Distributing Smoking Supplies: A Strategy for SSPs to Reach New Communities and Improve Health Outcomes

NACCHO[SM]
National Association of County & City Health Officials

Background

The United States is experiencing a deadly drug overdose epidemic, resulting in more than 100,000 deaths annually.[1] This epidemic is closely intertwined with the epidemics of HIV and viral hepatitis, as these infectious diseases can be spread through injection drug use and as they share many of the same root causes as overdose. Syringe services programs (SSPs) are uniquely positioned to reach people who use drugs (PWUD) with harm reduction supplies, building trust and connecting them to a broader range of health and social services. The distribution of smoking supplies has emerged as an important strategy for SSPs as it allows them to reach a broader population of PWUD and better prevent overdose and infectious diseases.

As of 2021, approximately half of SSPs distribute safer smoking supplies.[2] Distributing these supplies can prevent the risks associated with sharing smoking equipment (e.g., COVID-19 and other infectious diseases) or using makeshift or broken equipment (e.g., cuts, burns, and other injuries). Smoking may also be a safer alternative to injection. **Smoking poses lower risk for HIV and hepatitis and limited but emerging evidence suggests it might pose lower risk for overdose,** although further research is needed to understand this relationship.[3-5]

Distributing smoking supplies can also serve as an outreach strategy to reach people who smoke—which is more important than ever as smoking as a method for consuming opioids, stimulants, and other drugs appears to be increasing while injection is decreasing.[6,7] Smoking is also associated with an increasing proportion of overdose deaths, which likely reflects the overall increase in smoking.[8] **Distributing safer smoking supplies allows SSPs to better reach this growing population of people who smoke, providing harm reduction supplies, overdose prevention education and services, and connecting them to other health and social services.**

What are smoking supplies?

Smoking supplies typically include:

- Pipes: used to inhale smoke, types of pipes include straight stems, bubbles, and hammer pipes
- Mouthpieces: used to prevent lip burns
- Screens, wires, push sticks: used to put or hold the drug in place
- Foil: used as a surface on which to smoke drugs
- Hygiene supplies, condoms, educational materials[9-12]

Smoking supplies vary depending on the jurisdiction, organization, and the community they serve. Not sure what your organization should distribute? Ask your participants or contact NACCHO for support.

What we know about smoking and distributing smoking supplies:

Compared to injection, smoking poses lower risk for HIV, viral hepatitis, and potentially overdose.[13-15]

Distributing smoking supplies could facilitate reduced injection and consequently infectious diseases. Studies suggest people who inject drugs are interested in/open to reducing their injection and transitioning to smoking, especially if safer supplies are available.[16-20]

Distributing safer smoking supplies reduces the risk of burns, injuries, and infectious diseases by preventing people from sharing supplies and using unsafe equipment. Sharing smoking supplies is associated with the spread of infectious diseases, such as Hepatitis C, tuberculosis, and COVID-19, and using unsafe equipment poses risk for injury.[21-29]

Smoking and smoking-involved overdoses appear to be increasing—making it even more important to reach people who smoke, a population that might not visit SSPs that only offer injection supplies—with safe supplies, overdose prevention, and other services.

SSPs engage and build trust with PWUD, connecting them to a range of health and social services (e.g., STI testing, substance use treatment). By offering smoking supplies, **SSPs can reach a broader, more diverse population of PWUD.**

Our Work

In March 2023, NACCHO conducted a survey to better understand the current landscape of safer smoking supplies distribution. The survey was completed by 370 public health and harm reduction organizations from 44 states, plus DC and Puerto Rico—about half of whom distributed smoking supplies. The survey provided insight into current practices, factors that affect implementation, and outcomes, with respondents sharing that distributing smoking supplies could help harm reduction programs expand and diversify their reach and improve the health of their participants.

Building on these findings, NACCHO funded 6 SSPs to evaluate their smoking supplies distribution programs. Sites used mixed methods, combining existing, retrospective program data, surveys, focus groups, and in-depth interviews. While sites used different methods and indicators, several key themes emerged. All sites found that **distributing smoking supplies enabled them to reach new and more diverse populations.** Additionally, participants across all sites **reported health and/or social benefits** associated with smoking instead of injecting.

Methods

Site 1: Conducted interviews (n=55), analyzed historical program data
Site 2: Conducted survey (n=144), analyzed historical program data
Site 3: Conducted interviews and focus groups with clients (n=12) and staff (n=4), analyzed historical program data
Site 4: Conducted survey (n=269), analyzed historical program data
Site 5: Conducted survey (n=124)
Site 6: Conducted survey (n=158), analyzed historical program data

What this project adds and affirms:

Distributing smoking supplies supports SSPs in expanding and diversifying their reach.
All sites experienced an increase in client encounters after initiating smoking supplies distribution. For one site, average annual visits increased by approximately 106%. Distributing smoking supplies not only increased client encounters but also expanded and diversified SSPs' reach. Sites reported increased engagement with Black, American Indian, and transgender PWUD, as well as people who use crack/cocaine.

