

# Crack Pipe Workshop



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## Workshop Rationale

Crack cocaine use in the UK is still rising, but many services have been slow to react and are often still very focused on medical prescribing interventions. This workshop is designed to be used as an intervention tool that can primarily be used with small groups (recommended no greater than 10 people) of crack smokers. However it has also been used in one to one sessions and with staff groups as a training aid.

## Aims and Objectives

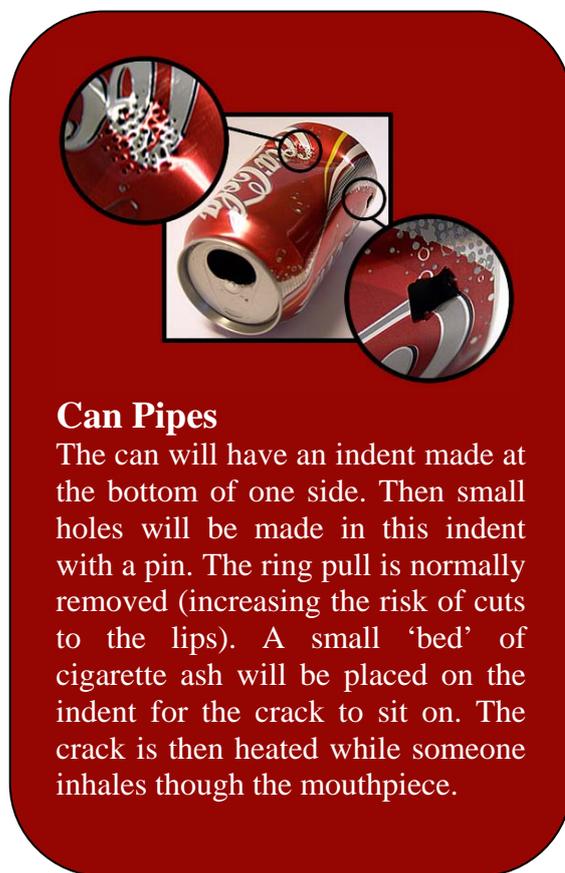
- Make candidates aware of different possible pipes
- Make candidates aware of hepatitis risks
- Make candidates aware of risks of ash based pipes
- Make candidates aware of burns risks
- Make candidates aware of fume inhalation risks
- Pass on general harm reduction messages relating to crack use
- Improved engagement links with clients (still included if this is used as a staff workshop)

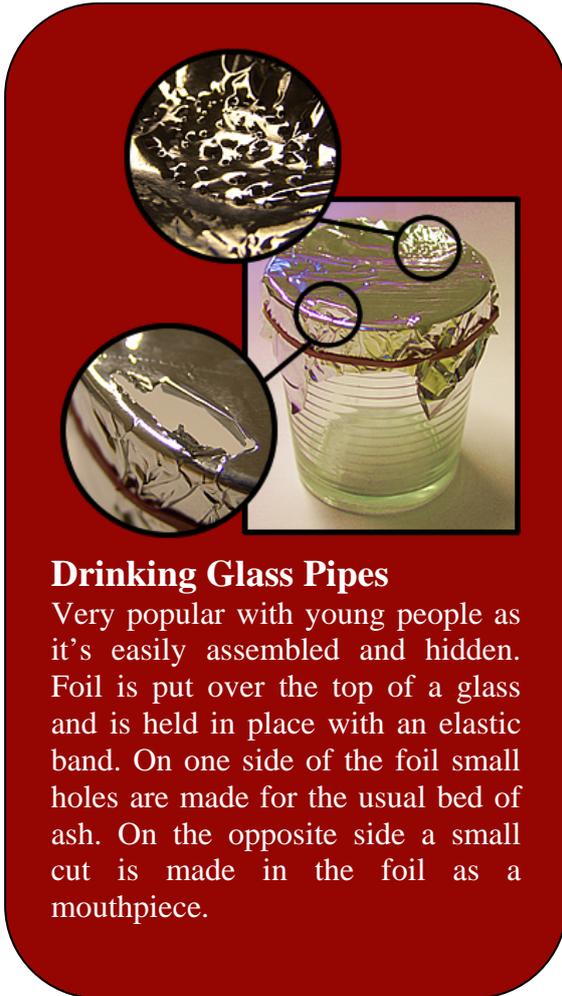
## Required Equipment

There should be enough for each candidate to have all of the following, if running this in a larger group or with less experienced staff teams then allow enough for working in small groups of 2-3 people.

