

WARNING!
VIEWER DISCRETION ADVISED

This booklet may offend some viewers as it contains information that may save drug users' lives!



SHARP SHOOTERS

**HARM REDUCTION INFO
FOR SAFER INJECTION DRUG USE**

HARM REDUCTION

Everything you are about to read in this booklet is based on the idea of HARM REDUCTION. Harm reduction recognizes that abstinence (quitting drugs altogether) isn't realistic or possible for everyone. This approach tries to make sure that people who use injection drugs get the same chances and choices around healthcare as non-users. You may have heard the saying "KNOWLEDGE IS POWER"—it's true! By learning about drugs and ways to reduce the possible harms connected with drugs, you're empowering yourself to make informed choices.

This booklet will provide you with non-judgmental, straightforward facts so you can make healthier choices for yourself. So, read on... SHOOT CLEAN, FUCK SAFE and TAKE CARE OF YOURSELF AND EACH OTHER!

This booklet only deals with intravenous drug use.

For information on muscling (intramuscular injection), skin popping, piercing and tattooing, see your local harm reduction or needle syringe program. If you are willing and able to quit using drugs, a harm reduction worker or staff at a needle syringe program can hook you up with detox or treatment options.

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SAFER INJECTION

The numbers on this page correspond to the numbers around the picture on the next page.

1. Never inject anywhere on the head or neck! Because these areas are closest to the heart and brain, it's easier to OD (overdose) and abscesses are more dangerous.
2. Never inject into the groin area—you could hit a major artery and lose your leg or even die! Also, never inject into the genitals—that goes for both men and women.
3. The inside of the wrist is full of nerves, veins and arteries, all really close together. Never inject here.
4. The veins on the back of the hand and the top of the foot are fragile, so inject slowly (it will hurt).
5. If you have diabetes, be careful when injecting in your hands or feet. If you get an abscess, it will take much longer to heal, and may lead to further complications.

The blood flows slowly in leg veins, so inject slowly (be careful, there's an artery behind the knee). It is easier for clots to form here. Reduce the risk by following the vein care tips on pages 6 to 9.

6. If surface veins (often visible just under the skin) are good, use them but rotate sites regularly.

Vein Care

Caring for your sites can lower your risk of getting infections. The best veins to hit are in the arms and hands. The most dangerous areas are the wrists, anywhere above the shoulders and the groin/genital area. However, when rotating sites, you will have to make some important choices about different sites to hit. Try using veins other than the ones in your arms. This way, you can give your veins a chance to heal and keep them from collapsing. If you can inject with either hand, it will be easier to rotate sites.

If your veins are totally messed up, “muscling” (intramuscular injection) is an option. For details on how to do this safely, and to get the right equipment, talk to people at your local needle syringe program. Smoking, snorting, eating and putting the drug up your ass are other ways to do your drugs.

Give your veins a holiday every once in a while. Try to keep at least one good vein for emergency healthcare purposes (in case you need an IV inserted).

Bringing Up the Vein

An important part of avoiding abscesses and scarring is to make sure you're in a vein before you inject. If you have problems finding a vein, try one or more of the following:

1. Drink lots of fluid (preferably water) before, during and after injection. Drinking water before injecting will make your veins bigger and more visible.
2. Tie a tourniquet (sounds like “turn-a-key”) above the place where you'll inject—the further away, the better. Try a rubber tie-off, panty hose or a soft belt. Untie it before you start to inject.
3. Clench and relax your fist.
4. Gently slap the skin.
5. Apply a warm cloth over the vein.
6. Take a hot bath—you'll find veins you never knew you had. But never take a hit in the bath—**you could nod off and drown.**

More useful vein-care tips...

1. Using the smallest needle possible can reduce track marks, swelling and bruising, but it can sometimes be harder to flag, so you may end up poking yourself several times before you're able to inject. This can damage the vein, especially over time. You can try to use a slightly larger-gauge needle if it means that you're able to flag right off the bat. Don't be afraid of

change—find out what works best for you. Remember to rotate your injection sites to minimize damage to the veins.

