Smoking Supplies:

The Local Public Health Perspective on an Emerging Harm Reduction Strategy

July 31, 2023



Agenda

- Introductions
- Background
- Survey Findings Smoking Supplies Across the U.S.
- Local Perspectives:
 - Public Health Madison Dane County
 - The Phoenix Center
- Q&A
- Discussion

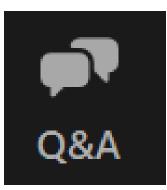


Introductions & Housekeeping

NACCHO speaker & facilitator



Please submit questions using Q&A feature, pictured below:



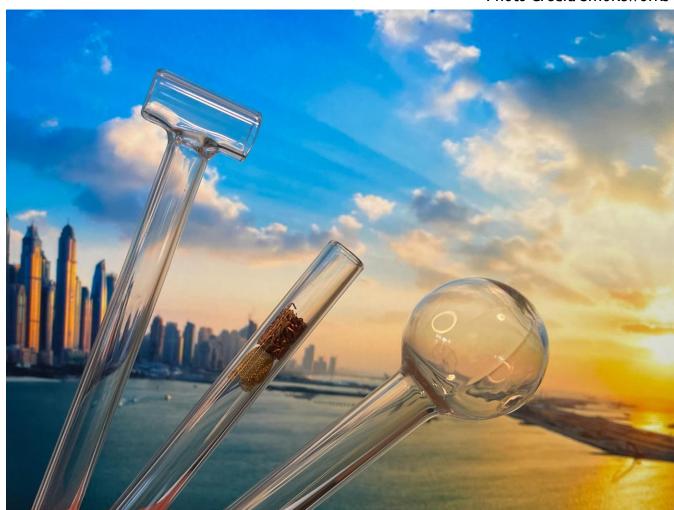
Kat Kelley (she/her) Sr. Program Analyst, HIV, STI, & Viral Hepatitis <u>kkelley@naccho.org</u>



Introductions – Polls

• Who's joining us today?

Photo Credit: Smokeworks



What Are Smoking Supplies?

- Literally, smoking supplies = tools and equipment that people use to smoke various substances
- Smoking supplies also refers to the harm reduction strategy of distributing smoking supplies such as:
 - Pipes also known as stems
 - Mouthpieces prevent lip burns
 - Items to put or hold the drug in place screens, wires, push sticks
 - Foil
 - Hygiene supplies, condoms, education materials



Background

- Existing evidence indicates that distributing smoking supplies can:
 - Reduce injection \rightarrow which reduces overdose, infectious diseases
 - Reduce sharing of smoking equipment or use of makeshift/damaged equipment → reducing injuries, infectious diseases
 - Increase engagement \rightarrow especially of people who smoke, not inject



NACCHO Survey on Smoking Supplies

- Sent by NACCHO and partners to various networks of harm reduction partners
- Conducted between March April 2023
- Completed by 370 organizations from 44 states plus DC & Puerto Rico

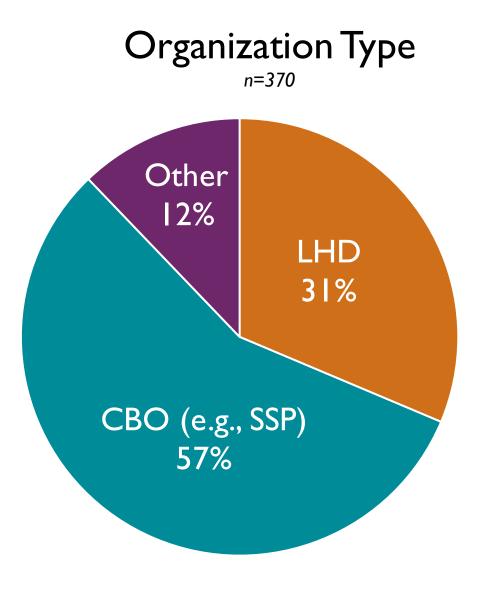


NACCHO Survey on Smoking Supplies

- Sent by NACCHO and partners to various networks of harm reduction partners
- Conducted between March April 2023
- Examines the implementation of smoking supplies, including: motivations, benefits, barriers, facilitators
- Completed by 370 organizations from 44 states plus DC & Puerto Rico

