



## Safer crystal methamphetamine smoking equipment distribution

**RECOMMENDED ACTIVITIES** to evaluate the need to distribute safer crystal methamphetamine smoking equipment:

- Assess the prevalence of crystal methamphetamine smoking and related smoking and sexual harms in the community, especially among youth and men who have sex with men
- Determine how best to engage people who smoke crystal methamphetamine in harm reduction services and how to link directly to safer sex programming
- Assess the level of support among people who use drugs for distribution of safer crystal methamphetamine smoking equipment
- Assess education and other equipment needs within this population
- Obtain a legal opinion regarding distribution of safer crystal methamphetamine smoking equipment
- Evaluate and publish any initiatives undertaken

### Key messages

Methamphetamine (also commonly known as “meth,” “crystal,” “ice,” “speed,” “crank,” and other names) is a synthetic central nervous system stimulant that can be ingested via smoking, injecting, intranasally, or orally, depending on its form. There are several ways to smoke the drug, but it is typically heated in a small, glass pipe – often with a bowl or ball on one end of it – and then the resulting vapours are inhaled. At the time of writing, there were a few Canadian harm reduction programs informally distributing equipment designed specifically for smoking crystal methamphetamine. Canadian estimates of smoking methamphetamine are lacking in the literature, while American and some international data have shown increases in methamphetamine use and smoking. Methamphetamine use can have acute negative side effects and prolonged use can lead to a number of health harms, including dependence.

There is no biological evidence linking crystal methamphetamine smoking and transmission of HIV, hepatitis C (HCV), and other blood-borne pathogens. However, multi-person use of crystal methamphetamine smoking equipment is a similar behaviour to multi-person use of crack cocaine smoking equipment, which is believed to elevate the risk of blood-borne pathogen transmission. This similarity suggests the need to more fully assess the potential risk of transmission among those who smoke crystal methamphetamine. Research shows that people who use methamphetamine are at increased risk of HIV due to the relationship between the drug and sexual risk behaviours, and a population that has been well studied in relation to this finding are men who have sex with men. Methamphetamine is sometimes used along with sildenafil (commonly known as Viagra), a combination associated with higher risk sexual behaviour.

Given limited evidence, it is difficult to determine whether distributing ball pipes for smoking methamphetamine would be taken up by Canadian harm reduction program clients and would reduce pipe sharing. Distributing this equipment might reduce instances of homemade pipes that are likely to break and/or cause injury or burns. Targeting locations where methamphetamine smoking may take place (e.g., late-night clubs, bathhouses) with provision of safer smoking equipment, plus safer sex and educational materials, may reach populations that are currently underserved but that would benefit from harm reduction services.

To see the full version of the Best Practice Recommendations, go to:

<http://www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf>