydrated helps to keep veins plump and dilated.
- Switch up your injection spot often—the less you use a vein, the more likely it is to stay healthy. Using the same spot too many times can cause veins to collapse.
- Use the smallest syringe you possibly can when injecting—the smaller the hole you're creating, the more easily the vein will heal.
- Use a new syringe—reusing a syringe with a dulled point causes tears and jagged holes and can lead to unnecessary damage.
- If you miss a shot, puncture a vein, or are feeling pain with injection, let that vein recover before trying to use it again—injecting into veins that have been injured before they heal can do long-term damage.

164 <https://www.wearewithyou.org.uk/help-and-advice/safer-injecting/raise-vein-inject-drugs/>

MISSED SHOTS

What Is a Missed Shot?¹⁶⁵

A missed shot is when you're intending to inject intravenously but don't manage to get the dose into your vein as intended. This can mean you instead hit:

- Beneath the skin
- In a muscle
- Through to the other side of the vein (also known as a blown vein)

What Happens If I Miss a Shot?

Often but not always, missed shots—especially when they end up underneath the skin—result in abscesses. Missed shots may also cause:

- Swelling
- Soreness
- Bruising
- Stinging
- Some people who inject meth report small bumps with missed shots.

What Do I Do If I (or Someone I Know) Miss a Shot?

- Immediately after missing the shot, raise the area where you missed above the heart if you can. This will help prevent, or at least minimize, swelling. Try to keep the area raised for at least 20 minutes.
- You can also apply something cold to the area immediately after the missed shot to reduce swelling. This could include:
 - An ice pack
 - Bag of frozen fruit or vegetables
 - A cold water bottle
- Applying heat will help later on—this could include:
 - Washcloth with warm water or saline
 - Soaking in salt water
 - Using an electric heating pad
 - Chemical heat packs (the kind that get hot when you crunch them up) or hand and foot warmers
- Remember that while raising the area and/or applying cold can help minimize swelling, they can't prevent an abscess (a pus-filled infection caused by bacteria gathering under the skin).
- Try not to inject into the same area you missed the shot in—instead, move to a spot closer towards the heart.
- If you've blown a vein, don't just move up toward the heart—pick a different vein to inject into if possible. Avoid injecting into the blown vein until the swelling and bruising have gone down completely—as long as a vein is blown, the blood flowing through it won't reach the heart, meaning you won't feel the effects of your shot.
- Sometimes, if a vein is blown very severely or repeatedly, it can result in a collapsed vein, which will not recover. This is why it's important to rotate injection spots, use different veins, and use the smallest gauge needle you can to inject (the larger the needle, the bigger the puncture).

¹⁶⁵ <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/safer-injection-basics/>

HITTING ARTERIES^{166, 167}

Why Is It Dangerous (and a Waste of Your Drug) to Hit an Artery?

- Arteries carry blood away from the heart and lungs to other structures in the body, so injecting into an artery means your drugs won't be pumped through your bloodstream and to your heart efficiently. Injecting into veins means the shot travels towards the heart, which helps it circulate and be absorbed around the body.
- Arteries bleed *a lot* if they're hit with a needle, and the bleeding can be potentially fatal.
- Hitting an artery can cause blood to stop flowing to some parts of your body, causing those tissues to die.

What Does It Feel Like When You Hit an Artery?

- Arteries are most common in areas that contain or are near joints (neck, armpits, elbows, near groin, behind the knee).
- Arteries have pulses, while veins do not.
- Blood in arteries is oxygen-rich (while blood in veins is deoxygenated—the veins take blood back to the heart and lungs to be re-oxygenated), so it is a brighter red and frothier than vein blood (which will be dark red and flat).
- Arteries will likely push back on the needle, you will have to apply a lot of pressure to get the needle into them, and/or blood will enter the syringe without you having to pull the plunger back due to arterial pressure.
 - In veins, you will *always* have to pull plunger back to flag (see blood entering the syringe).
- Hitting an artery will likely cause a sharp cramp or spasm, followed by numbness or coldness.
- You may also feel as though circulation to that area has been cut off.

What Do I Do If I've Hit an Artery?

- Apply pressure and elevate limb above your head, if possible, for at least 10 minutes.
 - If you're losing a lot of blood, you may feel weak and it may be hard to apply pressure—ask a friend for help if you can.
 - Lie down if you're able to make elevation easier.
- Don't go to sleep until you've stopped bleeding.
- If, after 10 mins of pressure, bleeding has not stopped, tie a bandage/cloth around the area as tightly as possible
- Seek medical attention if bleeding doesn't lessen or stop, or if the pain and numbness does not go away.

166 <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/safer-injection-basics/>

167 <https://www.youthadtoolbox.org.au/hitting-artery>

HITTING NERVES^{168, 169, 170}

How Do I Tell Nerves Apart from Veins and Arteries?

- Unlike veins and arteries, nerves don't carry blood—they carry neurotransmitters from the brain to other parts of the body.
- Unlike arteries, nerves do not have a pulse. Unlike veins, nerves are never visible under the skin.
- Hitting a nerve will not cause you to bleed as much as you would hitting an artery.

What Does It Feel Like When You Hit a Nerve?

- It will likely feel like an extremely painful electrical or burning sensation along the limb or injection area.
- No blood will enter the syringe when you pull the plunger back (but don't even try flagging if you're in pain—pain means something is wrong!).
- As with injecting into an artery, injecting into a nerve will waste your shot—drugs will not end up in the blood to be circulated around the body.

What Should I Do to Manage Pain if I Hit a Nerve?

- Icing the area immediately after hitting a nerve can help.
- Using anti-inflammatory medications (NSAIDs like ibuprofen) and heat in the days following hitting a nerve may help.
- Rest the area—try to avoid injecting into that limb or area for at least a few days while your body heals.

Are There Any Long-Term Consequences to Hitting a Nerve?

- In some cases, paralysis
 - If you hit a nerve in your neck and feel pain on both sides of the body (for example, both arms), you may have done damage to your spinal cord (and paralysis could affect a large part of your body).
 - Hitting a nerve can also cause more localized paralysis from hitting nerves in a specific limb.
- Permanent nerve damage can make it harder for your brain to send signals through your nervous system to your body, affecting muscle movement or ability to feel certain sensations (like hot and cold).
- Long-term numbness in limb/area where nerve was hit

168 <https://www.hmpgloballearningnetwork.com/site/neurology/articles/injection-induced-axillary-nerve-injury-after-drive-through-flu-shot>

169 <https://anesth-pain-med.org/upload/pdf/APM-12-103.pdf>

170 <https://www.wearewithyou.org.uk/help-and-advice/advice-you/safer-injecting-steroid-users/>

REDUCING WELLING WHEN SKIN POPPING¹⁷¹

What Is Skin Popping?

- Skin popping is when someone injects under the top couple layers of skin but not into fat or muscle. Skin popping is sometimes called subcutaneous (SC) injection. However, SC injections are different than skin popping because they are injected into the tissue that is just under the skin layers.
- Try to avoid skin-popping meth unless you're very skilled at skin popping because it can cause muscle spasms and wasting away of muscle tissue (muscular atrophy, due to potential harmful additives in meth) if injected into muscles.
- Because skin popping involves injecting beneath the skin and absorption is slower, people who skin pop are at increased risk for abscesses and other infections.

What Is Welling?

"Welling" occurs when liquid collects uncomfortably, or "wells," underneath the skin, resulting in a large, fluid-filled lump underneath the skin. Because there is less blood flow in this layer of tissue, it can take a long time for swelling to dissipate.

What Can I Do to Minimize Risk of Welling or Swelling When Skin Popping?

- Inject with the bevel of the syringe facing up. You want the sharpest part of needle piercing the skin and layer beneath.
- Don't skin pop in same location repeatedly—that can increase chances of welling and infection.
- Inject at either a 45° or 90° angle.

What Do I Do If Liquid Wells Under the Skin After Skin Popping?

- Apply a cold compress (covered ice pack or a cold, damp cloth, or run the area under cold water) immediately once you notice welling. (There will be a detectable fluid bubble after skin popping—if it hasn't reduced at all 5-10 minutes after injection, or if you still feel a remaining bubble after a few hours, apply something cold.)
 - If swelling remains after the first day, apply a warm compress (a warm washcloth, warm running water, a heating pad, or hot water bottle) in the following days.
 - If you have access to a shower, hot showers are helpful to reduce swelling.
- If the area is painful, try taking ibuprofen, which also reduces inflammation.
- Massaging the area with medium pressure in slow, circular motions can be helpful. Wash your hands before massaging and keep the area clean to prevent additional irritation.
- Clean the area before and after injection the same as if you were injecting into a vein (clean with alcohol before; soap and water or antiseptic wipes after).

171 <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/safer-injection-basics/>

CARING FOR & REDUCING TRACK MARKS^{172, 173}

There are a number of things that you can do to address injection-related scarring and reduce the chances that track marks become permanent.

Before Injection

- Choose a syringe with the smallest possible needle (largest gauge number) that you can use to hit your vein—the thinner the needle, the smaller the hole you’re making in your skin.
- Try to use a new and sterile syringe for every injection. Syringes become blunt and dull after one use, and a blunt, dull, or barbed needle is more likely to make a large hole, take longer to heal, and leave a mark.
 - If you’re not able to use a new and sterile syringe for every injection, try to replace your syringe as often as you possibly can. Keep your syringe capped and draw up using a cotton filter and with the bevel down to keep the point protected.
- Wash your hands and clean the skin at your injection site prior to injection to reduce the risk of bacteria entering your bloodstream or infecting the tissue under your skin.
- Inject under the best possible lighting that you can find to make it more likely that you’ll hit your vein the first time.
- Before injecting, use a tourniquet to help raise your vein and make it easier to find.

