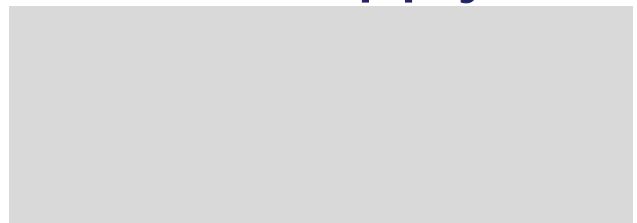




REPORT

Safer Smoking: Introducing Bubble Smoking Harm Reduction Supply

Healthy Sexuality and Harm
Reduction, WRHA
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We are grateful to the participants who shared their knowledge, experiences and meaningful feedback to this project.

PURPOSE AND OBJECTIVES

The bubble pipes pilot project was intended to assess the operationalization of free safer bubble smoking supplies at Healthy Sexuality and Harm Reduction office and in the Street Connections van. It was also meant to provide some guidance in making this harm reduction item available to community partners in supply distribution.

Based on findings from HSHR's Safer Smoking Needs Assessment (2019), and other local research, we also sought to have a better understanding of how the provision of free bubble smoking supplies and related information/education may assist in the reduction of harms associated with using makeshift supplies and sharing supplies to smoke crystal methamphetamine (meth) and other substances, and facilitates transition from injection to smoking/inhalation among those who inject substances.

The objectives of the project were:

- To understand how the provision of safer smoking supplies and related education contributes to harm reduction practices (e.g., prevention of cuts and burns of the mouth, sharing of smoking supplies, promotion of non-injection route of consumption among people who inject drugs);
- To estimate the demand for safer bubble smoking supplies within the context of HSHR/Street Connections services, and its extrapolation to the Winnipeg region;
- To establish how best to coordinate the incorporation of distribution of safer bubble smoking supplies and education within Healthy Sexuality and Harm Reduction harm reduction supply distribution program (own services and with partners).

RATIONALE

HSHR explored the incorporation of safer bubble smoking equipment as:

- Crystal methamphetamine (meth) is a prevalent drug in Winnipeg's current drug market;
- Crystal methamphetamine is used via a range of routes, including smoking;
- Other substances, including opioids, can be smoked using a bubble pipe;
- Non-injection route of administration of crystal amphetamine was high among TRACKS 2019 local participants (i.e., 84% among males and 79.5% among females, and all participants who identified as another gender (n=8)).
- Harm reduction supply service users have been using makeshift supplies from currently available straight smoking pipes originally meant for safer crack use that HSHR distributes;
- There has been a remarkable increase in SCUKs distribution in the past few years, more notably a 60% increase in 2020-2019 when compared to the previous year.
- The use of makeshift supplies may increase injuries, such as mucosal cuts and burns, which may contribute to the acquisition or transmission of communicable diseases;
- It is hypothesized that consistent access to proper smoking supplies may reduce injection-episodes among people who also inject substances;
- Evidence has pointed out to a trajectory from smoking to injecting among people who use crystal methamphetamine; and, engagement with people who smoke meth may prevent migration to injecting or reinforce safer injecting practices;
- There has been an ongoing demand for this equipment from clients and from community partners;
- The distribution of safer smoking supplies provides an opportunity to engage people on harm reduction practices, and access to health and substance use services.

METHODOLOGY

Bubble smoking supply distribution at HSHR/Street Connections followed a consistent approach to ongoing supply distribution practices such as the distribution of supplies to clients anonymously. A seamless integration of this new harm reduction equipment was meant to assist in the evaluation of any implications within HSHR/Street Connections harm reduction supply distribution services.

A bubble pipe and a vinyl mouthpiece were offered to clients seeking out safer smoking supplies.¹ For those interested in engaging in a conversation a series of messaging on safer smoking were used as part of the conversation. Clients receiving a bubble pipe were offered an opportunity to participate in the evaluation of the initial distribution by answering a short survey (see appendix).

Clients seeking SCUks as well as bubble pipes were able to take both. Part of the evaluation was to understand the impact of a new smoking device on SCUk distribution. Clients were advised that changes in access to safer smoking devices could occur as result of the evaluation.

Data collection was limited to 30 working days. The period of data collection spanned from November 17 to December 30 in HSHR office, and November 22 and December 31 in Street Connections van.

Ongoing consultation with community partners that have been distributing safer bubble smoking supplies, mainly Sunshine House, Manitoba Harm Reduction Network, and Nine Circles Community Health Centre, informed the operationalization of distribution at HSHR/Street Connections.

EVALUATION

Evaluation Methods

Data Collection Sheet:

Addition of bubble pipes to daily stats sheets. This would allow the accounting and observation of ongoing distribution and trends of this new item.

Questionnaire:

A short questionnaire intended to understand current access to safer smoking equipment, including bubble pipes and SUCks, substances smoked, and use of safer smoking equipment among those who also inject was offered to clients seeking out safer smoking equipment. Participation in responding to the questionnaire was anonymous and voluntary. While the questionnaire was meant to be administered by HSHR staff many clients preferred to answer it on their own.

Staff observations:

Regular check-in with staff conducting supply distribution helped capture additional information regarding the inclusion of this new item within current supply distribution services. It also helped to learn about their experiences in distributing this supply with a focus on clients' feedback. Notes from these observations were kept as a record for the evaluation process.

¹ Bubble pipes distributed were obtained from an online Canadian retailer. They were chosen based on price point and availability, two key considerations in ensuring accessibility to this supply.

Safer Smoking Analysis

Daily harm reduction supply distribution data from HSHR office and the van were entered in an Excel spreadsheet. This allowed for an analysis of trends in supply distribution as result of the introduction of bubble smoking supplies. We captured: number of safer bubble smoking supplies distributed; number of safer crack use kits distributed; number of clients that accepted/preferred safer bubble smoking supplies instead of SCUUs; number of clients seeking/receiving bubble smoking supplies and safer injection supplies; and number of clients seeking/receiving bubble smoking supplies, SCUUs and injections supplies.

Survey data was entered in an Excel spreadsheet. Descriptive analysis for each quantitative question was carried out. Themes were created from responses to open-ended questions.

Limitations

The anonymous nature of supply distribution may have resulted in more than one complete questionnaire per client. However, as there was not incentive other than the provision of voluntary feedback, this may have limited participation. It was not uncommon for clients seeking bubble pipes half-way into the evaluation process to indicate that they had already responded to the questions. In that situation clients were discouraged from answering the questionnaire.

Further, while individual encounters for supply distribution were recorded, all data is anonymous. We cannot disaggregate data by unique clients.

Survey Participant Sample

116 questionnaires were completed, 58% of which were collected while providing evening services in the van, and the remaining 42% of questionnaires were completed at HSHR office (fig. 1).