PWUD are interested in reducing their injection and transitioning to smoking.
Several sites (n=5) reported a reduction in syringe encounters since the inception of safer smoking supplies distribution. SSPs engaged participants in interviews/focus groups to understand the decrease in syringe encounters. Participants reported a perception that smoking is safer, posing lower risk for infectious diseases and overdose. Other motivations for smoking instead of injecting included the lack of track marks/scars, less stigma, and convenience.

Participants reported myriad health and social benefits from transitioning to smoking.
Participants at one site reported decreases in soft tissue injuries and non-fatal overdoses since switching from injection to smoking. Participants reported other benefits such as reduced interpersonal violence due to the availability of smoking supplies at their local SSP, likely due to a reduced sense of scarcity related to supplies, and improved employment opportunities (e.g., due to lack of track marks/scars). Participants who transitioned to smoking felt empowered to take control of their health and well-being.

Conclusion

Distributing smoking supplies is an important harm reduction strategy that allows SSPs to expand and diversify their reach and ultimately promote and improve health and well-being. This strategy has become even more essential in the wake of a deadlier drug supply and increasing overdose deaths among people who smoke.

To access a digital version of this document, including references, and to learn more about NACCHO's work, scan the QR code below.

Acknowledgements: This brief was developed by NACCHO's Kat Kelley, Anjana Rao, Lisseth Guerra, and Grace Murtha. NACCHO would like to thank their survey respondents, evaluation sites, and partners for making this work possible. Evaluation sites included: Being Alive LA, Chicago Recovery Alliance, Harlem United, Harm Reduction Sisters, Public Health Madison & Dane County, and Steady Collective.

References

[1]CDC, National Center for Health Statistics. U.S. Overdose Deaths Decrease in 2023, First Time Since 2018. May 15, 2024. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm Accessed 30 Oct 2024.

[2]Centers for Disease Control and Prevention. Program and Operational Characteristics of Syringe Services Programs in the United States—2020 and 2021. National Syringes Services Programs Report 1. Published August 1, 2023. Accessed August 14, 2024.

[3]Magerian CE, Bair L, Smith J, Browne EN, Wenger LD, Guzman L, Kral AH, Lambdin BH. Health risks associated with smoking versus injecting fentanyl among people who use drugs in California. Drug Alcohol Depend. 2024; 255;111053. https://doi:10.1016/j.drugalcdep.2023.111053

[4]Kral AH, Lambdin BH, Browne EN, Wenger LD, Bluthenthal RN, Zibbell JE, Davidson PJ. Transition from injecting opioids to smoking fentanyl in San Francisco, California. Drug Alcohol Depend. 2021; 227:109003. https://doi.org/10.1016/j.drugalcdep.2021.109003

[5]Fitzpatrick T, McMahan VM, Frank ND, Glick SN, Violette LR, Davis S, Jama S. Heroin pipe distribution to reduce high-risk drug consumption behaviors among people who use heroin: a pilot quasi-experimental study. Harm Reduct J. 2022;19:103. https://doi.org/10.1186/s12954-022-00685-7

[6]Kral AH, Lambdin BH, Browne EN, Wenger LD, Bluthenthal RN, Zibbell JE, Davidson PJ. Transition from injecting opioids to smoking fentanyl in San Francisco, California. Drug and Alcohol Dependence. 2021;22:109003. https://doi.org/10.1016/j.drugalcdep.2021.109003

[7]Karandinos G, Unick J, Ondocsin J, Holm N, Mars S, Montero F, Rosenblum D, Ciccarone D. Decrease in injection and rise in smoking and snorting of heroin and synthetic opioids, 2000-2021. Drug and Alcohol Dependence. 2024;263:111419. https://doi.org/10.1016/j.drugalcdep.2024.111419

[8]Tanz, L. J., Gladden, R. M., Dinwiddie, A. T., Miller, K. D., Broz, D., Spector, E., & O'Donnell, J. (2024). Routes of Drug Use Among Drug Overdose Deaths - United States, 2020-2022. MMWR. Morbidity and mortality weekly report, 73(6), 124–130. https://doi.org/10.15585/mmwr.mm7306a2

[9]California Department of Health. Issue Brief: Smoking Supplies for Harm Reduction. 2020, September. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IssueBrief_SmokingSupplies_Web_ADA.pdf. Accessed 30 Oct 2024.

[10]Singh S, Banta-Green C, Kingston S. Distribution of Safer Drug Smoking Supplies as a Public Health Strategy. 2002, January. Seattle, WA: Addictions, Drug & Alcohol Institute, University of Washington. https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf. Accessed 30 October 2024.

[11]Reid MC, Oliphant-Wells T, Moreno C, Ketchum J, Fitzpatrick T, McMahan VM, Glick SN. High levels of interest in access to free safer smoking equipment to reduce injection frequency among people who inject drugs in Seattle, Washington. Drug Alcohol Depend Rep. 2023 May 2. 7:100163. doi: 10.1016/j.dadr.2023.100163.

