



Written by [Raven Clabough](#) on August 5, 2011

Vancouver Health Officials to Hand Out Crack Pipes

The *Vancouver Sun* reports:

The intent is to connect health care workers with crack cocaine smokers to evaluate how many of the drug users are in the city and what equipment they need to lower their risk of catching diseases such as hepatitis C, HIV and even respiratory illnesses.



Vancouver Coastal Health official Reka Gustafson explains,

There's been a shift to crack cocaine smoking and we want to make sure the services we provide are the services they need.... If we're providing syringes and what we need are pipes, we're not serving them.

Apparently health officials in Vancouver had already been providing mouthpieces for crack pipes, but not actual crack pipes. As a result, many crack users were sharing the pipes, many of which are cracked or chipped, and exchanged diseases from cuts on their mouths and transmitted respiratory illnesses such as pneumonia.

"It's just understanding and knowing the health consequences of crack cocaine smoking," Gustafson said. "Mouthpieces alone are not enough. Health consequences don't just come from the mouth piece; they come from unsafe pipes."

Other cities, including Calgary and Winnipeg, have implemented similar programs. According to health officials, supplies are moving quickly. "We know there's a demand and chances are what we're going to be able to supply won't last very long," said Gustafson.

In Vancouver's Downtown Eastside, there are approximately 15,000 crack cocaine smokers. Officials point out that heroin users are able to get clean needles from needle-exchange programs or in the city's safe-injection site, and assert that similar services should be provided for crack smokers, particularly since there is an increased number of them.

"There's quite a high prevalence of [people] smoking crack but it can differ from city to city," said B.C. medical health officer Dr. Perry Kendall, whose report on the rise of crack-cocaine smoking in the Downtown Eastside prompted the inception of the program.

"Safer crack cocaine smoking among those who use this substance needs to be encouraged, and crack cocaine smokers need to be engaged, by including crack pipes with available harm reduction supplies and establishing supervised inhalation sites," the report said.

According to Kendall, the program is likely to reduce the rate of disease among crack-cocaine smokers, since 60 to 80 percent of drug users in Vancouver have hepatitis C or are at risk of contracting it, and it is spread easily through saliva, blood, and sexual activity.



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“There’s good reason that hepatitis C and HIV can be transmitted on the mouth piece of pipes. It’s not as clear as with needle-sharing but it’s pretty persuasive,” Kendall said. “This pilot will tell us if we should be doing more.”



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