- 1 small empty drinks can (personally I'd go for a coke can, its childish and obvious, but so am I)
- 1 larger alcohol based drinks can
- 1 Asthma inhaler
- 1 glass tumbler
- 1 plastic drinks bottle

- Enough foil to allow people to make pipes from all of the above (if you're using the foil available for needle exchanges I'd recommend 5 sheets).
- 2 bic pens with lids still on.
- Scissors
- Blue tac
- About 4-5 small elastic bands
- 1 tack/push pin
- Stick of chewing gum
- A small bag/container with cigarette ash
- A larger bottle of water for all candidates to have access to should they need it.





### Drinking Glass Pipes

Very popular with young people as it's easily assembled and hidden. Foil is put over the top of a glass and is held in place with an elastic band. On one side of the foil small holes are made for the usual bed of ash. On the opposite side a small cut is made in the foil as a mouthpiece.

### Running the Workshop

Explain to the candidates that the aim of the workshop is to look at the issues around which pipes are used and that hopefully by the end of it they may be able to make better pipes.

Give each candidate or group a bag containing the above equipment and ask them to make as many ways of smoking crack as possible. Don't help the candidates in any way. You'll find that user groups tend to very quickly make can and bottle pipes but that most staff groups struggle to work out any kind of pipe at all (suggest that they think it through logically). When people are looking like they are coming to a natural stop, point out that there are at least 5 different types of smoking equipment possible from the

equipment given (see below for pipe details and associated harm reduction).

Ask candidates to talk about and identify the risks of each pipe type. It's really up to you how you structure this as it is dependant on the group dynamic at the time.

Once everyone has fed back ask them to order the pipes from high risk to low.

Using the information on each pipe below fill in any gaps in awareness that have been missed (this can also be done as you go along if it seems more appropriate to the group).

Discuss with the group that the ideal would be a bought pipe where the 'bowl' is away from the face and using a gauze rather than cigarette ash. These pipes can be made safer by using 10ml rubber tubing as a disposable protective mouthpiece.

There is now at least one UK service providing equipment for use with this type of pipe (protective stems and gauzes etc). This has to be with agreement from the police because of issues with Section 9a of the Misuse of Drugs Act.

### Discussions

These are some of the possible discussions that commonly arise from this workshop. I've included these as starting points in case this is the first time this has been run and you need starting off points.

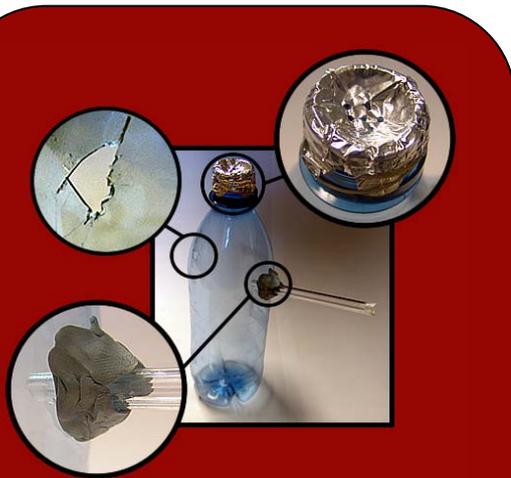
- Ideal pipes. Talk over the ideals of pipes that should be used and why (see below)
- Realities of use. Discuss how realistic it is to use each type of pipe, include problems of what happens if police find the pipe

- etc. Discussion over social issues of refusing to share pipes.
- Discuss peoples own types of harm reduction, how they already keep themselves safe and use this as a development point.
- Discuss safe binging plans (see general crack harm reduction below)
- Discussion around stimulant overdose signs
- Discuss ‘recycling’ if the client is already doing this
- Discussion on ‘washing up’ crack from cocaine as a money saving strategy.

- If you are epileptic always use a lighter rather than a burner – *Lighters go out if you drop them when experiencing a seizure.*
- Plan ahead when having a binge – *Make sure you have plenty of water and easy to access ready made food, you won't want to go to the shops once you've started a binge.*

## General Harm Reduction

- Burns caused to fingers and lips often produce open weeping wounds that can pass on Hep C and HIV – *Don't share, always use your own pipe. If a bottle pipe is being used then encourage users to carry their own pen stem and swap over when it's their turn.*
- Dehydration can cause the mouth area to become chapped and again produce weeping wounds – *Drink plenty of water and use Vaseline / lip salve to keep from drying out.*
- Ash used as a filter can often be drawn into the lungs; again causing damage – *Always use a metal gauze to prevent this from happening. Gauzes should be changed often, as they can become brittle with use and metal splinters can be inhaled.*
- Cheaper glass based pipes can explode or crack if heated with a burner – *Either use with a lighter or get a toughened glass pipe / use a metal one.*



### Bottle Pipes

These are more of an exercise in creativity. The lid of the bottle is removed and replaced by foil, which is kept in place with an elastic band. The foil then has a number of small holes inserted into it and is later given a bed of ash (you starting to notice a running theme here?). About 2/3rds of the way up the side of the bottle a small hole is made and a bic pen (with ends/innards removed) is inserted. Any holes around the pen are sealed with bluetac or gum. Sometimes the bottle will have a hole in the back for better air flow.