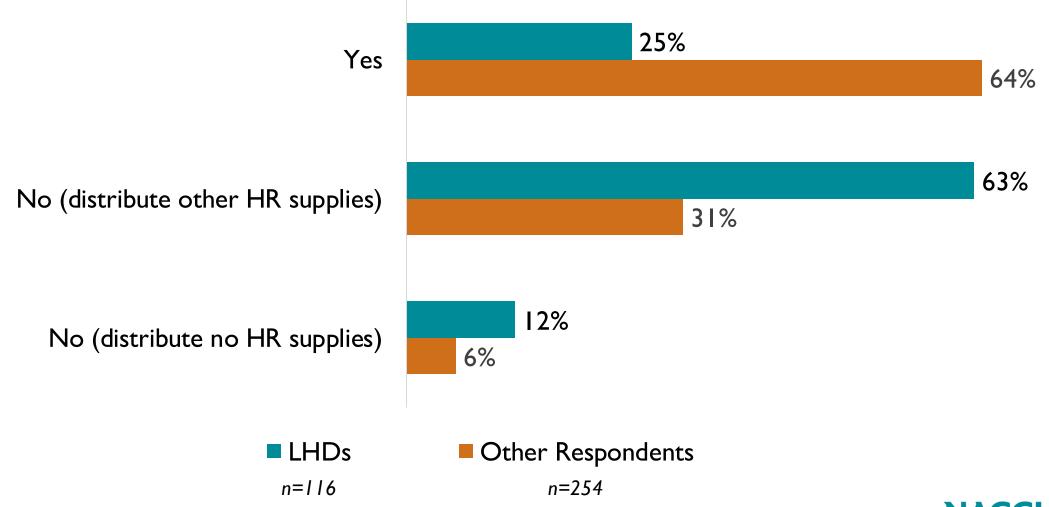


Respondents





Does your org distribute smoking supplies?

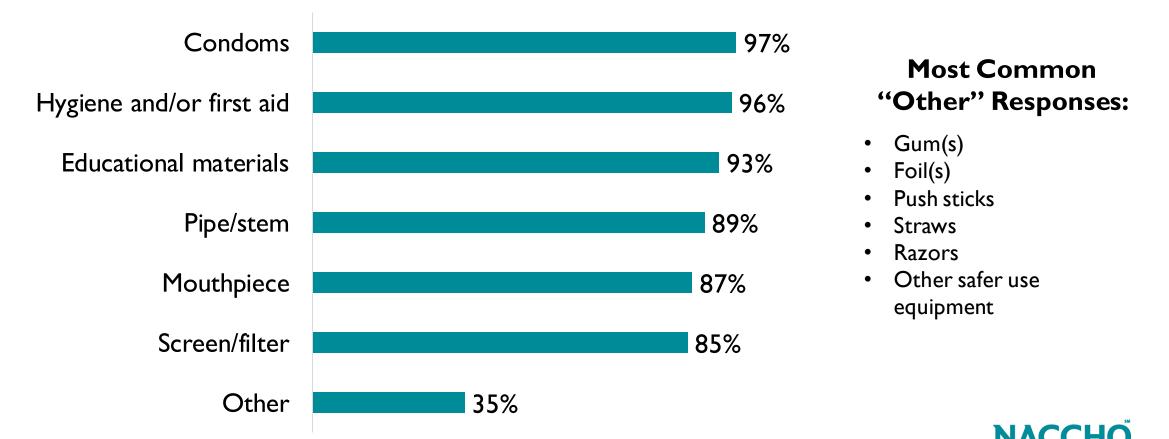




What's in a safer smoking kit?

What % of orgs include each of the following supplies in their smoking kits?

Of those that distribute smoking supplies (n=179)



What would you like to distribute – but can't?

- Most common responses:
 - Specific types of pipes (e.g., hammer pipes)
 - Filters, mouthpieces, lighters
- Barriers to distribution:
 - Insufficient funding
 - Grant restrictions
 - Policy barriers
 - Procurement and supply issues

Hammer Pipe Photo Credit: Smokeworks



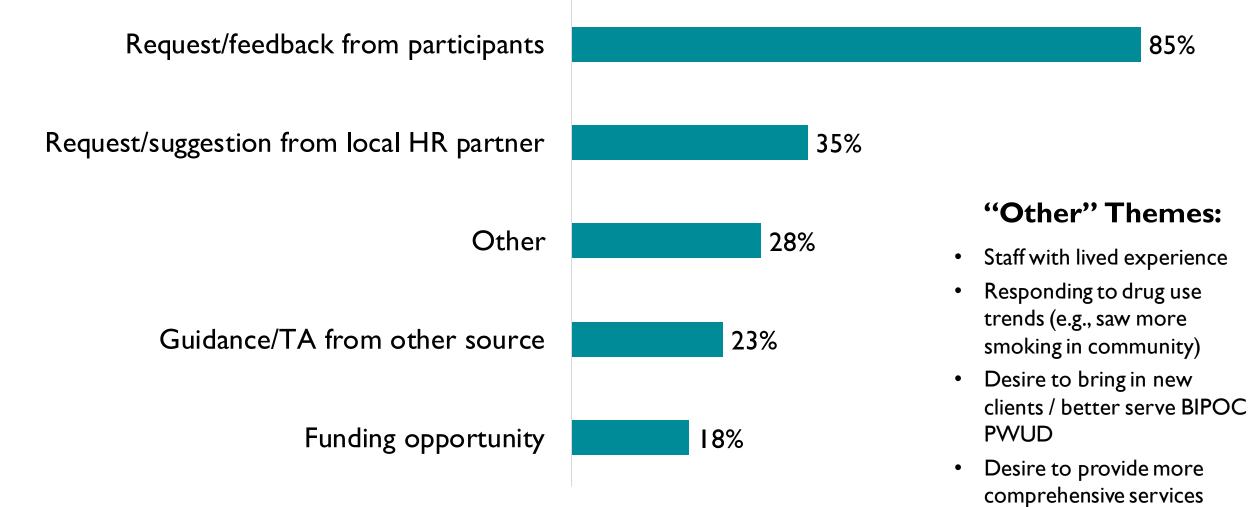
What would you like to distribute – but can't?

