Perceptions of People Who Smoke Crack Cocaine in Vancouver: Risks, Harms, and Recommendations for Harm Reduction Supplies and Services



BC Centre for Disease Control

a place of mind
THE UNIVERSITY

AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORIT

Ellison Richmond^{1,2}, Despina Tzemis¹, Lianping Ti^{1,3}, Margot Kuo¹, Jennifer Campbell¹, Jane Buxton^{1,2}

1) BC Centre for Disease Control, Vancouver; 2) School of Population and Public Health, University of British Columbia, Vancouver; 3) Faculty of Health Sciences, Simon Fraser University, Burnaby

Background

- Prevalence of local crack cocaine smoking has been rising amongst injection drug users¹
- Crack smoking independently associated with HIV 2 and HCV 3 status and linked to local outbreaks of TB 4 and Streptococcus pneumonia 5
- Crack has been described as a 'neglected epidemic,' especially in comparison to programming provided for opioid maintenance and injection drug use⁶
- Pipe mouthpieces, push sticks, and brass screens available through BC provincial harm reduction supplies
- There is limited distribution of glass stems at some health authority and agency sites; a pilot project by Vancouver Coastal Health is set to provide safer crack kits

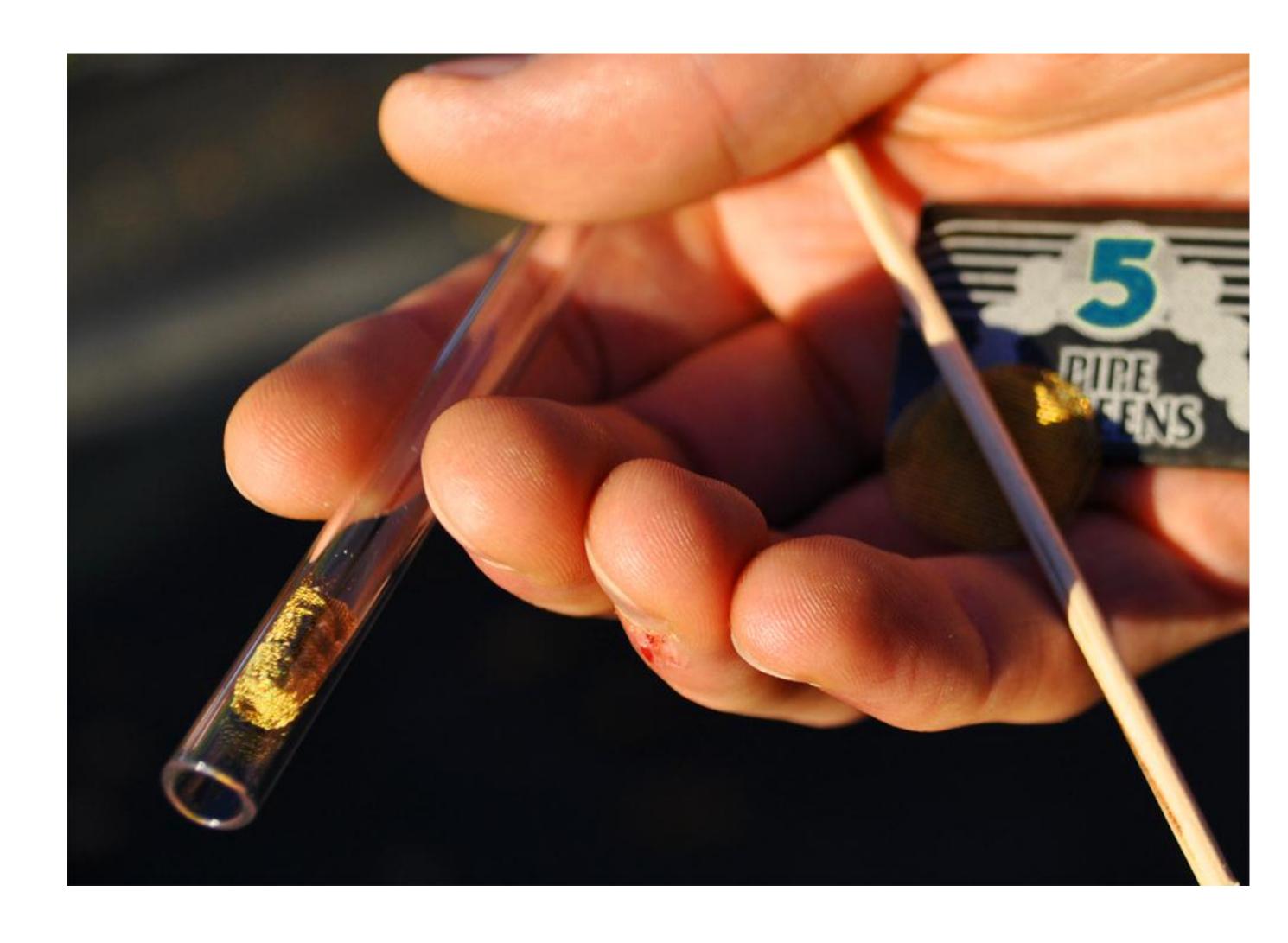
Purpose

To explore the perceptions of persons who smoke crack cocaine regarding its use, effects and impacts on their health. Here, perceptions of risk and suggestions related to harm reduction supplies and services are examined.

Methods

- 6 qualitative same-sex focus groups (4 female, 2 male) took place in Vancouver
- 5-6 participants/group; ~1 hour; recorded and transcribed
- Partnered with organizations working with persons who use illicit drugs for peer recruitment; low-barrier consent and participation; small reimbursement
- Individuals who primarily smoke crack cocaine, most also had experience with injecting
- Semi-structured interview questions to facilitate group discussion

"...rigs are available to anybody and everybody. And that's- kudos on them, you know, that's a great thing. But there's not- and there's all this speak about how to use cocaine and how to safely protect yourself. But those- that's never in any harm reduction supplies. People are punished 'cause you used- smoke cocaine and you have to buy yourmost of it- your supplies"



Results

21 females, 10 males. Ages 27-64, median 48 yrs.

Supplies: risks and harms

- General perception that sharing pipes poses less HCV and HIV transmission risk than sharing needles
- Inhalation of Brillo (steel wool) pieces causes burns (despite awareness of risks, available alternatives to Brillo are not favorable)
- Hot and broken pipes cause burns and cuts to fingers/mouth
- Participants unlikely to change mouthpieces when sharing a pipe, though aware of risks

