SDF view on safer inhalation equipment

Prepared September 2026

As Scotland's national resource of expertise on substance use, SDF has a responsibility to contribute evidence, experience and expertise to public debate. Each month, we'll share our perspective on a key issue, explaining what the evidence tells us, why it matters, and what we believe needs to change.

About cocaine

Cocaine can be used in a number of ways. Powder cocaine is most commonly snorted or injected, but can also be rubbed on the gums, swallowed (known as 'bombing' or 'parachuting'), or used rectally. Crack cocaine and freebase are typically smoked, although they occasionally can be injected.

Our position

We believe safer inhalation equipment must be made routinely available as part of Scotland's harm reduction response. People who smoke crack cocaine should not be left to improvise with unsafe equipment when a simple, cost-effective and evidence-based alternative exists.

The provision of safer inhalation equipment is consistent with a human rights-based approach to public health. It also supports "the right to the highest attainable standard of physical and mental health", as outlined in the Charter of Rights for People Affected by Substance Use.

Internationally, safer inhalation equipment is already provided in multiple countries, including Canada, the United States, Australia, Switzerland, Germany, France and some parts of England. It is unacceptable that people in Scotland are being denied access to a proven harm reduction intervention.

The expansion of needle and syringe provision in response to HIV shows that harm reduction can adapt to changing patterns of drug use. In the 1980s, providing injecting equipment was seen as radical – there were even picket lines outside the first needle exchange service. Yet today, needle and syringe provision is widely accepted as an essential way of reducing harm, without encouraging or endorsing drug use.

Safer inhalation equipment should be a routine part of Scotland's harm reduction response. If we accept that providing injecting equipment reduces harm for people who inject drugs, it makes little sense to withhold equivalent harm reduction equipment from people who smoke drugs.

About safer inhalation equipment

We are using the term ‘safer inhalation equipment’ to describe a purpose-designed kit for people who smoke crack cocaine. It comprises a heat-resistant glass pipe, a separate filter or gauze, a small tool for inserting the gauze and a carry case.

There is already a specific exemption under Section 9A of the Misuse of Drugs Act 1971 which allows aluminium foil to be supplied by drug treatment services in certain circumstances. Introduced in 2014, this exemption was intended to support people, particularly those using heroin, to move from injecting to smoking as a way of reducing drug-related health harms.

However, the exemption does not extend to purpose-designed inhalation equipment such as glass pipes. Its provision therefore remains restricted by Section 9A.

Why safer inhalation equipment is needed now

Patterns of drug use are changing across Scotland. Cocaine was implicated in nearly half (47%) of Scotland’s 1,017 drug-related deaths in 2024.

Our harm reduction response needs to keep pace with these changes. That means recognising the needs of people who use cocaine as well as those who use heroin, and making sure harm reduction services have the equipment and resources they need to reduce harm – whatever substance people use.

Improvised equipment is being used to smoke crack cocaine, including modified pipes, cans, plastic bottles and other unsuitable materials. This can increase the risk of burns, cuts and injuries to the mouth and throat, as well as exposing people to potentially harmful toxins when inappropriate materials are heated.

Providing safer inhalation equipment can reduce some of these avoidable harms and reduce the need to share equipment, helping to lower the risk of transmitting blood-borne viruses.

Reducing the harms associated with injecting crack cocaine

Injecting crack cocaine carries additional risks, including vascular complications and infections. Smoking crack cocaine can reduce some of the health risks associated with injecting, including blood-borne virus transmission, vein and soft tissue damage, and injection-related infections.

Providing safer inhalation equipment can therefore help reduce harm for people who smoke crack cocaine and other stimulants, while giving people who inject a safer alternative if they choose to change how they use the drug.

Why safer inhalation equipment isn’t already available in Scotland

We welcome the fact that the Scottish Government’s Alcohol and Drugs Strategic Plan 2026-2035, published March 2026, includes a commitment to ‘exploring’ the provision of safer inhalation devices and safer inhalation spaces. But ‘exploring’ isn’t enough, we need quick and decisive action to save lives.

Section 9A of the Misuse of Drugs Act restricts the supply of items that can be used to prepare or administer controlled drugs. Over time, exemptions have been introduced to allow specific harm reduction interventions, including the provision of injecting equipment. But, with the exception of foil, there is currently no equivalent exemption for safer inhalation equipment. This means that, despite the Scottish Government's commitment to 'explore' its provision, there is a legal barrier to making this equipment available – and the UK Government has indicated that creating such an exemption is not currently a priority.

