CHIEF SCIENTIST OFFICE

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RESEARCH PROJECT BRIEFING

Using Foil for Drug Administration

Exploring the views and experiences of people who use drugs

AIMS

Since 2014, legislation has allowed Injecting Equipment Provision (IEP) services to provide packs of foil for smoking drugs, such as heroin. This aims to promote smoking heroin over injecting it, as this is viewed as a safer means of using the drug. Heroin is smoked by inhaling the vapours produced from heating it over a piece of aluminium foil.

Our study explored the experiences of, and reasons for, smoking heroin with foil; and the experiences of accessing foil from IEP services. Our aim was to provide policy and practice with knowledge on the use of foil among people who use drugs (PWUD) and its potential for reducing the harms associated with injecting drug-use.

KEY FINDINGS

- Among some participants, heroin was smoked with foil to reduce or avoid injecting-related harms (e.g. overdose, hepatitis C, abscesses) and to care for veins.
- As well as the above, a range of social, economic, and personal reasons were given for smoking rather than injecting heroin.
- Some participants would not swap injecting with smoking heroin because of perceived disadvantages of smoking with foil, personal preference for injecting, or poor respiratory health.
- Several participants described poor respiratory health (e.g. chronic obstructive pulmonary disease (COPD) or breathlessness) at times associated with heroin smoking.
- Facilitators to picking up foil from IEP services included: proactive staff; views that IEP foil is safer to use than shop-bought household foil, and that shop-bought foil is too thin to use.
- Barriers to picking up foil from IEP services included: views that the IEP foil provided was too thick to smoke with which wasted drugs; poor awareness of where to access foil; lack of foil promotion by services; and restrictive opening hours.

WHAT DID THE STUDY INVOLVE?

- **Qualitative interviews** with 36 PWUD recruited from three services in Glasgow city centre: a harm reduction & IEP service, a homelessness service, and an IEP pharmacy.
- Participants were eligible for the study if they had smoked heroin with foil or injected heroin in the past six months. As well as heroin, participants may have used other drugs. Based on this, they were allocated to one of three groups:
  - 'Foil' = people who smoke heroin with foil and do not inject any substance
  - 'Inject' = people who inject heroin but do not smoke heroin with foil
  - 'Foil and inject' = people who smoke heroin with foil and inject any substance
- The interviews were transcribed and analysed qualitatively using thematic analysis, this is where the researcher identifies and analyses themes or patterns in the data.
- **Public and stakeholder involvement:** People with lived experience of substance use and representatives of services/organisations working with PWUD were members of the Study Advisory Group. They provided feedback on the research methodology, study documents and research findings.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Role of foil in reducing injecting related harms: Foil was broadly considered to be a safer means of using drugs than injecting and was often used by participants aiming to avoid or reduce injecting-related harms, such as overdose, hepatitis C, abscesses, and for resting veins. Some participants made a sustained shift from injecting heroin to smoking heroin and others varied between smoking and injecting daily or weekly.

Other reasons to smoke heroin with foil instead of injecting heroin: Participants smoked heroin depending on the social situation; when smoking heroin was better value for money; no access to sterile injecting equipment; preferences for different methods of drug use and desired effect of the drug; and to avoid further injections, if, for example, they had already injected cocaine that day.

Barriers to smoking heroin with foil among those in the 'injecting' group: Barriers included: perceived disadvantages to smoking (e.g. smoking produced a less concentrated, more gradual 'high'; belief that beginning to smoke could increase one's overall heroin use; foil is 'fiddly to use'); preferences for injecting (e.g. better value for money, concerns over being unable to change longstanding injecting habits); and respiratory problems.

Respiratory health: Some participants described having poor respiratory health (such as, COPD or breathlessness). At times this was associated with heroin smoking, although often compounded by long-term tobacco smoking and smoking crack cocaine. Some attributed poor respiratory health to using shop-bought household foil. For some, respiratory health was less of a concern compared with the health issues caused by injecting drugs. But there was a small number of participants who described moving from heroin smoking to heroin injecting, or increasing their injecting, out of concerns for their respiratory health. This suggests a need to improve access to respiratory health checks for people who use drugs.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN? Cont.