When injecting, release the tourniquet after you’ve hit a vein or flagged the shot and before pressing in the plunger—not releasing your tourniquet prior to injecting can damage your veins.

After Injection

- Cleaning the wound immediately can help to reduce chances of scarring.
 - Use an antiseptic wipe or soap and water rather than an alcohol pad—alcohol can prevent blood from clotting and cause more bleeding.
- Use A&D Ointment or petroleum jelly on any healing wounds. Keep it moisturized to prevent itching or cracks in the skin.
- Apply pressure to the wound with gauze or bandages. Pressure helps to reduce scarring.

Reducing or Minimizing Existing Scars/Marks

- Massaging vitamin E oil for 3-5 minutes a day can break up scar tissue and reduce visible scarring
- Silicone scar tape or sheets placed over scars decreases appearance and aids in extended healing
- Careful care of wounds reduces severity of scarring (triple antibiotic ointment to keep it clean during initial healing, not picking at skin or scabs, keeping them away from sun if possible)

172 <https://injectingadvice.com/avoid-track-marks-avoid-hepc/>

173 <https://www.health.state.mn.us/communities/opioids/basics/intravenous.html>

General Tips for Vein & Skin Health

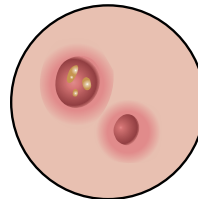
- Rotate your veins! People sometimes try to only inject in areas that aren't visible to others, but that can lead to lots of reuse of the same sites. During colder months, try using areas that can be covered by long pants or long sleeves.
- Drink lots of water! Staying hydrated helps skin and veins stay healthy.

Injection-Related Infections

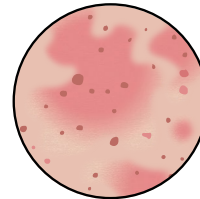
ABSCESS CARE & MANAGEMENT^{174, 175}

What Is An Abscess?¹⁷⁶

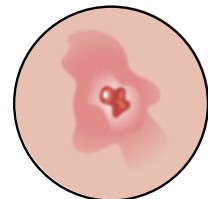
An abscess is a bacterial infection that forms a swollen pocket of pus underneath the skin. Injection-related abscesses are most often caused when bacteria collect beneath the skin due to a missed shot. Abscesses can also form as a result of bacteria in drugs, on works, or the introduction of bacteria that was on the skin at the injection site.



Abscesses and boils



Cellulitis



MRSA

Basic Abscess Care¹⁷⁷

- Directly after missing a shot, ice the injection area. If injecting into a limb, try to raise it above your heart. This won't prevent an abscess from forming but can help with some of the swelling.
- Once an abscess has formed (usually 1-3 days following the missed shot or other damage), apply warmth to the area for about 20 minutes, 4 times per day. To apply warmth, you can use:
 - A heating pad
 - A washcloth soaked in warm water
 - Warm water (submerge area in warm water)
 - Epsom salt soak
 - Saline water, either on a washcloth or on the wound
- Except for when you are applying heat to the abscess, keep it dry and covered. Use the driest, most sterile materials—preferably gauze and medical tape—that you have access to. Change the coverings if they get wet or become soiled. Always wear gloves and/or wash hands before removing or replacing coverings.
- Elevate the abscess above the heart as often as you can to decrease swelling.
- Avoid injecting near the abscess. If you need to keep injecting on the same limb as the abscess, inject above it (closer to the heart). This way, substances can pass into your bloodstream and to your heart without passing through the infected area.
- When the abscess begins to open and drain, wash the wound out with water. Keep the area clean and dry. Continue to use warm compresses as long as it's draining and keep it covered with clean gauze or bandages while it continues to heal.

174 <https://nextdistro.org/resources-collection/wound-abscess-care-for-pwud>

175 <https://nextdistro.org/resources-collection/common-wounds>

176 <https://www.nhs.uk/conditions/abscess/>

177 <https://uhs.berkeley.edu/sites/default/files/AbscessTreatment.pdf>

Often, abscesses will begin to open/drain and heal on their own with the help of warm compresses. However, if abscesses are getting bigger, redder, warmer, or more painful for three days or more or if you're experiencing fever or chills, rapid heart rate, lightheadedness, headache, or body aches, seek out medical care **as soon as possible**. This can be an indication that the abscess will not heal on its own and you may need the abscess to be examined and drained by a medical professional. Some abscesses may also require antibiotics, especially if the infection has turned into cellulitis or moved into their bloodstream (sepsis). Ideally, you should seek professional medical care to have any persistent abscesses drained to minimize the risk of further infection or sepsis. However, if you or others are going to drain abscesses on your own, here are some things to keep in mind:

- Don't try to suck the pus out of the abscess using a syringe—this is not effective and can introduce more bacteria to the abscess.¹⁷⁸
- Wash hands thoroughly before attempting to drain an abscess. If you can, wear rubber or latex gloves.
- Wash the abscess and skin around it well or wipe it down with an alcohol wipe.
- Use a sterile, unused, sharp tool to open your abscess if you are going to attempt to open it (like a scalpel or a fresh razor). Make a small, straight incision into the abscess and gently squeeze from edges of the abscess toward the cut to drain the pus.
- Have sterile saline water ready to wash out the abscess, and gauze in case the abscess is deeper than you expect and needs to be packed. If you do not have saline water, soap and water is the next best option. If you do not have gauze to pack an abscess, keep it covered as best you can, or considering seeking medical care to have it packed.^{179, 180}
- As the wound heals, continue to use warm compresses or baths and change bandages every 1-2 days.

178 <https://ncurbansurvivorunion.org/skin-and-soft-tissue-infections/>

179 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5431295/>

180 <https://www.clinicaladvisor.com/home/the-waiting-room/abscess-packing-is-it-necessary/>

CELLULITIS¹⁸¹

What Is Cellulitis, and How Is it Different From an Abscess?

Cellulitis is a bacterial infection of the skin and underlying layers of tissue. These infections can cause redness, pain, and swelling. Cellulitis can happen when bacteria get into the skin, often at an injection site or from an abscess or cut. Cellulitis is not spread from skin-to-skin contact.

Sometimes, cellulitis can look like an abscess, but there are some ways to tell the difference. Some signs your infection may be cellulitis include:

- Swelling, redness, or warmth that spreads ½ inch (1 cm) or more from the injection site.
- Cellulitis is most common on the legs or arm but can happen cellulitis anywhere on the body.
- A pitted texture, sort of like an orange peel, or large blisters in the area.
- The skin can turn a variety of colors—red, white, and, in advanced stages, purple.
- Unlike an abscess, a cellulitis infection won't produce pus.
- Cellulitis is more often associated with fever and chills than abscesses.

Cellulitis can only be treated with the right antibiotics, which means you will need to see a doctor or nurse to address it.

Is There Anything I Can Do to Avoid Going to the Doctor for Cellulitis?

Antibiotics are the only way to treat and get rid of cellulitis. There are many causes of cellulitis and knowing which bacteria are responsible will make treatment more effective. The earlier you see a doctor or nurse, the more likely it is that you'll be prescribed the appropriate medication and **won't** need to be admitted to the hospital. If the cellulitis has spread from the original site or reached your bloodstream, you may need to spend a few days in the hospital to receive IV antibiotics.

To alleviate any discomfort before or during treatment, try:

- Keeping the infected area clean and dry, washing it regularly with soap and water.
- If the infection is on a limb, elevating it above heart level can reduce swelling and encourage healing.
- Applying a cool compress on the infected area 1-2 times per day, either a washcloth soaked in cool water, or an ice pack wrapped in a piece of cloth (towel, clothing).
- Taking over-the-counter pain relievers like ibuprofen (Advil), aspirin, or acetaminophen (Tylenol) to reduce pain and swelling.

181 <https://www.hopkinsmedicine.org/health/conditions-and-diseases/cellulitis#:~:text=Complications%20of%20cellulitis%20can%20be,%2C%20shock%2C%20or%20even%20death>

Why Is Seeking Medical Treatment for Cellulitis So Important?

It's important to visit a doctor or nurse because cellulitis cannot resolve or heal on its own—the right antibiotics are the only thing that can resolve the infection. If untreated, cellulitis can:

- Spread from the lymph nodes (cells which play an important role in the immune system) into the bloodstream, potentially causing blood poisoning (sepsis).
- Spread from the bloodstream to the heart valves, potentially causing endocarditis (infection of tissue within the heart).
- Spread into deeper skin tissue, causing necrotizing fasciitis ("flesh-eating disease").

Sepsis, endocarditis, and necrotizing fasciitis are all more difficult to treat than cellulitis, and, if untreated, can be fatal.

What Will Treatment Be Like?

If you seek medical treatment early, cellulitis is usually treated with antibiotic pills and does not require a hospital stay. If you're prescribed antibiotic pills, you should start to notice symptoms improving within 2-3 days. Take all of the pills you are given as prescribed, even if you feel better before you finish the prescription. If you do not take all the pills, the infection can come back worse than before and spread to other parts of your body. If the infection is severe, you may need to be hospitalized and treated with intravenous antibiotics.

You should seek medical care if your symptoms do not get better within 3 days of starting treatment. You should also go back to the doctor if the inflamed area gets:

- Bigger
- More swollen
- More painful

MRSA^{182, 183}

What Is MRSA and How Is It Spread?

