

## **SAFE INHALATION PIPE PROVISION (SIPP): INTRODUCING AN INTERVENTION TO REDUCE HEALTH HARMS AND ENHANCE SERVICE ENGAGEMENT AMONG PEOPLE WHO USE CRACK COCAINE IN ENGLAND.**

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### **Background:**

Crack cocaine use is rising in the United Kingdom, with smoking the primary form of administration. Provision of safe inhalation equipment for crack cocaine is prohibited under UK law. Pipes used for crack smoking are often homemade and/or in short supply, exacerbating viral transmission and respiratory risk. In this paper we introduce the novel NIHR-funded safe inhalation pipe provision (SIPP) intervention, be delivered in collaboration with peer-networks and policing partners. Our goal is to reduce health harms and increase service engagement among people who use crack (PWUC), with evidence of impact to inform legislative review.

### **Description of Intervention:**

The SIPP intervention consists of a kit with heat-resistant glass pipe, risk reduction information, and tailored training for service providers. This will be provided to PWUC through drug treatment services and peer-led networks in three geographical areas reflecting different patterns of crack use and service provision. We will train and support peers to conduct research with PWUC who don't access services and to ensure our methods and materials are acceptable.

### **Effectiveness:**

We employ a mixed-methods quasi-experimental design. Our primary outcome measure is decrease in crack pipe sharing in the past 28 days. Secondary outcomes include increased drug treatment presentations; reduction in injecting frequency; current acute injuries; homemade pipe use; and respiratory risk markers. We will conduct a pre and post intervention study with a non-equivalent control group, enabling measurement of differences in primary and secondary outcomes among PWUC following SIPP introduction. A nested qualitative process evaluation will assess SIPP fidelity and acceptability.

### **Conclusion and next steps:**

Systematic evaluation of safe inhalation interventions for PWUC 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. The SIPP intervention commences in June 2022.

### **Disclosure of Interest Statement:**

All authors are Investigators in the NIHR-funded SIPP project. Andrew Preston is ED of Exchange Supplies, a social enterprise supplying harm reduction equipment. The authors have no other disclosures of interest to declare.