

Life-saving information for people  
waiting for drug treatment

# Injecting and infections

What you need to know



**If you inject, please read this booklet.**

# You have been given this booklet because we want to try and reduce the number of injecting drug users who get HIV and hepatitis B and C.

**Getting into treatment is one of the best things you can do to help cut down the amount you inject.**

Now you are on a drug treatment waiting list, hang on in there. Keep asking how long you're going to have to wait.

Drug treatment services should be working towards a waiting time of no more than two or three weeks.

While you are waiting, please read this booklet.

If you follow the advice you are given, it could make a big difference to your health in the future, **and could even save your life.**

**Funding for this leaflet has come from the National Treatment Agency which has been set up to reduce waiting times and improve access to, and the quality of, drug services.**

You can find out more about the NTA at [www.nta.nhs.uk](http://www.nta.nhs.uk)

# You can protect yourself (and others) from serious infections if you:

## 1 Use new sterile injecting equipment every time, and never share:

- needles and syringes;
- spoons or cookers;
- water;
- filters; or
- acids.

**Sharing** means using something at the same time as someone else, using something after someone else has used it or giving something you have used to someone else.

## 2 Create a 'safe space' for preparing your hit.

You can do this by getting it together on a surface that you can throw away afterwards (like a newspaper or magazine).

## 3 Always dispose of used injecting equipment safely.

Use a sharps bin to store used equipment until you can take it back to the needle exchange.

# Infections

There are two main types of infection that can get into your body when you inject drugs — viruses and bacteria.

Viruses live in the blood cells.

Bacteria live on the skin and all other surfaces.

# Bacteria

**To reduce the risk of infection — always wash your hands and the injecting site with soap and water before you start.**

If you inject drugs you will always inject some bacteria as well.

Your immune system will usually find the bacteria and kill them. But sometimes they will cause an infection.

This is usually because it is a powerful infection **or** you have injected a lot of bacteria **or** your body can't fight off the infection because you are unwell or your circulation isn't very good.

**If you are prone to infections then take extra care washing your hands and keep your injecting sites clean.**

# Viruses

**Viruses are tiny – if a single virus was blown up to be the size of a football, a blood cell magnified by the same amount would be the size of a football stadium!**

That is why it is so hard to make drugs that kill viruses – because it is hard to kill the virus without killing the body cells they're living in. **Antibiotics have no effect on viruses – so you've got to avoid catching them.**

There are three different viruses that live in blood that injectors need to know about – **hepatitis B, hepatitis C, and human immunodeficiency virus (HIV).**

Hepatitis B and hepatitis C attack your liver.  
HIV attacks your immune system and can cause AIDS.

Following the injecting advice at the beginning of this booklet will help to protect you and others from all three viruses.

It only takes a tiny amount of blood to get into another person's bloodstream for the viruses to be passed on.

**There can be thousands of virus particles in a drop of blood that is too small to see.**

**That is why sharing *anything* that could have come into contact with blood can lead to infection.**

# HIV

**HIV is a virus that lives in blood. It can be passed on by sharing injecting equipment and having unprotected sex. There is no vaccination that can protect you against HIV.**

**Needle and syringe exchange has been available in the UK since shortly after the discovery of HIV. Because of this, there are very low levels of HIV among injectors in the UK.**

**But this could easily change. To keep the number of HIV infections low, injectors in the UK need to avoid sharing works and other injecting equipment, and to practise safer sex.**

In other countries, such as the USA, where getting hold of sterile works is much more difficult, HIV rates are much higher and many more injectors have died from AIDS.

# The only way to tell if someone has HIV is by blood tests.

## Testing

The HIV test looks for antibodies – the substances your body makes to fight the virus.

If there are HIV antibodies in your blood, it means you are infected with the virus.

## The disease

The HIV virus can cause AIDS, which stands for acquired immune-deficiency syndrome.

Without treatment, the virus destroys the immune system leaving you open to a wide range of infections that a healthy body would be able to fight off easily.

## Treatment

HIV treatment has become much more successful at treating infections.