2. See or feel the vein before you start to bang.
3. Clean the area with an alcohol swab.
4. Always inject with the bevel up (the bevel is the sliced angle at the end of the needle).

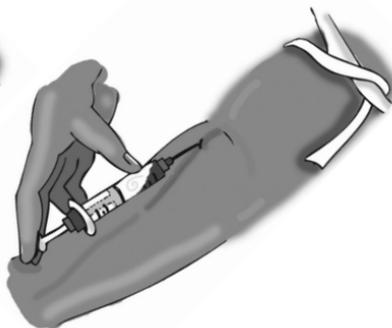
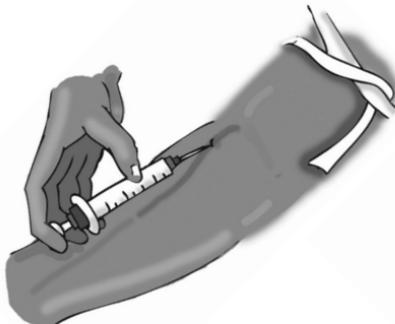
Right



Wrong



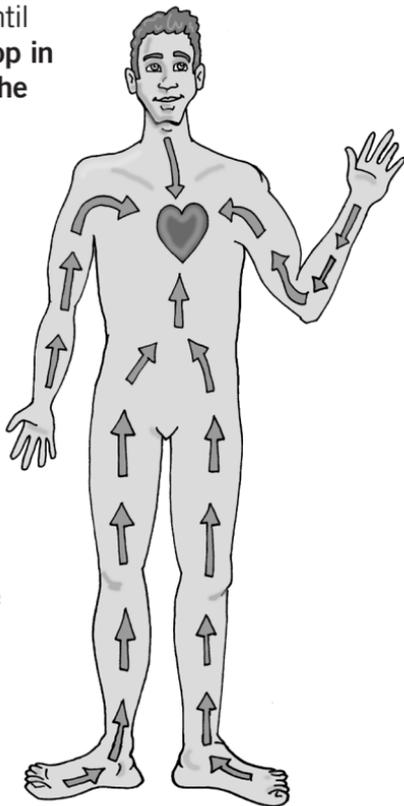
5. Flag—pull back on the plunger until you see blood in your barrel (this way you know you're in the vein).
6. Insert the needle in the same direction as the blood flow in your veins (see picture below). Then inject slowly.



7. Never shoot into an artery! An artery has a pulse. You'll know if you hit one because it will really hurt, the blood pressure will force the plunger backwards, the blood will look foamy, and it will take longer to stop the bleeding. If this happens, take the needle out right away.

Press down hard on the site until bleeding stops. **If it doesn't stop in 5 minutes, you need to go to the hospital right away!**

8. You can use vein cream to reduce swelling and track marks. Some needle syringe programs give this out, and some users make their own. (Vein-care recipe: Mix equal parts of vitamin E cream, Preparation H and Vaseline/ petroleum jelly.) Others use aloe vera or cocoa butter. Whatever you use, test it first on a patch of skin where you don't inject to make sure you're not allergic to it.



Works Care

Use a new needle for every injection. You can get new ones at your local needle syringe program and even drop off your used ones. Needle syringe programs will also set you up with everything you need—cookers, tourniquets, sterile water, swabs and filters.

Cap your needles after each use. Make sure to store used needles in a container that the needle tip can't poke through (the best things are hard plastic bottles or containers). Some needle syringe programs will provide sharps containers (the yellow or red plastic ones).



Cap it, then snap it!

To be extra safe, you should always break off your own needle tip. That way, no one can re-use your needle and no one will get punctured with it.

All you have to do is this:

Cap the needle and snap the tip off (with the cap on it), then put them both into a ‘Sharps container’ (or bottle).

OR

Over a table or sink, remove the plunger, break the needle off, drop it into the syringe and put the plunger back in. Make sure the tip doesn't poke through the side of the barrel. You need a steady hand to do this.