- MRSA (methicillin-resistant *Staphylococcus aureus*) is a bacterial staph infection that's resistant to many common antibiotics and can be difficult to cure.
- Many people carry MRSA on their skin without knowing it. MRSA can be spread from skin-to-skin contact or sharing towels, razors, syringes, or anything else someone has touched.
- MRSA can be treated with the correct antibiotics and pus drainage.

182 <https://emedicine.medscape.com/article/228816-overview>

183 <https://www.cdc.gov/mrsa/community/index.html>

Signs and Symptoms of MRSA¹⁸⁴

MRSA can cause an abscess or boil, or a cluster of bumps that can look like pimples or insect bites. A MRSA infection will likely be:

- Tender, red, and swollen
- Warm to the touch
- Oozing pus

It is possible to develop a MRSA infection in a place other than an injection site if the bacteria has entered the bloodstream—for example if a needle passes through an infection and into a vein. Bacteria can grow on a heart valve, in a bone, joint, or the lungs. If infection has spread, symptoms can include fever or chills, body aches, and fatigue.

How Is MRSA Treated?¹⁸⁵

MRSA can be treated with the appropriate antibiotics and healing time. If you're experiencing fever or chills, seek medical care **as soon as possible**.

How Can I Tell If I Have a MRSA-Infected Abscess?¹⁸⁶

It is difficult to tell the difference between an abscess that could potentially resolve on its own and an abscess caused by or infected with MRSA. However, abscesses caused by MRSA are more likely to cause a cluster of bumps or to not heal on their own within 1-2 weeks.

If your abscess is not getting better or it's getting worse (increasing pain, redness, swelling), it's very possible that it's MRSA, so it's a good idea to get it looked at by a medical professional.

What Can I Do to Avoid Spreading and Contracting MRSA Infections?

- Wash your hands often, especially if you're in close physical contact with other people, after you clean or touch a wound.
- Try to use new, sterile equipment every time you use drugs. Avoid sharing injection equipment.
- If you have an abscess, keep it clean, dry, and covered.
- Avoid sharing towels, washcloths, razors, and clothes.

184 <https://www.cdc.gov/mrsa/pdf/flowchart-k.pdf>

185 https://www.cdc.gov/mrsa/pdf/MRSA_ProviderBrochureF.pdf

186 <https://www.cdc.gov/mrsa/pdf/flowchart-k.pdf>

COTTON FEVER¹⁸⁷

What Is Cotton Fever?

Cotton fever is a temporary illness caused by injecting bacteria into the bloodstream. The popular belief is that cotton fever occurs when a strand of cotton from a small cotton filter is injected into the bloodstream, but this isn't quite true. Like a lot of injection-related infections, cotton fever is caused by bacteria entering the bloodstream. It *often* comes from old, reused cotton filters (kept to do “cotton shots”), but not always. These bacteria could come from many places—cotton filters, reused syringes, bacteria in the drugs themselves. Cotton fever might feel like the flu or opioid withdrawal, or another bacterial infection—symptoms include fever and chills, body aches, nausea, diarrhea, headaches, and abdominal pain. Cotton fever usually starts about 20-30 minutes after injecting and usually lasts under 12 hours but can last up to 48 hours.

How Should I Treat My (or Someone Else's) Cotton Fever?¹⁸⁸

- *Try* not to use again until your symptoms pass. This can be difficult, especially since cotton fever can feel so much like withdrawal.¹⁸⁹
 - If you do use again, can you snort or smoke instead of injecting? If not, can you access a new and sterile syringe, cooker, and filter to inject with?
 - If you do use again, try not to use from the same bag/batch of drugs that you used before experiencing cotton fever symptoms in case this is where the bacteria came from.
- Take ibuprofen (Advil), aspirin, or acetaminophen (Tylenol) to reduce fever and inflammation.
- Take anti-nausea or anti-diarrheal medications to relieve symptoms.
- Drink lots of water, or a sports drink with electrolytes, like Gatorade, so that you can stay hydrated—diarrhea and vomiting can easily dehydrate the body and further stress your system.
- Try to pay attention to how long your symptoms last—if it's more than 24 hours, this could indicate a more serious infection and you should seek medical attention **as soon as possible**.

What Can I Do if Cotton Fever Symptoms Last More Than a Day or Two?

Try to talk to a trusted healthcare provider, like a doctor or nurse, about your symptoms. The symptoms of cotton fever are very similar to those of more serious infections that may require medical care, including:

- Sepsis (blood poisoning)
- Endocarditis (an infection of the heart valves)

187 <https://www.shatterproof.org/learn/addiction-safety/preventing-infections/cotton-fever-and-infective-endocarditis>

188 <https://www.jabfm.org/content/29/2/276>

189 <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>

ENDOCARDITIS^{190, 191, 192, 193}

What Is Endocarditis?

- Endocarditis is an infection of the heart's inner lining, usually involving the heart valves. Endocarditis usually occurs when germs from elsewhere in the body travel through the blood and attach to the heart.
- Symptoms of endocarditis vary based on the severity of the infection, but may include fevers, chills, fatigue, body aches and shortness of breath. The main treatment is antibiotics. Sometimes surgery is needed. If left untreated, endocarditis can cause permanent heart issues, heart failure, blood clots, sepsis, or death, so it's important to seek medical attention **immediately**.
- A major reason that it is so important to go to the doctor if you're experiencing symptoms of cellulitis, MRSA, or other bacterial infections that don't clear up on their own is to prevent more serious conditions like endocarditis.

What Are Some Symptoms of Endocarditis?

Many of the common symptoms of endocarditis are similar to flu or cold symptoms, which can make it difficult to recognize. Symptoms might include:

- Fever and chills
- Body aches, like muscle or joint pain
- Nausea or abdominal pain
- Chest pain
- Shortness of breath or difficulty breathing
- Cough
- Fatigue
- Headache
- Loss of appetite
- Developing a new heart murmur may also be a symptom of endocarditis

How Is Endocarditis Treated?

- The primary treatment is antibiotics. A doctor or nurse will order a blood test to find out what type of bacteria is causing the infection. They do this to make sure you're on the correct antibiotics and that the treatment is effective.
- For less advanced cases, you may be prescribed take-home antibiotic pills.
- In more serious or advanced cases, you may need IV antibiotics. This can require hospitalization.
- In extreme cases, you may need surgery to repair or replace a heart valve. This is very serious surgery that requires an extended stay in the hospital and significant recovery time.

190 <https://www.heart.org/en/health-topics/heart-valve-problems-and-disease/heart-valve-problems-and-causes/heart-valves-and-infective-endocarditis>

191 <https://emedicine.medscape.com/article/216650-overview>

192 <https://www.nhs.uk/conditions/abscess/>

193 <https://www.mountsinai.org/health-library/diseases-conditions/endocarditis>

- Having had endocarditis previously is a risk factor for developing it again, so it's especially important to pay attention to any signs or symptoms if you've previously been treated for endocarditis.

How Can I Prevent Endocarditis?

- Use new and sterile injection equipment as often as you're able to and try not to share injection equipment if you have to reuse.
- Pay attention to any unusual signs or symptoms in or on your body that might indicate an infection like cellulitis or abscess caused by MRSA. Seek medical care early for these infections.
- Try to take care of your mouth and teeth—another big way infections can enter your bloodstream is through open wounds in your mouth.
 - Brush your teeth daily if you're able to, and floss often.
 - Seek out any free or low-cost dental clinics offered in your area.
 - Go to the emergency room if you think you have an abscess or other infection in your mouth, gums or teeth.

SEPSIS¹⁹⁴

What Is Sepsis?

- Sepsis, or blood poisoning, is a serious illness that happens when an infection enters the bloodstream and travels throughout the body.
- Sepsis can originate from an infection in any part of the body, but it is most often linked to infections in the:
 - Lungs (pneumonia)
 - Kidneys (urinary tract infection)
 - Skin and soft tissue (cellulitis)
 - Bowel (colitis)
- Sepsis needs to be treated quickly. Without correct treatment, it can become severe. When this happens, it is called "septic shock." Septic shock is life-threatening.
- Sepsis **requires immediate medical treatment—it is extremely important to seek care if you suspect you may have sepsis.**

194 <https://www.cdc.gov/sepsis/what-is-sepsis.html>

What Are Some Signs and Symptoms of Sepsis?

SYMPTOMS OF SEPSIS CAN INCLUDE:

- Fever and chills or unusually low temperature (below 96.8°F)
- Breathing that is very fast
- Rapid heartbeat

SYMPTOMS OF SEVERE SEPSIS CAN INCLUDE:

- Acting confused or feeling light-headed or dizzy
- Problems with other organs, such as the heart, kidneys, liver, or brain
- Trouble breathing
- There are different types of rashes associated with sepsis. One type is a lacy, purple rash that is usually on the legs but can also be on the arms. Another rash looks like red or purple spots on the skin that do not go away when pressure is applied. These spots are usually on the chest and legs but can also be in other areas.
- Cool, clammy skin or red, flushed skin
- Reduced appetite
- Urinating much less than usual
- Belly pain or cramping with severe diarrhea

People who have septic shock have many of the symptoms listed above, plus their blood pressure gets low and they sometimes pass out.

If you or someone you know is experiencing symptoms of sepsis, especially severe symptoms, go to the emergency room as soon as possible.

How Is Sepsis Treated?

