615 Sheridan Street
Port Townsend, WA 98368
www.JeffersonCountyPublicHealth.org

BUDGET REQUEST FOR RCORP-IMPLEMENTATION GRANT FUNDING

REQUEST: JCPH requests $500 for purchase of supplies to construct 100 safer smoking kits.

Program, Need and Benefit Overview

Jefferson County Public Health's (JCPH) Syringe Services Program (SSP) provides harm reduction supplies to people who use drugs, including syringes using a needs-based model out of their offices at 615 Sheridan Street, Port Townsend, WA.

Research has shown many drugs that are commonly injected may also be smoked, including fentanyl in pill form. Injection drug use is associated with a high morbidity and mortality. Smoking drugs can reduce some of the harms of injecting, including abscesses and blood-borne disease (particularly hepatitis C and HIV). Providing smoking supplies also opens an opportunity to connect clients with other harm reduction services, supplies and community resources, including naloxone (opioid overdose reversal) kits and education.

The JCPH budget request is based on information from the Tacoma Needle Exchange, who estimates their cost for safe smoking kits at approximately $3-4 per kit. Possible supplies include:

- Foil
- Filter material
- Glass pipes
- Protective mouthpieces
- Lip balm

JCPH will distribute the Safe Smoking Kits the SSP during their open hours of operation - 3 days per week at our Public Health Main Office. Clients will be offered safe smoking supplies in addition to the existing SSP supplies. Our experience suggests rapid spread via of word of mouth will result in the availability of smoking supplies being effectively shared with the desired population.

Data Commitment

JCPH currently reports SSP data to the Washington Department of Health. This report will be adapted to include distribution of safe smoking supplies. Data reported with include:

- The number of clients who receive kits
- The number of clients who receive both injection supplies and smoking supplies
- The total number of clients seen both prior to and after distribution of smoking supplies.

Distribution of Safer Drug Smoking Supplies as a Public Health Strategy

Samyukta Singh, MPH, Caleb Banta-Green, PhD, MPH, MSW, Susan Kingston

In Washington State, as across the country, fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration.

Syringe service programs (SSPs) have long been successful at engaging people who inject drugs and reducing the harmful health consequences of drug injection. Distributing safer smoking supplies is one strategy to better serve people who smoke drugs (PWSD) and may not inject them. **This brief describes the current landscape of safer smoking equipment distribution in Washington State and nationally, the evidence supporting this intervention, legal issues, and areas for further research.**

What are safer smoking supplies?

Drug smoking supplies distributed by harm reduction programs typically include glass stems and pipes used to inhale smoke or vapors, plastic mouth pieces to prevent lip burns, and items to insert or hold the drug in place such as screens, wire, and wooden push sticks. Some drugs are smoked directly from pieces of foil. Many programs also distribute alcohol wipes to clean hands and pipes and lip balm to prevent cracking; both items reduce the risk of HIV and hepatitis C.

Smoking supplies distributed by harm reduction programs are clean and safer than improvised items like aluminum cans, plastic tubes, steel wool, and light bulbs that can break easily or release toxic fumes.

Figure 1. Common safer smoking supplies.

Why smoke drugs?

The method one uses to ingest a drug can be a complex choice influenced by many factors. Individuals may choose to smoke drugs (rather than inject or snort) because they:

- prefer the particular "high" from smoking (injecting and smoking can create different effects).
- want to avoid the greater health risks from injecting.
- can no longer inject drugs due to extensive vein damage.

The choice to smoke is often dynamic and can shift based on environmental factors such as:

- how peers or members of a social group are using drugs.
- what drug use equipment is available at the moment (e.g., lack of a clean syringe).
- shifts in the type of drugs and prices in the local drug market, such as in San Francisco where the introduction of cheaper fentanyl has replaced heroin and increased the incidence of smoking fentanyl.[1]

Why distribute smoking supplies?

There are three primary public health objectives of distribution of safer smoking equipment:

Produced under contract for the Washington State Division of Behavioral Health and Recovery; the findings and opinions are those of the authors and not WA DBHR.

ISSUE BRIEF: SMOKING SUPPLIES FOR HARM REDUCTION

Injection drug use is associated with disease transmission, injury, and substantial morbidity, mortality, and high costs to the health care system in California. Many drugs that are commonly injected – including heroin, fentanyl, and methamphetamine – may also be smoked or snorted, which is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs.

California Law and Safer Smoking Supplies

In 2018, California Health and Safety Code section 121349.1 was amended in order to expand the scope of materials that may be made available for public health purposes by syringe services programs (SSPs). The law provides that staff, volunteers and program participants,

> "shall not be subject to criminal prosecution for possession of needles or syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability acquired from an authorized needle and syringe exchange project entity."

Further, Health and Safety Code section 120780.2 permits the distribution of "other supplies" to syringe exchange programs.

> "In order to reduce the spread of HIV, hepatitis C, and other potentially deadly blood-borne pathogens, the State Department of Public Health **may purchase sterile hypodermic needles and syringes, *and other supplies***, for distribution to syringe exchange programs authorized pursuant to law (emphasis added)."

The California Department of Public Health (CDPH) has determined that safer smoking materials, provided in a harm reduction context alongside health education and other care, may help individuals avoid initiation of injection drug use, and may allow people who inject drugs to transition from injection to safer modes of administration. In addition, availability of safer smoking supplies may reduce the risk of respiratory infections including influenza and tuberculosis, and injuries such as cuts and burns from using damaged pipes. Safer smoking supplies were made available through the CDPH Syringe Supplies Clearinghouse to authorized syringe services programs (SSPs) beginning in January 2020.

People may lawfully obtain and possess safer smoking materials from any authorized SSP in California. State law does not require SSP participants to have a program identification card or receipt for safer smoking supplies materials distributed by an SSP, and SSP participants may lawfully obtain supplies from SSPs located in jurisdictions other than where they live.

What Non-Injection Drug Using Supplies Does CDPH Provide to SSPs?

Safer smoking materials made available through the CDPH Syringe Supplies Clearinghouse may include glass pipes, foil, copper wire filters, and other materials, subject to change based on availability and funding. For more information on supplies currently offered by the Clearinghouse, contact SSPinfo@cdph.ca.gov.

EVIDENCE FOR PROVIDING SAFER SMOKING SUPPLIES TO REDUCE DRUG-RELATED HARM

Non-Injection Routes of Drug Administration are Less Dangerous

Injecting more frequently is associated with a greater risk of blood-borne pathogen transmission.[1] Hepatitis C virus (HCV) transmission particularly affects young people who use drugs,[2] who may be

at greater risk of infection because of different drug use patterns and less access to prevention services than older people.[3,4,5]

A person's overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible[6,7] and that non-injection routes of administration may pose less risk of overdose.[8,9] Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection-specific.[10] In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system.[11,12] For example, the lifetime cost of treating the approximately 200 injection drug use-related HIV infections that occur in California each year is approximately $90 million In 2018 California set aside $70 million with a goal of treating HCV in about 2,000 people that year alone.[13]

Sharing Smoking or Snorting Supplies May Transmit Disease

HCV has been found on used pipes,[14] and sharing non-injection drug using equipment is associated with HCV infection.[15] Pipe sharing has also been implicated in outbreaks of other diseases, such as tuberculosis.[16,17] As with the risk of other respiratory infections, access to non-injection drug use materials may reduce sharing and the consequent risk of COVID-19 infection: while not yet studied with regard to illicit drugs, the sharing of tobacco cigarettes could be implicated in COVID-19 transmission through salivary droplets.[18]

Lack of access to new pipes is the primary reason drug smokers share pipes and use damaged pipes.[19] People who smoke drugs may also resort to altering and using objects such as soda cans as make-shift pipes. This may introduce additional harmful chemicals from any printing or lining that may be on or in the can.[20] Providing pipes to people who use drugs leads to decreased risks from sharing pipes, using damaged pipes and improvising other objects as pipes.[21,22]

Increasing Mortality Related to Methamphetamine and Cocaine

There is an urgent need to better engage people who smoke or snort drugs, especially methamphetamine users, in harm reduction services and related care. California has experienced a significant and alarming increase in deaths related to amphetamines and cocaine in recent years. According to CDPH's drug poisoning surveillance program,[23] in 2018 slightly more people died from amphetamine-related poisonings* (2,316) than opioid overdose (2,311). Additionally, 33.4% of all opioid overdose deaths also involved amphetamines. Between 2014 and 2018, the California rate of drug poisoning deaths involving amphetamines increased by 99.6%, and African American, Latinx, and Asian-American people had greater rates of drug poisoning deaths than white people.

