

# HARM REDUCTION – SAFER INJECTING

Name:

What drugs are you injecting?	Where?	Do you share equipment?	What are the risks?
<b>Do you want to stop injecting?</b>			
<b>NO</b>		Reasons why you want to stop:	Who can help?
Reasons why I don't want to/can't stop injecting:	How can you make your injecting behaviour safer?	What are the long term risks of you continuing to inject?	<u>Action Plan</u>