- At the hospital, several tests will be run to determine whether you have sepsis. These may include blood tests, CAT scans, and x-rays, among other things.
- Following hospitalization, the doctor will give you a treatment plan. Because having sepsis once makes it more likely you'll get it again, it's really important to follow the treatment plan as closely as possible and take steps to prevent reinfection.
- If you have sepsis, it is likely you will receive IV medications and/or supplemental oxygen. Treatment will probably require spending several days in the hospital.

WOUND BOTULISM

What Is Wound Botulism?^{195, 196}

Wound botulism is a rare but potentially life-threatening infection that can occur when a specific kind of bacteria gets into your system from a wound, abscess, or injection site. Once inside your body, the bacteria produce toxins that attack your nerves. It's commonly associated with skin-popping, intramuscular injection, or intravenous injection of black tar heroin, but it can be associated with injecting or snorting any drugs or substances.¹⁹⁷

What Does Wound Botulism Look Like?

Wound botulism may cause a wound to look red, swollen, or infected—but not always, so it's important to look out for other common symptoms, including:

- Muscle weakness
- Blurred vision
- Slurred speech
- Dry mouth and/or difficulty swallowing
- Trouble breathing
- Paralysis
- "Thick" feeling tongue
- Drooping eyelids
- Double vision
- Trouble moving the eyes

Wound botulism is **very rare**—about 110 people get it per year on average in the United States, according to the CDC—but it's still a good thing to be aware of!¹⁹⁸

Wound botulism symptoms can start to become noticeable anywhere from 12 hours to 10 days after the bacteria enters the body because the resulting toxins take time to develop. Some symptoms of wound botulism—especially trouble breathing—can look really similar to opioid overdoses. Some—like blurred vision, slurred speech, and dry mouth—can be like symptoms of alcohol poisoning. This is one reason why it's **important to seek medical help** if naloxone isn't working to reverse what you think may be an opioid overdose and/or if you think someone may have alcohol poisoning.

How Is It Treated?

Wound botulism can't be self-treated and doesn't go away on its own. If you're experiencing symptoms for several hours or days, it's important to find a medical provider who can make a diagnosis and prescribe the appropriate antitoxin medication.

195 <https://www.cdc.gov/botulism/wound-botulism.html>

196 <https://intjem.biomedcentral.com/articles/10.1186/s12245-021-00375-4>

197 <https://www.cdc.gov/mmwr/volumes/67/wr/mm675152a3.htm>

198 <https://www.emergency.cdc.gov/agent/botulism/clinicians/epidemiology.asp>

NECROTIZING FASCIITIS (AKA FLESH-EATING DISEASE)

What Is Necrotizing Fasciitis?¹⁹⁹

Necrotizing fasciitis, or “flesh-eating disease,” is a **rare** bacterial infection that quickly spreads throughout the body and can cause death. Group A Strep bacteria is believed to be the most common cause of these infections. Bacteria that cause necrotizing fasciitis can enter the skin through open wounds or breaks in the skin, including cuts and scrapes, burns, bug bites, injection-related puncture wounds, and surgical wounds. However, there have also been cases of necrotizing fasciitis caused by blunt trauma, or injuries where the skin was not broken.

Is Necrotizing Fasciitis Contagious?

Necrotizing fasciitis is *rarely* contagious and usually affects people in a random fashion. While it has been documented, it is not likely that someone infected with necrotizing fasciitis would pass the infection to others.

What Are the Signs and Symptoms of Necrotizing Fasciitis?

Unfortunately, many symptoms of necrotizing fasciitis resemble symptoms of less serious infections, including skin and soft tissue infections like abscesses. For this reason, if these symptoms appear suddenly on a cut, injection wound, or other break in the skin that previously seemed to be healing healthily, it is important to **seek medical care**.

EARLY SYMPTOMS COMMONLY INCLUDE:

- Redness, warmth, and/or swelling at the site of a wound, injury, or other break in the skin’s surface
- Severe pain that extends beyond the swollen area
- Fever or chills

SYMPTOMS THAT MIGHT DEVELOP AS THE INFECTION PROGRESSES INCLUDE:

- Ulcers, blisters, or black/dead skin tissue
- Extreme tiredness or fatigue
- Changes in skin color, especially to black or green
- Gastrointestinal symptoms, like diarrhea or nausea and vomiting
- Pus in the infected area

How Do Doctors Diagnose Necrotizing Fasciitis?

Because signs and symptoms of necrotizing fasciitis look similar to many other infections, it can be difficult to diagnose. A doctor will start by looking at the injury or wound and may also take a biopsy (or tissue sample) to test, do bloodwork to check for infection and/or muscle damage, or use imaging such as an ultrasound, MRI, or CT scan to get a clearer look at the potentially infected area.

199 <https://www.cdc.gov/groupastrep/diseases-public/necrotizing-fasciitis.html>

Due to the serious nature of necrotizing fasciitis, it is possible that a doctor would start treatment prior to giving an official diagnosis in order to not waste time.

How Is Necrotizing Fasciitis Treated?

Necrotizing fasciitis is always treated with intravenous antibiotics. However, if the infection has advanced to the point where tissue has deteriorated and blood flow has been affected, surgery may be required to remove dead tissue.

XYLAZINE & XYLAZINE-RELATED SKIN & SOFT TISSUE INFECTIONS

DISCLAIMER

Xylazine's use both as a cutting agent and a substance of choice is relatively new in most of the United States, and researchers, medical professionals, people who use drugs, and harm reductionists are all still learning about its short- and long-term effects on health.

The information shared below is the best we have from researchers, medical professionals, people who use xylazine, and other service providers working with people who use drugs.

What Is Xylazine?

- Xylazine, sometimes called “tranq,” is a phenothiazine.²⁰⁰
 - Some other phenothiazines are used as antipsychotic medications, but xylazine has historically only been used as a sedative for animals receiving veterinary care.
 - It is sometimes referred to as a “horse tranquilizer” but it has very different effects than ketamine.
- It is now used less often than other tranquilizers/sedatives in veterinary care because it has side effects on blood pressure, brain pressure, and heart rate that other veterinary sedatives do not.²⁰¹
- Xylazine is not a controlled substance and does not require a DEA license to order, but it does require a prescription.
 - Because of this, it's suspected that xylazine used by humans is being diverted from veterinary pharmaceutical providers.
- There are three reversal agents available for veterinary use, but they have never been tested on humans as antidotes to xylazine poisoning (two are being studied for use responding to other medical conditions).

200 Zagorski, Claire, MSc. LP. * University of Texas Austin College of Pharmacy. * “Update on Emerging Drug Contaminants: Xylazine”

201 News 8 WROC * “Deadly substance Xylazine found in street drugs linked to deaths in Monroe County”

- Xylazine was first seen as an adulterant and later as a substance of choice in Puerto Rico in the early 2000s.²⁰² The first reports of its presence in mainland US were in 2006 in Philadelphia²⁰³ but its presence in the drug supply (especially in Philadelphia and other East Coast cities) has increased dramatically since approximately 2019.²⁰⁴
- In a drug-checking sample of street drugs in Philadelphia during the second quarter of 2022, xylazine was found in nearly every dope (heroin/fentanyl) sample.

What Is Unique About Wounds Related to Xylazine?^{205, 206, 207}

Severe and distinctive skin wounds and infections have become associated with xylazine use.

These wounds and infections:

- Often develop in places other than the injection site.
- Develop quickly—some anecdotal reports say within a minute of using xylazine.
- Many wounds may develop at one time.
- Some people report small wounds and some describe large wounds—it appears at this stage that size of wounds vary person-to-person.
 - Some wound care professionals have described these small circular wounds as being very similar to monkeypox.
- Develop thick scabs as they heal.
- Become necrotic very quickly.
- Reportedly often are associated with secondary bacterial infections such as staph infections.
- Are difficult to heal and can be associated with extremity and/or limb loss.

These wounds are sometimes referred to as skin ulcers. Wounds have been known to develop abscesses in addition to necrosis (tissue death). They are often associated with MRSA and other staph infections.

How Do Xylazine-Related Wounds Progress?²⁰⁸

In June 2022, Pennsylvania-based RN and EMT Bill Kinkle, who has lived experience of injection drug use, shared with harm reduction colleagues his personal experience using xylazine, developing wounds, and receiving treatment over an 18-month period. He reported the following progression:

- Several small, circular wounds developed in areas other than his injection site within one minute of injecting fentanyl that had been cut with xylazine.
- Very quickly—over the next couple days—the wounds developed abscesses and/or necrotic tissue.

202 Lopez, Luz Marillas et. al. * Addiction Sciences Clinical Practice Journal * Injection of Xylazine mixed with heroin associated with poor health outcomes and HIV risk behaviors in Puerto Rico

203 Malayla, Skrikrishna et. al. * Cureus * "Xylazine-Induced Ulcers in a Person Who Injects Drugs in Philadelphia, PA, USA"

204 Wong, Stella et. al. * Journal of Forensic Sciences * "Concurrent Detection of Heroin, Fentanyl, and Xylazine in Seven Drug-related Deaths Reported from the Philadelphia Medical Examiner's Office"

205 Kinkle, Bill RN EMT-P CRS * twitter.com/billkinkle * "Fairly Comprehensive Xylazine Thread"

206 McNitch, James MD et. al. * Journal of Hospital Medicine * "A Case Study of Skin Necrosis Caused by Intravenous Xylazine Use"

207 Reyes, J.C. et. al. * J Urban Health * "The Emerging of Xylazine as a New Drug of Abuse & Its Health Consequences Among Drug Users in Puerto Rico"

208 Kinkle, Bill RN EMT-P CRS * twitter.com/billkinkle * "Fairly Comprehensive Xylazine Thread"

- As the wounds progressed, they spread and connected through “tunneling.”
- A thick eschar, or scab, developed over the wounds.
- No remedies that he tried (including basic wound dressing, antibiotic ointment, Medihoney) at home improved the wounds.
- In April 2022, he lost ability to move lower extremities and experienced urinary incontinence and sought treatment at the hospital.
- In the hospital, he was diagnosed with MRSA, given IV antibiotics, and surgeries (not specified) to treat the wounds.
- Wound care experts used Vashe solution, xeroform gauze, and Mepilex dressing to treat his wounds—this worked to shrink them.

