Briefing

Centre for Justice Innovation

The NIHR Safer Inhalation Pipe Study, Section 9A of the Misuse of Drugs Act 1971, and the Case for Legislative Amendment

An outdated legislative framework is obstructing effective public health practice.

England has more than 180,000 people who smoke crack cocaine, yet most remain outside the reach of treatment and harm reduction services[1,2].The consequences are severe: preventable infections, untreated health conditions, repeated criminal justice contact, and avoidable deaths.

There is now clear evidence that one targeted intervention, the provision of safer inhalation pipes through commissioned drug services, can help services engage a population that has historically been excluded from support. Yet Section 9A of the Misuse of Drugs Act 1971 effectively prohibits the intervention because it criminalises the supply of drug-use paraphernalia unless a specific exemption exists. Exemptions exist for several other harm-reduction items, but Parliament has not yet created an exemption for inhalation pipes.

This creates a clear legislative contradiction. Government drug strategy commits to expanding evidence-based treatment and reducing drug-related deaths, while existing law prevents services from using one of the few interventions proven to engage people who smoke crack cocaine. Parliament now has both the evidence and the legislative mechanism required to resolve that contradiction.

The scale of the problem

180,000+ people who use crack cocaine in England, while around 30,000 people entering treatment each year cite crack cocaine use. [3,4]

Crack cocaine use remains concentrated among some of the most marginalised people, including those experiencing homelessness, individuals in contact with the criminal justice system, and those living in severe poverty. Although treatment presentations involving crack cocaine have risen for a fifth consecutive year, public health services still reach only a minority of people who smoke crack cocaine. In 2023–24, 30,065 people entering treatment cited crack cocaine use, representing only 19% of new treatment presentations.[5]

This gap is not simply a consequence of individual choice or disengagement. Many people who smoke crack cocaine do not access traditional treatment pathways because services are not designed around the realities of crack use, stigma, unstable housing, and distrust of statutory systems. As a result, a substantial proportion of people experiencing acute health harms remain disconnected from healthcare, treatment, and wider support.

Many people who smoke crack cocaine rely on unsafe homemade equipment, including modified cola cans, glass bottles, wire wool, or cigarette ash, all of which can contribute to burns, cuts, and significant respiratory harm. Pipe sharing also increases the risk of blood-borne virus transmission and the spread of respiratory infections, including COVID-19. In some cases, individuals inject drugs instead of smoking them where safer inhalation equipment is unavailable, increasing exposure to HIV, hepatitis C, and serious bacterial infections.[1]

This is consistent with wider Centre for Justice Innovation research demonstrating that people facing multiple disadvantage, including substance dependence, trauma, homelessness, and criminal justice involvement, often encounter significant barriers to accessing safe and effective treatment and support services.[6]

The provision of safer inhalation equipment addresses this gap directly. International evidence and emerging findings from the NIHR-funded SIPP study[1] demonstrate that safer inhalation pipe provision can create low-threshold opportunities for contact, trust-building, health advice, and referral into wider support services. However, the current legislation restricts the implementation of these interventions across England.

The NIHR SIPP study: what the evidence shows

The Safer Inhalation Pipe Provision (SIPP) study is the first study of its kind internationally.[2] Funded by the National Institute for Health and Care Research (NIHR) and led by Professor Magdalena Harris (London School of Hygiene & Tropical Medicine), the study commenced in July 2022, in partnership with drug treatment providers, peer researchers, and policing partners across England.

The intervention piloted the provision of safer inhalation equipment, including a heat-resistant glass pipe, harm-reduction information, and staff-delivered risk-reduction advice, distributed through public health-commissioned drug services and peer networks. Early qualitative findings published in the International Journal of Drug Policy[2] demonstrate that the intervention improved communication between services and people who smoke crack cocaine, increased disclosure of crack use, and facilitated new contact with individuals who had not previously engaged with support services. Workforce training also strengthened practitioners' confidence in discussing crack use and identifying wider unmet health and social needs.

The findings are consistent with a broader international evidence base showing that safer inhalation equipment provision reduces pipe sharing, decreases reliance on unsafe homemade devices associated with burns and respiratory injury, and improves awareness of health risks associated with crack use.

Critically, in order not to risk prosecution under Section 9A of the Misuse of Drugs Act, the SIPP study was only able to operate through individual agreements with local police forces. An intervention supported by NIHR-funded research and delivered through commissioned public health services should not depend on informal local enforcement discretion. The current reliance on piecemeal policing arrangements illustrates the extent to which the law has fallen behind both evidence and practice.

The challenges created by inconsistent local implementation are consistent with wider Centre for Justice Innovation work on pre-court diversion, treatment access, and justice-led public health interventions, which has repeatedly identified the limitations of approaches that rely on informal local discretion rather than clear national frameworks.[7]

The legal barrier: Section 9A, Misuse of Drugs Act 1971

Section 9A of the Misuse of Drugs Act 1971, introduced through the Drug Trafficking Offences Act 1986, makes it a criminal offence to supply any article intended for the administration of a controlled drug, with limited exemptions. Safer inhalation pipes unambiguously fall within the scope of this prohibition.

