

Safer inhalation devices can reduce harm to health and society

We want to be able to give out safer inhalation devices to people who use crack cocaine via needle and syringe programmes.



What are safer inhalation devices?

A safer inhalation device (SID) is a piece of equipment that acts as a key harm reduction intervention, allowing for the inhalation of crack cocaine via a single-use, sterile, heat-resistant glass pipe. The device often comes in a pack that can also include a small gauge brass mesh screen and/ or a rubber or latex mouthpiece. [1] Currently, drug treatment services across the UK are prohibited from providing SIDs to people who use crack cocaine, under the Misuse of Drugs Act (MDA) 1971, section 9A, despite being able to supply injecting equipment including syringes, needles, and utensils for the preparation of a controlled drug. [2,3]

In the absence of SIDs being made available, home-made, makeshift replicas are often made by using a variety of materials including pop cans and medicinal inhalers. These can lead to a wide range of injuries including chronic cuts, burns, blisters and open sores inside the mouth. Subsequently these injuries promote the transmission of blood borne viruses including hepatitis C (HCV) and HIV, when such devices are shared among people who use crack cocaine. [4] SIDs can prove to be cost-effective as they can discourage people from sharing such equipment and therefore potentially save the NHS up to £36,500 per person who undergoes a 12-week course for HCV treatment [5] or a lifetime treatment cost of between £73,000 to £404,000 per patient diagnosed with HIV. [6]

What does the evidence suggest?

Given legal restrictions in the UK, we are limited in what harm reduction interventions we can distribute to people who use crack cocaine. Yet the evidence regarding access to SIDs, clearly highlights the health, economic and social benefits such harm reduction interventions provide. Those who previously shared crack cocaine related paraphernalia reported a reduced need to do so, once they had access to SIDs, as well as becoming more informed around the risks associated to sharing, due to the engagement they now had with treatment services. [7] It has been found that sharing smoking paraphernalia can also increase the risk of virus and disease transmissions, including COVID-19 and tuberculosis, which is a cause for concern, given the high prevalence of respiratory health harms such as chronic obstructive pulmonary disease (COPD) among people who smoke crack cocaine. [8] Individuals also stated that the availability of SIDs limited the need to use makeshift equipment, thus reducing the chances of suffering injuries from such paraphernalia. [7]

Key facts



Access to SIDs significantly reduces the need to share drug-related paraphernalia.



The distribution of SIDs via treatment services, increases the 'attractiveness' of people who use crack cocaine to engage with harm reduction interventions.



People who have access to SIDs report a reduction in the use of home-made paraphernalia reduction thus associated injury.



People who access SIDs report being involved in less crime.

The National Crime Agency has reported that crack cocaine is behind a rise in violence in England and Wales, [9] while South Wales Police have reported that half of all acquisitive crime is committed by regular users of crack cocaine and heroin, culminating in the average person, not engaged in treatment, commits crime costing over £26,000 a year. [10] Yet, individuals who have access to SIDs have reported being involved in, or witnessing, less petty crime because of the distribution and accessibility of such harm reduction interventions. [7]















Why now?

The global cultivation and subsequent supply of cocaine hit record levels, again, in 2021 which has consequently led to an ever-growing cocaine market, both in the UK and across Europe. [11] In the last eight years, hospital admissions relating to cocaine use have nearly doubled, culminating in cocaine being the main illegal drug for such incidents. [12] More worrisome, cocaine accounted for 16% of all drug related deaths in Wales, in 2022, resulting in a total of 52 people losing their lives. This paints a grim picture, especially given fatalities associated to cocaine in Wales have increased by 246% in five years and 767% in the last ten. [13] Of all the fatal cases in Wales that were subject to review via fatal and non-fatal drug poisoning boards (60% of all drug related deaths), 'no known contact' or no contact with services within 12 months prior to death was reported in 40% of cases. [14] Yet, people accessing treatment services for support around their crack cocaine in Wales accounts for just 3.2% of all illegal drugs. [15] Given all of the aforementioned figures, and the perceived 'crack epidemic' in Wales, [16] observations suggest that the majority of people who use crack cocaine are currently not engaging with treatment services and therefore risks to health and society are heightened.

It is well evidenced that various harm reduction initiatives and health-based interventions, including needle and syringe programmes (NSPs) and opiate substitution therapy for people who use opioids such as heroin, 'attract' isolated and marginalised populations to treatment services. Yet there is a lack of initiatives that can be offered to encourage a vulnerable population of people who use crack cocaine, who are a fatality risk, to engage with such provisions. The distribution of SIDs and associated harm reduction advice, can additionally act as an engagement tool. Initial results from pilot sites that are part of the SIPP: Safe Inhalation Pipe Provision, [17] that are distributing SIDs in various areas across the UK, report that they are seeing are 200 to 300 new people engaging with services, [18] illustrating the health protective and service engagement benefits of smoking equipment supply.

What have Barod done and our next steps?

We have recognised for several years that the distribution of SIDs would have a significant impact on health and wellbeing of people who use crack cocaine. Anecdotally, we are often approached by people who use crack cocaine as to whether we provide SIDs via our NSPs and have seen an increase in the use of the substance, over the last few years, across all our operational areas. We have worked with academic partners leading on research regarding their effectiveness and found that the benefits of SIDs significantly outweigh any risks or harms, including engagement with a vulnerable population, as well as a reduction in behaviour that increase the risks of disease and virus transmission, such as the sharing of paraphernalia.

Subsequently, we have approached Public Health Wales to explore the possibility of leading on the development of a memorandum of understanding with relevant police forces, for SIDs to be distributed via NSPs in Wales.

What do we want?

- We call on each police force in Wales to set up a memorandum of understanding to allow for the dissemination of SIDs via NSPs, in each area of Wales.
- While we recognise that current criminal law is not devolved, we urge Welsh Government to support the call to action to disseminate SIDs via NSPs and recognise their important role within the harm reduction strategy in Wales.
- We call on the UK Government to amend section 9A within the MDA 1971, to include SIDs within the current list of exemptions and for Welsh Government to support this lobby.



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