It's not so much that there are specific supplies that we can't distribute, but rather that we can't keep up with the demand overall. Specifically hammer pipes, and the only reason we cannot distribute them regularly is due to supply-side issues. Also, lighters/torches. Can't budget for them.

Our safe smoking supplies are "while supplies last."



What motivated you to offer smoking supplies?



What motivated you to offer smoking supplies?

Lived experience within the workplace.

> We saw a need! Most people of color ingest substances by snorting or smoking

To encourage noninjectors to come and get harm reduction services.



How have participants responded (1/2)

Of 148 responses to this optional question:



59 emphasized how high **demand/uptake** has been

Participants love the smoking supplies. We cannot keep the supplies on the shelf, to [sic] much demand.

How have participants responded (2/2)

Of 148 responses to this optional question:



41 discussed the health benefits (e.g., reduced injection)



34 explicitly highlighted that implementing smoking supplies **brought in new/different and/or more clients**



19 talked about deepening engagement with clients, such as smoking supplies being a conversation starter or seeing increased linkage to other services



Participant response: New/Different Clients

In just a few months the number of black participants we saw doubled

We went from seeing 10-15 people a day, to seeing 40-60...We are seeing folks that we have never seen before We are capturing a large amount of meth smokers who do not inject drugs who would not normally seek our services. This has led to a 44% increase in clients.

our ability to reach black people in our area exploded-- from a proportional 6-8 % of our total client base to over 20% of our clients

We also gained many new participants of color, particularly Black and/or Latinx people.



Participant response: Health Benefits

People are injecting less, overdosing less, putting themselves at lowered risk of viral and bacterial infections

We have seen a steady decrease in the amount of injection supplies being handed out

The number one affect is 30% of stimulant users converted from injection to smoking within the first month

It is often the preferred route of consumption, as people see it as being safer than injection.



Participant Response: Deeper Engagement

We are connecting with participants in ways we have never been able to before.

A huge benefit of providing pipes has been the opportunity to talk with people who predominantly use stimulants about the risk of fentanyl contamination in nonopioids. Having these supplies available has allowed us to reach folks that were hesitant to interact with us for other services like, HIV, HCV, and STI testing, MOUD, wound care services and risk reduction education.

It has definitely helped build rapport between this population and our organization that also helps to connect them to care when needed treatment.

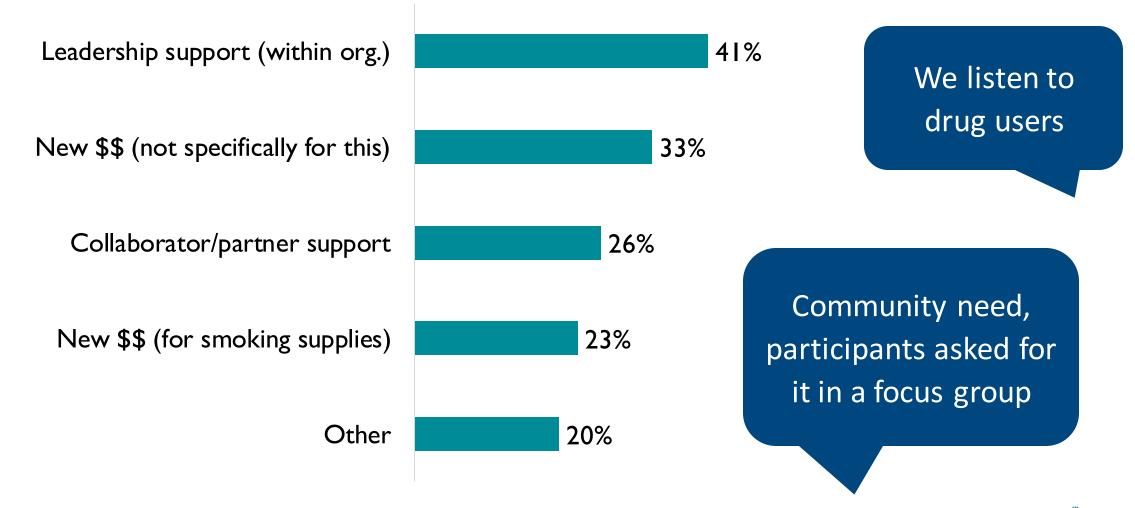
Participant Response

Many participants name smoking supplies as a great harm reduction tool - easier to start slow, and a good option if someone wants to cut back on their use. I was surprised to hear some people talk about reducing their use when they had a (meth) pipe. When they borrowed/used someone else's, they felt pressure to use a lot because they didn't know how long they would have access for. When you have your own pipe you can moderate your use.

Increases personal autonomy and the ability to manage drug consumption.

