INJECTING ANABOLIC STEROIDS
STEP-BY-STEP VISUAL GUIDE
TEN THINGS YOU SHOULD KNOW
Ten things everyone should know about using anabolic steroids

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10 THINGS YOU SHOULD KNOW

1. Injecting any drug is potentially very dangerous.

2. Sharing injection equipment puts you at risk of serious infections such as HIV or Hepatitis C.

3. Poor injecting technique could leave you with abscesses, damaged muscles and even paralysis.

4. Many of the anabolic steroids that are bought on the streets contain a different substance, or a different dose, than that which is described on the label.

5. Even when they are used 'properly', anabolic steroids may have permanent side effects that can devastate your life.

6. The long-term effects of steroid use are sometimes serious and very hard to predict.

7. Training, diet regulation, illness and stress determine how well you will respond to steroids.
8. If you want to use anabolic steroids you should find out as much about them as you can. There is plenty of information on the internet, but a lot of it is dated or inaccurate. Your local drugs service or a friendly GP should be able to give you advice on anabolic steroids. If they cannot, they should know someone who can.

9. Your local needle exchange scheme provides needles, syringes, sharps boxes and other sterile equipment. They can also offer guidance and advice. The service is confidential and free of charge.

10. You can phone Frank (the National Drugs Helpline) on 0800 776600 to find your nearest services or visit the website at www.talktofrank.com.
Not just any needle will do. The needle must be long enough to reach into your muscle and thick enough to allow the drug to pass through. Use either a long green (21g x 1.5”) or long blue (23g x 1.25”) needle. Ideally you need two for each injection: one to draw up with and another for the actual injection.

A 2ml barrel is a good choice. 2ml is the maximum amount of fluid that can safely be injected into the muscle at any one time.

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PREPARE

Find a clean, clear area to assemble your sterile equipment and to prepare your injection. Never, ever share ANYTHING you use to inject steroids with.

An injection opens the door for potentially lethal infections so keeping everything clean is important. Wash your hands and the place you are going to inject with lots of soap and hot water.
**DRAWING UP**

A: Hold your ampoule up to the light and take a good look. If the liquid is discoloured or there are bits floating in it then it could be dangerous or faulty and you should not use it. Oil-based solutions will be easier to inject if warmed to body temperature.

B: If you are satisfied the drug looks OK, push the needle through the seal, inject a little air to balance the pressure, then draw back the plunger until the dose you want is in the syringe.

C: Pushing a needle through the seal will make it blunt and a blunt needle will cause more damage to your muscle. Discard the used needle (use your sharps box) and replace it with a new sterile needle. Don't uncap the new needle until you are ready to inject.
Anabolic steroids are normally injected into parts of the thigh or the buttock. Injecting into the wrong place can have serious consequences ranging from internal bruising to permanent paralysis. Get good advice and make sure you know exactly what you are doing. Avoid injecting the same spot twice in a row, rotate sites to allow each muscle a chance to recover.

When injecting into the buttock, you should aim for the upper outer quadrant of the buttock (the top right or left sides). This muscle is called the *gluteus maximus*. Injecting here means you are less likely to hit your sciatic nerve which could cause severe pain and lasting injury.

When injecting into the thigh, you should aim for the middle outer muscle, which is called the *vastus lateralis*. 
A health professional or good gym instructor should be able to show you the exact location of the *gluteus maximus* and *vastus lateralis* muscles on your body.
OTHER SITES

If the buttocks and thighs cannot be used, some users inject into the deltoids (see diagram). This is not recommended for oil-based steroids.

The smaller the muscle, the more pain and damage an injection will cause. More care must be taken and a smaller dose used. Warm solutions to body temperature, inject slowly and then gently massage the area to help distribute the drug.

Some steroid users inject specific sites all over the body (e.g. the calves) to target lagging muscle groups. This can be dangerous and, despite what some people may tell you, there is no scientific evidence whatsoever to show that it works. Steroids act throughout the body—not locally.
PRE-INJECTION

A
If you can, get rid of any big bubbles in the syringe so that you can be sure of your dose. Flick the barrel and then press the plunger until the solution reaches the top of the syringe.

B
If you use an alcohol swab on the injection site, allow a few seconds for your skin to dry before injecting. If you have already washed your injection site with soap and water then there is no need to use a swab. Soap and water is healthier for your skin.

C
Use your thumb and forefinger to stretch out the bit of skin where you are going to inject.
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INJECTION

A. Holding the syringe like a dart, push the needle through the skin and into the muscle. Go in at a 90 degree angle to reduce the damage to your muscle. Insert the needle no more than three quarters of the way in and take care not to hit the bone. Try practising on an orange!

B. Before injecting the solution, make sure that the needle is not in a blood vessel (a vein or artery). Ease the plunger back a little way. If blood appears in the syringe, withdraw the needle, apply pressure to stop any bleeding and try again somewhere different.

C. Once you are satisfied that the needle is in the muscle, release the skin around the needle and press the plunger. To lessen damage, the solution should be injected s-l-o-w-l-y into the muscle.
Finally

A little bleeding is normal. Apply pressure with a clean tissue or cotton wool for a few minutes to stop the blood and prevent bruising. Any swelling, itching or redness should quickly subside.

Everything you have used in the injection – needles, syringes, swabs and empty ampoules should be placed in your sharps box and returned to a needle exchange scheme for safe disposal.

Thoroughly wash your hands with hot water and soap.
Thoroughly wash your hands and do so with hot water.

All the while, apply pressure.

Evenly tickle the skin.

Always treat your hands with care.
INJECTING PROBLEMS

NERVE HITS
If you feel a severe pain, like an electric shock, when the needle goes in then it is likely you have hit a nerve. Hitting a nerve can cause permanent damage and even paralysis. Your instincts will tell you the right thing to do: remove the needle straight away.

MUSCLE DAMAGE
Repeated injections into the same muscle can cause damage and scarring which may affect muscle function. Further injections may be painful and badly absorbed. Remember to switch or rotate the place you inject, each time you inject.

INTERNAL BLEEDING (HAEMORRHAGE)
Accidentally puncturing a blood vessel when you inject can cause bleeding inside the muscle (a haemorrhage) which, at the least, will affect your training performance and cause stiffness and pain. If you accidentally injected steroids into an artery you would be in a whole heap of trouble. Always check that the needle is not in a blood vessel before you inject (see pg.19).
MISSING THE SPOT
Unless you make your injections in exactly the right place you risk damaging tendons, nerves and ligaments, causing pain and serious mobility problems. Unless you are absolutely certain you know where and how to inject, get some expert advice before you go anywhere near a syringe.

REDNESS AND SWELLING
Non-sterile equipment or poor hygiene can cause infections at the injection site leading to swelling or abscesses, which can be difficult to heal. If the injection site becomes hot or red or starts to weep fluid, then you should stop injecting there and seek medical attention before the problem gets worse.

GETTING HELP
If you have any worries or concerns about your injecting, go straight to your needle exchange, drugs service or GP. Remember that a health professional will only be able to help you properly if you are honest about your steroid use. Don't just hope that your problems will get better on their own—they're just as likely to get a lot worse.
aims
To provide information for self-injecting anabolic steroid users in an accessible graphic format. This booklet includes a step-by-step guide to intra-muscular injection for the promotion of safer practice.

audience
Anabolic steroid users, aged 18+

content
Illustrations of drug use, no swearing.

funding
Self-financed.