I Think I Have One of These Wounds—Can I Treat It on My Own?

Given what we know at time of release, the recommendations for caring for wounds that may be related to xylazine use are similar to recommendations for caring for other skin and soft-tissue infections:²⁰⁹

- If you have a xylazine-related wound, try to inject into a different limb. If you are injecting on the same limb try to avoid injecting into or around the wound.
- Keep the wounds as clean as possible and keep them covered. Change the wound dressing daily or whenever it gets wet.
- After removing old bandages, wash the area thoroughly with mild soap and water. This helps clean the area and remove dead skin. This process will likely be painful but is important.
- Apply a layer of vasoline or xeroform gauze over washed wound before rebandaging.
- Store wound care supplies in the cleanest, driest place possible.
- Seek medical care if wounds get larger, become necrotic, and/or do not get smaller after several days.

It’s important to remember that, unless people are consistently testing their drugs, they may not know that they’re using xylazine. Have intentional conversations about recognizing necrosis symptoms and why medical care is important for wounds that are not healing on their own.

When Should I Seek Medical Care?

Because there are so many unknowns with xylazine, it is important to encourage people to seek treatment immediately if they notice the following symptoms.²¹⁰

- Several abscesses developing over small, circular wounds
- Rapidly developing necrosis on wounds
- Difficulty moving extremities
- Incontinence or other muscular issues
- There are anecdotal reports that xylazine-associated wounds might appear harder to treat than they are. Even severe damage may respond well to treatment—seek care quickly to prevent unnecessary risk.

209 Harm Reduction Coalition * www.harmreduction.org * *Getting Off Right, A Safety Manual for Injection Drug Users Guide to Developing and Managing Syringe Access Program*

210 Zagorski, Claire, MSc. LP. * University of Texas Austin College of Pharmacy. * “Update on Emerging Drug Contaminants: Xylazine”

Overdose & Overramp

RESPONDING TO OPIOID OVERDOSE WITHOUT NALOXONE^{211, 212, 213, 214}

If someone is overdosing on opioids, the best and safest option to help them is to use naloxone—which is available at pharmacies, SSPs, local health departments, and some clinics and treatment providers, and which can easily be administered in nasal spray or intramuscular injection form. But what do you do if you can't access naloxone? What if you've used all your naloxone and you encounter someone overdosing before you're able to get more? It's important to know how you can keep someone experiencing opioid overdose alive even if you don't have naloxone.

Checking for Overdose

It's important to remember that a true opioid overdose occurs when the person overdosing is unresponsive and either not breathing or their breathing is very shallow and slow. If someone is still able to respond to you verbally or physically, it's not necessary to use naloxone yet. Here are some ways to check for response:

- Say the person's name loudly. If you don't know their name, say hello or ask how they are.
- Shake the person by the shoulder.
- Take your knuckles and grind them, as hard as you can, on the person's sternum bone (also known as a "sternum grind" or "sternum rub"). This is painful, but the point is to create temporary discomfort in order to shock the person awake. A sternum rub will not cause permanent damage.
- If you're still not getting a response, you can try "verbal Narcan"—saying something like, "Hey, I think you're overdosing, and I'm going to use naloxone" or "I think you may be overdosing and I'm going to call 911." Many people anecdotally report this working even when a sternum rub doesn't.

If any of these strategies get a response, the person isn't overdosing *at that moment*. However, it doesn't mean that they can't go into an overdose later. If you're able to, stay with the person for at least three hours, and check in on them every few minutes.

211 <https://www.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use-prevent-overdose.page>

212 <https://store.samhsa.gov/sites/default/files/d7/priv/five-essential-steps-for-first-responders.pdf>

213 <https://www.hhs.gov/opioids/treatment/overdose-response/index.html>

214 <https://www.sessikuwabarablanchard.com/store/overdose-prevention-response-zine>

Responding to Overdose

If you've tried different ways to wake someone up but they're still unresponsive and not breathing, you'll need to try to reverse their overdose. Because not everyone will be able to call 911, there are steps to take if someone is overdosing and you don't have naloxone:

- If someone has a xylazine-related overdose, naloxone will not reverse the xylazine effects. It is still recommended to give naloxone and provide rescue breathing. Breathing for a person who can't breathe for themselves is an effective way to keep them alive and, hopefully, wake them up.
 - If you're uncomfortable putting your mouth on someone else's mouth, you can use a thin cotton t-shirt (or other fabric that is thin enough to see through) as a barrier.
 - Rescue breathing is physically draining. If you're in a larger group, take turns performing the breaths so nobody gets too exhausted.
 - If you're in a large group and in public, have at least one person look for passersby and ask if they have any naloxone.
 - If you have to leave the person unattended, try to place them in the recovery position—on their side, with the lower arm and upper leg bent forward for balance.²¹⁵ This will help keep their airways clear. (Don't put someone in the recovery position if they might have a major injury, like to their back or neck.)
 - It's understandable to want to try anything to revive someone who has overdosed, but things like milk shots, cold showers, slapping people in the face, and ice cubes up the butt are not effective and may cause more problems.
- To rescue breathe, you should:
- Check to make sure the person's airway isn't obstructed by food, gum, fluid, or anything else.
 - Tilt the person's head back and lift their chin up. Pinch their nose closed to keep air from escaping that way.
 - Give 1 breath (about 1 second long) every 5-6 seconds. After you give the first breath, check to make sure that the person's chest is rising—if it isn't, check their airway for obstructions again.
 - Continue giving rescue breaths until the person is able to breathe normally on their own.



215 <https://www.health.harvard.edu/staying-healthy/emergencies-and-first-aid-recovery-position>

FENTANYL & WOODEN CHEST SYNDROME^{216, 217}

Sometimes, fentanyl overdoses look different than overdoses involving heroin, methadone, or prescription opioid pills. One symptom that's been observed in fentanyl overdoses is "wooden chest syndrome." Given the prevalence of fentanyl in the drug supply, it's important to know what this looks like and how to respond.

Wooden Chest Syndrome

- Wooden chest syndrome is caused by muscle rigidity in the neck, chest, and jaw. Someone who's overdosing on fentanyl may not be visibly "nodding" or slumped over but instead might be sitting very upright.
 - This can make it harder to recognize or realize when someone's overdosing. If you're using with someone else, pay close attention to their breathing, even if they're sitting upright.
- Also known as chest wall rigidity, wooden chest syndrome makes it difficult to perform rescue breathing, both by mouth-to-mouth and with an AmbuBag (a handheld device for providing ventilation). This is because it affects respiratory muscles. It's also harder to perform chest compressions if you're trying to perform CPR.
 - Chest compressions are only recommended in response to overdose if a person has no pulse, so as to help circulate blood through the body. However if a person exhibits wooden chest syndrome and has no pulse, current recommendations are that it is best to avoid chest compressions and to still give naloxone if available and provide rescue breathing if able.
- Because fentanyl acts very fast compared to other opioids, the onset of fentanyl overdose (and resulting wooden chest syndrome) may happen very quickly.
- Wooden chest syndrome/chest wall rigidity won't happen to everyone who overdoses on fentanyl—so you should still be on the lookout for more "typical" overdose symptoms.
 - Wooden chest syndrome is associated with low dopamine levels, so it may be more likely to occur in someone who has Parkinson's or is on certain antidepressants.
- **Naloxone should work on fentanyl overdose.** Administer naloxone and provide rescue breathing if you are able, even if someone has chest wall rigidity.

216 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8312149/>

217 <https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/pt/covidwho-1277472>

OVERAMP RESPONSE^{218, 219, 220, 221, 222, 223}

What Is Overamping?

“Overamp” is a term that many people who use drugs and harm reductionists use to describe what happens when someone takes too much of an upper (stimulants). Stimulants that can cause overamping include crystal meth/speed, powder and rock cocaine, and prescription medications like Adderall.

Isn't “Overamp” Just an Overdose but With Stimulants?

Yes and no. While “overdose” technically means using too much of a substance, lots of people associate the word “overdose” with opioid overdose specifically. The physical and mental signs of overamping look very different from opioid overdose signs and symptoms, and there is no naloxone equivalent for reversing a stimulant overdose.

Overamping can also happen for reasons beyond just taking too much of a stimulant. People might show signs of overamping if they've been up for several days and their system is stressed, if they haven't been eating food or drinking water, and/or if they are using stimulants in an unfamiliar environment or around unfamiliar people.

Referring to overdosing on stimulants as “overamping” makes the distinction clearer and helps people know how to respond.

What Does a Stimulant Overamp Look Like?