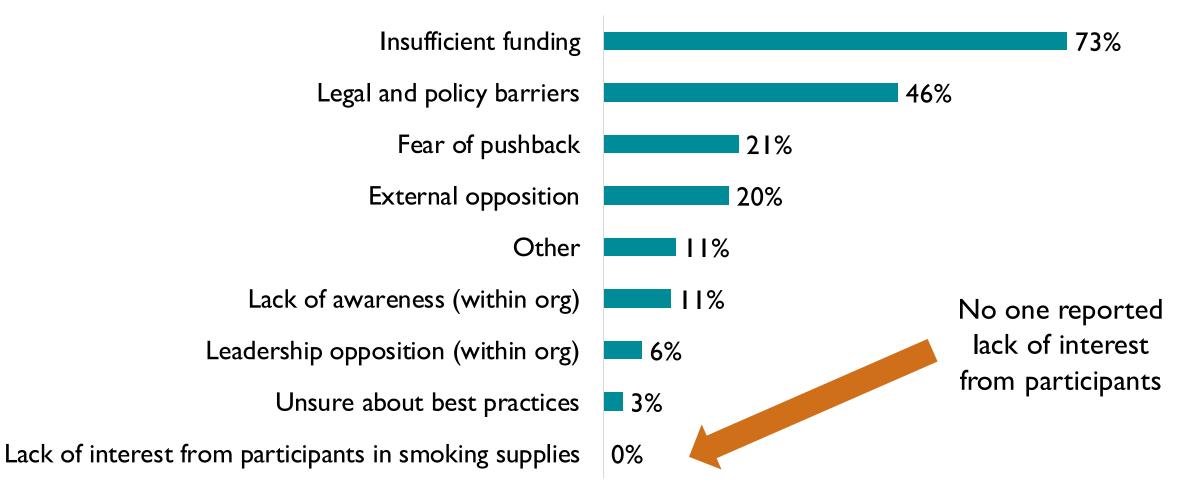


What enabled you to offer smoking supplies?





What barriers have undermined this work?





What has your org learned so far?

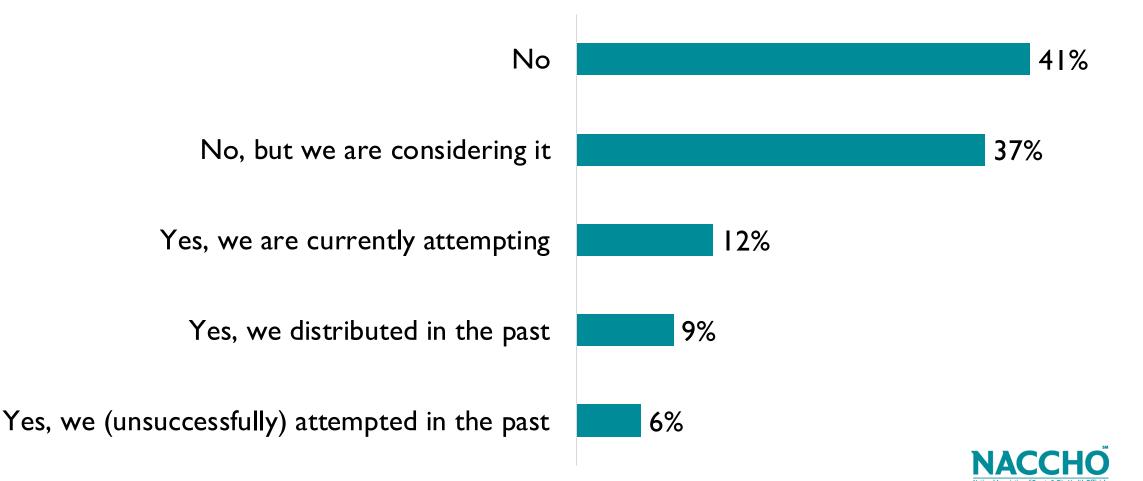
- Importance of cultural competence
- Importance of client engagement
- Brings in new clients
- Health benefits
- Deepens engagement

We have had several participants tell us that once someone showed them that they care, they began to care for themselves and have reached out to us to help them find treatment.



Has your org attempted or considered implementing smoking supplies in the past?

Of those that don't currently distribute (n=170)



Why'd you stop?

For those that previously distributed smoking supplies, the primary reasons for stopping were supply chain and politics.

Political Lack of atmosphere Supply The County Board of Supervisors on 11/5/2021 threatened to shut us down The smoking supplies are very completely unless we ceased hard to purchase and we have dispensing glassware been searching where to buy lack of them at a reasonable price. funds

Why weren't you able to? (1/2)

 For those that previously unsuccessfully attempted to distribute smoking supplies – why weren't you able to?

Massive push back and threats from legal leadership Our lawyer advised we don't distribute pipes since it is illegal in [state] and could put our federal funding at risk.

still considered illegal drug paraphernalia in the state



Why weren't you able to? (2/2)

