



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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## ONTARIO HARM REDUCTION DISTRIBUTION PROGRAM: DISTRIBUTING SAFER SMOKING SUPPLIES

### ***Recommendation***

*It is recommended that the Board of Health approve the distribution of safer smoking supplies through the existing harm reduction sites.*

### **Key Points**

- Nearly half of injection drug users in London report also using crack in the preceding six months.
- Cocaine smoking is increasing across Ontario and is a public health concern.
- Limited availability of safer smoking supplies have resulted in sharing of supplies. This may lead to increased infections and use of makeshift equipment that can cause injury.
- Distributing safer smoking supplies is expected to decrease the transmission of HIV, Hepatitis C and other communicable diseases among people who smoke crack cocaine.

### **Crack Cocaine Use in Middlesex-London**

Crack cocaine smoking is increasing across Ontario and is a public health concern. [The 2012 Report on the Public Health Agency of Canada I-Track Survey](#) of injection drug users revealed that 48.5% of Middlesex-London respondents reported crack/freebase as a non-injection substance they had used in the six months prior to being interviewed. The 2014 report, [Prescription and Non-Prescription Drug Use and Their Impacts in Middlesex-London](#), noted the following information:

- 7.6% of the general population in Middlesex-London reported having ever tried cocaine or crack
- Generally, no significant differences were seen between Middlesex-London and Ontario rates for *stimulant-related emergency department visits*
- While different patterns of *stimulant-related hospital admissions* were noted, there were no statistical differences between the rates for Middlesex-London and Ontario.
- *Crack- and cocaine-related admissions to substance misuse and addictions programs* decreased in Middlesex-London and were lower than Ontario rates. In 2013 for Middlesex-London, crack was reported as a presenting problem substance for 220 per 1,000 admissions, and the rate for cocaine was similar at 213 per 1,000 admissions.

While the report points out that crack/cocaine use in Middlesex-London is generally lower than in the province, it is still an issue that we need to acknowledge and address.

### **Evidence of Effectiveness of Safer Smoking Supplies Distribution**

A literature review completed by the Ontario Harm Reduction Distribution Program in April 2014 ([Appendix A](#)) highlighted a number of findings related to the effectiveness of safer smoking programs, such as the following:

- There was a decrease in sharing previously-used supplies and an increase in using safer supplies
- The frequency of re-using a stem decreased from 288 times down to 40 times (11 months after implementation)

- Use of metal pipes (as opposed to glass stems) decreased by 29%, the use of inhalers (as opposed to mouthpieces) by 27%, the use of pop cans (as opposed to glass stems and mouthpieces) by 27%, and the use of car antennae (as opposed to wooden push sticks) from 7% - 1%. All declines were highly statistically significant.
- The proportion of study participants sharing pipes ‘every time’ decreased from 37% to 13%
- Offering safer smoking supplies created opportunities to teach people who use crack about safer smoking and crack use practices, and to engage those who use crack in services such as income assistance, addiction treatment and health care

## Harm Reduction Efforts

Safer crack use kits have been distributed in numerous cities in all regions of Canada, including but not limited to Toronto, Edmonton, Winnipeg, Ottawa, Vancouver, Yellowknife, Halifax, Montreal, and Guelph. Some of these programs have been successfully integrated into public health programs, and some municipal governments have publicly outlined why such programs are important. In June 2007, a Vancouver Island Health Authority pilot program was temporarily placed on hold due to community and city council concerns. However, in 2008 the program was reinstated and expanded across Vancouver Island. The Ministry of Health in B.C. has distributed crack pipe mouthpieces through outreach workers in needle exchange and other community health services since 2008. In 2011, the Vancouver Coastal Health Authority launched a free crack-pipe pilot program that distributed 60,000 pipes per year in the Downtown Eastside, driving prices down (previous pipe prices of up to \$10 had been creating situations of violence). Ottawa Public Health has had a safer crack use kit distribution program since 2005. The program was originally developed in April 2005 by Ottawa Public Health and continued until July 2007 when the Ottawa City Council in its capacity as the Ottawa Board of Health withdrew its support of the program. In December 2007, following a proposal by community agencies, the program was reinstated by Ontario’s provincial government. Several published studies of Ottawa Public Health’s safer crack kit distribution program show evidence of a gradual change in behaviours to reduce the risk of HIV and HCV transmission, and evidence of transitioning from a higher risk method of drug use (i.e. injecting) to one with lower risks (i.e. smoking).