Supplies: recommendations

- People who smoke crack should have equal access to harm reduction supplies as people who inject
- Free pipes/glass stems would be used and reduce chances of sharing
- Instruction for the use of some supplies such as brass screens would be useful

Services: risks and harms

- Unsupervised smoking has led to overdose deaths
- Smoking inside alone is generally preferred: smoking with strangers and smoking outside posed risks for assault, abuse, and robbery

• Smoking outside also results in paranoia and fear (of police, others stealing drugs, other harms) and speeding up the smoking process, leading to unsafe practices such as sharing pipes and self-harms such as burns or cuts

Services: recommendations

- Many participants recommend a safe inhalation facility, to provide: education; supplies; privacy; safety; monitoring for overdose; overdose treatment
- Participants suggested such a facility could provide an area to speak with peers and support services, including ex-users, legal support, and education (multidisciplinary model)

"And if you don't want us smoking in our safe haven, which was looking out for us and us looking out for each other, you're... putting me and my sisters looking out in the alleyways at 3:00 in the morning... which leads us, you know, to guys raping us, to robbing us, to getting us [expletive] set up. Just because the neighbourhood wants to feel better. So if you really don't want to see us smoking our [expletive] crack pipe... give us a place to smoke where we can be safe"

Discussion

- Risks related to disease transmission and injury could be addressed by increased availability of and equal access to safer inhalation supplies including glass stems
- Needs and risks related to safety, overdose, education, and social and legal supports could be addressed by services such as a safe inhalation facility
- Harm reduction programming should involve people who smoke crack as experts with lived experiences

References

- 1. Werb D, DeBeck K, Kerr T, et al. Modelling crack cocaine use trends over 10 years in a Canadian setting. Drug Alcohol Rev 2010; 29:271-7.
- 2. DeBeck K, Kerr T, Li K, et al. Smoking of crack cocaine as a risk factor for HIV infection among people who use injection drugs. CMAJ 2011 181(9):585-9.
- 3. Fischer B, Powis J, Cruz MF, et al. Hepatitis C virus transmission among oral crack users: viral detection on crack paraphernalia. European J Gastroenterology Hepatology 2008; 20(1):29-32...
- 5. Caranci J. TB Outbreak Tied to Crack Users. Alberni Valley Times October 2, 2007, Port Alberni, BC.
- 6. Buxton J. Canadian Community Epidemiology Network on Drug Use (CCENDU) Vancouver Site Report, 2007.
- 7. Fischer B, Coghlan M. Editorial: Crack use in North American cities: the neglected 'epidemic'. Addiction 2007; 102:1340-1.