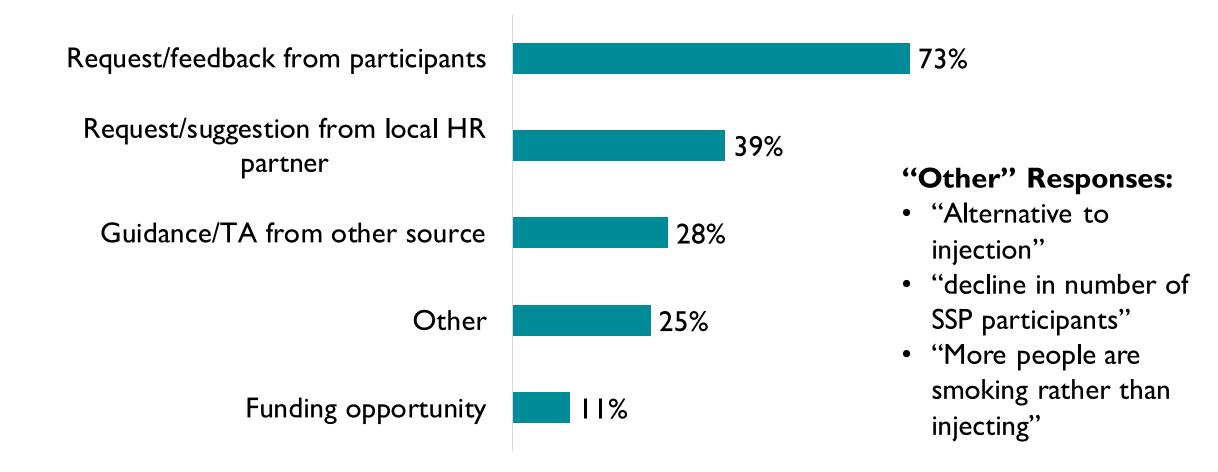
 For those that previously unsuccessfully attempted to distribute smoking supplies – why weren't you able to?

Members of the public were unhappy and they contacted the Board of Supervisors ...The new Health Officer is currently strategizing on how to present this expanded service opportunity to the Board at a later time.

We do not have approval from the board of health

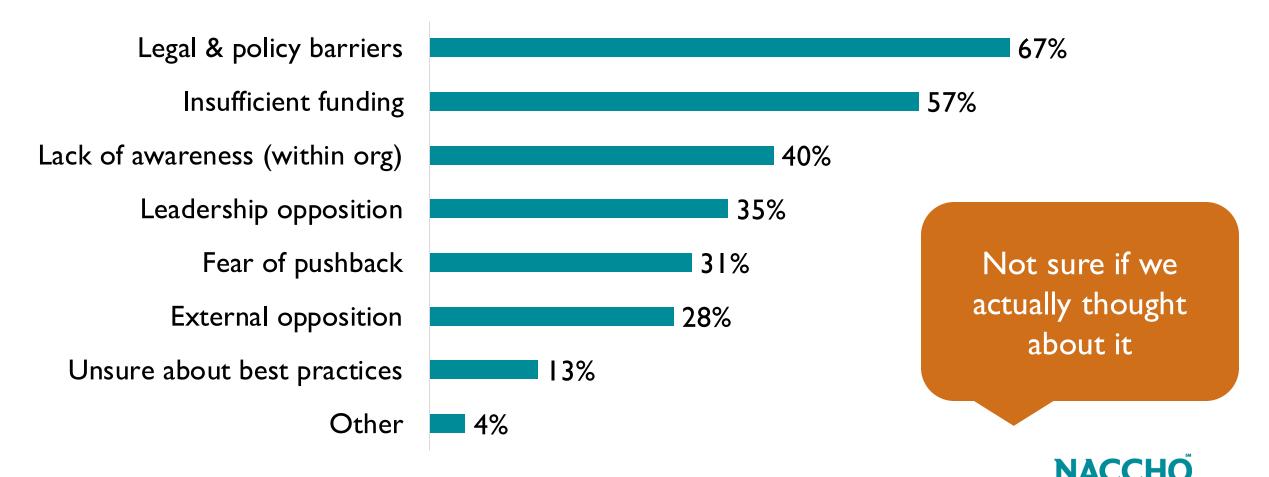


What motivated you to consider or attempt offering smoking supplies? Of those that don't currently (n=95)



What barriers have you faced / do you anticipate if you attempted to offer smoking supplies?

Of those that don't currently offer smoking supplies (n=95)



Legal/Policy Barriers

- Most common themes:
 - Paraphernalia laws
 - Inadequate funding + funding restrictions (e.g., due to hesitancy to fund paraphernalia)
 - Legal uncertainty
 - Fear of pushback due to (il)legal status
- Less common but repeated themes:
 - Intersections between law/policy and stigma
 - Legal barriers to working with youth/minors
 - Law enforcement harassment (regardless of legal status)
 - Importance of federal/national laws, leadership



Legal/Policy Barriers

Our participants...are survielled [sic] by local law enforcement and arrested, even in the municipalities where it is decriminalized. Even if the State's Attorney does not prosecute, the damage is already done due to lost wages from missing work, loss of employment from incarceration, vehicle being impounded, financial costs and legal fees, etc.

Policy is the biggest barrier we face The apparent "grey area" of paraphernalia laws...is what gives County leadership pause.



Supportive Factors: Leadership/Champions

A supportive Health officer, Board of Health, and Board of Commissioners. Staff who are well versed in Harm Reduction and lived experience. A program that informed by our participants.

having health department support in policy, rollout, and implementation is huge

We have a supportive health department leadership team unwavering commitment from public health officials



Supportive Factors: Participant Voice/ Data

There was instant buy-in... because it was a request from the program participants.

We did a small pilot of smoking supply distribution, and I believe that helped showcase the need to practice more buy-in. We surveyed participants and...The stated potential reduction in injection use and reduction in syringe litter were positives that some community members appreciated.

We did a survey study that showed our patients had this need. Helpful for leadership.