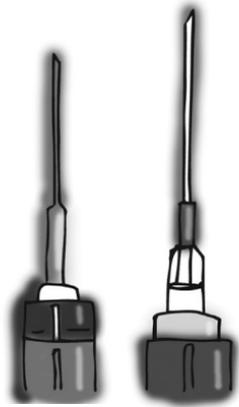
Never break or dispose of anyone else's needle—you could get poked!



If You Can't Get New Works

The ideal way to protect yourself from HIV and hepatitis C (Hep C) is to use new works every time you inject and to never share. However, there are some people who do not have access to new needles. For example, there are no needle syringe programs in some remote areas. If you can't get new needles (from a needle syringe program or pharmacy), try one of these options:

- You might want to switch to drugs that can be swallowed (parachute), eaten, smoked or snorted until you can get new works. Try not to re-use cookers, filters, or other works that have been used by another person.
- Keep your own works and don't let anyone else use it. Mark your works to let you and others know that it is yours and it is not to be shared (see page 15 for different ways to mark your works). Works can be cleaned between each use but not shared between people. Rinse the needle with cold water after using it so blood does not dry in the syringe and clog it. **Bleach does not kill hepatitis C and may not kill HIV.**
- Stock up on works when you can get to a needle syringe program or pharmacy.





Injecting Crack

Base is added to cocaine to make it smokable. (In rock form, it's known as crack.) To revert crack into its powder state, you need to add ascorbic acid (vitamin C) or citric acid. (These are the only acids that can safely break down the rock for injection. They do less damage to your veins than other substances, like vinegar or lemon juice.) If you use too much vitamin C or citric acid, the shot will burn and you may damage your veins. If you use too little, the drug will not completely dissolve and you won't get your full shot. Add small amounts of vitamin C or citric acid little by little until the rock dissolves. Many needle syringe programs carry vitamin C powder these days, or you can purchase some from a health food store for a few dollars.

Always flag to make sure you're in the vein. If you miss your shot, you may numb the surrounding skin and end up digging around for a vein, which can damage the veins. Change it up by finding a different spot to shoot again. If you miss your shot and an abscess forms, make sure to get it looked at by a medical professional—abscesses do not go away on their own (see “Skin Infections” on page 27). Remember that crack has a higher risk of creating an abscess than some other drugs do.

Make sure that after a run, you take the time to drink lots of fluids and eat some food—your body will appreciate the help you give it to recover. Find a safe place to sleep, where the only people around you are those you trust. This way you can be safe from sexual assault or from being robbed.

Shooting in a Group

Even if you don't mean to, it's very easy to share works in a party or social situation. Plan ahead to reduce your risks. Make sure you have your own works, and take along extras if you can—especially if you're shooting coke or crack, where you're likely to do many injections. Clearly mark your own works to let you and others know that it is YOUR equipment and it is NOT TO BE SHARED with others.

Remember that when you are passed out, you are more at risk for being sexually assaulted or raped, having your stuff ripped off, or being hurt. So try to be around people you trust when you are shooting up!

Different ways to mark your works:



Felt pen or
nail polish



Tape



Burn mark



Bite off ½
the plunger
top



Scrape a
number off
of the barrel

Always plan ahead and have extra equipment on you that you can get from your local needle syringe program. This way, you won't have to lend or borrow any works!



OTHER THINGS TO KNOW

Women Users

Women who use injection drugs have some drug-related concerns that are different from those of men. These apply to some trans men too.

If you have your period (menstruate), many drugs, including opiates and amphetamines, can affect it. Your period may become shorter, longer, or stop altogether. But you still need to use birth control to prevent pregnancy and use condoms to reduce the chance of getting STIs (sexually transmitted infections).