We believe the Scottish Government must show courage and determination in challenging Westminster to address the wider harms caused by this outdated legislation. At the same time, it must pursue every available workaround to make safer inhalation equipment accessible and protect lives now.

There is an alternative route through a statement of prosecution policy from the Crown Office's Lord Advocate, Scotland's most senior law officer and chief public prosecutor, should they support the evidence presented to them. This is the approach that has been used to enable the pilot safer drug consumption facility in Glasgow. While this could provide a quicker route to introducing safer inhalation equipment, it raises questions about the long-term stability and sustainability of provision.

At SDF, we believe it is unacceptable that legislation more than half a century old – predating the current drug landscape, modern harm reduction practice, and our understanding of substance use and public health – is standing in the way of evidence-based harm reduction.

What the evidence tells us

Potential to reduce injecting and associated harms

Studies from Canada and parts of the UK have shown that providing safer inhalation equipment can help to encourage transitions from injecting to smoking, which in turn reduces infection and injection-related complications.

Reducing injuries and other harms associated with improvised equipment

Smoking crack cocaine, rather than injecting crack or powder cocaine, can avoid many of the risks associated with injection, including the transmission of bloodborne viruses (BBV), vein, skin and soft tissue damage, injection-related infection and overdose.

Creating opportunities for wider health and social support

Providing safer inhalation equipment offers an important opportunity to build relationships with people who may not otherwise engage with services. A practical, non-judgemental intervention can create a point of connection, opening the door to conversations, health support and wider opportunities to improve people's health and wellbeing.

The Safe Inhalation Pipe Provision (SIPP) Study was a three-year study examining the provision of safer inhalation equipment in England.

It found that providing inhalation equipment increased engagement with people who were not accessing existing drug services and encouraged uptake of health testing, including cardiovascular, respiratory and sexual health screening. It also found that provision reduced current and future health complications, with no evidence of significant unintended consequences for participants or the wider community.

Addressing common concerns

You aren't trying to help people stop using cocaine. You're just trying to get them to use it in a different way.

Some people who use cocaine will want to stop, and they should have access to effective treatment and recovery support. But not everyone will be ready or able to stop using drugs immediately.

Providing safer inhalation equipment does not encourage or endorse cocaine use. It recognises that some people will continue to use cocaine and provides those who smoke it with a safer alternative to improvised equipment. It also creates opportunities to connect people with wider health, treatment and support services.

Providing this equipment will cost money. Is that money better spent on rehab?

Treatment and harm reduction are complementary, not competing, interventions. People need access to treatment when they want to stop or reduce using drugs, while people who are not ready or able to stop should still be able to access interventions that reduce their risk of serious harm.

Why should public money be used providing a way for people to use drugs?

Safer inhalation equipment is a relatively simple and low-cost intervention that can reduce injuries and harm, while providing an opportunity to connect people with treatment and other support.

Public services already bear the costs of preventable drug-related harms. Investing in harm reduction means taking practical action to reduce those harms, rather than waiting until people need emergency healthcare or other crisis support.

What people with living and lived experience are telling us

Through our Living Experience Engagement Groups, people tell us that patterns of cocaine use are changing. They describe cocaine as more affordable, easier to access and increasingly available through online markets.

For some, smoking is a more social way of using crack cocaine. People describe sitting together and sharing pipes, in contrast to injecting, which can be a more solitary experience.

What needs to happen next

No single intervention will end Scotland's drug deaths crisis. We need prevention, treatment, recovery support, housing, and action on poverty and inequality – alongside a harm reduction response that keeps pace with how people are actually using drugs. Safer inhalation equipment must be part of that response.

The Scottish Government has already committed to exploring its provision. Now it needs to turn that commitment into action: establishing a clear and sustainable legal route for providing safer inhalation equipment, and giving services the resources and guidance they need to deliver it.

But we need to go further. Scotland must be able to make evidence-based decisions about the health and wellbeing of its people. The Misuse of Drugs Act was created in a very different era, when our understanding of drugs, drug-related harm and effective responses was far less developed. Now 55 years old, it is one of the barriers preventing Scotland from putting some evidence-based approaches to reducing drug-related harm into practice.
Those in positions of power and influence have a responsibility to challenge legislation that stands in the way of effective responses. If we are serious about reducing drug-related deaths, we need legislation that enables us to act on the evidence – rather than standing in its way.

Listen to Drugs Uncut podcast, featuring John Campbell, Injecting Equipment Provision Manager at Glasgow Alcohol and Drug Recovery Services and Andy McAuley, Professor of Public Health at Glasgow Caledonian University.

Read our report on Experiences of MAT Standards Implementation for People Who Use Crack and Cocaine.