People Who Smoke Drugs Need Access to Harm Reduction Services

Making pipes and other non-injection drug using supplies available through SSPs can serve as an engagement strategy and bring harm reduction services to people who use drugs, but do not inject. There is a marked decrease of reported drug-related health problems among people who obtain new pipes through SSPs[24] and SSPs serve as a point of entry to other services, including linkage to care and treatment services.[25]

Offering new, non-injection drug using supplies for people who use drugs but who have not previously injected strengthens prevention interventions, including behavioral interventions that are effective in preventing initiation into injection.[26]

Studies have found that SSP participants are more likely to use a condom than non-participant drug users.[27] Crack cocaine and methamphetamine use are associated with risky sexual behavior;[28,29] and SSPs are well-equipped to provide information and education on reducing risky sexual behavior.

* Presumed to be predominately related to illicit methamphetamine.

Conclusion

Distribution of non-injection drug using equipment is an accepted harm reduction practice. Access to new smoke pipes can lead to the reduction of injection incidents among people who inject drugs, which increases their personal protective behaviors. Expanding harm reduction services beyond people who inject drugs is an effective strategy to address our opioid and methamphetamine overdose epidemic. It provides equitable access to care and treatment services, regardless the mode of drug consumption.

References

[1] Thorpe LE, Ouellet LJ, Levy JR, Williams IT, Monterroso ER. Hepatitis C virus infection: prevalence, risk factors, and prevention opportunities among young injection drug users in Chicago, 1997-1999. J Infect Dis. 2000;182:1588–1594. doi: 10.1086/317607

[2] Mateu-Gelabert P, Guarino H, Zibbell JE, Teubl J, Fong C, Goodbody E, Edlin B, Salvati C, Friedman SR. (2020). Prescription opioid injection among young people who inject drugs in New York City: a mixed-methods description and associations with hepatitis C virus infection and overdose. *Harm Reduction J*, 17(1):22.

[3] Eckhardt B, Winkelstein ER, Shu MA, Carden MR, McKnight C, Des Jarlais DC, Glesby MJ, Marks K, Edlin BR. (2017). Risk factors for hepatitis C seropositivity among young people who inject drugs in New York City: Implications for prevention. *PLOS One*, 12(5):e0177341.

[4] Leyva Y, Page K, Shiboski S, Hahn JA, Evans J, Erhardt E. (2020). Per-Contact Infectivity of Hepatitis C Virus Acquisition in Association With Receptive Needle Sharing Exposures in a Prospective Cohort of Young Adult People who Inject Drugs in San Francisco, California. *Open Forum Infect Dis*, 7(4):ofaa092

[5] Calvo M, MacFarlane J, Zaccaro H, Curtis M, Cabán M, Favaro J, Passannante MR, Frost T. (2017). Young people who use drugs engaged in harm reduction programs in New York City: Overdose and other risks. *Drug Alcohol Depend*, 178: 106-114

[6] Schaeffer, D., Stoever, S., and Weichert, L. (2014), Drug consumption rooms in Europe: Models, best practice and challenges, European Harm Reduction Network <https://www.aidshilfe.de/sites/default/files/documents/Drug%20consumption%20in%20Europe.pdf>

[7] Leonard L, DeRubeis E, Pelude L, Medd E, Birkett N, Seto J. "I inject less as I have easier access to pipes": injecting, and sharing of crack-smoking materials, decline as safer crack-smoking resources are distributed. Int J Drug Policy. 2008 Jun;19(3):255-64. doi: 10.1016/j.drugpo.2007.02.008.