Many symptoms could be indicative of overamping. Someone who is experiencing an overamp episode might be showing some—but not necessarily all—of the following physical signs:

- Vomiting
- Fever and/or chills
- Sweating heavily
- Rapid heartbeat and pulse
- Headache
- Convulsions, tremors, or seizures
- Tightness in the chest or other chest pain
- Breathlessness or shortness of breath (different from slow or shallow breathing)

Someone who is overamping might also be experiencing or displaying psychological or mental health-related symptoms, including:

- Anxiety or panic, including panic attacks
- Suspiciousness of people or surroundings, paranoia
- Agitation or irritability
- Auditory or visual hallucinations
- Hypervigilance, or a heightened awareness of surroundings

218 <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>

219 <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/recognizing-stimulant-overamping/>

220 <https://www.nchrc.org/naloxone-od-prevention-2/speed-overdose-overamping/>

221 <https://nextdistro.org/resources-collection/overamping-stimulant-overdose>

222 <https://stopoverdose.org/basics/methamphetamine-overdose-overamping/>

223 <https://www.sessikuwabarablanchard.com/store/overamp-prevention-response-zine>

In some extreme cases, people experiencing overamp might also experience:

- Strokes
- Heart attacks

It is **vital to call 911** if you think someone is having a stroke, a heart attack, a severe fever, or an intense seizure. Unlike with an opioid overdose, you cannot simply do rescue breathing and/or administer naloxone to fix these issues.

What Do I Do If Someone I'm With Seems Like They're Overamping, But Isn't Having a Seizure/Stroke/Heart Attack?

If you're with someone who is experiencing psychological symptoms and minor physical symptoms associated with overamping, there are some responses to try:

- Ask them what they need.
- If available, offer them food and cool water or a drink with electrolytes, like Gatorade.
- If you have access to an ice pack, bags of frozen fruit or vegetables, or a small bag of ice, wrap it in a piece of fabric and offer it to them to put on their forehead, back of the neck, or other pulse points. If none of those things are available, you can pour water on a piece of lightweight fabric (t-shirt or similar) or paper towels and napkins. Even an antiseptic wipe can help because they're damp and cool.
- If it's hot out, see if you can find somewhere cool and air-conditioned to take them, like a drop-in center, coffee shop, or library.
- Find a quiet place for them to sit and rest. If you're in a crowded area or in a large group of people, head to a quieter side street or place with fewer people.
- See if you can get them to take a few deep breaths—practice breathing deeply with them.
- Discourage them from using any more substances, including alcohol. Using downers (opioids, benzos, alcohol) when experiencing overamp can make it harder to breathe and using more uppers will make the overamp worse.

How Do I Know If Someone Has a High Fever? What Should I Do If They Have One?

If someone is sweating a lot, has chills, or feels hot to the touch (if they are okay with you touching them), it's likely that they have a fever. Many of the strategies listed above—like offering water or Gatorade, finding someplace cool, and giving an ice pack or a cool cloth—can help to bring down a fever. However, a fever over 104°F is dangerous because the body can overheat—this will likely require medical attention.

Without a thermometer, it can be hard to tell how high someone's fever is. Some signs of overheating to look for are:

- Headaches, body aches, chills, and dizziness that don't go away after drinking water, opening a window, or using other strategies to cool down
- Hot, dry skin (rather than sweaty skin)
- Very rapid pulse
- Pale, bluish, or gray skin
- Rapid breathing
- Inability to stay awake

If the person you're with is experiencing these symptoms, **call 911** or take them to the emergency room.

What About Seizures?

Someone might be having a seizure if one or more of the following things are happening:

- Muscle spasms, inability to control limbs
- Grunting sounds
- Parts of the body twitching or tingling
- Inability to control bladder or bowel movements
- Body stiffening
- Losing consciousness
- Foaming at the mouth

If you think the person you're with is having a seizure, the best thing to do is remain calm. Most seizures last only a few seconds or minutes. Don't yell at the person or make loud noises to get their attention—instead, try to talk to them as gently as you can. Let them know that you think they're having a seizure and tell them what you're doing to respond as you do it. Here are some things you can do:

- If you're somewhere where it's safe to do so, lie them down on their side and put something soft (like a pillow, blanket, towel, sweatshirt, or backpack) under their head. Staying in this position helps make sure that they don't choke on saliva or vomit (if they vomit).
- Make sure they're far away from anything that could hurt them, like heavy, hard, or sharp objects, or anything that could fall on top of them.
- If they're wearing glasses, take them off so they don't break. Remove or loosen any tight clothing, like ties, buttoned collars, scarves, so that they don't become restrained by these items.
- Check for a medical ID bracelet. These typically contain information about a person's conditions and/or allergies.
- If you can, try to time how long the seizure goes on for. If it goes longer than five minutes, **call 911** for medical assistance.
- Verbally comfort them, tell them you're not leaving them, communicating what you're doing, continuing to repeat reassurance

Do not try to restrain someone who's having a seizure—you could get hurt, the person having the seizure could get hurt, and it won't stop the seizure. **Do not** put anything in the person's mouth—this could result in you getting accidentally bitten, tooth or mouth damage to the person having a seizure, and/or be a choking hazard.

After the seizure ends, let the person rest or sleep on their side in the recovery position in case they vomit. Someone should stay with them until they're fully awake and should make sure they don't eat or drink anything until they are.

Sometimes, seizures do require medical attention. You should **call 911 if**:

- A seizure lasts for more than five minutes.
- They got hurt during the seizure.
- The person has more than one seizure in a row.
- Their skin turns red, blue, or pale and doesn't start to go back to its normal color after the seizure.
- They lost consciousness and don't regain it after the seizure.
- They stopped breathing and don't start again after the seizure.

After the seizure, if the person tells you they've never had a seizure before, it's also a good idea to encourage them to talk to a medical professional.

How Do I Know If Someone's Having a Stroke? What Do I Do If They Are?

Strokes are a medical emergency—they're caused by blood vessels in the brain either being blocked or bursting and they can be deadly. If you think someone is having a stroke, **call 911** right away. If someone is **suddenly and unexpectedly** showing any of these symptoms, they may be having a stroke. Use the BE FAST acronym to help recognize a stroke and respond quickly:

- **B**alance (they may be having a hard time balancing, walking, or with coordination)
- **E**yes (their vision may be suddenly blurred, doubled, or they may not be able to see at all. This can affect one or both eyes)
- **F**ace (they may be unable to move their face, or you may notice one side of their face drooping. Ask them to try making facial expressions)
- **A**rms (they may feel weakness in one arm and unable to keep it raised)
- **S**peech (their speech may be slurred or garbled, or they may not understand what you're saying. Ask them to repeat short phrases)
- **T**ime to get help (if you notice some or all of these signs, call 911 for assistance)
- They may also experience numbness, weakness, or inability to move one side of their body; sudden confusion and disorientation; and a very painful headache that seems to come from nowhere.

What about a heart attack?

If you think someone is having a heart attack, **call 911** or get them medical attention right away. Call 911, but also chew (faster absorption) baby Aspirin, which acts as a blood thinner and can slow the effects or damage done by the cardiac event (EMS will instruct you to do this when you call, as well). If they lose consciousness and you know CPR, you can also do CPR on them until help arrives.

A heart attack caused by overamping will look the same as a heart attack that doesn't involve drugs, and it's good to be able to recognize their symptoms in general. A person having a heart attack might experience:

- Feelings of pain, pressure, squeezing, or fullness in the center of their chest. This might last for several minutes continuously or might come and go.
- Feelings of pain or discomfort in other parts of the upper body, like the arms, back, and jaw.
- Shortness of breath.
- Nausea, vomiting, cold sweats, or lightheadedness.

Lots of people primarily associate heart attacks with the feeling of pain or pressure in the chest. For people assigned female at birth, other symptoms—upper body pain, shortness of breath, nausea—are actually more common, so pay close attention to what symptoms the person is describing.

Tapering, Withdrawal, & Diverted Medications for Opioid Use Disorder (MOUDs)

EASING OPIOID WITHDRAWAL ^{224, 225, 226, 227, 228, 229}

Withdrawal from opioids is painful regardless of the circumstances. During withdrawal, you might experience both physical symptoms (including a runny nose, muscle aches, sweating, chills, diarrhea, cramping, nausea, and vomiting) and mental symptoms (including agitation, irritation, anxiety, and trouble sleeping). Though it is not life-threatening, withdrawal is difficult to get through, especially for people who don't have safe and consistent places to rest or regular access to food, water, and other amenities. The strategies below may help manage opioid withdrawal and reduce uncomfortable symptoms.

Basics

- Try to stay hydrated, especially if you're vomiting or having diarrhea. Both cause your body to lose fluid quickly, so it's important to replenish. If you're having trouble drinking water or keeping it down, you can try:
 - Sucking on ice cubes or Popsicles
 - Drinking a soothing, non-caffeinated tea, like ginger or peppermint
 - Trying a sports drink or other noncarbonated, noncaffeinated drink, to see if they're easier to keep down
- If you can keep food down, try to eat regularly. The easiest food to keep down will be plain, bland foods without a lot of added sweeteners, like saltine crackers, white bread, bananas, plain rice, low-sodium chicken broth, or rice cooked in chicken broth. If you're having trouble eating, start with very small amounts.
 - Avoid foods high in fat as they can be more difficult to digest
- Rest when and if you can.
- Try to do things—and spend time with people—that bring you comfort.
 - Try to avoid things that are emotionally intense, even small things, like movies. That intensity could exacerbate your agitation and anxiety.
- If you have access to a bathtub, a warm bath may help with muscle aches and cramps. Epsom salt baths are great during withdrawal, be cautious of increased dizziness/nausea when exiting the bath.