If you're pregnant or thinking of becoming pregnant... drugs can harm a fetus. All drugs have some effect on the fetus (unborn baby), some more than others. Some drugs can also affect your partner's sperm, which can, in turn, affect the fetus. If you are pregnant, it is safer to not use drugs or to use less. But sometimes it is more dangerous to both parent and fetus to quit certain drugs cold turkey. If you are dependent on a drug, talk to a doctor about slowly weaning yourself off it, and getting whatever support you need. It is safer to snort, swallow or smoke drugs than to inject. If you are wired to opiates, it is healthier for you

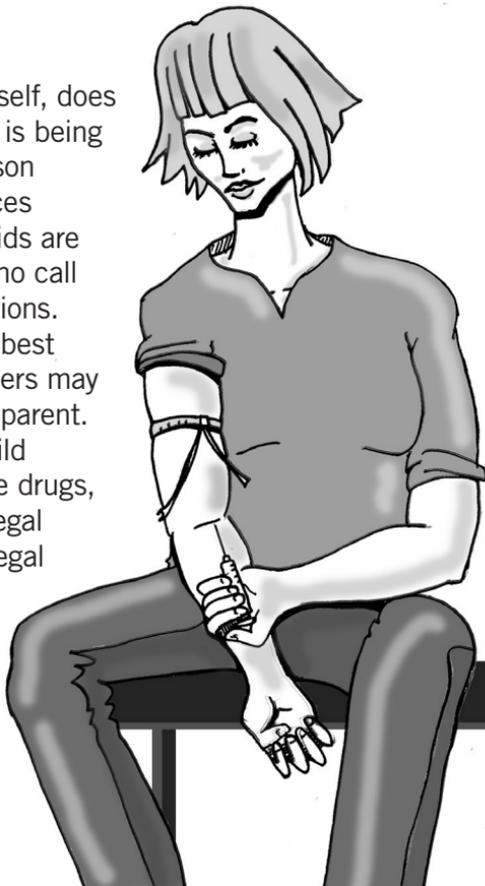


and the fetus to be on methadone. It is also important to regularly see a doctor or nurse while you're pregnant.

To protect yourself from abuse, take control of your own drug use. Buy your own drugs and learn to shoot yourself up (see page 19).

If You're a Parent...

Drug use by a parent, in and of itself, does not necessarily mean that a child is being abused. However, it can be a reason for Children's Aid or Family Services to investigate. People who have kids are sometimes harassed by people who call or threaten to call these organizations. While some people may have the best interests of the child at heart, others may be trying to control or punish the parent. If someone is threatening your child custody situation because you use drugs, it can be hard to get help. Try a legal clinic for legal advice (look up "Legal Information Services" in the Yellow Pages). Also, contact a crisis line, counselling service, shelter or harm reduction program for support.



Score for Yourself, Inject for Yourself

Knowing how to inject and score for yourself means you don't have to rely on others and it reduces your risk of being abused.

Some people don't shoot themselves up and rely on a partner or spouse to do this for them. But some people abuse their partners by not shooting them up when they want or need it or by giving them too little or too much of the drug. An abusive person may also take advantage of their partner by raping, beating or robbing them when they're high, passed out or sick from withdrawal.

Some people can't buy their own drugs because they don't know or can't contact a dealer. They rely on their partner for this as well. But if the partner takes off, the other person is left without a connection and may go into withdrawal. Trying to find a dealer at this point is hellish and can be unsafe.

Take control of your own use by learning to shoot yourself up.

Establish your own connections with a dealer so you can get what you need when you need it. Stay connected with your local harm reduction program/needle syringe program—it can be a good source of support if you are experiencing problems of any kind.

If you are a sex worker, buy your own drugs so you can stay in control of your drug use. Try to get paid in cash and avoid trading sex for drugs. Otherwise, some clients may take advantage of you by not giving you the drugs when you need or want them most.

Quality Control

People cut drugs with different things, including other drugs, powdered sugars, different kinds of anesthetic and, rarely, different kinds of poison. Often, it is what the drug is cut with, and not the drug itself, that causes health problems. Because street drugs are not controlled and quality tested, the strength (purity) and quality changes all the time.

If you have not used drugs for a while, even if you're a regular user, keep these safety tips in mind to help prevent an overdose:

- Try to find a regular dealer and ask if what you are buying is the same as what you got the last time.
- “Taste test” a small amount to make sure it tastes like what you're used to. Or smoke a bit of it first to get an idea of how pure it is.
- Always start out with half your dose (if you use regularly) or a quarter dose (if you use occasionally). Inject in the presence of others who can care for you if something goes wrong.