[8] Darke, S. and Ross, J. (2000), Fatal heroin overdoses resulting from non_injecting routes of administration, NSW, Australia, 1992–1996. Addiction, 95: 569-573. doi:10.1046/j.1360-0443.2000.9545698.x

[9] Kaye S, Darke S. Non-fatal cocaine overdose among injecting and non-injecting cocaine users in Sydney, Australia. Addiction. 2004 Oct;99(10):1315-22. PubMed PMID: 15369570.

[10] Jennifer A. Frontera, Jeremy D. Gradon; Right-Side Endocarditis in Injection Drug Users: Review of Proposed Mechanisms of Pathogenesis, *Clinical Infectious Diseases*, Volume 30, Issue 2, 1 February 2000, Pages 374–379, https://doi.org/10.1086/313664

[11] Fleischauer AT, Ruhl L, Rhea S, Barnes E. Hospitalizations for Endocarditis and Associated Health Care Costs Among Persons with Diagnosed Drug Dependence — North Carolina, 2010–2015. MMWR Morb Mortal Wkly Rep 2017;66:569–573. DOI: http://dx.doi.org/10.15585/mmwr.mm6622a1.

[12] Tookes, H., Diaz, C., Li, H., Khalid, R., & Doblecki-Lewis, S. (2015). A Cost Analysis of Hospitalizations for Infections Related to Injection Drug Use at a County Safety-Net Hospital in Miami, Florida. *PLOS One*, 10(6), e0129360. http://doi.org/10.1371/journal.pone.0129360

[13] California Healthline. California Poised To Expand Access To Hepatitis C Drugs. June 21, 2018. Online: https://californiahealthline.org/news/california-poised-to-expand-access-to-hepatitis-c-drugs/

[14] Fischer B, Powis J, Cruz MF, Rudzinski K, Rehm J. Hepatitis C virus transmission among oral crack users: viral detection on crack paraphernalia. Eur J Gastroenterol Hepatol. 2008;20:29–32. doi: 10.1097/MEG.0b013e3282f16a8c.

[15] Tortu, S., McMahon, J., Pouget, E., and Hamid, R. (2004), Sharing of Noninjection Drug-Use Implements as a Risk Factor for Hepatitis C, *Substance Use and Misuse* 39,2:211-224.

[16] Gardy JL, Johnston JC, Ho Sui SJ, Cook VJ, Shah L, Brodkin E, Rempel S, Moore R, Zhao Y, Holt R, Varhol R, Birol I, Lem M, Sharma MK, Elwood K, Jones SJ, Brinkman FS, Brunham RC, Tang P. N Engl J Med. 2011 Feb 24;364(8):730-9. doi: 10.1056/NEJMoa1003176. Erratum in: N Engl J Med. 2011 Jun 2;364(22):2174.

[17] Andrea A. Howard, Robert S. Klein, Ellie E. Schoenbaum, Marc N. Gourevitch; Crack Cocaine Use and Other Risk Factors for Tuberculin Positivity in Drug Users, *Clinical Infectious Diseases*, Volume 35, Issue 10, 15 November 2002, Pages 1183–1190, https://doi.org/10.1086/343827

