Public Health England

# Aluminium foil for smoking drugs

**A briefing for commissioners and providers of services for people who use drugs**

On 8 August 2014 legislation was laid that will permit drug services to provide aluminium foil to drug users for the purpose of smoking[1] drugs, in order to reduce the harms caused by injecting. It is a condition that foil can only be provided in the context of structured steps either to engage people in a treatment plan or as part of a treatment plan. This briefing explains more about the legislation that will come into force on 5 September 2014 and provides advice to local areas on its implementation.

## Background

The 2010 drug strategy contains a clear ambition that more drug users will be supported to become drug free. It also supports the continued prevention of blood-borne virus transmission and drug-related deaths in those who continue to use drugs.

The Advisory Council on the Misuse of Drugs (ACMD) advised government that the balance of benefit from providing foil for the purposes of smoking controlled substances favoured exempting it from Section 9A of the Misuse of Drugs Act 1971.

The Home Secretary announced in 2013 that the government had "accepted the advice of the ACMD to allow for the lawful provision of foil by drug treatment providers subject to the strict condition that it is part of structured efforts to get people into treatment and off drugs."

## The benefits and risks of using foil for smoking drugs

Services provide aluminium foil to prevent or reverse the transition to injecting drugs, and so prevent the infections and other harms than can result from injecting. It is offered to encourage people into treatment and on the road to recovery from drug dependence.

[1] "Smoking" is used throughout this briefing to mean heating a drug on foil and inhaling its vapours. Other guidance may refer only to "inhalation" but mean the same thing.

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Services should note – and explain to service users – that, although smoking drugs from foil will prevent many of the infection and other hazards associated with injecting, it carries its own risks. Smoking heroin will not prevent infection from bacteria such as anthrax and tuberculosis if the bacteria are present in the heroin. Smoking drugs can also cause thermal damage to the throat and lungs from the heat of the smoke. And inhaling drugs and their impurities can be damaging in itself with, for example, heroin causing asthma-like breathing difficulties.

Services will likely want to supply foil specifically designed for drug use. There is no evidence of harm from using household foil but some users say it irritates their lungs.

## Current arrangements for providing foil

In some parts of the country, services already provide foil to people to smoke drugs, where local police or prosecutors have provided a 'letter of comfort'. Services considering relying on these letters of comfort after the legislation has changed are advised to seek legal advice. However, the expectation is that service providers supplying, or offering to supply, foil after the legislative change will do so in compliance with the conditions set out in the legislation.

## Monitoring the future provision of foil

The provision of foil will be monitored in two main ways:

1 New fields have been added to the national Needle Exchange Monitoring System (NEXMS) to record the number of foil sheets issued and the number of people taking them, including both the number only taking foil and the number taking foil and other injecting equipment. For more information, see the NEXMS guidance at www.nta.nhs.uk/nexmsguidance.aspx

   Services using paper, PC or web-based monitoring systems other than NEXMS will want to consider adding matching data fields.

   Public Health England is encouraging the increased use of NEXMS and considering the possibility of introducing a facility for data to be uploaded to NEXMS from local NSP monitoring systems. PHE will also be conducting a longer-term review of the monitoring of non-structured interventions with drug users in England.

2 In early 2015 the Home Office will be undertaking interviews with service providers at a sample of NSP sites to gain a more detailed understanding of the process through which foil is provided.

PHE and the Home Office will also monitor sales of aluminium foil from specialist suppliers.

## The conditions for providing foil

The new legislation provides that:

“a person employed or engaged in the lawful provision of drug treatment services may, when acting in their capacity as such, supply or offer to supply aluminium foil in the context of structured steps (a) to engage a person in a drug treatment plan or (b) which form part of a patient’s treatment plan”

The various stipulations in this legislation are discussed below.

### “a person employed or engaged in the lawful provision of drug treatment services”

The Misuse of Drugs Regulations 2001 currently allows practitioners, pharmacists and persons employed or engaged in the lawful provision of drug treatment services to supply swabs, spoons and cups (for drug preparation), citric acid, filters and water for injection. The provision for foil is more restrictive as it may only be supplied by the last of these, that is, “a person employed or engaged in the lawful provision of drug treatment services”. A person engaged in needle and syringe provision, including in a community pharmacy, is providing drug treatment and would be able to provide foil if they also met the other conditions described in the next section.

### “in the context of structured steps (a) to engage a person in a drug treatment plan or (b) which form part of a patient’s treatment plan”

This is an additional requirement, which does not apply to the supply of swabs, spoons and other injecting supplies.