Overdose

CAUSE: An overdose (OD) is what happens when you take more drugs than your body can handle.

Amphetamines and Cocaine (Uppers):

SIGNS: A “speed” OD can cause a heart attack. Signs of a heart attack may include: shortness of breath, nausea, sweating, anxiety, pain and numbness in chest, arms and neck. Other signs of an OD may include racing pulse, seizure (uncontrollable twitching, “doing the chicken”), rapid breathing and rapid eye movements.

CARE: Call 911 if someone has signs of a heart attack or is having seizures that last longer than 5 minutes or happen over and over again (**the person could die!**). If the person is showing other signs of overdose, stay with them. It may help to move to a quiet, dimly lit room and apply ice or cold towels to the neck and forehead. Remind the person to breathe deeply. You want to make sure that the person is getting enough oxygen to his or her heart. Sometimes it helps to breathe deeply with them. Keep checking for signs of heart attack every once in a while. If the person is convulsing, clear a space so they don’t bang into something and hurt themselves and don’t put anything in his or her mouth. Never try to hold a person down! If the person is hot but isn’t sweating, they may be overheating. Try to get them to rest, drink water slowly, and cool down.

Opiates (Downers):

SIGNS: Blue around the mouth or nails, no pulse or a weak pulse (check wrist and neck), passed out or unconscious (if you can't wake them up or keep them awake), hardly breathing or not breathing at all, trouble walking or talking, cold and clammy skin, tiny pupils.

CARE: Call 911 right away (**or the person could die!**) and tell them that someone has overdosed. Shout their name and pinch the back of their arm or run your knuckles on their chest bone to try and wake them. **Give them naloxone (if you have it).** If the person isn't breathing, giving rescue breaths on their own is most helpful. If you can only give chest compressions, that's better than nothing. Keep giving rescue breaths or chest compressions until paramedics arrive.

Place the person in the recovery position (see diagram below) and stay with them until help comes. Don't try home remedies like injecting them with salt water—it doesn't work.

Recovery Positions

Unconscious
Lying on side



Conscious
Sitting up



Police

When you call 911 because of an overdose, the police, ambulance and firefighters may all come. Try to stay with the person who is overdosing – this can help save their life.

To help lower fear when police respond to an overdose, there is a law called the *Good Samaritan Drug Overdose Act*, which gives some legal protection for people who ask for emergency help during an overdose. The Act protects the person overdosing or anyone with them from being charged for having drugs on them. It can also protect a person from being charged for violating parole, bail, probation, or a conditional sentence for a simple drug possession charge. It does not protect a person who police think is selling drugs. Police may think this if a lot of drugs, cash, or items used for selling drugs like scales and baggies are present.

Try to be helpful to the emergency crew. Tell them how long the person has been passed out and what you think the person has taken. If the police question you, you only have to give your name and address.

NOTE: People who inject drugs are often treated unfairly or looked down upon by police, paramedics and doctors. Always remember that you have a right to healthcare and other services. Don't let other people's bad attitude affect how you feel about yourself or stop you from getting the help and support you need. Talk to a harm reduction/needle syringe program worker for help with this.

AVOIDING INFECTIONS

As someone who uses injection drugs, you are at risk for different kinds of infections. Read on to find out how you can lower your chances of getting them.



Cotton Fever (Septicemia)

CAUSE: Cotton fever is caused by bacteria from particles of dirt that grow on the filter fibres getting in your water, or from the stuff that the hit is cut with.

SIGNS: Feeling extremely cold no matter how well you cover yourself, nausea (sick to your stomach), vomiting, diarrhea, shakes and shivers, blinding headache, hot and cold sweating, twitches (feels like withdrawal).

CARE: Keep warm by covering yourself with blankets. Taking a hot bath helps, but make sure someone stays with you so you don't drown. Get comfortable, and take medication for pain and vomiting if you need to. Don't do another hit as this can make you feel worse. Go to the hospital if you want to, and ask someone to take you.

