



## Foil distribution

**RECOMMENDED ACTIVITIES** to evaluate the need to distribute foil sheets for safer smoking of heroin and other drugs:

- Assess the prevalence of heroin smoking and related smoking harms in the community
- Determine how best to engage people who smoke heroin in harm reduction services
- Assess the level of support among people who use drugs for distribution of foil sheets for safer smoking
- Assess education and other equipment needs within this population
- Obtain a legal opinion regarding distribution of foil sheets for safer smoking
- Evaluate and publish any initiatives undertaken

### Key messages

Aluminum foil is used to smoke some drugs that produce inhalable vapours when heated (e.g., brown heroin, other illicit drugs such as methamphetamine, and pharmaceuticals). Smoking heroin in this way is commonly referred to as “chasing the dragon” and is a common route of administering the drug in some regions of the world. Drugs are placed on the foil and heated from underneath while a tube or cylindrical tool (e.g., a straw) is used to direct and inhale the vapours. The tube or “pipe” can also be made out of pieces of foil. At the time of writing, Canadian harm reduction programs were not distributing foil sheets for safer smoking of heroin or other drugs. Some programs in other jurisdictions, notably the United Kingdom, distribute foil sheet packs.

Lung and breathing problems are some of the risks associated with smoking drugs, although we still have much to learn about the risks of smoking heroin. There is little research that documents the potential health risks associated with using aluminum foil to smoke drugs. Although there is no available literature about people sharing the foil tubes or pipes they make for “chasing”, in theory these items can be shared like other types of pipes. If such sharing occurs, it might present risk of pathogen transmission.

In some places like the UK, social marketing campaigns have tried to promote smoking instead of injecting heroin. Foil has been considered a route or reverse transition intervention (RTI), a strategy to either prevent or divert people from injecting. Given limited evidence, we are cautious about specific best practice recommendations regarding foil distribution, especially where it might be used as an RTI tool. Encouraging transitions from injecting to smoking might reduce injection-related risks, but may potentially lead to new smoking-related risks.

There is a need for research in all of the above-mentioned areas and outcome evaluations on foil distribution by harm reduction programs, particularly in Canadian contexts. Preliminary evaluations suggest that some people who use drugs are open to trying foil offered by programs. Programs should maintain close relationships with their clients and local communities to stay up to date on emerging drug use trends and community/cultural acceptance of changes in practices, and any user-led initiatives or campaigns led in an effort to address emerging risks.