COMMENTARY

Crack Use As a Public Health Problem in Canada

Call for an Evaluation of 'Safer Crack Use Kits'

Emma Haydon, BSc[1,2]
Benedikt Fischer, PhD[1,2]

ABSTRACT

Oral crack use (smoking) is a relatively neglected public health problem in Canada, in comparison to injection drug use (IDU). There are indications that crack use in Canada may be increasing. Crack smoking involves particular risks and harms, including possible infectious disease transmission, which underline the need for targeted interventions. One pragmatic grassroots intervention that has only recently begun or been discussed in several Canadian cities is the distribution of 'safer crack use kits', which provide hardware for crack smoking devices along with harm reduction information. In addition to the direct benefits of using them, the kits may also bring previously 'hidden' marginalized crack smokers in contact with health and social services. There has been considerable controversy with regards to the distribution of the crack kits, within criminal justice, public health, and the general public; this resistance appears quite similar to that experienced when needle exchange programs (NEPs) were first being established. Systematic evaluation of the crack kits is urgently needed in order to produce definitive evidence of their health and other benefits, and to allow for evidence-based program and policy decisions in the interest of public health.

MeSH terms: Crack cocaine; Canada; public health; harm reduction; evidence-based medicine

Compared with the attention directed at injection drug use (IDU), oral crack use (smoking) is a fairly neglected public health problem in Canada. Attention is needed in light of the fact that crack use may be increasing, poses specific health risks, and is in need of targeted interventions. Publicly funded initiatives – including needle exchange programs (NEPs) or safe injection facilities (SIFs)[1-4] – have been established to prevent the transmission of disease in injection drug users (IDUs). Programs parallel to those provided for IDUs to address the risk of infection in the population of crack users are being discussed, yet only a few select initiatives have been implemented. Below, we will briefly outline the public health problem of crack use, describe the intervention of 'safer crack use kits', and point to lessons for public health practice and research.

Crack use in Canada

Systematic data on the prevalence of crack use are limited in Canada; however, several indicators suggest that crack use is prevalent and may be increasing among urban drug user populations.[5,6] A recent surveillance report of 794 injection drug users (IDUs) in Toronto, Regina, Sudbury, and Victoria (I-Track) indicated that 52.2% of the total sample had also used crack in the last 6 months; in Toronto specifically (n=221), 78.7% of those surveyed had smoked crack.[7] Recent data from a Canadian cohort of illicit opioid users in five cities (OPICAN study) indicated that 54.6% (371/679) of baseline participants had smoked crack in the 30 days prior to the survey.[8]

The public health problem of crack use

A few studies have recently identified crack smoking as a possible risk factor for HIV,[9-11] HCV,[12-15] and tuberculosis (TB)[16,17] transmission in drug-user populations. It is hypothesized that infectious disease may be transmitted via the sharing of crack paraphernalia ('pipes'), through which contaminated blood particles are transmitted from one host to the other. Many crack smokers have burns or cuts on their lips,[18] often remaining as open sores and taking long to heal.[19,20] Most utilize makeshift crack pipes, typically assembled from metal (e.g., pop cans) and/or glass

La traduction du résumé se trouve à la fin de l'article.

1. University of Toronto, Toronto, ON
2. Centre for Addiction and Mental Health, Toronto
Correspondence and reprint requests: Dr. Benedikt Fischer, 33 Russell Street, Room 2035, Toronto, ON M5S 2S1, Tel: 416-535-8501, ext. 4502, Fax: 416-260-4156, E-mail: benedikt_fischer@camh.net
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materials featuring sharp edges; these are heated to high temperatures and may break.[19,21,22]

The particular social settings and dynamics of crack use among marginalized street drug users create situational conditions in which the sharing of drugs and equipment are prevalent and often reinforced.[21-24] Possible disease transmission risk for crack users has also been observed in the context of the social ritual of 'shotgunning', where crack smoke vapours are blown into the mouth of another.[25,26] In addition, many crack users engage in risky and unprotected sex (work) practices, adding further infectious disease transmission pathways.[9,27,28] As for illicit drug use in general,[29,30] a close association between poverty, marginalization and crack use has been reported for North America, with the effect of hindering access to adequate health and social services.[31-34]

'Safer crack use kits'

Frontline community service providers in Canadian cities have long pointed to the hidden public health problem of crack use, and the need for effective interventions. The distribution of 'safer crack use kits' has emerged as a unique intervention. Toronto's Safer Crack Use Coalition (SCUC) – an ad-hoc alliance of community agencies and individuals formed in the year 2000 – was the first formal distribution network for these kits in Canada (Lorraine Barnaby (SCUC), personal communication, 2004). Other Canadian cities have recently organized or are in the process of starting distribution of harm reduction supplies, including Edmonton (Streetworks Needle Exchange), Guelph (AIDS Committee of Guelph), Ottawa (Ottawa Public Health), Winnipeg (Winnipeg Regional Health Authority) and Vancouver (Vancouver Area Network of Drug Users). The declared main objective of these initiatives is to prevent potential infectious disease transmission that can occur through the sharing of crack pipes and the use of 'dangerous' smoking hardware. Through the provision of harm reduction supplies, crack users can have their own crack pipes (similar to NEPs providing users with their own needles). An indirect yet equally important further benefit of crack kit distribution may be the outreach to crack users and the opportunity to link them with support and treatment resources.[3]