Final Thoughts: Challenges for LHDs

From a health department perspective, we spent a lot of energy on getting to people to not smoke (weed, vape, tobacco). It is hard for people to see how we can support no smoking and smoking supplies at the same time. This concept is very difficult for Public Health. It is the antithesis of the kind of prevention that public health has engaged in for many years.

I think this work would be better tolerated if coming from a non-profit or CBO vs. government



Final Thoughts

We have found by providing smoking supplies, we are able to engage more program participants in overdose intervention trainings and naloxone distribution as well as connecting more individuals to medical care and housing

Have created more open dialogues with participants and better engagement in care



Final Thoughts

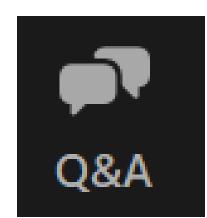
Smoking supplies are the MOST important thing that we have started doing this past year.

Listen to your participants.

This is a racial justice issue.



Questions?



Click Q&A Button (pictured above) to submit questions



OVERVIEW OF SAFER SMOKING AND SNORTING MATERIALS Kathy Andrusz

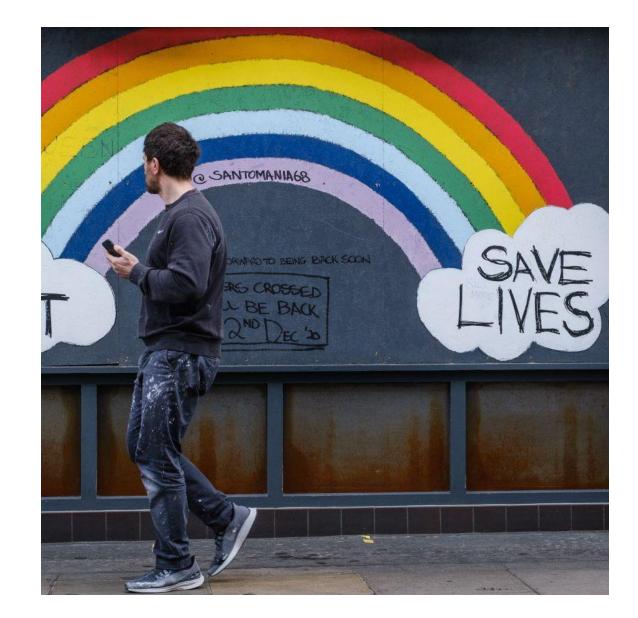
Julia Olsen

Substance Use Prevention and Harm Reduction OverdosePrevention @publichealthmdc.com

July 2023

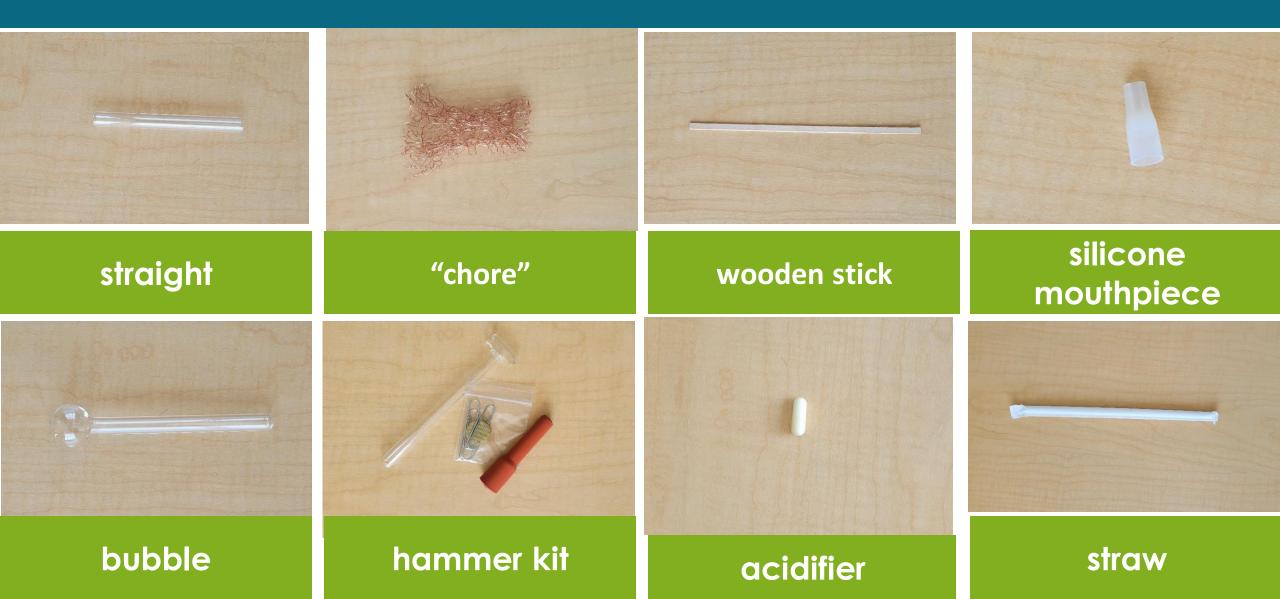


Healthy people. Healthy places.