REDUCE YOUR RISK: Try to fix in the cleanest space possible. Try not to put your syringe down, as it may come in contact with dust or dirt. Use sterile water to mix your hit, and avoid sharing your wash with others. Use new dental filters each time—the kind given out at needle syringe programs—and change them often, as they tend to get loose and microscopic strips stick to the end of your needle, causing cotton fever. Always check in with staff at a needle syringe program and other users about any changes in the cut—they may have some info.

Swollen Skin (Cellulitis) and Swollen Connective Tissue

CAUSE: Missing the vein, “digging around” with the needle, or spilling some of the hit between soft tissue (skin and muscle).

SIGNS: Redness, swelling, bumps that form right after injection (might look like hives or blisters) that may lead to scarring.

CARE: Apply ice or something cold. It can be helpful to keep a clean wet cloth or sock in your freezer. As soon as your skin starts to swell/bubble, throw the sock in cold water (to make it soft again) and wear it over the affected area. **If swelling doesn’t go down in one hour, see a doctor.**

REDUCE YOUR RISK: Make sure you are in the vein—try to flag by pulling back on the plunger until you see blood in your barrel. If you’re injecting crack/cocaine, remember that it can numb the area where you are injecting, so you may end up digging around more for a vein because you can’t feel pain in that area, and there could be a greater chance that you miss your hit. Pull out if it starts to hurt or swell. If you miss, try again in a different place to reduce the risk of infection and damage to skin and veins. If you’re missing regularly, you may be using the wrong needle. Remember that it makes more sense to use larger-bore needles and inject once than to use small-bore needles and have to poke yourself a dozen times until you get a vein.

Skin Infections (Abscesses)

CAUSE: Dirt or germs on the skin at the injection site (from not cleaning the site properly), missed hits, using the same site over and over, picking your scabs or not giving your scabs a chance to heal.

SIGNS: Redness and swelling at the injection site, which turns into a pus-filled sore.

CARE: Clean the abscess with soap and water, then keep it dry and apply a bandage. **Abscesses do not go away on their own.** See a doctor, go to the hospital or talk to someone at your local needle syringe program. If left alone, it could turn into a serious blood infection, and, in some cases, people can lose an arm or leg.

REDUCE YOUR RISK: Be sure to wash your hands, clean your spoon before you cook your hit, and clean your injection site with an alcohol swab before you inject. Flag to make sure you're in a vein before you inject. Some drugs, like crack/cocaine, are more likely to cause abscesses because it can be easy to miss your hit if the injection site has become numb from a previous injection.

Blood Clots and Embolisms

Blood clots can form in veins throughout the body. An embolism is a free-floating blood clot that moves through the veins and arteries.

CAUSE: Injecting pieces of dirt or bacteria can cause clots, which get stuck in the vein and block the flow of blood to the heart. Blood clots can also form around scarred veins. Embolisms can form from infections which cause build-up on the valves of your heart (see page 33 on Heart Infections) and then break off into your bloodstream.

SIGNS: Pain and swelling in the arm or leg, if this is where the blood clot is. If the clot is in your lungs, it may cause chest pain, shortness of breath, unconsciousness or death. A blood clot in your brain is called a stroke and can cause numbness or weakness in any part of your body, fainting, blurred vision, speech problems, unconsciousness or death.

CARE: Go to a hospital right away. This is serious. You could die!

REDUCE YOUR RISK: Try to keep dirt and bacteria out of your hit. Use a new needle, sterile water, clean cooker, tourniquet/tie and filter every time you inject. You can prevent vein damage by following the Vein Care tips on pages 6 to 9. Also do not keep bloody hits in your syringe for long. For example, if you've partially flagged but moved to another injection site, try to find the new site fairly quickly because the blood in the barrel will start to coagulate and form into clots. Never keep a bloody hit for later use.