Views on, and experiences of, smoking heroin with foil: Smoking heroin with foil was considered by some to require skill and practice. Some considered themselves highly skilled, while others relied on peers to help them smoke.

It was common among participants to re-use foil either to use up any residue heroin or when they had no access to fresh, clean foil. Sharing foil with others was also common when using. Smoking heroin with foil was considered by some to be more sociable than injecting.

Some participants preferred to smoke heroin indoors, although some often used outdoors in public places. Outdoor use was common, with some noting it was easy as long as the foil was protected from wind and rain. Some smoked outdoors due to homelessness; to address withdrawal as quickly as possible; or else find ad-hoc opportunities to meet and smoke with peers in known locations.

Polydrug use: Some participants only used heroin and did not take any other drug. It was more common for participants to have used heroin alongside other drugs, either taking them together or separately within a short timeframe (that is, polydrug use). Typically, these other drugs included cocaine (crack or powder) and/or benzodiazepines (e.g. prescription or street Valium).

Some participants, for example, smoked heroin and crack cocaine daily; others smoked or injected heroin immediately after injecting cocaine; and some others injected heroin and cocaine together (known as a 'snowball'). Some people used heroin with cocaine/crack to 'soften' the comedown from cocaine/crack and/or to add to the experience of the high.

Patterns of polydrug could be highly varied and ad hoc, and at times also included other drugs e.g. gabapentin, pregabalin, alcohol, among others.

Facilitators and barriers to picking up foil from IEP services: Facilitators included: proactive IEP staff offering foil, perceptions of IEP foil as safer to use than shop-bought household foil, and that shop-bought foil is too thin to use.

The barriers included: perceptions of IEP foil being too thick to use which wastes drugs, staff not offering foil to those who only collect injecting equipment, feelings of stigma and embarrassment when using IEP services, restrictive opening hours of IEP pharmacies, lack of awareness of available services among those newer to smoking heroin.

Many participants felt that foil promotion could be improved by offering choice of foil; making foil more visible in IEP services; increasing awareness around its availability; and better highlighting of the benefits of smoking in harm reduction messaging.

These findings suggest that IEP services should offer foil of varying thickness, and that there needs to be more proactive outreach to engage people new to smoking heroin.

Contributions to the field: The results contribute to discussions around foil provision, preferences for different foil types, smoking/inhalation practices, harm reduction practice, stigma using IEP services, and polydrug use.

WHAT IMPACT COULD THE FINDINGS HAVE?

Policy: The findings could inform policy initiatives on provision of foil across Scotland, and potentially inform improvements to IEP provision and foil uptake, such as, by offering choice of foil types/thicknesses. The results could also inform efforts to improve the availability of other inhalation materials and devices, such as those for smoking crack cocaine.

Practice: The findings on facilitators and barriers to using foil could support those working with PWUD in promoting foil; increasing IEP foil uptake; engaging people new to using heroin with services; and improving general knowledge/training on foil as an intervention. The findings could be used to promote access to respiratory health checks for people who smoke drugs.

Service Users: The findings will benefit PWUD by improving access to IEP foil; improving the acceptability and feasibility of using foil for reducing injecting related harms; and aid in reducing injecting-related harms.

HOW WILL THE OUTCOMES BE DISSEMINATED?

- We held two dissemination workshops in June 2023 to present preliminary findings to invited stakeholders from across Scotland, to inform the development of recommendations.
- A lay summary of the findings will be distributed to the services where participants were recruited from, to enable onward distribution to interested service users and stakeholders.
- Academic papers will be submitted and presentations given at relevant national and international conferences.
- We will work with our Study Advisory Group to identify further opportunities to disseminate to further networks, including to PWUD and professionals who work with PWUD.

CONCLUSION

- Smoking heroin with foil has potential in reducing injecting-related harms, particularly when incorporated into a broader programme of harm reduction practice.
- Widening access to respiratory health checks for people who use drugs may help address smoking related harms.
- There is potential to improve the provision of IEP foil by: offering choice in foil types/thickness, improving the promotion of foil and increasing accessibility of IEP services.

RESEARCH TEAM & CONTACT

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Additional Information
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