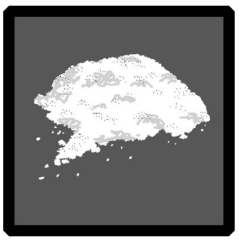
coAct
expertise in drugs, hiv and hepatitis

SIPP
SAFE INHALATION PIPE PROVISION

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE



Crack Cocaine Health Check

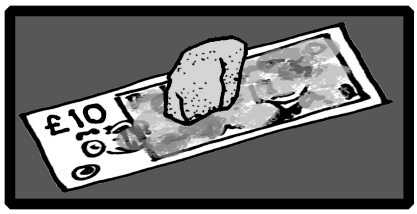


1 Current Drug Use

1a. How often do you use?

Mon. ☐ Tues. ☐ Wed. ☐ Thur. ☐ Fri. ☐ Sat. ☐ Sun. ☐

1b. How much crack do you typically use on a using day?



_____



2 Pipes and paraphernalia

Do you currently have your own crack pipe? Y/N

What type of pipes do you use?

Tin can pipe ☐ Plastic bottle pipe ☐ Asthma inhaler ☐ Bolt ☐ Cannabis Pipe ☐

Glass stem ☐

Do you use pipes that include?

Cigarette ash ☐ heated plastics ☐ metal scrubber ☐

When you smoke a pipe do you have:

Burns to face, mouth and lungs ☐

Share your pipe ☐

Do you scrape out your pipe with a metal rod or screwdriver? ☐

Frequency of sharing

Never ☐ Sometimes ☐ Often ☐ Most of the time ☐

How worried are you about sharing?

No ☐ Low ☐ Medium ☐ High ☐

3. Washing up

Do you buy ready to smoke rocks?

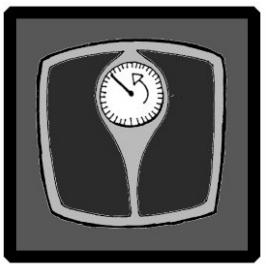
Always ☐ Sometimes ☐ Never ☐

Do you wash up powder cocaine?

Always ☐ Sometimes ☐ Never ☐

Bicarb ☐

Ammonia ☐



Injecting cocaine

Cocaine ☐ Crack ☐ Snowball ☐

4. Changes in weight and sleep

Have you noticed any changes in your weight since using crack cocaine? Y/N

If so by how much and over what timeframe? _____

Have you noticed any changes in your sleep patterns while using crack cocaine?

Insomnia ☐

Excessive sleeping ☐

Other ☐ _____



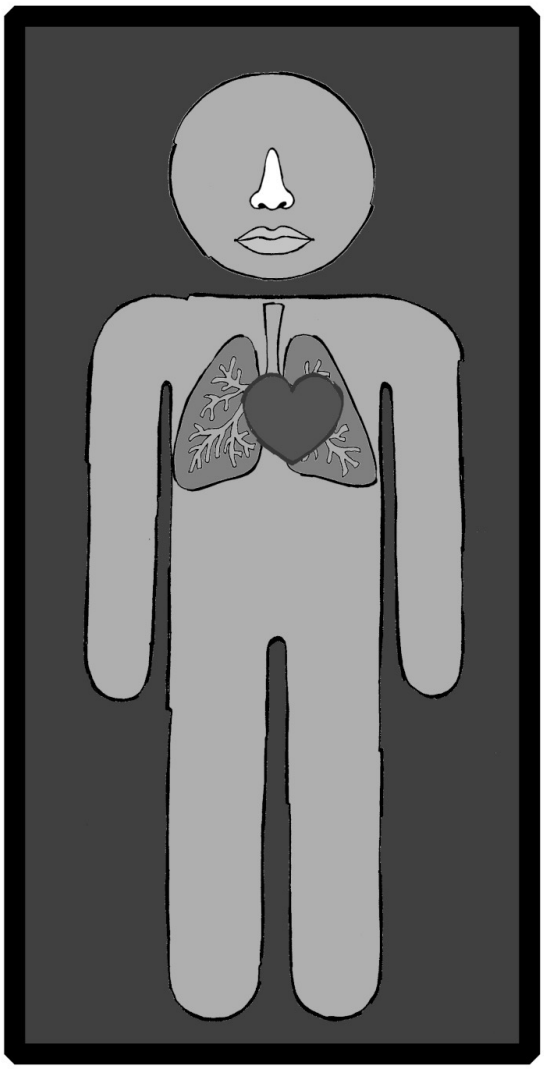


5. Physical Health

Do you have any injuries or burns linked to taking crack cocaine?

- Mouth/lips ☐
- Nose ☐
- Fingers ☐
- Skin/picking ☐

.



6. Lung capacity

Have you had any breathing difficulties while smoking crack? Y/N

Do you have asthma and what is your current treatment and do you use it? Y/N _____

Do you have COPD and what is your current treatment and do you use it? Y/N _____

7. Heart screening

Have you had chest pains during or after crack using session? Y/N

Have you had a very rapidly beating heart (palpitations) during or after a crack using session? Y/N

8. **Sexual health**

Do you have any concerns about your sexual health at the moment? ☐

Have you had penetrative sex without a condom in the last 3 months? ☐

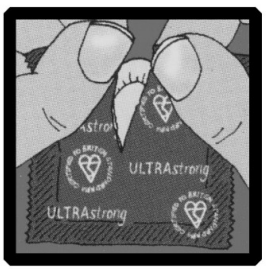
If yes do you have any irritation, soreness, discharge, or inflammation around you vagina, penis or back passage (as applicable)? ☐

Are you concerned about HIV or STIs? ☐

Do you know where you can access HIV and STI treatment? ☐

Do you have access to condoms? ☐

Do you know how to use them? ☐





9. Mental Health

Ask questions about mental health that you have the time to engage with. Avoid opening up intense issues in the wrong setting or at the wrong time for a person.

How would you describe your frame of mind before you ever used cocaine?

_____

How would you describe your frame of mind now?

_____



In what way does cocaine change your feelings about life?

_____

Do you suffer from depression? And how long?

_____

Do you suffer from anxiety? And how long?

_____

Do you ever think about committing suicide?

_____

Do you see or hear things, which other people don't see when you use crack? Y / N

Do you have experience of hearing voices or seeing non-physical images when you use crack? Y/N

Do you have a diagnosis of schizophrenia? Y / N

10. Attitudes to future use

I want to learn more about crack harm reduction ☐

I want to learn to better manage my crack cocaine use ☐

I want to take a break from crack cocaine ☐

I want to stop injecting cocaine, crack or snowballs ☐

i want to stop smoking crack ☐