[18] Ahmed N, Maqsood A, Abduljabbar T, Vohra F. (2020). Tobacco Smoking a Potential Risk Factor in Transmission of COVID-19 Infection. *Pak J Med Sci*, 36(COVID19-S4):S104-S107
[19] Cheng T, Wood E, Nguyen P, Montaner J, Kerr T, DeBeck K. Crack pipe sharing among street-involved youth in a Canadian setting. Drug Alcohol Rev. 2015 May;34(3):259-66. doi: 10.1111/dar.12180.
[20] E.g., cans are lined with various types of epoxies to prevent corrosion, and many contain BPA, a known endocrine disruptor <https://www.wired.com/2015/03/secret-life-aluminum-can-true-modern-marvel/>
[21] Leonard L, DeRubeis E, Pelude L, Medd E, Birkett N, Seto J. "I inject less as I have easier access to pipes": injecting, and sharing of crack-smoking materials, decline as safer crack-smoking resources are distributed. Int J Drug Policy. 2008 Jun;19(3):255-64. doi: 10.1016/j.drugpo.2007.02.008.
[22] Malchy, L., Bungay, V., Johnson, J. and Buxton, J. (2011), Do crack smoking practices change with the introduction of safer crack kits? *Can J Public Health* 2011;102(3):188-92.
[23] California Opioid Overdose Surveillance Dashboard. Accessed November 22, 2019. www.cdph.ca.gov/OpioidDashboard.
[24] Prangnell, A., Dong, H., Daly, P., Milloy, M. J., Kerr, T., & Hayashi, K. (2017). Declining rates of health problems associated with crack smoking during the expansion of crack pipe distribution in Vancouver, Canada. BMC Public Health, 17, 163. http://doi.org/10.1186/s12889-017-4099-9
[25] Fischer B, Rehm J, Patra J, Kalousek K, Haydon E, Tyndall M, El-Guebaly N. (2006) Addiction. Dec;101(12):1760-70.
[26] Werb D, Bluthenthal RN, Kolla G, Strike C, Kral AH, Uusküla A, Des Jarlais D. Preventing Injection Drug use Initiation: State of the Evidence and Opportunities for the Future. J Urban Health. 2018 Feb;95(1):91-98. doi: 10.1007/s11524-017-0192-8.
[27] Huo, D., & Ouellet, L. J. (2009). Needle Exchange and Sexual Risk Behaviors among a Cohort of Injection Drug Users in Chicago, Illinois. *Sexually Transmitted Diseases*, 36(1), 35–40. http://doi.org/10.1097/OLQ.0b013e318186dee3
[28] Gardy JL, Johnston JC, Ho Sui SJ, Cook VJ, Shah L, Brodkin E, Rempel S, Moore R, Zhao Y, Holt R, Varhol R, Birol I, Lem M, Sharma MK, Elwood K, Jones SJ, Brinkman FS, Brunham RC, Tang P. N Engl J Med. 2011 Feb 24;364(8):730-9. doi: 10.1056/NEJMoa1003176. Erratum in: N Engl J Med. 2011 Jun 2;364(22):2174.
[29] Zule WA, Costenbader EC, Meyer WJ Jr, Wechsberg WM. Methamphetamine use and risky sexual behaviors during heterosexual encounters. Sex Transm Dis. 2007 Sep;34(9):689-94. PubMed PMID: 17471112.

OFFICE OF AIDS
California Department of Public Health

1. Reduce health risks from sharing smoking supplies.

Community education about the risk of spreading infectious disease (e.g., HIV, viral hepatitis) by sharing drug smoking equipment began in the 1980s with the dual crises of AIDS and crack cocaine use. There have also been tuberculosis outbreaks associated with communal (shared) drug smoking,[2] including a cluster outbreak in Seattle, WA in 2004.[3] Most recently, COVID-19 introduced yet another reason to avoid sharing smoking supplies and limit contact with others while smoking. In response, many PWSD want access to their own smoking supplies to have more autonomy and control over their drug use and health risks.

2. Reduce the higher-risk practice of injecting.

Injecting drugs can lead to a number of harmful health consequences. Therefore, discouraging the start of injection or reducing how often one injects can also reduce:

- transmission of infectious disease such as HIV and hepatitis C.
- injection-related soft tissue infections, abscesses, vein damage, and endocarditis.
- risk of overdose for some drugs such as heroin.

Less injection can also mean fewer used syringes discarded in public spaces.

3. Expand engagement opportunities with people who smoke drugs and do not inject.

Distributing safer smoking equipment at SSPs can help attract PWSD who might not otherwise think a syringe exchange would be relevant to their needs. Yet by "bringing them through the door" with safer smoking supplies, SSPs can connect PWSD to a wider array of harm reduction education, materials, and linkage with health care and substance use treatment. In addition, engaging PWSD, especially with younger adults, may slow the development or escalation of substance use disorder and/or transition into injection.

Is distribution of smoking supplies legal?

The legal landscape of this issue is complex. The federal Drug Paraphernalia Act of 1979 prohibits a range of equipment used to produce, conceal, or use drugs, including all safer smoking equipment. This makes it illegal to distribute safer smoking equipment in any state that has adopted this same language. However, laws about drugs and drug use at a state level often conflict with federal law (e.g., cannabis legalization). Many states have different laws for individuals and/or public health entities about possessing or distributing drug paraphernalia.