While most participants responded the survey as individual clients seeking harm reduction supplies, a couple of respondents indicated that they would seek out supplies for redistribution within networks of people who use drugs.

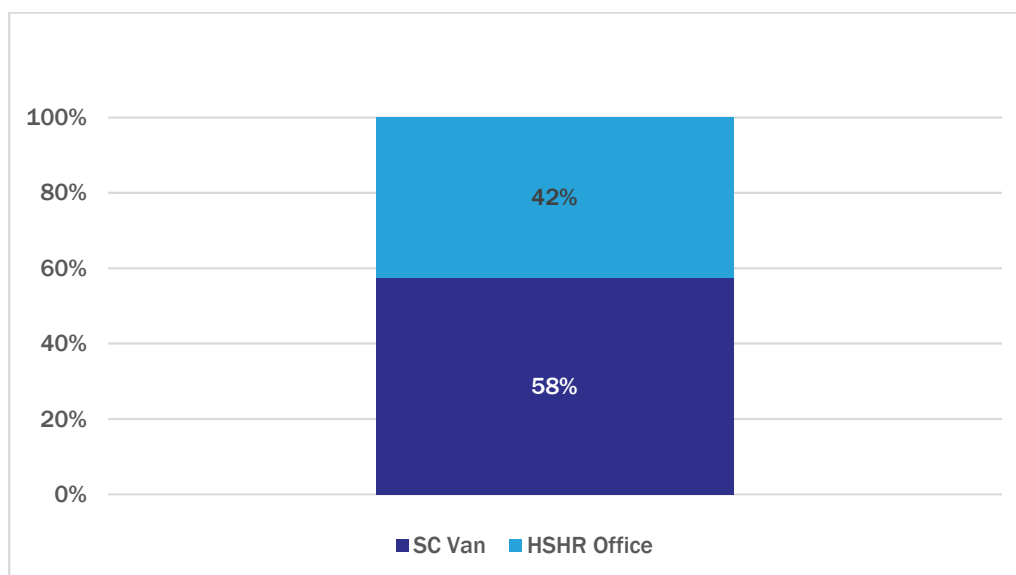


Fig 1. Bubble smoking supply survey participant sample

Survey Results

Use of commercial-grade bubble pipes

85% of respondents have used a commercial-grade bubble pipe in the past six months. 8% said that they had not used a commercial grade bubble pipe (fig.2).

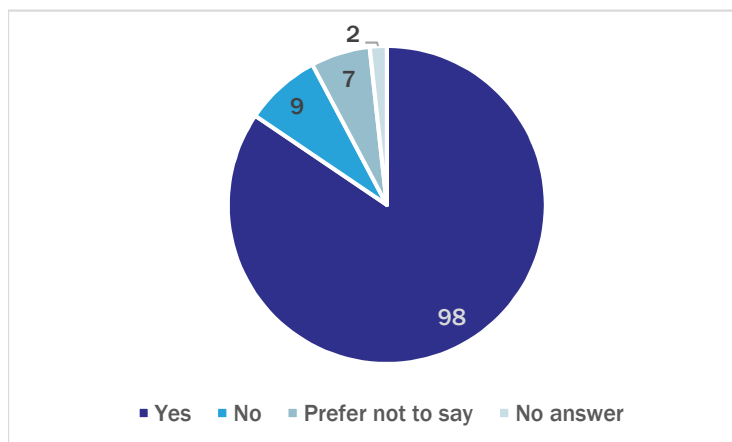


Fig 2. Use of commercial grade bubble smoking devices

Bubble pipes points of access

55% of respondents indicated having purchased bubble pipes in stores, 37% obtained from community organizations, and 23% used a makeshift pipe in the past 6 months (fig 3.).



Fig 3. Type of bubble pipes by point of access

30% of those who sought out pipes from community organization would also purchase pipes in stores. Although fewer clients had used makeshift pipes (21.5%), it is important to note that among these most had not purchased or accessed free pipes from community organizations.

Access to Bubble Pipes

34.5% of the respondents indicated that they would obtain/use a bubble pipe a few times a week. This was followed by 24% who estimated that they would use a pipe per week, and 20.5% who would obtain/use a few a month. Only a few would acquire a new pipe daily (fig 4).

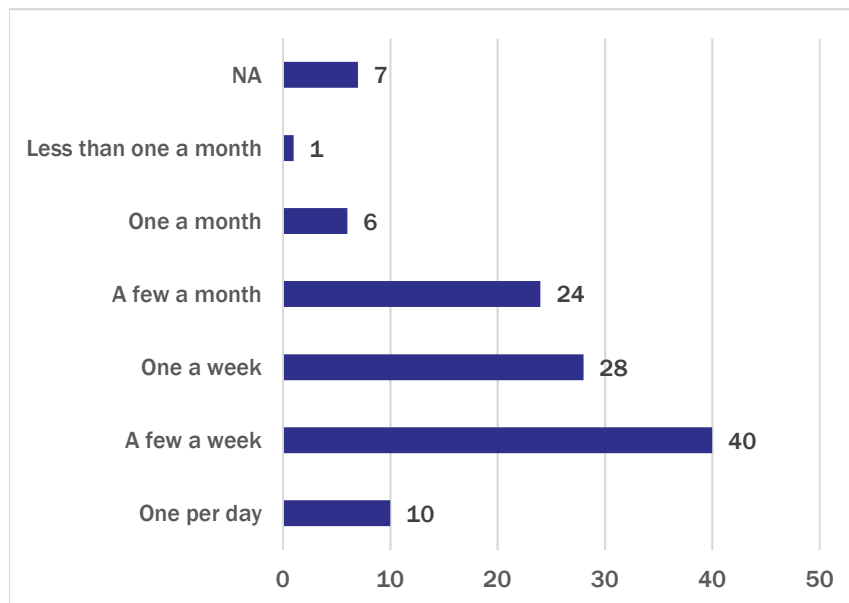


Fig 4. Frequency of access to bubble pipes

Most respondents were not able to ascertain the exact lifespan of a bubble pipe. About 27.5% of respondents estimated that their pipes would last between 1 and 3 days.

Access to Safer Crack Use Kits (SCUKs)

While only a few respondents would seek out SCUKs on a daily basis, most responses show that access to SCUKs varied widely. For instance, a similar proportion of respondents indicated that they would pick up SCUKs from a few times a month (16%), once a week (14.5%), a few times a week (14.5%) or less than once a month (13%).

When compared to the estimated number of times respondents would access SCUKs to the estimated number of times respondents accessed bubble pipes, data appear to suggest that most respondents would seek out a bubble pipe weekly.

