

# 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](mailto: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.<sup>1</sup> Hepatitis C virus (HCV) transmission particularly affects young people who use drugs,<sup>2</sup> who may be

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

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<sup>6,7</sup> and that non-injection routes of administration may pose less risk of overdose.<sup>8,9</sup> Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection-specific.<sup>10</sup> 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.<sup>11,12</sup> 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.<sup>13</sup>

## Sharing Smoking or Snorting Supplies May Transmit Disease

HCV has been found on used pipes,<sup>14</sup> and sharing non-injection drug using equipment is associated with HCV infection.<sup>15</sup> Pipe sharing has also been implicated in outbreaks of other diseases, such as tuberculosis.<sup>16,17</sup> 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.<sup>18</sup>

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

## 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,<sup>23</sup> 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<sup>24</sup> and SSPs serve as a point of entry to other services, including linkage to care and treatment services.<sup>25</sup>

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.<sup>26</sup>

Studies have found that SSP participants are more likely to use a condom than non-participant drug users.<sup>27</sup> Crack cocaine and methamphetamine use are associated with risky sexual behavior;<sup>28,29</sup> 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

- <sup>1</sup>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
- <sup>2</sup>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.
- <sup>3</sup>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.
- <sup>4</sup>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
- <sup>5</sup>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
- <sup>6</sup>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>>
- <sup>7</sup>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.
- <sup>8</sup>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
- <sup>9</sup>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.
- <sup>10</sup>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>
- <sup>11</sup>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>.
- <sup>12</sup>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>
- <sup>13</sup>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/>
- <sup>14</sup>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.
- <sup>15</sup>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.
- <sup>16</sup>Gardy JL, Johnston JC, Ho Sui SJ, Cook VJ, Shah L, Brodtkin 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.
- <sup>17</sup>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>

- <sup>18</sup> 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
- <sup>19</sup> 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.
- <sup>20</sup> 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/>>
- <sup>21</sup> 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.
- <sup>22</sup> 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.
- <sup>23</sup> California Opioid Overdose Surveillance Dashboard. Accessed November 22, 2019. [www.cdph.ca.gov/OpioidDashboard](http://www.cdph.ca.gov/OpioidDashboard).
- <sup>24</sup> 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>
- <sup>25</sup> Fischer B, Rehm J, Patra J, Kalousek K, Haydon E, Tyndall M, El-Guebaly N. (2006) *Addiction*. Dec;101(12):1760-70.
- <sup>26</sup> 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.
- <sup>27</sup> 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>
- <sup>28</sup> Gardy JL, Johnston JC, Ho Sui SJ, Cook VJ, Shah L, Brodtkin 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.
- <sup>29</sup> 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.