Early diagnosis makes it possible for you to get the right treatments at the right time.

# Hepatitis C

**Hepatitis C (hep C) can cause serious liver disease. It is passed on through sharing injecting equipment.**

**There are two reasons injectors are much more likely to catch hep C than HIV:**

- far more injectors have it; and
- it may be more infectious.

People in sexual relationships sometimes think: “We’re having unprotected sex, so it doesn’t make any difference if we share works.” **It does.**

**Hep C is rarely transmitted through sex but it is easily transmitted through sharing injecting equipment.**

## **Testing**

The only way to tell if someone has hep C is by blood tests. The first test is for antibodies, the second test looks for the virus itself.

Sometimes people test positive for the antibody, but negative for the virus. This means that the virus has been in their bloodstream, but has now gone – either because it was only there in very small quantities, or because the immune system has killed it. This doesn’t mean that they are immune, and sharing in the future could easily result in hep C infection.

# Hep C is not a disease that causes problems straightaway, but it can creep up on you and make you really ill.

**Liver damage can be slow to develop, so few people are aware of anything for the first few years.**

**The symptoms of liver disease can include:**

- tiredness;
- anxiety;
- a poor appetite;
- weight loss;
- feeling ill after drinking alcohol;
- aching pain and tenderness below the ribs on the right side;
- poor concentration ('brain fog');
- feeling sick; and
- fever, chills, night sweats and headaches.

**One of the hard things for people with hep C is that it can be hard to know if the virus is making them ill as all of these symptoms can be caused by other problems too.**

# You are much more likely to get ill if you drink alcohol.

**In around half of the people who have hep C, the virus damages the liver enough to make them ill. For some the illness becomes very severe.**

The more alcohol you drink, the more likely you are to get ill. Liver disease is much worse for people who drink alcohol heavily (even if only occasionally).

Almost everyone who has hep C and drinks heavily gets seriously ill as a result.

## **Treatment**

Treatment for hep C is often effective in getting rid of the virus, and is becoming more widely available. It involves giving people injections of a drug called interferon, combined with other drugs that are effective against the virus. Interferon is produced naturally by the body, so giving it to people usually boosts their body's ability to fight the virus.

Unfortunately, the side effects of interferon can make some people feel more ill and can be so bad that people stop the treatment.

# Hepatitis B lives in blood.

It can be passed on very easily (to people who haven't been vaccinated) through sharing injecting equipment and having unprotected sex.

## **The disease**

Most people who catch hepatitis B (hep B) have a few very unpleasant weeks or months of illness with symptoms including extreme tiredness, loss of appetite, being unable to tolerate alcohol and sometimes yellowing of the skin known as jaundice. The body then usually (but not always) gets rid of the virus without treatment.

## **Blood tests and treatment**

For those people who develop long-term hepatitis B infection the blood tests and treatment are similar to those for hepatitis C.

# Hepatitis B: get vaccinated!

**There is a vaccination against hepatitis B. All drug users and their close families should have it. If you have been vaccinated, you can't catch hepatitis B (but you could still catch hepatitis C or HIV).**

**If you have not already been offered the hepatitis B vaccination, your needle exchange, drug treatment service or GP should be able to arrange it for you. It usually takes three jabs in your arm over a few weeks or months.**

**You must have the full course of vaccinations, and then have a blood test to make sure it has worked – then it's one less virus to worry about!**

Published by: National Treatment Agency as part of the national strategy to reduce drug-related deaths.

© Exchange Supplies / National Treatment Agency 2004.

This booklet is available free to drug services in England for distribution to people on drug treatment waiting lists while stocks last.

To order more copies or download this leaflet online visit [www.nta.nhs.uk](http://www.nta.nhs.uk)

Printed on 100% recycled paper.



**FRANK**

0800 77 66 00

[www.talktofrank.com](http://www.talktofrank.com)

**NHS**

*National Treatment Agency  
for Substance Misuse*

020 7972 2214

[www.nta.nhs.uk](http://www.nta.nhs.uk)