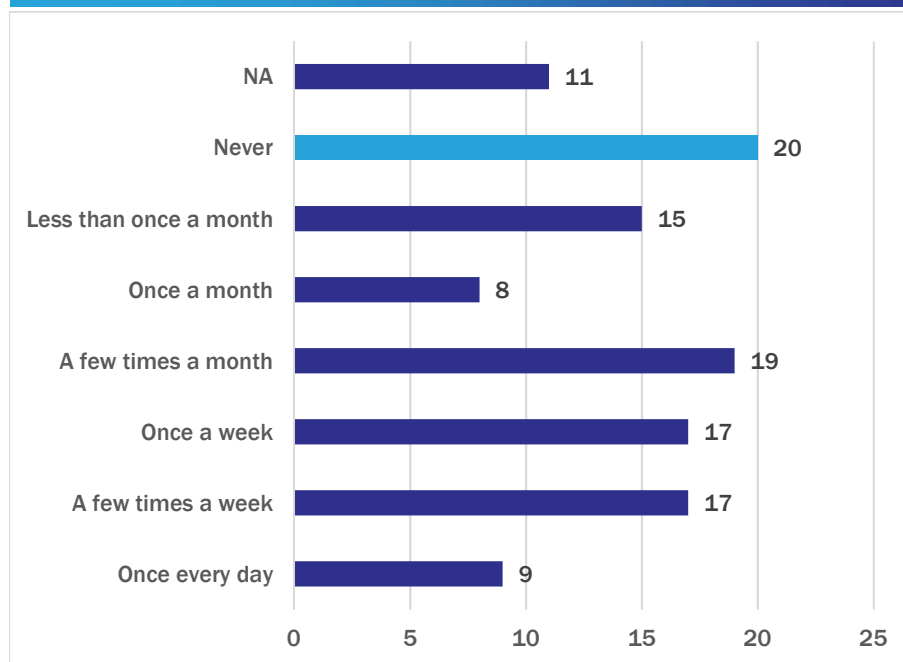


Fig 5. Frequency of access to SCUUs

Notably, 17% of respondents had **never** picked up SCUUs. Most of these respondents (65%) have been purchasing their bubble pipes from stores. A handful (4/20%) had only picked up bubble smoking devices from a community organization. 75% indicated that this was the first time that they received this supply from HSHR/Street Connections. 85% of these respondents completed their questionnaire in van. Further, half of these respondents indicated that they would use 1 bubble pipe a week. The rest of the responses were distributed throughout the remaining options.

Further, within this sub-sample, twenty percent indicated that they also administer substances via injection. This suggests that for most of these participants this may have been the first time connecting with HSHR/Street Connections for harm reduction supplies.

Ongoing Access to SCUUs and Bubbles

78% of the respondents that picked up SCUUs and bubble pipes said that they would continue to pick up SCUUs. Only 4 participants (4%) confidently indicated that they would not gather SCUUs now that they have access to bubble pipes. 9.5% were not sure if they would continue to grab both bubbles and SCUUs (Fig 6).

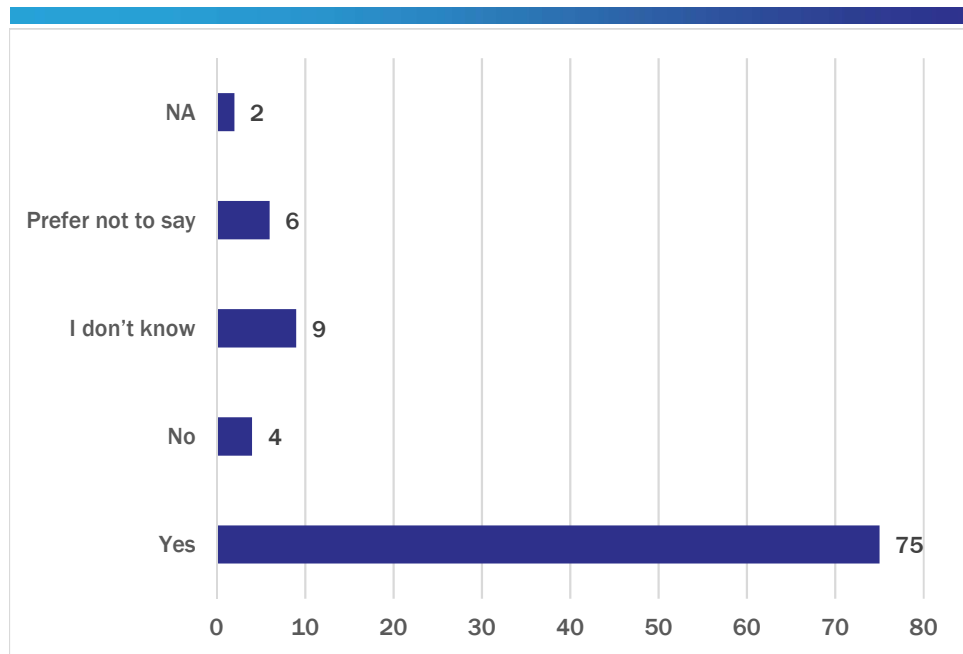


Fig 6. Anticipated continuous access to SCUKs

Rating Bubble Pipes

Overall, in a scale of 1 to 5, with 5 being “highest/very good”, 52.5% rated the new equipment as 4 or 5. However, 26% did not answer this question alleging that they would not know till they tried it. 17% rated it with 3 (Fig 7).

When looking at how those who had returned for another bubble pipe (n=30/26%) answered this question, 75% rated it highly. The rest rated them at the mid-point of the scale. This suggests that the specific item was acceptable to clients.

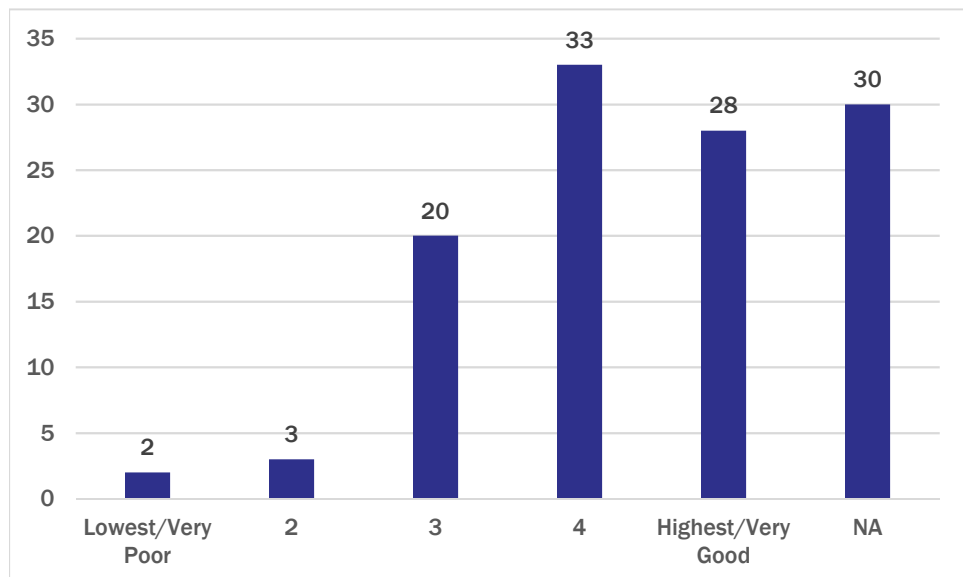


Fig. 7. Bubble smoking equipment rating

Substances Smoked

72% of the respondents shared which substances they would smoke. Among these **82%** would smoke **meth**. 12% reported smoking opioids and 11%, crack. A handful (n=5) of participants reported to smoking only cannabis. A few also said that they would smoke “everything.”

Route of Consumption: Smoking & Injecting

49% of respondents indicated that they smoked and injected substances (Fig 8).

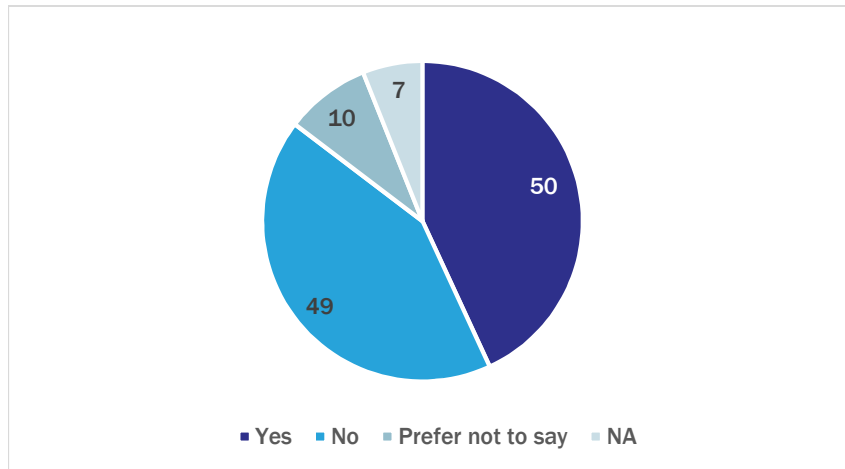


Fig 8. Respondents that smoke and inject substances

Preferred Route of Drug Consumption

Among those who injected and smoked their drugs, 30% preferred smoking, followed by 26% who preferred injecting as the main route of consumption. A handful indicated no preference between smoking over injecting and another similar proportion also indicated that all routes of consumption were equally desirable.

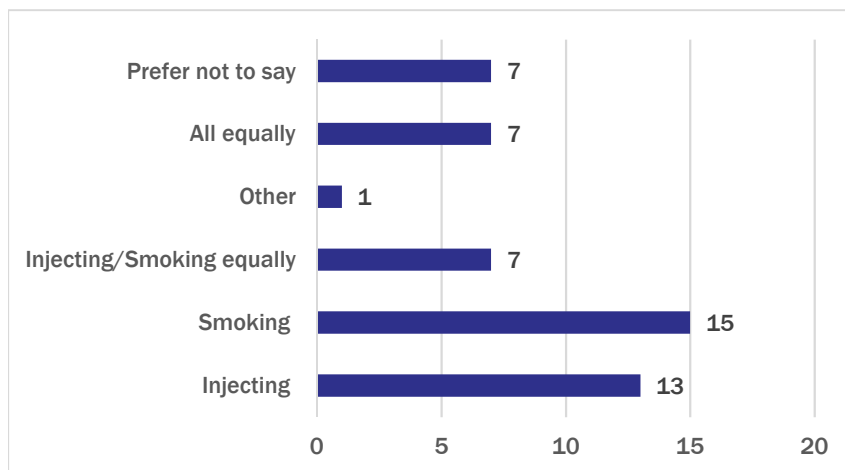


Fig 9. Preferred routes of drug consumption among people who smoke and inject

Access to Harm Reduction Supplies and Route of Consumption

60% of the respondents who indicated to inject drugs said that they would inject drugs whenever they did not have access to smoking supplies (fig 10). This appears to suggest that injection equipment may be more readily available.

Most of the respondents who preferred smoking over injecting or other modes of drug administration indicated that they would inject if they do not have access to smoking devices.

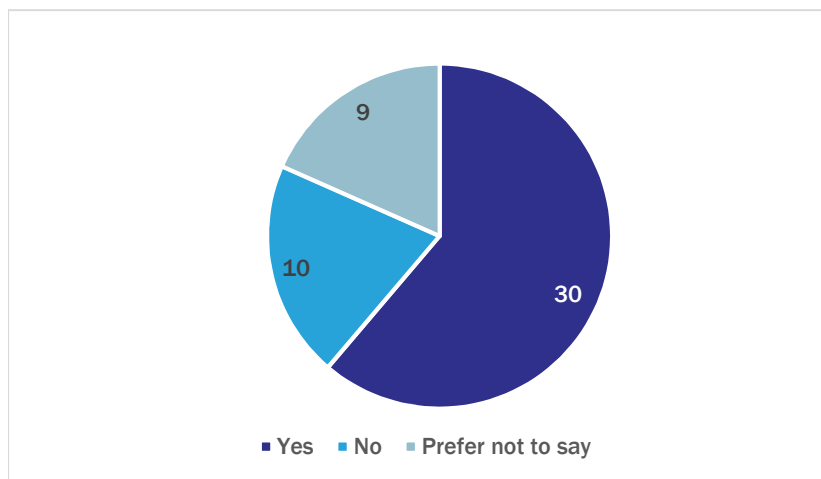


Fig 10. Injecting when not access to smoking devices

Further, for half of those who smoked and injected ongoing access to bubble smoking equipment may have an impact on their injecting practices. This was more so among those who preferred to smoke their substances – as above indicated. This was followed by 22% of respondents who indicated that they were not sure if access to bubble pipes was to change their injecting practices (i.e., Would having regular access to bubbles change your injecting practices?).