224 <https://www.ncbi.nlm.nih.gov/books/NBK310652/>

225 <https://www.fda.gov/news-events/press-announcements/fda-approves-first-non-opioid-treatment-management-opioid-withdrawal-symptoms-adults>

226 [https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(19\)30564-1/pdf](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(19)30564-1/pdf)

227 <https://muschealth.org/health-professionals/progressnotes/2019/summer/emergency>

228 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4075718/>

229 <https://journals.sagepub.com/doi/10.1177/2156587215577896>

Over-the-Counter Medications

There are several OTC medications that might help ease some of the symptoms of withdrawal. They include:

- Imodium, for diarrhea
 - Take as the package instructs. It's possible to take too much Imodium, which causes symptoms that range from uncomfortable to potentially deadly.
- Pepto-Bismol, for nausea
- NSAIDs (nonsteroidal anti-inflammatory drugs, like ibuprofen or aspirin), for muscle aches and cramps
- Allergy medications (like Benadryl or Claritin), for runny nose, sneezing, and other cold-like symptoms.
 - Allergy meds may also help you sleep if you're experiencing insomnia but pay attention to how they make you feel—for some people, these medications have the opposite effect and feel stimulating.

Medications for Opioid Use Disorder

- If you're trying to get off heroin or fentanyl and open to using methadone or buprenorphine (Suboxone or Subutex), these medications can certainly help you to feel more comfortable as you come off illicit opioids.
- Microdosing buprenorphine (taking about .5 milligrams once or twice/day then slowly increasing the dose) can help you to taper off other opioids. On such a small dose of bupe, you can still use and feel the effects of other opioids.
- If you're using diverted methadone (buying it from someone on the street rather than going to a clinic), be sure you and the people around you have naloxone—because methadone has such a long half-life (stays active in the body for longer than other kinds of opioids), it's possible to overdose repeatedly if you take too much.
- If you're not planning on stopping use of opioids long-term, using small amounts of buprenorphine or methadone can help you to keep your tolerance up—and reduce chances of overdosing—when you start to use again.

Herbal Remedies

Herbal remedies may be more gentle than over-the-counter medications, but they can still be helpful in reducing symptoms of withdrawal. (Not all herbal remedies are gentle—some can have serious effects or interactions with other drugs, so it's good to know what you're taking.) Some helpful herbs may be:

- Passionflower, which can be brewed as a tea and has calming effects
- Wild lettuce, which has calming and pain-relieving properties
- Valerian, which can help with sleep
- Ginger, which can soothe an upset stomach
- Breathing in the steam and drinking mint tea can decrease nausea and can help with sinus symptoms
- St. John's Wort can help with shaking and diarrhea associated with withdrawal
- Ginseng (tea or supplement) can help with GI issues and can help to ease anxiety and improve mood during withdrawal

Other Drugs

For some people, the following drugs can be helpful in easing withdrawal symptoms:

- Cannabis, which, for some, helps ease anxiety, promote relaxation, and counteract nausea.
 - As of November 2022, cannabis products containing THC and/or CBD have been *legalized for both medical and recreational use* in Alaska, California, Washington, Oregon, Nevada, Arizona, New Mexico, Colorado, Illinois, Michigan, Virginia, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Washington D.C., and Maine; have been *legalized for medical use and decriminalized for possession* in North Dakota, Minnesota, Hawaii, Missouri, Mississippi, Ohio, Maryland, and New Hampshire; are *legal for medical use only* in Utah, South Dakota, Oklahoma, Arkansas, Louisiana, Florida, Pennsylvania, West Virginia, Alabama, and Puerto Rico; and are *decriminalized for possession only* in Nebraska and North Carolina.
 - As of November 2022, cannabis products containing CBD only are legal in Wisconsin, Iowa, Indiana, Kentucky, Tennessee, and Georgia.
- As of November 2022, all cannabis products are illegal in Idaho, Wyoming, Kansas, and South Carolina.²³⁰
- In 2018, the FDA approved a medication called Lucemyra (lofexidine) for addressing symptoms of opioid withdrawal. Lucemyra is not an opioid and must be prescribed by a doctor.
- People have anecdotally reported that the psychoactive plant kratom (as powder, capsules, or tea) can be helpful during opioid withdrawal to alleviate pain, cravings, and other symptoms. However, some research indicates that kratom is not without risks and has been associated with overdose deaths in people experiencing opioid withdrawal.²³¹
 - Please be aware that kratom is unregulated in the US, so as with any unregulated substance, start low and go slow.
 - Be aware that people have gone into withdrawal from kratom after extended use.

After Withdrawal

- Some people find that even after they get through withdrawal, they experience intense memories and dreams about the experience.
- It's likely that you could wind up with triggers for both physical and emotional memories of withdrawal.
- Some people also report having intense dreams about going through withdrawal, even years after abstaining from opioid use.
- If you're experiencing intense emotional or physical memories, dreams, or finding that you have a lot of triggers, it may be helpful to seek out support. This can be in the form of support groups, free or low-cost therapy, or informal peer and social support.

230 <https://disa.com/maps/marijuana-legality-by-state>

231 <https://pubmed.ncbi.nlm.nih.gov/26511390/>

EASING STIMULANT WITHDRAWAL ^{232, 233, 234, 235, 236}

Stimulant withdrawal, like opioid withdrawal, is not life-threatening, but that doesn't mean it can't be uncomfortable or even painful. Symptoms may vary but are often emotional or psychological—including drowsiness or insomnia, agitation, fatigue, intense feelings of depression, and cravings for stimulants. Physical symptoms might include appetite changes. Try managing symptoms with the recommendations below.

Basics

- Stay hydrated. Make sure that you're drinking plenty of water or other hydrating beverages, which can help to regulate your body and mood overall.
- Sleep if you can. It's not uncommon to "crash" when coming off stimulants and give your body time to rest.
- Drink coffee or other caffeinated drinks—caffeine may address some of the cravings for other stimulants.

Medications

- As is the case with opioid withdrawal, allergy meds may help if you're having trouble sleeping—but in some people, these medications have the opposite effect and feel stimulating.
- There are no approved medications for stimulant use disorder, but there are some medications that can assist in treatment. ADHD medications like Adderall and Vyvanse (which are stimulants themselves) may be helpful alternatives to cocaine or methamphetamine.
- Be careful if buying Adderall, Vyvanse, or other stimulant pills on the street—because of the high demand, these may be illicitly manufactured pills, which often contain fentanyl. Be sure to carry naloxone, and, if you can, use fentanyl test strips to test your pills. (Talk to your local harm reduction program for instructions for using test strips for pills.)
- Depending on how you feel about using benzodiazepines, using them during withdrawal may help to manage anxiety.

Other Drugs

- As with opioid withdrawal, cannabis may help to ease anxiety and promote relaxation. It may also help to increase your appetite.

232 <https://pubmed.ncbi.nlm.nih.gov/7841859/>

233 <https://www.mass.gov/doc/stimulant-use-disorder-treatment-guidance-pdf/download>

234 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797110/>

235 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7425303/>

236 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7138250/>

INDUCTING ONTO DIVERTED BUPRENORPHINE (SUBOXONE OR SUBUTEX)

237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248

Starting Buprenorphine on the Street: The Basics

- Buprenorphine-containing medications (including Subutex—buprenorphine alone—and Suboxone—buprenorphine combined with naloxone), also known as bupe, come in four forms: sublingual (absorbed under the tongue) tablets, sublingual strips/films, injection, and transdermal (through the skin) patches.
 - Tablets and strips/films are the most common form of bupe.
 - In some states, strips are more widely available at pharmacies, and in other states, tablets are more common. Some states also make it easier to get the injectable form of bupe (Sublocade).
 - Often this has to do with the form of buprenorphine your jurisdiction's Medicaid program covers.
- Buprenorphine is a partial opioid agonist, which means it binds to opioid receptors just as opioids like heroin, fentanyl, and methadone would, but it triggers a less intense response.
 - Because bupe is a partial agonist, it can cause precipitated withdrawal (like naloxone does) if it's taken while opioids are still in the body's system.
- Because of this, it's recommended that people already be in *mild to moderate withdrawal* before they take buprenorphine for the first time.
- Different opioids have different half-lives (lengths of time that it takes them to be metabolized by the body), so there are different recommendations for when you should begin taking bupe based not just on *what* you last used but also *when* you last used it.
- Sublingual buprenorphine tablets and strips should be held under the tongue to dissolve.
 - If it's swallowed, it won't metabolize correctly. Avoid spitting for 10 minutes after putting the dose in your mouth.
 - Avoid drinking, eating, smoking, or brushing your teeth 10 minutes before or after taking buprenorphine.
 - Most forms of buprenorphine available in the US have a 4 : 1 opioid agonist : naloxone formulation. If you try to inject or snort your bupe, it will block the effects of the medication and likely keep you in or put you in withdrawal.

237 <https://ascjournal.biomedcentral.com/articles/10.1186/s13722-020-0177-x>

238 <https://www.frontiersin.org/articles/10.3389/fphar.2021.631784/full>

239 <https://pcssnow.org/wp-content/uploads/2021/04/quick-start-guide.pdf>

240 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7755703/>

241 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7755703/>

242 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8582770/>

243 <https://www.medschool.umaryland.edu/media/SOM/Microsites/DACS/docs/Starting-buprenorphine-in-the-age-of-fentanyl--Final.pdf>

244 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851017/>

245 <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6149a1.htm>

246 <https://store.samhsa.gov/sites/default/files/d7/images/sma18-5071fs1.jpg>

247 <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>

248 <https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>

- Subutex, a form of buprenorphine typically prescribed to pregnant people with opioid use disorder, does not have an opioid antagonist or naloxone formulation—so it is much easier to overdose on than other forms of bupe.
- It's rare, but it is possible to overdose on buprenorphine—try to use it around other people until you get a sense of what your best dosage is, and always carry naloxone.

