

Addressing Health Disparities & Social Stigma:

Health Promotion with Crack Smokers

Why Health Promotion with Crack Smokers?

Context

Crack Smoking & Health

- Oral Sores & ulcers
- Burns
- Respiratory Injuries & Infections
- “Driver” of HIV & accelerated disease progression
- HCV, HBV
- STIs
- Tuberculosis

(Baum, et al. 2009; Booth, et al. 2000; Centers for Disease Control and Prevention 1991; DeBeck, et al. 2009; Edlin, et al. 1994; Faruque, et al. 1996; Feldman, et al. 2000; Fischer, et al. 2008; Gordon and Lowy 2005; Haim, et al. 1995; Jones, et al. 1998; Kim, et al. 2013; Macías, et al. 2008 ; Meleca, et al. 1997; Rosenberg, et al. 2001; Story, et al. 2008; Tortu, et al. 2004; Wilson, et al. 1998)

Health Disparities & Stigma

Context

Health Disparities & Stigma

Synergistic Factors:

- Addiction
- Illegality
- Poverty
- Stigma & Marginalization
- Public Health & Criminal Justice Systems
- Pervasive demonization
 - Sexism
 - Racism
 - Classism

Health Disparities & Stigma

- Race

- Who uses?
- Who gets arrested?
- Who goes to prison?
- Who gets the longer sentence?

(BJS 2011a, 2011b; SAMHSA-OAS 2011; USSC 2002, 2007)

Health Disparities & Stigma

- “Crack whores”, “crack mothers” “crack babies”
 - “Women sell their souls, and with crack they are hitting rock bottom a lot faster”
 - “Mothers sell their food stamps. Young women sell their bodies, and that's done in front of the children. Even when heroin was at its worst, it wasn't like this—it wasn't openly done.”
 - “Heroin was a man's drug and we just didn't see as much of it in pregnant women. (Besharov 1989; Wynhausen 1988)
- The crack hysteria is perfectly captured by a 1989 **Washington Post** column by Charles Krauthammer (7/30/89), which began: "The inner-city crack epidemic is now giving birth to the newest horror: a bio-underclass, a generation of physically damaged cocaine babies whose biological inferiority is stamped at birth."

Health Disparities & Stigma

- Class, Race, Rock, & Powder
 - In 2010, Congress passed the Fair Sentencing Act (FSA), which reduced the sentencing disparity between offenses for crack and powder cocaine from 100:1 to 18:1. Most disturbingly, because the majority of people arrested for crack offenses are African American, the 100:1 ratio resulted in vast racial disparities in the average length of sentences for comparable offenses.

Health Disparities

Crack smokers & PWID:
Contrasting Interventions

Health Disparities

- Crack smokers & PWIDs
 - high-risk
 - marginalized
- Syringe Access Programs for PWIDs
 - Short-term incentive
 - Significant, long-term benefits
 - direct & ancillary
 - to the individual & to the general population

Health Disparities

- Syringe Access Programs
 - Direct Benefits
 - Significantly reduce risk & incidence
 - HIV
 - HCV, HBV
 - Soft Tissue Injury & Infection
 - Septicemia, Tetanus...

(Des Jarlais, et al. 1996; Hagan, et al. 1995; Heimer, et al. 1998; Kaplan and O'Keefe 1993; Ksobiech 2003)

Health Disparities

- Syringe Access Programs
 - Ancillary benefits
 - Syringe access participants significantly more likely to
 - Reduce injection frequency or stop injecting
 - Enter treatment
 - Remain in treatment
 - Access additional health and social services

(Brooner, et al. 1998; Buning 1991; Doherty, et al. 1997; Hagan, et al. 2000; Heimer, et al. 1998; Kaplan and O'Keefe 1993; Riley, et al. 1998; Satcher 2000; Strathdee, et al. 1999; Vlahov and Junge 1998)

Health Disparities

- Crack smokers & PWIDs
 - high-risk
 - marginalized
- Syringe Access Programs for PWIDs
 - Accessible
 - Short-term incentive
 - Significant, long-term benefits
 - direct & ancillary
 - to the individual & to the general population
- Where are Services for people who smoke crack?

Hypothesis

- Obvious need
 - Risk-reduction
 - Increased engagement
 - Expanded service provision
- material distribution to crack smokers addresses these needs, so
- should be significantly expanded

Local Context

- Harm Reduction Programs
- Glide HIV/Hep C Services
- San Francisco, Tenderloin District

Our Neighborhood



Our Neighborhood

- Prominent crack activity
 - Use
 - Sales
 - Paraphernalia Preparation
 - Paraphernalia Scraping (Pushing)
 - Seeking & Sidewalk Searching

Storefront Services

- Fixed site, indoors, accessible, culturally competent & low-threshold
 - Risk Reduction Supplies
 - Safer Injection Kits
 - Safer Smoking Kits
 - Safer Sex Kits
 - Overdose prevention and response training
 - HIV & HCV testing
 - Resource & Referral Information
 - injection safety, treatment resources → free meals, free veterinary services

Street Outreach

Meeting People where they are at by
pounding the pavement:

- Injection kits
- Crack smoking kits
- Condoms & lubricant
- Information/Referral
- Building relationships/trust

Crack Kits

R O C K S A F E T Y

Tips for Safer Crack Smoking

Use your own pipes and mouthpieces

Infections can easily spread from person to person through cuts and burns on your mouth

If you must share, clean the mouth piece with alcohol wipes

Disposable pipes are the safest option; avoid using metal or plastic



Methods

- Mixed methodology
 - Survey Instrument
 - Participant Observation
- Attitudes about notional crack pipe distribution
- Harm reduction among crack smokers
 - Views, experiences, responses

Results

- Crack kit distribution routinely elicits requests for crack pipes
- Would come to our Syringe Access Services (SAS) if we provided crack pipes

Results

- Crack smokers at SAS
 - Lack sufficient material incentive
 - Lack sense of belonging, ownership
 - May experience poor culturally competency (compared to opioid users)

Results

- Crack kit distribution generates health promotion opportunities
 - Conversations about health promotion & harm reduction strategies
 - Knowledge validation
 - Requests for condoms & lubricant, wellness & treatment information

Conclusions

- Distributing harm reduction materials to crack smokers creates opportunities
 - To reduce stigma
 - To engage & connect
 - To educate and support
- a high-risk, underserved population

Conclusions

- Crack pipe Distribution
 - Directly address associated health risks
 - Helps de-stigmatize/de-demonize crack
 - Further incentivize interaction with harm reduction services
 - Augment & increase client participation
 - Facilitate holistic benefits of harm reduction during the continuum of drug use