In WA State, with the passing of ESB 5476 in 2021, it is no longer illegal for an individual to possess equipment to use drugs, although it is still illegal for individuals to distribute them. An individual distributing smoking equipment, for example, could be charged with a civil infraction (i.e., pay a fine). However, the distribution of smoking equipment by *public health authorities* such as syringe service programs/needle exchanges, with the intent of reducing the spread of infectious disease, may still be considered lawful. This is based on the *Spokane Health District v. Brockett* WA Supreme Court case that states "the broad powers given local health boards and officers under Const. art. 11, § 11 and RCW 70.05 authorize them to institute needle exchange programs in an effort to stop the spread of HIV and AIDS." If there is a public health reason for distributing safer smoking supplies, then the logic of *Spokane v. Brockett* may be applied to permit distribution by public health entities.

At the time of this report, legal interpretation remains unclear and untested in WA State. For this reason, public funds have not yet been allocated for safer smoking supplies for SSPs as have been for many years for drug injection supplies.

Current distribution programs

In general, harm reduction programming targeting drug smoking has lagged behind efforts to reduce the higher risks of drug injecting. While syringe service programs have taken the lead on safer smoking efforts, distribution of safer smoking supplies through SSPs currently happens in only seven states: Massachusetts, California, Washington, Oregon, New Mexico, North Carolina, Maryland and New York. Of these, California is an example of a state where distribution is legal. In California, health departments may determine if a particular object is

necessary for disease prevention, injury prevention, or overdose prevention and hence permitted to be distributed through syringe service programs. Over 30 of the 62 registered SSPs in California currently hand out safer smoking supplies.

In Washington State, a few SSPs currently distribute a limited amount of safer smoking supplies. Because of the legal "gray area" promotion is discreet (largely through word of mouth) and targeted since lack of public health funds for smoking supplies limits the amount SSPs can purchase. Many more SSPs report they would begin distribution to meet the high demand among their participants if funding and legal clarity could be provided.

The Tacoma Needle Exchange launched a pilot project to distribute smoking supplies at one of their sites in December 2020. In one year, 1,146 unique individuals received services at that site, of whom 742 (64%) were new participants, many coming to the site for the first time specifically to access smoking equipment.[4] Over the year, participants received safer smoking supplies in 94% (3,237) of the 3,979 total encounters at the site, which demonstrates the high demand for safer smoking supplies.

In Canada, a national, multi-stakeholder team has established (and updated in 2021) evidence-based guidelines for safer smoking in the *Best Practice Guidelines for Harm Reduction Programs*. These include education on:

- the pros and cons of smoking and other routes of ingestion.
- how to use smoking equipment safely.
- ways to smoke drugs more safely to protect health.[5]

These best practice guidelines provide scientifically accurate information that helps unify harm reduction messaging nationwide. These could serve as a model for harm reduction programs in the United States.

Legal safer smoking equipment distribution also allows for the collection of more data about drug smoking. The California Harm Reduction Initiative (CHRI), established by the California Budget Act of 2019, in collaboration with the Drug Policy Alliance and California Department of Health, represents the largest harm reduction investment by the state in its history. CHRI sends out cross sectional surveys to 500 harm reduction participants bi-annually that include questions about smoking drugs and use of smoking supplies.

Evidence of demand and impact

Several studies indicate people who use drugs know the health benefits of choosing smoking over injecting, want access to safer smoking supplies, and actually reduce their injection frequency when provided safer smoking supplies:

- A study that provided foil packs to 165 respondents in drug consumption rooms in five German cities found that **82.5% of the participants favored using foils to injecting**, with 6 out of 10 reporting self-perceived **understanding that smoking was safer than injecting**, with reduced risk of HIV and viral hepatitis cited as a key reason.[6]
- In Ottawa, a study involving street-intercept interviews with people who inject drugs found that providing supplies for safer smoking of crack cocaine encouraged participants to switch from higher risk crack injection to lower risk crack use by non-injection routes.[7] After providing safer smoking equipment at SSPs, the **proportion of participants who reported injection use decreased from 96% to 78%**. Further, the study found that smoking crack was associated with stopping injection altogether, (in both short and long terms), thus decreasing injection-related health risks.[7]
- In England, a study offered foil to 320 attendees at syringe service programs, followed by qualitative interviews to examine the value of the service and client satisfaction.[8] At follow up, **85% reported that they had used foil to smoke heroin in events where they would have earlier injected**.[8] Notably, some participants who only smoked heroin and did not inject drugs visited the service to collect foil packs, thus making this a point of engagement.