HIV

HIV (which stands for human immunodeficiency virus) is a virus that weakens your immune system, your body's built-in defence against disease. There is no vaccine or cure for HIV, but with early diagnosis, treatment and care, most people with HIV can stay healthy and live a long, full life. The only way to tell if you have it is to get tested through a simple blood test.

HIV is passed through blood, semen (cum and pre-cum), vaginal secretions (pussy juice), anal fluids (ass juice) and breast milk. To get HIV, the virus in one of these fluids must come into direct contact with your bloodstream or the moist lining in the vagina, ass, foreskin or pisshole of the cock. This usually happens through sharing injection equipment and through unprotected vaginal and anal intercourse, and, very rarely, cock sucking. HIV cannot be passed through other body fluids (like sweat, tears, spit or piss) because they don't hold enough of the virus to infect a person.

When you inject a hit, you make a direct, open path to your bloodstream. This means there is a very high risk of HIV infection. Whether you are HIV positive or HIV negative, you can help to stop HIV from passing between people.

To lower the chance of HIV infection:

- Avoid sharing, lending or borrowing works!
- Use new equipment every time. Go to your local needle syringe program to get new works.

- Don't handle or hold other people's works and don't let them handle or hold yours.
- If you don't have access to enough new needles, mark yours clearly so there is no confusion. You can mark your needle by burning or breaking off a tiny piece of the plunger or mark it with a pen.
- Use a latex condom every time you fuck (that goes for anal sex too).
- Get tested for HIV and other STIs (sexually transmitted infections). If you know your status, you can take steps to be healthier and safer.

Contact any community health centre or needle syringe program near you to get free condoms and water-based lube (ask about how to use them properly!), and to find out where you can get tested for HIV.

HIV treatment is another important tool for stopping HIV. We know that people with HIV who are adherent to their treatment and maintain an undetectable viral load are much less likely to pass on HIV when sharing drug use equipment. And when it comes to sex, people on successful HIV treatment with an undetectable viral load **do not pass on HIV during sex**. For HIV-negative people, taking HIV drugs in the form of PrEP (pre-exposure prophylaxis) can help lower your chance of becoming HIV positive. You can talk to a doctor or nurse to find out more



Hepatitis B and C

Hepatitis B (Hep B), hepatitis C (Hep C) and HIV are passed on in similar ways. Using a condom when you have sex can protect you from HIV, Hep B and Hep C.

CAUSE: Hep B and Hep C are viruses that infect the liver. The liver works like a filter in our bodies to clean the blood. Some people with Hep B or Hep C never get sick, but others get really sick. Regardless of whether you get sick or not, you can still pass the virus on to others. Hep B and Hep C can lead to liver disease or liver cancer, both of which can, in some cases, kill you.

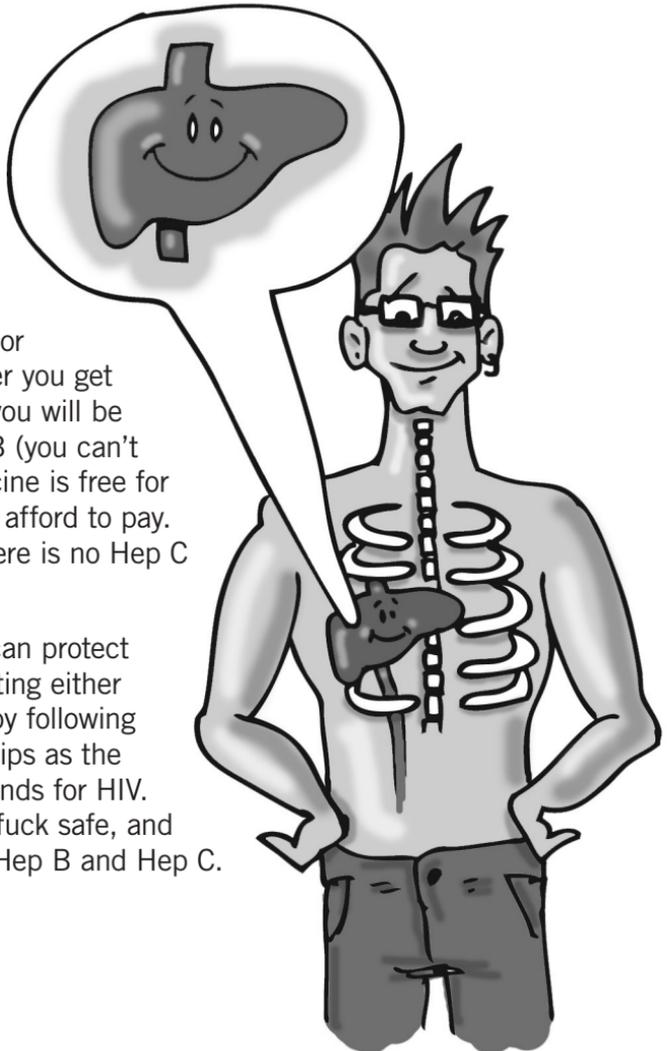
SIGNS: Most people go a long time before having any signs of illness. When people do develop symptoms, they may include: being tired, having no appetite, stomach pain on the right side (where your liver is), weakness, nausea, fever, yellow skin and eyes, dark pee and pale shit.

