

Wound Care

Overview:

People who inject drugs (PWID) are likely to experience wounds and infection related to their injection drug use. Common wounds and infections experienced by PWID include blood poisoning (septicemia), infection of the heart lining (endocarditis), tetanus, hepatitis, bruising, collapsed veins, abscesses and blood clots. Preventing and caring for wounds in PWID requires special consideration of the conditions surrounding drug use.

Barriers to the prevention and treatment of soft tissue infections include limited access to sterile drug use supplies including sterile water, homelessness, stigma, and limited access to food and hot showers.

People who inject drugs are often hesitant to seek medical care due to perceived or actual uninformed treatment by medical professionals. Much like any other medical condition, those who seek wound care are likely to be offered other services such as substance use disorder treatment. Fear or anxiety of additional medical services may deter PWID from seeking medical attention.

Some states have increased timely and compassionate access to medical care by developing mobile wound care services. There is currently no mobile wound care in Minnesota and many people use the emergency department to access necessary wound care.

Preventing Wounds & Safer Use:

There are steps that can be taken to reduce the likelihood of wounds associated with injection drug use:

- **Use sterile supplies** (syringes, sterile water, cotton, cooker, etc.) and thoroughly wash your hands every time you inject drugs.
- **One needle, one use.** Do not share needles with others and do not re-use your own needle. Needles are cheaply made and become dull after one attempt.
- **No sharing.** No sharing needles, cookers, wipes, or tourniquets. All supplies needed to inject have the potential to pass infectious disease.
- **Rotate injection sites.** Scar tissue develops under the injection site. Rotate injection sites to prevent physical irritation and to allow time for each injection site to heal.
- **Clean your injection site** using an alcohol wipe or soap and water thoroughly. Choose injection sites that will be easy to keep clean (e.g., arms).
- **Do not use alone.** When possible, take turns. Observe for signs and symptoms of overdose. If people use the same supply at the same time, and that supply is laced, or not the potency they expect, then both people are at risk of an overdose at the same time, and will be unable to help each other.
- **Plan ahead.** Stock up on sterile needles, cotton, sterile water, and a variety of needle sizes. Have a sharps container on hand.

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- **Have a safety plan for every time you use.** Ensure someone is available to intervene in an emergency if needed. If you are using alone, text someone before and after use. Leave the door unlocked. Leave your naloxone kit in plain sight.
- **Carry naloxone.** Train those around you to use and carry naloxone. Even if the drug you use primarily is not an opioid (e.g., cocaine, methamphetamine), it is possible that it is laced with fentanyl and fentanyl analogs. Opioids cause respiratory depression, or trouble breathing. Carry naloxone to be prepared for an overdose emergency.

Treating Wounds:

If you suspect you have a wound or infection, the following steps may help reduce the severity of the wound/infection and its side effects:

- **Act early!** Work with Syringe Service Program (SSP) staff to find a doctor who will provide compassionate care and make an appointment as soon as you suspect an infection.
- **Keep the wound clean** and follow wound healing directions provided by your doctor.
- Fever, chills, or pain associated with the abscess or pain in the armpits or groin are some of the symptoms of a blood infection. If you experience these symptoms **seek immediate medical attention.**
- The body uses more fat and protein when it is healing itself; **increase fat and protein intake** when you have healing wounds.

SSPs & Wound Care:

Syringe Service Programs (SSPs) can play a vital role in helping PWID access wound care by taking the following steps:

- **Distributing sterile drug-use equipment**, including sterile water to prevent soft tissue infections.
- Developing a list of **trusted medical providers** for wound care referral and having a procedure for the warm handoff of an SSP client into clinical care.
- **Considering implementing nurse-level wound care** when possible and appropriate.
- When nurse-level wound care is not possible, ensuring that SSP staff **work within their scope** and ability to address wound care needs.

STD/HIV/TB Section
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To obtain this information in a different format, call 651-201-5414.