Ontario’s Needle Syringe Programs (NSPs) have successfully expanded the reach and availability of harm reduction supplies to people who inject drugs to help mitigate the risks associated with drug use. However, considerable disparity remains between efforts aimed at reducing harms among people who inject drugs, and people who smoke crack cocaine.

The [Ontario Harm Reduction Distribution Program](#) (OHRDP) conducts annual surveys with Ontario’s 36 core NSPs to ensure they are meeting community needs and current trends. The 2013 survey contained a section on safer smoking, and results showed that 88% of NSPs saw a need to distribute safer smoking supplies, 49% indicated they would consider distributing safer smoking supplies and 36% said were already in the process of distribution. Seven of the NSP’s indicated they would not distribute safer smoking supplies due to financial and political barriers. As a result of the survey, OHRDP with support from the AIDS and Hepatitis C Programs at the Ministry of Health and Long Term Care, are providing provincially-funded safer smoking supplies to the 36 core Needles Syringe Programs in Ontario.

Health Units currently offering Safer Inhalation kits through their NSPs include: Elgin St. Thomas, Haldimand Norfolk, Sudbury, Halton, Hamilton, Toronto, Haliburton Kawartha, Durham Region, Wellington Dufferin Guelph, and Thunder Bay. Health Units in Waterloo Region, Oxford County, and Eastern Ontario will be offering Safer Inhalation Kits as of July 2014.

## Benefits to Supplying Safer Smoking Supplies

Supplying safer smoking supplies provides benefits at both individual and population levels. At the individual level, there is generally a decrease in risky health behaviours (such as sharing supplies) and an increase in positive health behaviours. There is some evidence that the availability of safer smoking supplies may reduce the frequency of injecting drugs. Offering safer smoking supplies can 1) create the opportunity

to connect those who use crack to existing services such as income assistance, addiction treatment, and health care; 2) decrease the sharing of drug smoking paraphernalia; and 3) provide opportunities to teach people who use crack about safer smoking and crack use practices. At the population level, in communities where safer smoking programs exist there is decreased transmission of communicable diseases associated with crack use, which translates into less risk of disease transmission within the larger community. Given the high incidence rates of HIV and Hepatitis C among those who engage in crack use, preventing disease transmission through the distribution of safer smoking supplies may reduce costs to the healthcare system.

### **Safer Inhalation Kits in Middlesex-London**

Counterpoint Harm Reduction Services will support the roll-out of the Safer Inhalation Program in Middlesex-London through education, community engagement and rapport building with service users through their fixed sites and outreach program. Service Users will be provided training on new methods of safer smoking practices. Visual education through posters and pamphlets, as well as dialogue with individuals to discuss practices and recommendations will occur during visits to the exchange and on outreach. The key messages for service users will focus on the risks of crack smoking, when to replace and dispose of equipment, and the safe disposal of equipment. Community education will be part of the services offered with Safer Inhalation Kits. This will involve working in partnership with this Health Unit engaging in dialogue with London Police Services as well as community service providers to address questions and concerns and to provide evidenced based information on the impacts of providing safe inhalation equipment.

### **Conclusion**

While rates of crack- and cocaine-related emergency department visits, hospital admissions and admission to substance misuse and addictions programs are lower in Middlesex-London than Ontario rates, they cannot be ignored. By providing safer smoking supplies, we will reduce the disparity in harm reduction efforts between those who inject drugs and those who smoke crack cocaine. We will be better positioned to reduce the harms associated with smoking crack cocaine, and expect to see benefits at both the individual and population level.

This report was prepared by Ms. Shaya Dhinsa, Manager, Sexual Health, Ms. Heather Lokko, Acting Director, OHCDSh, and Ms. Sonja Burke, Director, Counterpoint Harm Reduction Services.



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