[12]Edney, H, Martinez, JB, Armstrong, L, Rucker J, Santiago, P, Simkins MD, Wheeler, E, Asher, V, The Fentanyl Collective. 2022. Bevel Up. Retrieved October 30, 2024 from: https://www.bvlup.com/

[13]Magerian CE, Bair L, Smith J, Browne EN, Wenger LD, Guzman L, Kral AH, Lambdin BH. Health risks associated with smoking versus injecting fentanyl among people who use drugs in California. Drug Alcohol Depend. 2024; 255;111053. https://doi:10.1016/j.drugalcdep.2023.111053

[14]Kral AH, Lambdin BH, Browne EN, Wenger LD, Bluthenthal RN, Zibbell JE, Davidson PJ. Transition from injecting opioids to smoking fentanyl in San Francisco, California. Drug Alcohol Depend. 2021; 227:109003. https://doi.org/10.1016/j.drugalcdep.2021.109003

[15]Fitzpatrick T, McMahan VM, Frank ND, Glick SN, Violette LR, Davis S, Jama S. Heroin pipe distribution to reduce high-risk drug consumption behaviors among people who use heroin: a pilot quasi-experimental study. Harm Reduct J. 2022;19:103. https://doi.org/10.1186/s12954-022-00685-7

[16]Singh S, Banta-Green C, Kingston S. Distribution of Safer Drug Smoking Supplies as a Public Health Strategy. 2002, January. Seattle, WA: Addictions, Drug & Alcohol Institute, University of Washington. https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf. Accessed 30 Oct 2024.

[17]Reid MC, Oliphant-Wells T, Moreno C, Ketchum J, Fitzpatrick T, McMahan VM, Glick SN. High levels of interest in access to free safer smoking equipment to reduce injection frequency among people who inject drugs in Seattle, Washington. Drug Alcohol Depend Rep. 2023 May 2. 7:100163. doi: 10.1016/j.dadr.2023.100163.

[18]Bardwell G, Austin T, Maher L, Boyd J. Hoots and harm reduction: a qualitative study identifying gaps in overdose prevention among women who smoke drugs. Harm Reduct J. 2021;18:29. https://doi.org/10.1186/s12954-021-00479-3

[19]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. https://doi.org/10.1016/j.drugpo.2007.02.008

[20]Stöver HJ, Schäffer D. SMOKE IT! Promoting a change of opiate consumption pattern - from injecting to inhaling. Harm Reduct J. 2014;11:18. https://doi.org/10.1186/1477-7517-11-18

[21]Magerian CE, Bair L, Smith J, Browne EN, Wenger LD, Guzman L, Kral AH, Lambdin BH. Health risks associated with smoking versus injecting fentanyl among people who use drugs in California. Drug Alcohol Depend. 2024; 255;111053. https://doi:10.1016/j.drugalcdep.2023.111053

[22]Applewhite D, Regan S, Mackin S, Schmidt C, Duffy J, Washington K, Micklos N, Casey S, Sawyer S, Kehoe L, Howard S, Yacorps G, Wakeman SE. Individuals Reporting Past 3-month Smoked Stimulant Use Are Placed at Risk for Infection and Injury Amid COVID-19. J Addict Med. 2023;17(2):e129-e131. https://doi.org/10.1097/ADM.0000000000001060

[23]Ti L, Buxton J, Wood E, Zhang R, Montaner J, Kerr T. Difficulty accessing crack pipes and crack pipe sharing among people who use drugs in Vancouver, Canada. Subst Abuse Treat Prev Policy. 2011;6;34. https://doi.org/10.1186/1747-597X-6-34

[24]Leonard LE, Wilson L, Germain A, Pelude L, Vannice S. The Urgent Need to Respond to HIV- and HCV-Related Risk Practices among Youth in Ottawa Who Smoke Crack. Subst Use Misuse. 2020; 56(1):1-10. https://doi.org/10.1080/10826084.2020.1823416

[25] Malchy LA, Bungay V, Johnson JL, Buxton J. Do crack smoking practices change with the introduction of safer crack kits? Canadian Journal of Public Health. 2011;102(3):188-191. https://doi.org/10.1007/BF03404893

[26] California Department of Health. Issue Brief: Smoking Supplies for Harm Reduction. 2020, September. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IssueBrief_SmokingSupplies_Web_ADA.pdf. Accessed 30 Oct 2024.

[27] Kaye S, Darke S. Non-fatal cocaine overdose among injecting and non-injecting cocaine users in Sydney, Australia. Addiction. 2004;99(10):1315-22. https://doi.org/10.1111/j.1360-0443.2004.00875.x

[28]Novak SP, Kral AH. Comparing Injection and Non-Injection Routes of Administration for Heroin, Methamphetamine, and Cocaine Uses in the United States. J Addict Dis. 2011;30(3):248-257. https://doi.org/10.1080/10550887.2011.581989

[29] Wang CW, Chuang HY, Chiang HC, Huang PC, Yu ML, Dai CY. Risk of hepatitis C virus infection in injecting and noninjecting drug users receiving opioid substitution therapy. J Chin Med Assoc. 2020; 83(5):454-460. https://doi.org/10.1097/JCMA.0000000000000312