The typical contents of a 'safer crack use kit' are as follows:

- Pyrex stem with mouth piece ('straight shooter')
- Metal screens (brass)
- Chapstick/Vaseline (for lips only)
- Hand wipes
- Alcohol wipes
- Matches and chewing gum
- Condoms (lubricated and non-lubricated)
- Packets of lubricant

In addition, health tips for drug users and information on harm reduction services is typically included. The cost of each kit is approximately $2.00 (Lorraine Barnaby (SCUC), personal communication, 2004).[35] In Toronto, these costs are supported by SCUC fund-raising activities and private donations, with individual agencies handing out the kits providing staff time and 'in-kind' support, as the City of Toronto until recently did not provide any funding support* (Lorraine Barnaby (SCUC), personal communication, 2004). It is estimated that SCUC currently hands out about 2000 kits per month in Toronto; many more could be handed out based on perceived demand, and some agencies have had to limit distribution efforts due to shortage of supplies.[36] In Winnipeg, the kits have been distributed since the fall of 2004 at an average rate of approximately 17 kits per day, and are funded by the Winnipeg Regional Health Authority.[35] The kit distribution in Winnipeg was briefly suspended in November due to concerns about the safety of the glass stem materials included, yet quickly resumed when it was determined that no safer materials were available.[39]

The politics of crack use

Resistance to the crack kit initiative has been considerable and multi-fold. In Toronto, there have been reports that both distributors and recipients of crack kits were targeted by law enforcement, who confiscated kits and laid charges under the Controlled Drugs and Substances Act (CDSA).[36] Conversely, a spokesperson for the Vancouver Police Department (VPD) stated that "possessing or manufacturing an item that could be used for a crack pipe is not illegal".[40] Clarification on the legal status of crack pipe distribution and possession is thus needed.

There has also been substantial political and public controversy about the 'safer crack use kit' initiatives. The Toronto Sun commented that "…even All Saints Church [a social service drop-in program] is in the drug business, handing out crack kits…".[41] Similar public outcry has occurred in Winnipeg: a 'former crack cocaine addict' interviewed by the Winnipeg Sun[35] said of the crack kit distribution: "They're crazy, they're stupid."

Public health and addictions officials in both Toronto and Vancouver[36,40] have expressed doubts about the relevance of crack pipes in the transmission of disease and the ability of hardware distribution to reduce such transmission, even though these links have been suggested in the literature. Other public health figures in Canada, however – e.g., a regional director of Toronto Public Health and the CEO of the Addiction Foundation of Manitoba – have supported the initiatives and point to the importance of protecting the health of those not yet ready to stop using crack.[35,36]

The current controversy around and resistance to the crack kit initiative are reminiscent of the politics of NEPs in their early – and crucial – years (the mid-1980s to early 90s). Then, many politicians vigorously refused to support an idea that seemed to 'facilitate' drug use, the media portrayed it as a step towards 'legalization', and the police opposed it since it undermined their principal ownership of drug use as a crime problem. Despite emerging evidence on their beneficial impact, NEPs in Western countries were only hesitantly introduced and funded – with the consequence that a considerable amount of subsequent morbidity and mortality occurred that could have been avoided.[37,38]

Evaluating 'safer crack use kits'

Clearly, a systematic scientific evaluation of the impact of crack kit distribution on health status and risks of users is direly needed for informed program and policy-making. So far, resources for such a study have not been made available by key potential funders. Even with research funding available, producing definitive evi-

* In 2004, Toronto Public Health made one-time funding support available towards select materials included in the 'safer crack kits' (excluding stems)

dence of the role of crack kits in reducing infectious disease transmission may prove difficult, due to parallel risk factors, including current or past IDU, sex work, and others. However, these challenges could be addressed with adequate research methodology. At the same time, it must be recognized that a crucial benefit of the distribution of crack kits other than direct disease reduction may include crucial service contact with marginalized drug users who would have remained 'hidden'.[36] Therefore, it appears that the distribution of crack kits may offer avenues to reach substantive groups of crack users, and also to educate them about the health risks to which they are exposed.

CONCLUSIONS

Crack use is a neglected yet increasingly relevant public health problem in the larger context of illicit drug use in Canada's urban populations. Its harms are fuelled by a complex myriad of health and behavioural risks, amplified by the forces of poverty, marginalization and criminalization, predominant within the crack user population. Crack kit distribution programs are pragmatic, community-driven initiatives to reduce harm among crack users. These initiatives ought to be evaluated for their impact as soon as possible in order to allow evidence-based program decisions. At the same time, it is evident that the issue of 'safer crack use kits' is embedded in the politics of 'harm reduction', which has unduly stalled potentially important public health interventions for high-risk drug users before. These lessons ought to be recalled and applied to the crack use problem by policy-makers at all levels.