Legal disclaimer Corporate counsel opinion and our reasoning

safer smoking/acidifier/snorting items



Offering a "highvalue" item in conjunction with intro new item -drug checking strips Changes in client population come with challenges

Different size packaging storing fragile items silverware tray silverware bags





straight



Chore-copper scrubber



Wooden stick



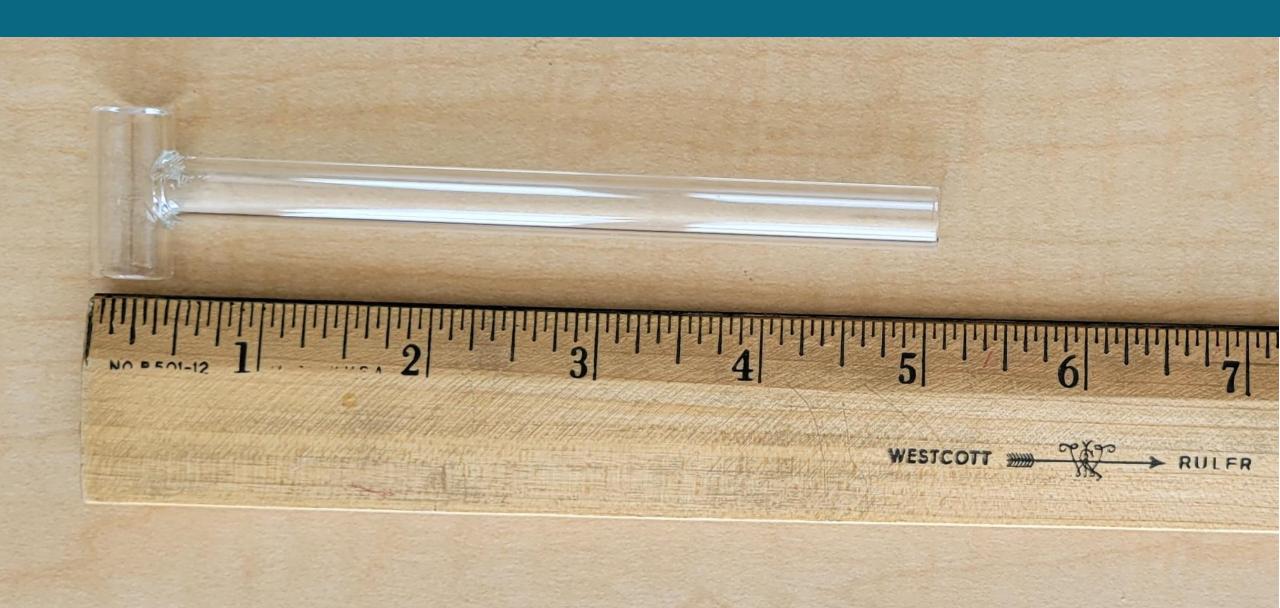
Silicone mouthpiece



bubble



hammer



Rubber mouthpiece



Hammer kit accessories



straw



acidifier



SPRINGFIELD HARM REDUCTION

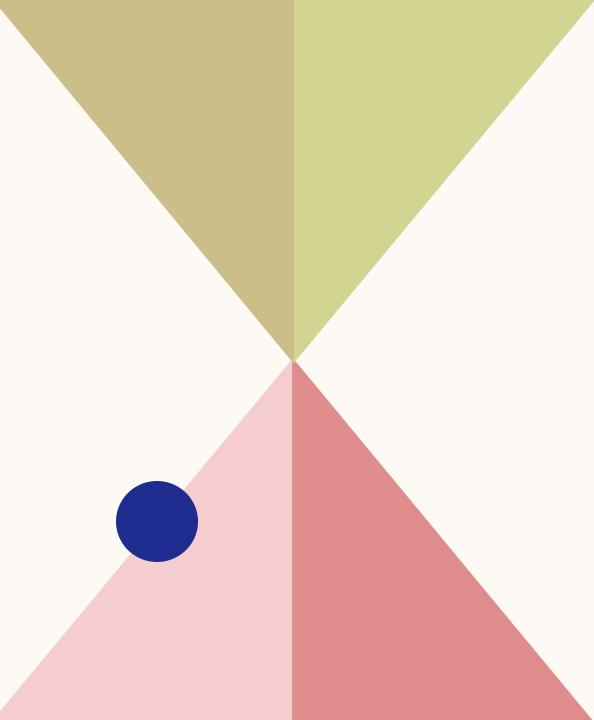
INITIATIVE: INTRODUCING SMOKING

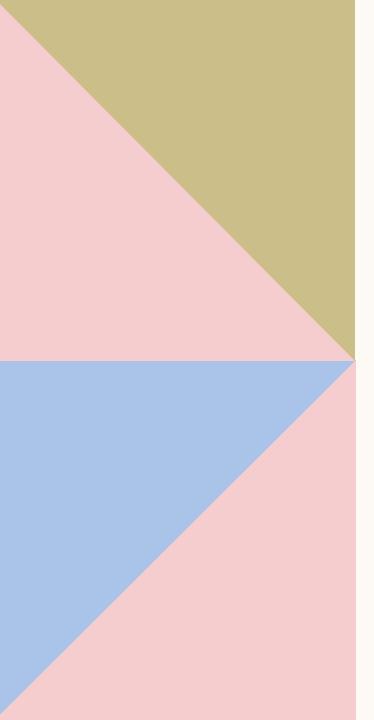
SUPPLIES INTO SSPS

Sara Bowen-Lasisi, PhD(c), MPH Assistant Director

ABOUT US

- Phoenix Center-2001 LGBTQ+
 Center
- SHaRI-2011 Introduced SSP services
- Phoenix2U-2020
 - Mobile services
 - Mailing