Starting Buprenorphine on the Street: Heroin/Fentanyl Use

1. Wait 12-24 hours after you last used opioids before starting on buprenorphine.
 - In those 12-24 hours, if you're feeling sick from withdrawal, it's okay to use medications like Advil, anti-nausea meds, or anti-diarrheal meds to ease your pain and symptoms.
2. Hold the (full or partial) strip or tablet under your tongue and wait for it to dissolve. This may take several minutes, but don't swallow the strip/tablet whole—you likely won't feel the effects of the medicine if you do.
 - Buprenorphine is most commonly available in 2 mg and 8 mg forms. Most people start on 12-16 mg/day (split up into 6-8mg twice daily).
 - Start with a small piece of a strip. Wait 30 minutes and see how you feel. If you feel OK, or if you're still feeling symptoms of withdrawal, you can take more. As with any other substance, start low and go slow. If you start with an 8 mg strip or tablet and want more, try breaking the next one in half.
 - You should start to feel the effects of buprenorphine in about 30-60 minutes.
 - **Do not** try to inject or snort the bupe. The naloxone in the medication's formulation will kick in and you'll be kept in withdrawal.

Starting Buprenorphine on the Street: Methadone Use

1. If you can, try to titrate down to 30mg of methadone per day before moving to buprenorphine—you'll still need to pause methadone use for a couple of days before starting to take bupe, but this may make the transition a little smoother.
2. Wait 36-72 hours after your last dose of methadone to begin buprenorphine.
 - In those 36-72 hours, if you're feeling sick from withdrawal, it's okay to use medications like Advil, anti-nausea meds, or anti-diarrheal meds to ease your pain and symptoms.
 - Do not use any other opioids between stopping your methadone and starting buprenorphine. If you do, you'll have to wait for those opioids to work their way out of their system before you take your first dose of bupe.
3. Hold the (full or partial) strip or tablet under your tongue and wait for it to dissolve. This may take several minutes, but don't swallow the strip/tablet whole—you likely won't feel the effects of the medicine if you do.
 - Buprenorphine is most commonly available in 2 mg and 8 mg forms. Most people start on 12-16 mg/day (split up into 6-8mg twice daily).
 - Start with a small piece of a strip. Wait 30 minutes and see how you feel. If you feel OK, or if you're still feeling symptoms of withdrawal, you can take more. As with any other substance, start low and go slow. If you start with an 8 mg strip or tablet and want more, try breaking the next one in half.
 - You should start to feel the effects of buprenorphine in about 30-60 minutes.
 - **Do not** try to inject or snort the bupe. The naloxone in the medication's formulation will kick in and you'll be kept in withdrawal.

USING OTHER OPIOIDS WHILE ON BUPRENORPHINE

- It is possible to use buprenorphine as a maintenance medication to keep your tolerance up and keep yourself out of withdrawal while, if you want, still using your opioid of choice (heroin, fentanyl, etc.).
- For example, some people choose to use buprenorphine during the work week but don't take it on the weekend so they can get high.
- If you're planning on using heroin or another opioid, it's OK to take buprenorphine the day before using the other opioid, but try not to take bupe on the same day as the other opioid.
- Unless you're taking methadone or another opioid with a long half-life (meant to stay in the body 12 or more hours), it's OK to use buprenorphine the day after using another opioid.

LONG-TERM OPTIONS FOR MOUD²⁴⁹

Using buprenorphine or methadone on the street may help you decide if you want to seek out a long-term treatment program and/or provider. While seeing a doctor or joining a methadone program can be intimidating, they are the best ways to ensure that you'll have reliable and sustainable access to these medications. Here are some things to know.

Buprenorphine

- Buprenorphine can be provided by doctors, and, in some states, nurse practitioners. SAMHSA has a resource page to help you find providers in every state. Your local SSP may be able to make a referral too.
- Your provider will write you a prescription for buprenorphine and you will pick it up at a pharmacy. When you first start with a provider, you may only be prescribed enough medication for a week or two. This is so your provider can check in with you about how you're feeling and whether your dosage needs to be adjusted. After the first couple of visits, you will be prescribed about a month's worth of buprenorphine at a time.
- Many states require providers to conduct urine screens on people who are prescribed buprenorphine—this does not mean your provider will kick you off your medication if you test positive for other opioids or substances. Many providers are flexible about prescribing buprenorphine to people who still use opioids occasionally and/or who use drugs other than opioids. A local harm reduction program might be able to connect you to more accommodating providers.
- Depending on the state and its policies, providers may be able to prescribe buprenorphine with a telehealth appointment (phone- or video-based). Telehealth permissions expanded during the COVID-19 pandemic and are still being used in many places to make it easier to access MOUD.

Methadone

- This SAMSHA tool can help you find methadone providers. You can also ask your local SSP for recommendations.
- Unlike buprenorphine, people who take methadone for MOUD generally need to go to a clinic every day—or at least multiple times per week—to get their dose.
- Most methadone clinics require urine screens with some regularity and are less flexible than buprenorphine providers about continued use of other substances while on methadone.

249 <https://www.cdc.gov/opioids/framework/surveillance-research/moud-study.html>

Seeking Medical Care

TIPS FOR INTERACTING WITH MEDICAL PROFESSIONALS²⁵⁰

If you do end up needing medical treatment (for any of the conditions described here or for something else), it may help to prepare for the appointment and remember a few tips when interacting with doctors and other medical professionals.

The relationship between patient and medical provider should be nonjudgmental and you, as a patient, should be able to comfortably talk with your provider(s) about as much of your drug use and other aspects of your life as you want. Many healthcare facilities now offer peer support programs or patient navigation—if you would like to have someone with you, ask your provider if there is support available.

It is NOT your fault if your medical provider is judgmental towards you or makes you feel ashamed or embarrassed about your drug use or any other parts of your life. It is their job to provide care without judgment. When a healthcare provider or system can't provide respectful and effective services, THEY are failing at their responsibilities.

The Legal Action Center created a guide, [Be Empow\(ER\)ed! Know Your Rights to Addiction Care for Drug & Alcohol-Related ER Visits](#), which covers emergency department-based services and standards of care, as well as legal steps to take if those services are not available. Review the guidance before seeking SUD-related care in an emergency department, and learn more about LAC's [Know Your Rights in the Emergency Room](#) work.

Before Your Appointment

- When scheduling your visit, make sure to get the name of the person you're speaking to, and to note the date, time, and location (if the office has more than one site) of your visit.
- Ask friends, community members, and participants and staff at SSPs or other organizations where you feel comfortable for recommendations of places to go and places to avoid.
- If you're feeling uncomfortable, anxious, or nervous about your appointment, ask a trusted friend, family member, or other peer support figure to go with you as a witness and/or advocate.
- Some medical facilities have peer support on staff/on call—you can ask about these services when making the appointment.
- If you're nervous about talking to the doctor or nurse and/or worried you'll forget something, write down a list of your symptoms, how long you've had them, any medications you're taking, any relevant family medical history, and any other concerns ahead of time so you can easily recall everything that you want to communicate.
- It's also a good idea to make a list of any questions you have for the doctor or other staff.

250 <https://harmreduction.org/issues/safer-drug-use/quality-healthcare-brochure/>

- If you're on MOUD or any psychiatric medications, be sure to bring along the name and contact info for your clinic, prescriber, and/or psychiatrist. If you're admitted to the hospital overnight or longer, this will make it easier for hospital staff to reach your provider(s) and prevent disruptions in your care and/or dosing.
- Bring a pen and paper or your phone to take notes for documentation.
- If you can, get well before your appointment. You may be in the waiting room and/or with staff for a long time.

During Your Appointment

- Sometimes, nurses stay in the exam room or doctors ask if medical students can observe appointments. If this happens and you feel there are too many people around, you absolutely can request to speak to the doctor alone. You deserve privacy if you want it.
- You **never** have to mention your substance use if you feel uncomfortable or unsafe doing so.
- Take notes, or, if you've brought someone else along, ask them to take notes for you.
- You have a **right to informed consent**. This means your provider should explain any procedures, interventions, or recommended courses of treatment to you before they're performed. **You have the right to agree to treatment or to refuse it.**
 - Medical staff will usually ask you to sign a refusal of treatment form if you do refuse treatment.
- Refusing care can sometimes result in negative treatment from staff. Try not to get sucked into a negative exchange. Remember you have the right to ask for a different nurse or a second opinion from another provider.
- If your provider refuses treatment for any reason (substance use, weight, mental health issues, gender identity, sexuality, medical history, etc.), you can request that they document in your chart that you were denied that intervention for the relevant reason.
- If you are having a wound lanced and drained, you should be offered lidocaine or another numbing agent. If it's not offered, you can always request it.
- You can request to see your medical chart at any time, for any reason.
- This is **your** appointment—you can end it at any time, for any reason.

After Your Appointment

- If your doctor acts unethically or harmful, you can file a complaint about them to your state's medical board.
 - If you have Medicaid or Medicare, the Center for Medicaid & Medicare Services has instructions on how to file a complaint about provider behavior, improper treatment, and/or unsafe hospital conditions.
- If you visit an SSP, drop-in center, or anywhere else that people who use drugs spend time and feel comfortable, let staff know about your experience (whether positive or negative). They can help share that information with people who plan on going to that clinic, hospital, or provider so they can have an idea of what to expect.