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RÉSUMÉ

La consommation orale de crack (en le fumant) est un problème de santé publique qui reçoit peu d'attention au Canada en comparaison des drogues injectables. Or, il semble que la consommation de crack augmente au pays. Cette consommation a des risques et des effets particuliers, notamment la transmission des infections, qui donnent à penser qu'il faudrait élaborer des interventions ciblées. Une intervention pragmatique récemment amorcée ou envisagée dans certaines villes canadiennes est la distribution de « trousses de consommation de crack à risques réduits »; ces trousses contiennent des pipes à fumer du crack et des conseils pour réduire les méfaits de cette drogue. En plus de leurs avantages directs, les trousses peuvent mettre les services sociaux et de santé en contact avec des fumeurs de crack marginalisés dont on ne soupçonnait pas l'existence. La distribution des trousses suscite toute une polémique dans les milieux de la justice pénale et de la santé publique, ainsi que dans la population générale; la résistance est semblable à celle qui s'était manifestée lors de la mise en place des programmes d'échange de seringues. Une évaluation systématique des trousses de consommation de crack est essentielle et urgente pour établir la preuve absolue de leurs avantages et pour prendre des décisions conformes aux intérêts de la santé publique dans l'élaboration des politiques et des programmes.

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duits toxiques et la teneur affichée sur les paquets de cigarettes au Canada. Ils ont comparé la teneur des cigarettes « légères » et « ordinaires » obtenue selon le protocole de laboratoire prescrit par le gouvernement de la Colombie-Britannique (norme ISO modifiée) plutôt que par la méthode classique au Canada (norme ISO). Adoptant la démarche en vigueur dans l'industrie alimentaire, ils ont cherché à évaluer si les cigarettes « légères » affichent une teneur en produits chimiques inférieure d'au moins 25 % aux cigarettes « ordinaires ». Or, leur analyse montre qu'il n'existe pas de différence fondamentale entre les deux[6].

Mais au lieu de faire valoir que ces preuves supplémentaires militent en faveur de la suppression des descripteurs des produits du tabac qui sèment la confusion (comme « douces » et « légères »), Gendreau et Vitaro semblent suggérer que l'on soumette ces produits à une version modifiée des pratiques canadiennes d'étiquetage des aliments. « Un compromis possible, notent-ils en conclusion, serait d'autoriser l'emploi de l'étiquette "légère" uniquement lorsque la teneur d'une cigarette en un constituant donné est inférieure d'au moins 25 % à celle des cigarettes "ordinaires" selon la norme ISO modifiée[6]. » Une telle approche ne contribuerait, à mon avis, qu'à entretenir la confusion décriée à juste titre par ces mêmes chercheurs. Les fumeurs ajustent en effet la façon dont ils fument de manière à inhaler la dose idiosyncratique de nicotine qu'ils préfèrent[7]. Quel que soit l'étiquetage du produit, ils modifieront leur comportement et leur consommation de cigarettes de manière à garantir un certain apport en nicotine. Si l'on donne suite à la suggestion de Gendreau et Vitaro, les fumeurs continueront sans doute de croire à tort que le fait de fumer des cigarettes « légères », peu importe la définition ou l'indicateur choisi, procure des avantages pour la santé et pourrait accélérer le processus de renonciation au tabac. Or, rien n'est plus faux[8]. Comme l'indiquent eux-mêmes les auteurs, « …le seul moyen de réduire son exposition aux toxines de la fumée de cigarette est de réduire sa consommation de cigarettes, et non de fumer des cigarettes "légères"[6]. »

Depuis déjà un certain temps, les autorités sanitaires canadiennes font allusion à une interdiction prochaine des descripteurs « légères » et « douces » pour les cigarettes. Malheureusement, les choses en restent là. Ailleurs dans le monde, des autorités agissent pour dissiper la confusion : le Parlement européen a adopté une directive qui interdira l'étiquetage trompeur[9]; la Convention-cadre de l'OMS pour la lutte antitabac (déjà adoptée par plus de 60 nations) exige des pays adhérents qu'ils interdisent de tels descripteurs[10]. Le Canada, un signataire précoce, a ratifié la Convention à la fin de 2004. Le projet de loi C-71 (la *Loi sur le tabac*) confère au ministre canadien de la Santé le pouvoir d'interdire les messages faux et trompeurs sur les emballages des produits du tabac[11]. Le ministre devrait utiliser ce pouvoir, et il devrait le faire bientôt. L'étiquetage trompeur est malhonnête et, à la limite, dangereux. Il doit cesser.

Voir les Références à la page 166.