#### Structured steps “to engage a person in a drug treatment plan”

Those providing the foil must have in mind, or in writing, a clear set of actions for engaging a person in treatment. Available actions might include discussion about treatment, signposting to treatment services, making available relevant information, and providing motivational or practical support to engage in treatment.

Face-to-face communication will be an important element of these actions – the distribution of leaflets and posters, for example, will not be sufficient.

#### Structured steps “which form part of a patient’s treatment plan”

A very wide range of steps is likely to be available when foil is provided as part of a treatment plan, and the provision of foil can be recorded as part of the overall plan of care.

It is likely that foil will usually only need to be provided in the initial stages of treatment, when a service user is transitioning from injecting heroin to smoking it as an interim step to ending its use. However, it might be important on occasion to provide foil later in someone’s treatment, at a time when they are at risk of relapse, to help them avoid returning to injecting.

### “treatment plan”

The legislation further defines a drug treatment plan as “a written plan, relating to the treatment of an individual patient, and agreed by the patient and the person employed in the lawful provision of drug treatment services”. A written plan is not a requirement at the stage of taking steps to engage someone in a treatment plan.

## Vending machines and secondary distribution

It seems unlikely that foil could be provided from vending machines and the conditions met.

Secondary distribution – in which supplies are given to one service user to pass onto others – might only be considered to meet the conditions where it is evident that the foil is being passed on to an individual for whom structured steps are already underway to engage them in treatment.

## What services and their staff can do to support appropriate supply of foil

Services providing foil can:

- provide health promotion services, for example, blood-borne virus screening, vaccination and sexual health advice
- ensure staff are aware of the respiratory complications of smoking from foil, and can provide advice on this and signpost to services for further screening if required
- ensure staff have the competences to assess risk-taking behaviour including injecting risk, articulate the risks versus the benefits of safer alternatives such as smoking, and support changes that support a reduction in risk
- ensure suitable information about access to treatment services is available

Staff in services providing foil can:

- encourage people who inject drugs to switch to less harmful methods of drug use eg smoking
- offer advice on the symptoms and signs of a chest infection so that early treatment can be obtained if needed
- be aware of those individuals with associated respiratory comorbidity through careful assessment and ensure that they have active respiratory self-management plans in place and are regularly accessing COPD/asthma clinics in primary care as appropriate

- be aware of the strong association of opiate and crack use with tobacco smoking, and encourage individuals to consider stopping smoking tobacco through access to stop smoking services or with GP support (introducing them to the range of interventions available to assist people to quit)
- be ready to address any concerns about drug smoking's lesser effectiveness and increased cost, and any previous negative experiences of smoking drugs
- capitalise on times when injecting becomes less feasible or attractive to the individual, or when a move to smoking may be more attractive, such as:
    - periods of restricted venous access
    - when considering or having recently moved to femoral or other dangerous injecting
    - when experiencing significant harms associated with femoral or other deep vein injecting
    - on release from prison or after recent detoxification, which are also times when services may want to ensure that the service user has a supply of naloxone to help protect against the increased risk of overdose
    - newly initiated to injecting where tolerance levels may be low or behaviour less fixed
- provide information, discuss treatment options, signpost to local services and provide encouragement and support to service users to engage in a treatment plan; or to progress their current treatment plan further away from harmful drug use and towards their fullest recovery

## Other sources of information

ACMD reports:

2010 – Consideration of the use of foil as an intervention to reduce the harms of heroin www.gov.uk/government/publications/foil-report

2011 – Further advice on the risks of physical harms: Consideration of the use of foil as an intervention to reduce the harms of heroin and cocaine www.gov.uk/government/publications/acmd-consideration-of-the-use-of-foil-as-an-intervention-to-reduce-the-harms-of-heroin-and-cocaine-december-2011

2013 – Further advice about whether the provision of foil assists individuals in achieving recovery: Consideration of the use of foil as an intervention to support recovery www.gov.uk/government/publications/acmd-further-advice-on-foil-2013

The Home Secretary's 2013 written statement to Parliament on the government's acceptance of ACMD advice on the lawful provision of foil www.gov.uk/government/speeches/drug-paraphernalia

Hunt N & Pizzey R (2008) Distributing foil from needle and syringe programmes (NSPs) to promote transitions from heroin injecting to chasing: An evaluation. Harm Reduct J. 2008; 5: 24. www.harmreductionjournal.com/content/5/1/24

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