## Recycling

No, this doesn't mean taking the bottles back. Recycling for crack users is when the crack residue is reclaimed from inside the pipe. For plastic bottle or can pipes this would mean opening the container and scraping the residue off with a knife. It is of course obvious that the chances are plastic or metal will be scraped off at the same time.

With bought glass pipes some users will use acetone (normally nail varnish remover) to recycle.

Once a pipe has built up enough cocaine residues the holes are sealed up and a small amount of acetone or nail varnish remover is poured into the bottle and given a good shake. This process dissolves the cocaine residues into the acetone and allows it to be removed from the bottle.

The acetone is then poured onto a large mirror and set alight (it can also be left to evaporate). If not too much acetone is used then it should burn itself out in about 20 seconds. The cocaine residue is now on the mirror and is allowed to dry. When dry this can be scraped off with a razor (hence the need for the mirror) and smoked.

It's important that the crack is allowed to fully dry before use, and that the process is performed in a well ventilated area.

If people are exposed to acetone, it is absorbed into the bloodstream which then carries it to all the organs in the body. If it is a small amount, the liver breaks it down to chemicals that are not harmful and uses these chemicals to make energy for normal body functions. Breathing moderate- to-high levels of acetone for short periods of time, however, can cause nose, throat, lung, and eye irritation; headaches;

light-headedness; confusion; increased pulse rate; effects on blood; nausea; vomiting; unconsciousness, possible coma; and shortening of the menstrual cycle in women. Skin contact can result in irritation and damage to the skin.

Health effects from long-term exposure are known mostly from animal studies. Kidney, liver, and nerve damage, increased birth defects, and lowered ability to reproduce (males only) occurred in animals exposed long-term. It is not known if people would have these same effects.



## Inhaler Pipe

The inhaler is taken apart until you have the main unit in the middle on its own. This is then turned on its side and foil is put over what would normally be the mouthpiece. The foil is kept in place with elastic bands and then has small holes inserted with a pin. A 'bed' of ash for the crack to sit on is placed onto the foil. The crack is then heated and inhaled through the other open end of the inhaler.

## Idea Pipes

As previously mentioned, the ideal pipe would be made of hardened glass

and be horizontal to keep the heat source away from the face.

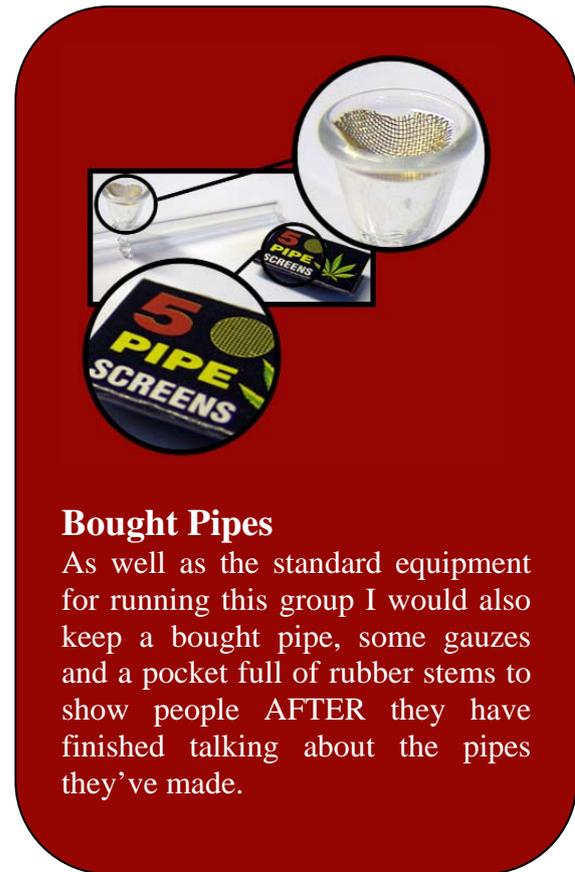
These should be used with gauzes rather than ash, and can be made safer by adding changeable stems. A basic straight shooter style of pipe bought from local hippy/head shops can use 10mm rubber tubing as a stem (hardware stores or aquariums for this).

The best advice of course is still to never share pipes.

### **Legal Issues**

One thing you have to make sure of, in the UK at least, is that you don't allow people to take any of the pipes or equipment away with them. Under UK law providing people with anything used in the production or administration of illicit drugs is an offence under Section 9a of the Misuse of Drugs Act, unless specifically exempt (as is the case for most injecting equipment now).

