**Introduction and Aims:** Cleaning injection sites with alcohol swabs reduces abscesses and other soft tissue infections. Better understanding of swabbing behaviours can inform interventions to improve injecting hygiene. We aimed to determine the correlates of swabbing prior to injecting, and reasons for not swabbing.

**Design and Methods:** Participants were recruited from harm reduction services in eight cities and had injected drugs at least monthly in the past six months. A structured interview collected information on drug use and related issues. Logistic regression was used to identify factors associated with not swabbing at last injection.

**Results:** Of 853 participants (67% male; median age 43 years, range 20-69 years), 28% ‘never’ or ‘almost never’ swabbed injection sites prior to injecting drugs. A quarter (26%) reported that they did not swab prior to their last injection. In univariable analyses, there was a lack of association between swabbing and gender, Indigenous status, duration or frequency of injecting, and injecting site. Older age was positively associated with swabbing. In adjusted analyses, crystal methamphetamine as the last drug injected, past month receptive or distributive syringe sharing, and past month reuse of one’s own needle were significantly associated with not swabbing at last injection. Among participants who did not swab at last injection, swabbing was frequently considered unnecessary, and among a small number, harmful.

**Discussions and Conclusions:** Efforts are needed to increase awareness of the importance of injecting hygiene in preventing soft tissue infections. Interventions to increase swabbing may usefully target people who inject crystal methamphetamine.

**Disclosure of Interest Statement:**
SL has received untied educational grants from Indivior. AP has received untied educational grants from Seqirus and Mundipharma. No pharmaceutical grants were received for this study.