CARE: If you think you might have Hep B or Hep C, go to a doctor or clinic and ask to get tested. Once you know whether you're infected or not, you can take steps to stay as healthy as possible. Treatment for Hep C cures most people of the virus. There is treatment for Hep B too. It helps to manage the virus, but doesn't get rid of it.

REDUCE YOUR

RISK: You can get a Hep B vaccination (a series of shots that protect you from getting the virus) from your local doctor or health clinic. After you get the vaccination, you will be immune to Hep B (you can't get it!). This vaccine is free for people who can't afford to pay. Unfortunately, there is no Hep C vaccination.

Remember, you can protect yourself from getting either of these viruses by following the same safety tips as the booklet recommends for HIV. Shoot clean and fuck safe, and you'll avoid HIV, Hep B and Hep C.



Heart Infection (Endocarditis)

CAUSE: Dirt or bacteria that get into your veins when you inject eventually travel to your heart valves where they build up. As your heart beats, little pieces of this build-up can shake loose into the bloodstream, causing embolisms (see page 28 on Embolisms).

SIGNS: Chest pains, shortness of breath, fever, heart palpitations and/or fainting.

CARE: See a doctor when symptoms first appear; if left untreated, you could die.

REDUCE YOUR RISK: Try to make sure all your works and your injection site are clean. Use a new needle and filter every time. With re-used filters, microscopic cotton fibres can stick to the end of the needle, and then travel through your bloodstream and cause heart infection.



RESOURCES

Harm Reduction Programs and Needle Syringe Programs

Visit your local harm reduction program, needle syringe program or community health centre, and they will provide you with harm reduction kits. Also, most drugstores sell needles.

Some harm reduction outreach programs have mobile units that can reach you at different locations. Some will even deliver new needles to your door and pick up used ones.

Try to get your supplies before you score, so that once you have your drugs you're ready to roll.

In Ontario, call the "Mainline" info line for Needle Syringe Programs or friendly drug stores near you: 1-800-686-7544.



GLOSSARY

- NSP** needle syringe program
- Works** all the stuff you use to do your hit: needle, spoon/cooker, water, filters, tourniquet/tie, swabs...
- HIV** human immunodeficiency virus
- Hep B** hepatitis B
- Hep C** hepatitis C



FUCK SAFE

LOOK INSIDE
FOR INFO ON:

- AVOIDING
INFECTIONS
- VEIN CARE

- SAFER
SHOOTING
- OD'ING
- NEEDLE
SYRINGE
PROGRAMS
& MORE!

SHOOT CLEAN



PARKDALE
QUEEN WEST
Community
Health Centre



Special thanks to: The Original "Sharp Shooters" (you know who you are), Scott F., Frank C., Kelly G., Matt J., Danny W., Butch, Sara, Anne-Marie, Cyndi, Raffi, Dr Tim, Barb & Erin. Thanks, too, to South Riverdale Community Health Centre's COUNTERfit program.

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