Distribution of Safer Drug Smoking Supplies as a Public Health Strategy

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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]

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Why distribute smoking supplies?

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

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 n 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?

WA RCW 69.50.4121, subsection 3 states:

"Nothing in subsection (1) of this section prohibits distribution or use of public health supplies including, but not limited to, syringe equipment, smoking equipment, or drug testing equipment, through public health programs, community-based HIV prevention programs, outreach, shelter, and housing programs, and pharmacies."

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.

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