So far no pipe equipment has ever been made exempt. Although in some areas services are starting to get local agreements from the police allowing them to supply some smoking kit.



### **Bought Pipes**

As well as the standard equipment for running this group I would also keep a bought pipe, some gauzes and a pocket full of rubber stems to show people AFTER they have finished talking about the pipes they've made.

## Appendix 1: Usual types of Pipe

Although you are likely to get some 'creative' person making an unusual pipe, the ones throughout this document are those most commonly used. I have included the associated problems from each type of pipe and details of how to make them safer in this appendix.

### Can Pipes

*Problems:* Some cans have a plastic coating inside, this, and the paint will both burn with possibly toxic fumes. The heat collects within the can which will speed dehydration (crack use itself is already dehydrating). The can itself gets hot and can burn fingers easily. Both burns and cracked lips can lead to a transmission route for HepC. Although longer cans are safer they are normally alcohol cans which leads to questions around coke/alcohol mixing (i.e. cocaethylene). Ash can be inhaled while smoking which can cause lung problems.

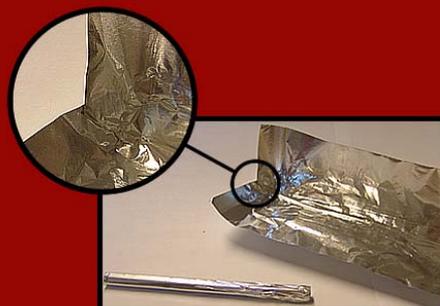
*Safety messages:* This kind of pipe is very high risk, the only ways to make them slightly safer is with the addition of an extra large hole in the side of the can. This is used by smokers to 'shotgun' the crack smoke (the smoke is first inhaled gently while a finger is over this hole, then the finger is removed and the smoker takes a deep fast hit), as well as increasing the quality of the hit, from a harm reduction point of view this also adds in some cooler air. Of course recommend people don't share cans.

### Bottle Pipes

*Problems:* The plastic fumes can be toxic. There remains a risk of transferring HepC on the mouthpiece (i.e. the bic pen) or from any burns to

fingers. There is a small risk of inhaling ash, but this is minimal. If placed wrongly the 'bowl' where the crack is burnt can be too close to the face and result in further burning.

*Safety messages:* Although one of the safest kinds of homemade pipes, these can be improved by adding in a hole at the back of the bottle for 'shotgunning' (see can pipes above). Gum should be used rather than blue tac as it is affected less by heat. If people are sharing this kind of pipe the risk of HepC can be reduced by keeping a selection of bic pen lids to use as personal stems. (i.e. I have the blue one, you have a green one)



### Foil

Like heroin, crack can be smoked off sheets of foil. It should be remembered that crack does however run a lot faster than heroin so the edges should be 'pinched' to stop it running off the end.

### Inhalers

*Problems:* The usual risks around HepC from burns and cracked lips are worsened by the small size of the pipe. The risk of inhaling ash or small chips of hot rock is greatly increased as there is nothing for it to get caught on along

the way. Fumes from the plastic may be toxic.

*Safety messages:* There are no ways to make this kind of pipe safer other than making sure it's not shared.

### **Drinking Glass Pipe**

*Problems:* Again there is a risk from burns to the face due to the heat being so close. And there is no way of reducing the HepC risk from sharing this kind of pipe. There is an added risk that if using a burner rather than a lighter the glass can shatter.

*Safety messages:* Other than not using burners and not sharing there are no extra harm reduction messages for this kind of pipe.

### **Foil**

*Problems:* Possible burns to fingers and hepatitis risks from sharing tooters.

*Safety messages:* It used to be thought that when smoking anything from foil you had to burn off some mysterious 'residue', however this is not the case. There is no plastic coating and the only possible residue is a small harmless amount of palm oil; the reason that one side is dull and the other shiny is because one side is polished by rollers during the production process. Burning the foil will however make it more brittle and give it a coating of soot.

## Appendix 2: Crack Workshop Feedback Form

How well did today's session cover practical safety of pipe making?

Not at all    1    2    3    4    5    6    7    8    9    10    Very well  
                             

How well do you think the staff covered ways of reducing risks of piping?

Not at all    1    2    3    4    5    6    7    8    9    10    Very well  
                             

Do you feel the staff covered the risks of virus transfer by pipes?

Not at all    1    2    3    4    5    6    7    8    9    10    Very well  
                             

How much do you think today's session has changed the way you'll use crack in the future?

Not at all    1    2    3    4    5    6    7    8    9    10    Very well  
                             

How would you rate the knowledge level of the staff around piping?

Not at all    1    2    3    4    5    6    7    8    9    10    Very well  
                             

What, if any, changes would you make to today's session?