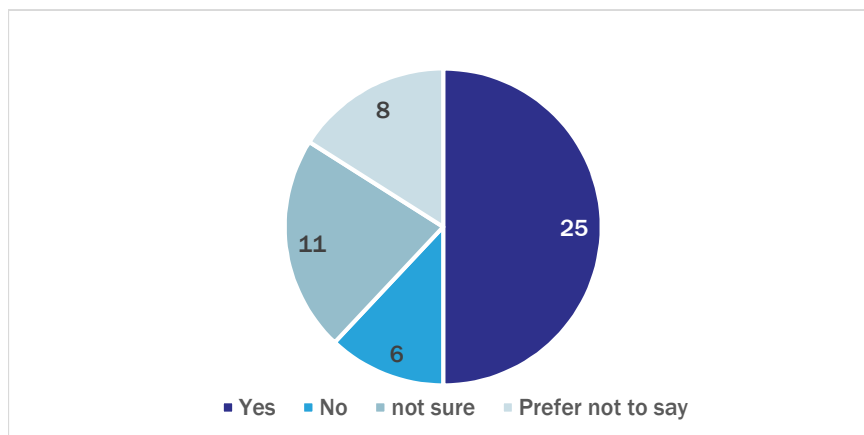


Fig 11. Perceived impact of access to bubble equipment on injecting practices

Harms and Benefits of Smoking over Injecting

Only 40% of those who smoked and injected provided some insights into what they believed to be harms and benefits of smoking over injecting. A few participants could not mention any harm or benefit, while the rest preferred not to answer the question.

Benefits of smoking were:

- Disease prevention (e.g., “no blood to blood contact”, “smoking was more sanitary”)
- Addressing problems injecting (e.g., “missing” a vein)
- Overdose prevention (e.g., “less risk of overdose”)
- Preventing injecting poor quality drugs (e.g., “injecting garbage”)

Harms of smoking

- Second hand smoking

A few participants also indicated that they preferred the “high” from injecting as it was deemed to be faster. On the other hand, a participant indicated that would prefer to smoke only; however, regretted to having “got hooked on injecting.” Another participant also indicated that while they knew that smoking was safer, they disliked the taste of the substance, making injecting their preferred route of consumption. This suggests that access to supplies may not be the only factor in assisting someone to move from injecting to smoking.

While these respondents seemed to have a good understanding of some key health risk that were prevented by smoking over injecting – mostly with regards to prevention of bloodborne infections and other skin infections – the role of smoking as an overdose/drug poisoning prevention strategy needed to be revisited. Further, harms of smoking were less obvious among respondents.

Survey Findings Summary

Access to commercial grade bubble pipes was common among survey participants. However, over a fifth of respondents who used makeshift pipes had not purchased or accessed free pipes from community organizations.

Respondents indicated that bubble pipes can break easily; however, only a few would seek out bubble pipes daily. When compared to the estimated number of times respondents would access SCUks to the estimated number of times respondents accessed bubble pipes, data appear to suggest that most respondents would seek out a bubble pipe weekly.

We anticipate that most clients would seek out both SCUks and bubble pipes. This occurred even when the substance smoked was crystal meth, for which a bubble pipe would be more amenable for use.

Some of the findings suggest that a number of respondents would have approached HSHR/Street Connections for the first time as result of bubble pipe distribution.

Overall, the quality of the bubble smoking equipment was highly acceptable for most respondents, and in particular for those who returned for another pipe.

It appears that access to bubble pipes would better support people who prefer smoking over injecting, and with that possibly reducing injecting episodes, and potential harms associated with injecting.



Safe Smoking Supply Distribution Trends

On a daily basis, HSHR/Street Connections connect largely with individuals seeking safer smoking supplies. As an illustration, for the period in question, 44% of the encounters were with people seeking out only safer smoking devices, followed by an additional 34% of encounters in which clients sought out safer smoking and injecting supplies (fig.12.).

Monitoring of safer smoking supply distribution over the period when data from clients was collected indicate a shift in distribution. While changes in SCUUKs distribution cannot be entirely attributed to access to bubble smoking equipment, there was a decline in SCUUK distribution and slight uptake of bubble pipes over the 30 days initial distribution period.

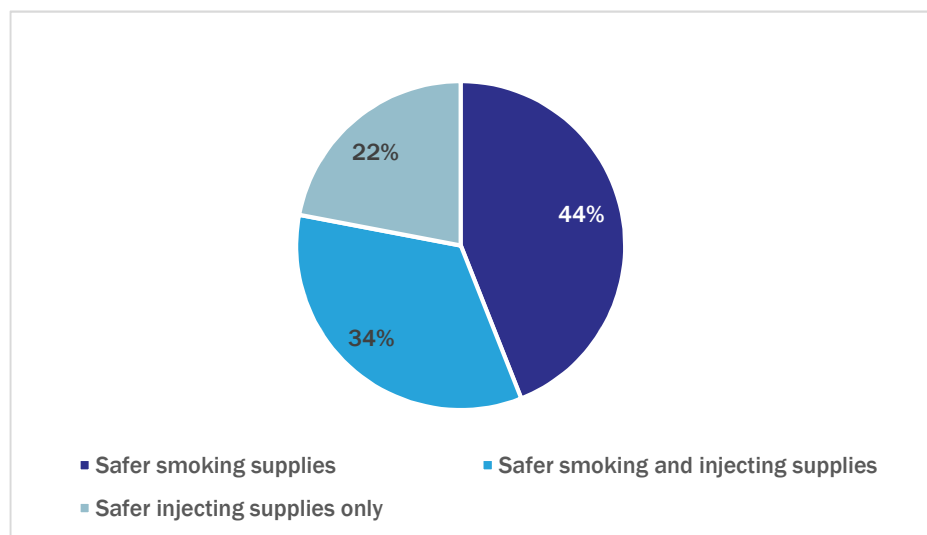


Fig 12. Unique encounters by type of supply requested

The following figures show the overall trend in safer smoking supplies at HSHR and Street Connections van for the same period (mid-Nov to end of Dec 2022) (fig 13 and 14).

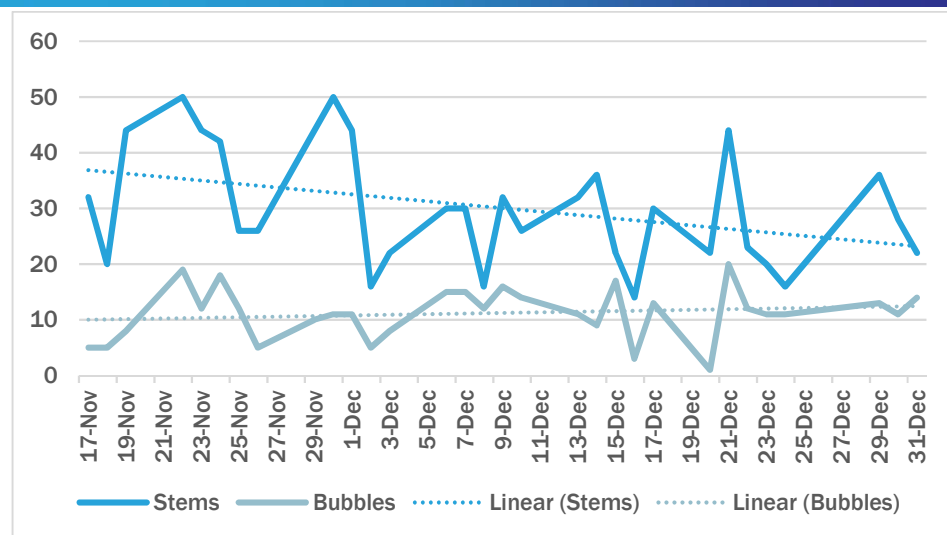


Fig 13. Safer smoking supply distribution at HSHR office

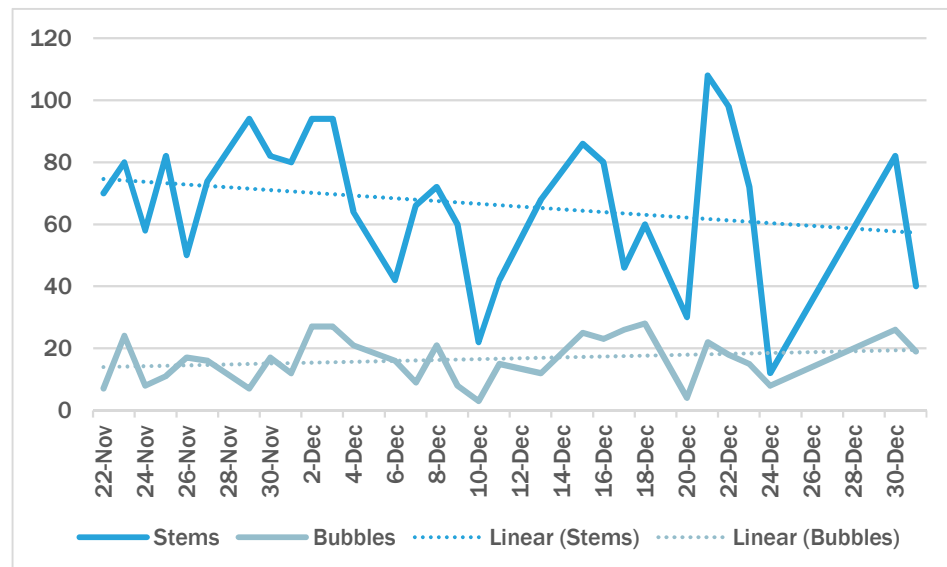


Fig 14. Safer smoking supply distribution at Street Connections van

Although the period of distribution under analysis was short to fully assert changes in trends, we sought to observe how these changes looked within larger trends over the last few years. For this, we looked at overall SCUks distribution over the past few years. As illustrated in the figure below, there has been an overall increase in demand of SCUks (fig 15).

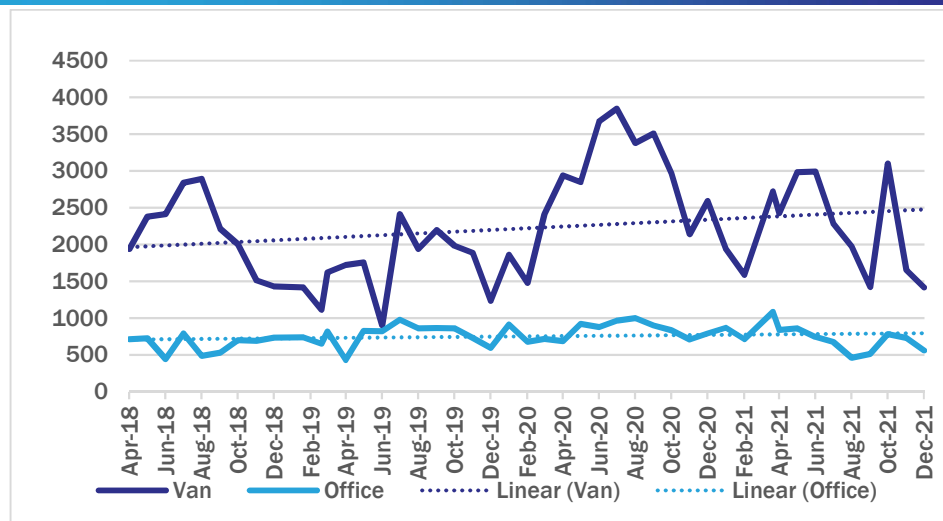


Fig 15. Safer Crack Use Kits (SCUKs) distribution Apr-2018-Dec 2021

Access to SCUKs at HSHR office appeared to be more constant over time. Access to SCUKs in the van was more varied. Overall increased distribution in the van appears to be attributed to an increase in demand for harm reduction supplies in the first few months of the pandemic (Apr-Sep), with other peaks that seem to reflect the following waves of COVID-19 and their concomitant changes to public health recommendations which would have limited clients to accessing fixed sites because changes in hours or ways of services were delivered, or reducing unnecessary contact. However, data from distribution over the same period (Nov-Dec) seem to suggest that the incorporation of bubble pipes did not shift the overall trend in safer smoking supply distribution at HSHR/Street Connections (fig 16).

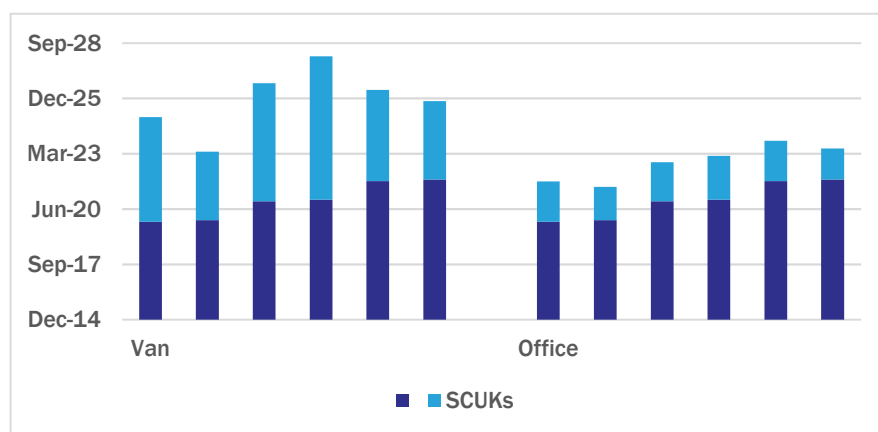


Fig 16. Safer smoking supply distribution same period over 2 years

It is also important to note that over the period under assessment, some clients sought out both SCUKs and bubble pipes. Therefore, as suggested by the findings from the survey, while some may have shifted from using SCUKs to bubble pipes, most of those seeking out bubbles would have added this supply to their requests. Further, some who had never asked for a SCUKs would now have also requested this supply. As a point of illustration, the figure below shows in part shifts in safer smoking supply at

Street Connections van. While clients seeking SCUJs only decreased, some may have switched to gather both or just bubble pipes (fig 17).