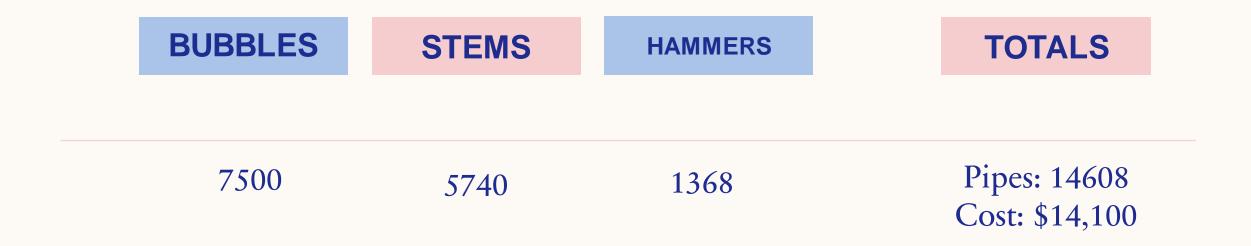
INTRODUCTION OF SMOKING SUPPLIES

WHEN: April 2022

WHY: We were not providing comprehensive harm reduction services to all PWUD

HOW: Indirect cost line in HIV prevention grants

FIRST YEAR DISTRIBUTION

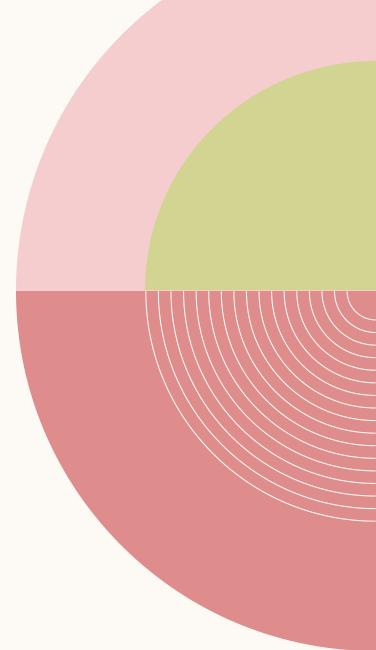


FIRST YEAR DATA

- 6600 more Narcan doses distributed
- 100 less self-reported non-fatal overdose
- 50 new participants monthly
- Better services/education for stimulant users
- Increased services in the Black community
 - Accounted for 44% of all HIV/HCV/STI testing
- Increased services to the unhoused population
- Increased services in rural areas
- Increased overall participant engagement

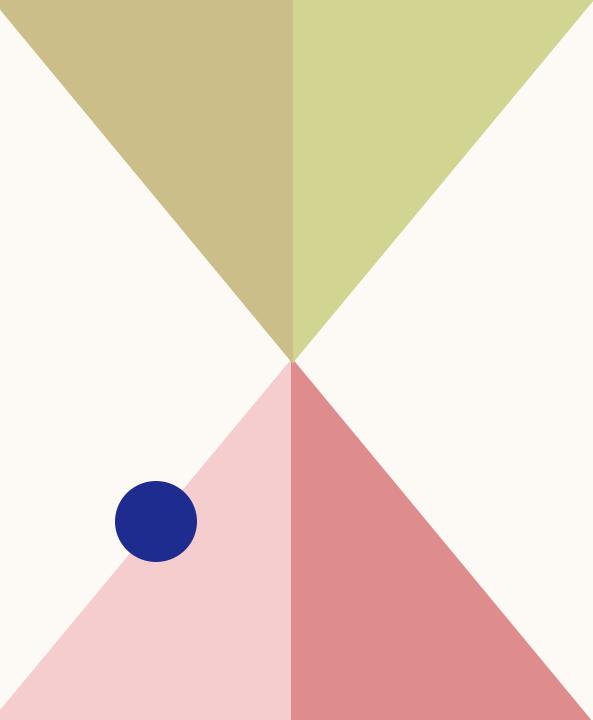
CHALLENGES

- Community Acceptance
- Distribution consistency
- Limiting pipes distributed at one time to participants
- Chore preference



FACILITATORS

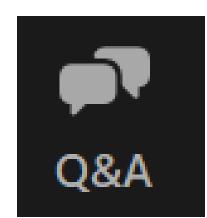
- Board/Org Leadership
- Dept. of Public Health
- Illinois HR legislation
- Steady funding



THANK YOU

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Questions?



Click Q&A Button (pictured above) to submit questions



Discussion

- What should NACCHO do with this information?
- Who needs to hear this?
- What messages do they need to hear?
- What resources would be useful?



You don't have to do it alone! harmreductionhelp.cdc.gov

The National Harm Reduction Technical Assistance Center (NHRTAC) provides free help to anyone in the country providing (or planning to provide) harm reduction services to their community. This may include syringe services programs, health departments, programs providing treatment for substance use disorder, as well as prevention and recovery programs.

You can also email us directly: harmreduction@naccho.org





Thank you!

Contact kkelley@naccho.org with questions