Parliament has already established a clear precedent for legislative amendment where public health evidence supports harm reduction interventions. In 2003, following recommendations, from the Advisory Council on the Misuse of Drugs (ACMD), Section 9A was amended to permit the lawful supply of injecting paraphernalia including citric acid sachets, filters, spoons, and swabs through needle and syringe programmes.[8] That amendment changed how injecting harm reduction services were delivered in England and led to significant reductions in blood-borne virus transmission and injecting-related harms.

The same legislative mechanism remains available today, Ministers could introduce a statutory instrument, subject to the negative resolution procedure, to extend existing exemptions to safer inhalation pipes supplied through commissioned harm reduction services. Such a change would not require primary legislation.

The principle underlying the 2003 amendment remains directly applicable: where evidence demonstrates that a harm reduction intervention reduces preventable health harms and improves contact with support services, the law should enable, rather than obstruct, its delivery.

Our ask: immediate legislative amendment

We call on Ministers and Members of Parliament to take the following steps:

- Commission an immediate Government response to the NIHR SIPP findings, including a clear timeline for legislative review of Section 9A of the Misuse of Drugs Act 1971.

- Direct the Home Office and Department of Health and Social Care jointly to bring forward a statutory instrument under the Misuse of Drugs Act 1971 to include safer inhalation pipes within the list of equipment that may be supplied through publicly commissioned harm reduction services. Seek expedited advice from the Advisory Council on the Misuse of Drugs (ACMD) regarding the scope and implementation of such an amendment, drawing directly on the emerging SIPP evidence base.

- In the interim, publish clear national guidance through the National Police Chiefs' Council (NPCC), the Office for Health Improvement and Disparities (OHID), and the Joint Combating Drugs Unit clarifying the circumstances in which pilots for providing safer inhalation pipes may operate, reducing the current reliance on local policing discretion.

  A workaround, led by Thames Valley Police and Berkshire Combating Drugs Partnership through a two-part prosecution threshold test found that there was not a realistic prospect of conviction nor in the public interest to prosecute a public health commissioned harm reduction or needle syringe programme supplying SIPP. Enabling local authorities to implement the pipes. A national position by the NPCC or chief crown prosecutor would enable CDPs and Police to operate SIPPs while legislation is changed, ensuring operational independence. The Thames Valley approach demonstrates that safer inhalation pipe provision can operate safely within existing public health structures. However, access to evidence-based harm reduction should not depend on local interpretations of the public interest test. A national position from the NPCC and CPS would provide immediate operational clarity while legislative reform is pursued.

- In the longer term, any amendment to Section 9A should be limited to the supply of safer inhalation equipment through authorised NHS, public health, and commissioned harm reduction services, ensuring that reform supports health outcomes and service engagement rather than commercial sale.

Why this is important

The Government's From Harm to Hope drug strategy (2021) commits to expanding evidence-based treatment and reducing drug-related deaths. Safer inhalation equipment provision represents a logical extension of the harm reduction approach already embedded within national drug policy. The SIPP study has now generated the evidence base that NIHR was commissioned to produce, providing policymakers with a clear foundation for legislative reform.

The Centre for Justice Innovation has consistently advocated for evidence-led approaches that combine accountability with access to treatment and support, recognising that sustainable reductions in harm and offending require coordinated responses across health and justice systems.[9] The findings from the SIPP study reinforce the importance of embedding evidence-led interventions within both national policy and local service delivery.

Without legislative change, people who smoke crack cocaine will continue to rely on unsafe homemade equipment, remain disconnected from healthcare and treatment services, and experience avoidable health harms. Delays to reform will prolong a situation in which local areas cannot implement evidence-based interventions consistently or equitably across England.

The current legal framework also creates practical barriers for local areas seeking to implement evidence-based approaches. In areas such as Thames Valley, where police and local partners have supported SIPP provision, services remain unable to use public health grant funding to provide safer inhalation equipment because of the restrictions imposed by Section 9A. Legislative amendment would enable a more consistent, equitable, and transparent national approach.

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Endnotes

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8. Exchange Supplies. “Drug Paraphernalia and UK Law: The History of Section 9A Amendments.” Accessed June 3, 2026. https://www.exchangesupplies.org/articles/article/paraphernalia_and_the_law_introduction. The Misuse of Drugs (Amendment) Regulations 2003 (SI 2003/1914) extended the Section 9A exemption to ascorbic acid, citric acid sachets, swabs, spoons, and filters from 1 August 2003.

9. Centre for Justice Innovation. “Written Evidence to the House of Commons Inquiry on Problem Drug Use (DRU0068).” UK Parliament Committees. Accessed June 3, 2026. https://committees.parliament.uk/writtenevidence/107426/pdf/.

Legislation

1. Misuse of Drugs Act 1971, s. 9A, as inserted by Drug Trafficking Offences Act 1986, s. 34(1).

2. The Misuse of Drugs (Amendment) Regulations 2003 (SI 2003/1914).

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About the Centre for Justice Innovation

The Centre for Justice Innovation seek to build a justice system which all of its citizens believe is fair and effective. We champion practice innovation and evidence-led policy reform in the UK's justice systems. We are a registered UK charity.

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