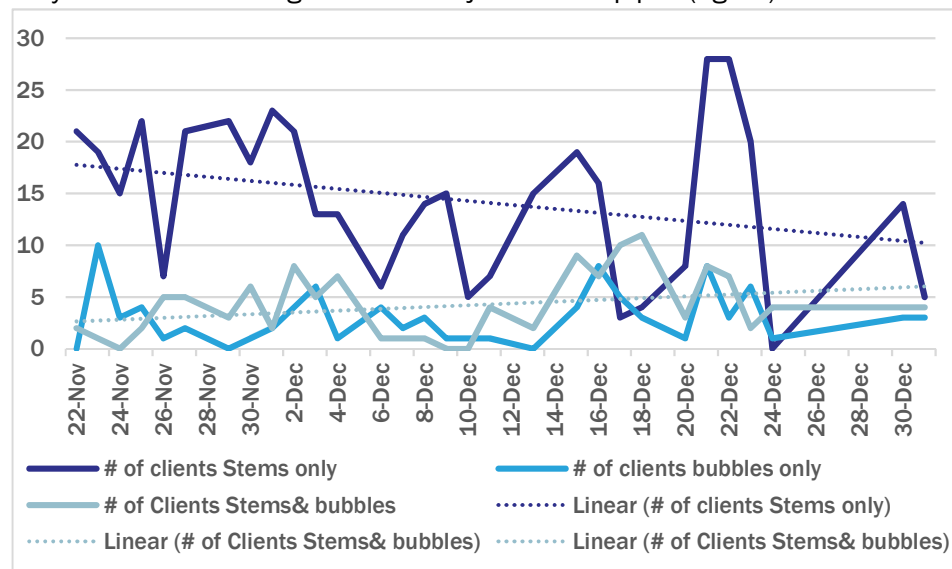


Fig 17. Safer smoking supply distribution at Street Connections van

Safer Smoking Supply Distribution Findings Summary

In a nutshell, daily data from bubble distribution seem to suggest that clients are seeking out this supply and that slow uptake and small shift in SCUJs occurred. Still, most already seeking out SCUJs would have added bubbles to their requests. It is recommended that distribution continue to be closely monitored to better understand this trend, in particular when meth is the main substance smoked.

Also, it appears that the incorporation of this new item did not present challenges to the overall supply distribution. However, as many clients were not amenable or the circumstances under which supply distribution occurred (e.g., being flagged by a client at a red light) to engage in a safer smoking conversation, we cannot fully assess how the integration of key messages was integrated in many of the interactions.

Another consideration concerns storage of a bulky supply within the limited space available for supplies at 496 Hargrave. This is a relevant consideration for the incorporation of this supply to community partners.

Incorporation of bubble smoking equipment to partners in supply distribution

A few community partners have initiated bubble pipes distribution in response to requests from their clients. Further, the Manitoba Harm Reduction Network and Nine Circles Community Health Centre developed an evaluation process to increase the understanding of bubble pipe distribution at their sites. While distribution in these two sites looked different with MHRN distributing them through their Peer Advisory Councils, and Nine Circles to any individual seeking supplies at their distribution services – the Pit Stop – these projects sought out some similar information in that access to an appropriate smoking supply was desirable and above all helpful in assisting some participants with decreased use of meth via injection.

Community organizations already distributing or interested in distributing bubble pipes expect access to ongoing and reliable supply of bubble pipes from HSHR.

In order to establish the implications of adding bubble smoking equipment to the suite of harm reduction supplies for distribution to community partners we examined the trends in distribution of SCUJs to partners. Further interpretation was carried out considering findings from HSHR/Street Connections initial distribution of bubble smoking equipment.

Community partners drive SCUJs distribution with a few sites distributing the bulk of these devices (fig 18).

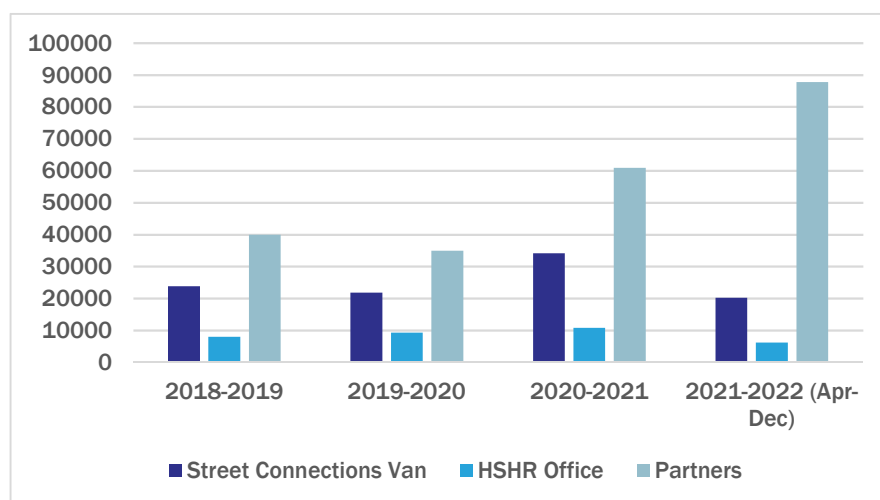


Fig 18. Winnipeg straight smoking pipe distribution

Further, distribution to some of these partners had exponentially increased since 2020 (fig 19). This is attributed in part to changes in which this supply has been provided to high volume partners. These changes were

implemented as result of a lack of reliable volunteer work to put together the kits due to the COVID-19 pandemic. Since then, these partners receive all the supplies to put together their own kits, which has led to increased ability to move supply. At the same time a lack of ability to closely monitor partners' ability to follow guideline recommendations (i.e., one SCUk per person, per day), in particular in sites that rely of volunteers, or that experience high turnover of staff, may have created an opportunity for increased distribution without proper guidance. Occasional reminders were sent to some partners, and more so within occasional disruption of supply chain experienced at times.²