Need for further research

Data collection on drug smoking trends, legal barriers, and the impact of distribution of safer smoking supplies remains limited in the United States. Major resources outlining drug policies such as the Network for Public Health Law, Prescription Drug Abuse Policy System, Law Atlas, Next Distro, and Kaiser Family Foundation do not include information on safer smoking laws or restrictions by state, although these sources do have information on Good Samaritan and naloxone laws by state.

There have been concerns raised about smoking drugs. While smoking may reduce infectious disease risk, the more rapid and intense drug effect from smoking may increase compulsive use and dependence.[9] Further, smoking heroin has been associated with respiratory problems.[8] Some reports also suggest a link between using heroin heated on foil and negative clinical outcomes.[1]

Making safer smoking equipment more widely available in partnership with harm reduction programs can provide more opportunities for effective health communication. This can reduce health care barriers and improve health outcomes. Yet there is a need to better understand the negative consequences of smoking drugs in order to develop accurate, science-based messages that PWSD can use to assess their risks and make informed health choices. Studies that follow people who use drugs, including those who smoke drugs, over multiple years are needed to understand the short and long-term impacts of smoking drugs on health, patterns of substance use, service utilization, and quality of life.

References:

1. Kral AH, Lambdin BH, Browne EN, et al. Transition from Injecting Opioids to Smoking Fentanyl in San Francisco, California. *Drug Alcohol Depend*. 2021;227(August):109003. doi:10.1016/j.drugalcdep.2021.109003.

2. Deiss R, Rodwell T, Garfein R. Tuberculosis and Illicit Drug Use: Review and Update, *Clinical Infectious Diseases.* 2009:1(1):72–82.

3. Oeltmann JE, Oren E, Haddad MB, et al. Tuberculosis outbreak in marijuana users, Seattle, Washington, 2004. *Emerg Infect Dis*. 2006;12(7):1156-1159. doi:10.3201/eid1207.051436.

4. LaKosky P. Preliminary Data on Safer Smoking Supply Distribution at the Tacoma Needle Exchange. Presentation to the UW Treatment Research Work Group, Jan 21, 2022.

5. Strike C, Watson TM. Education and equipment for people who smoke crack cocaine in Canada: Progress and limits. *Harm Reduct J*. 2017;14(1):1-7. doi:10.1186/s12954-017-0144-3.

6. Stöver HJ, Schäffer D. Smoke it! Promoting a change of opiate consumption pattern - From injecting to inhaling. *Harm Reduct J*. 2014;11(1):1-8. doi:10.1186/1477-7517-11-18.

7. Leonard L, DeRubeis E, Pelude L, Medd E, Birkett N, Seto J. "I inject less as I have easier access to pipes". Injecting, and sharing of crack-smoking materials, decline as safer crack-smoking resources are distributed. *Int J Drug Policy*. 2008;19(3):255-264. doi:10.1016/j.drugpo.2007.02.008.

8. Pizzey R, Hunt N. Distributing foil from needle and syringe programmes (NSPs) to promote transitions from heroin injecting to chasing: An evaluation. *Harm Reduct J*. 2008;5:1-8. doi:10.1186/1477-7517-5-24.

9. McKetin R, Sutherland R, Peacock A, Farrell M, Degenhardt L. Patterns of smoking and injecting methamphetamine and their association with health and social outcomes. *Drug Alcohol Rev*. 2021;61(November):1256-1265. doi:10.1111/dar.13364.

Citation: Singh S, Banta-Green C, Kingston S. Distribution of Safer Drug Smoking Supplies as a Public Health Strategy. Seattle, WA: Addictions, Drug & Alcohol Institute, University of Washington, January 2022. https://adai.uw.edu/Safer-Smoking-Brief-2022