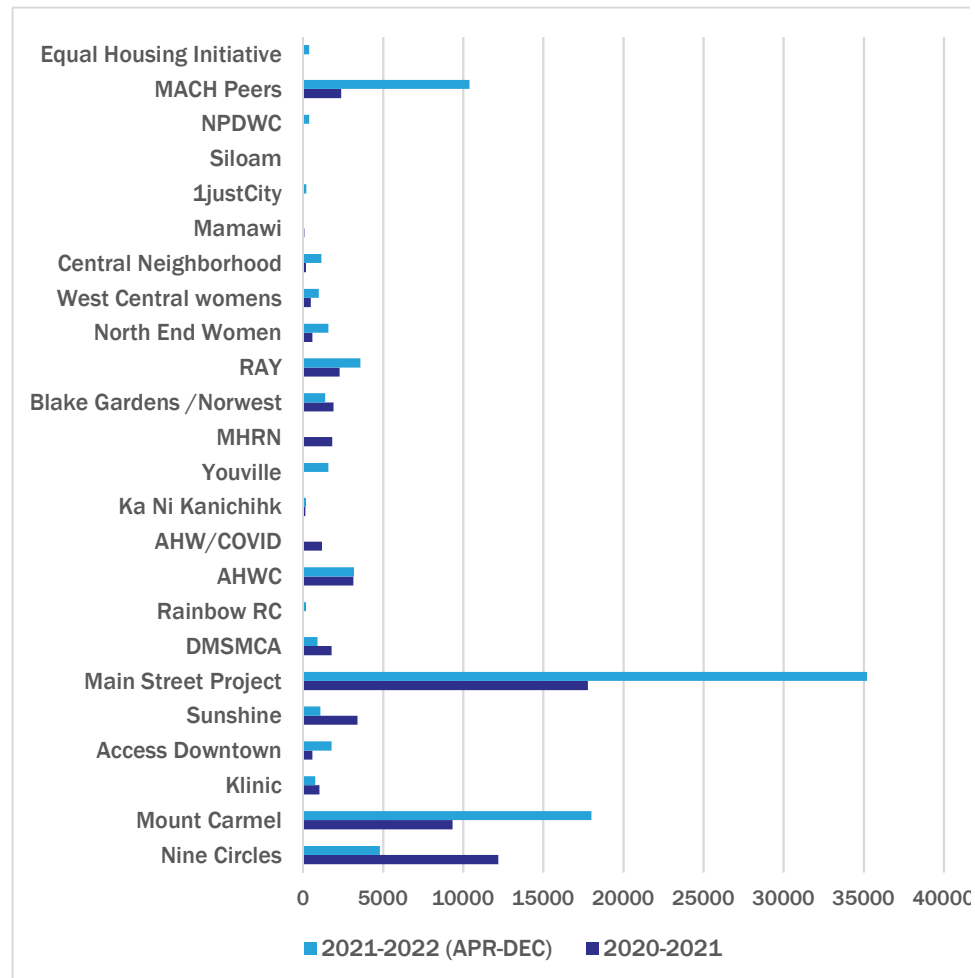


Fig 19. Straight smoking pipe distribution to community partners

On the other hand, a few sites that have started to distribute bubble pipes appear to show a decrease in demand for SCUks (i.e., Nine Circles and Sunshine House). Although this change may not be attributed, not at least solely, to the introduction of bubble pipes, this also illustrates fluctuation in supply distribution to partners.

² For instance, in Aug-Oct 2021 procurement of straight stems/pipes was halted and HSHR included 1 instead of 2 stems per kit.

Ongoing monitoring of safer smoking supply within a meth driven drug market may provide a better understanding of changes in demand for different types of supplies.

Additionally, in assessing implications for distribution of a new harm reduction supply to community partners we need to account for the fact that many partners are new to harm reduction supply distribution. Further establishment of these sites may impact on supply needed.

Bubble smoking supply distribution at HSHR/Street Connections appeared to have been incorporated seamlessly in both HSHR office and the van. The short period under review revealed a slow uptake took place with some impact on the distribution of SCUJs – a supply less suitable to smoking meth, the substance that most clients would smoke. However, findings from the survey and supply distribution trends showed that SCUJs continued to drive distribution during the period under analysis. With SCUJs being amenable for use of other substances, we expect an ongoing demand of this supply, at least till bubble pipe distribution become well establish.

Access to bubble smoking equipment would better support people who only smoke meth or would find bubble pipes more suitable by making this supply reliably available. Further, it would better support people who switch between smoking and injecting.

It is important to ensure that information/education on safer smoking concerning this supply with a focus on smoking meth is available to clients and partners.

We also learned that the specific supply distributed was highly rated by clients using the supply.

An analysis of SCUJs distribution with partners suggests that the incorporation of bubble pipes would require a clear estimate of supplies distributed to each partner, with a focus on large volume partners. Some initial estimates could be established based on learnings from HSHR/Street Connections' initial distribution.

RECOMMENDATIONS

- Create opportunities for engaging clients that seek out safer smoking supplies in harm reduction conversations
- Secure access to ongoing supply of bubble smoking equipment, in particular at the current price point (0.10\$/item);
- Update guidelines and other procedures to include this new item;
- Establish estimates for all safer smoking supplies based on 2021-2022 SCUkS distribution for HSHR/Street Connections and each partner in supply distribution;
- Continue to monitor safer smoking supply distribution to better understand trends and inform supply size needed not only for HSHR/Street Connections but also for community partners. This may require some specific reporting requirements from partners while bubble pipe distribution is established.

VAN OFFICE (circle survey location)

Safer Bubble Smoking Equipment

Have you used (commercial-grade) bubble pipes in the past 6 months?

☐ Yes ☐ No ☐ Prefer not to say

Where did you get your bubble pipes from in the past 6 months? Where these free or purchased? (check all that apply)

Community organization for free ☐
Friend/people for free ☐
Store (purchased) ☐
Friend/people for paid ☐
Makeshift for paid ☐
Makeshift for free ☐

How many pipes do you use in a month?

One per day ☐
A few a week ☐
One a week ☐
A few a month ☐
One a month ☐
Less than one a month ☐

How long does a pipe last in days?

How often do you pick safer crack use kits (SCUKs)?

Once every day ☐
A few times a week ☐
Once a week ☐
A few times a month ☐
Once a month ☐
Less than once a month ☐
Never ☐

Would you continue to grab SCUKs and bubbles?

☐ Yes ☐ No ☐ I don't know
☐ Prefer not to say ☐ Not applicable

Is this the first time that you get bubble pipes from us (HSHR/Street Connections)?

☐ Yes ☐ No ☐ Prefer not to say

On a scale of 1 to 5 (1 being the lowest) how do you rate this pipe?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Do you have any comments about this pipe or equipment?

What substances do you smoke?

VAN OFFICE (circle survey location)

Safer Bubble Smoking Equipment

Substance Use : Smoking / Injecting

Do you smoke and inject substances?

☐ Yes ☐ No ☐ Prefer not to say

If no, conclude the survey

What is your preferred way of using substances?

☐ Injecting ☐ Smoking ☐ Other
☐ All equally ☐ Prefer not to say

Do you inject substances when you don't have supplies to smoke with?

☐ Yes ☐ No ☐ Prefer not to say

Can you mention some of the risks and benefits of smoking over injecting substances?

Would having regular access to bubbles change your injecting practices?

☐ Yes ☐ No ☐ Prefer not to say

How? Explain your answer :

Other comments?

THANK YOU FOR YOUR PARTICIPATION

