

Cookers and Injection Drug Use: Questions and Answers

What is a cooker?

A **cooker** is the container used for mixing and heating a drug. Some drugs are sold as powder, crystals (rocks), or tablets. To be injected, they should be fully dissolved in sterile water and cooking the drug facilitates this process. People often use non-sterile cookers such as spoons, bottle caps, the bottom of drink cans, or syringe barrels¹.

What are the risks of shared or non-sterile cookers?

Cookers are one of the most commonly shared items used in drug injections; they are more commonly shared than needles². They may be shared directly, as when several users draw up their injections from the same cooker, or indirectly/accidentally, for example when a user finds a discarded spoon that they do not know has been previously used as a cooker.

Shared cookers, like shared needles and other equipment used with injections, have been shown to transmit serious blood-borne infections such as hepatitis B³, hepatitis C⁴ and HIV^{5,6} between users. Any non-sterile cooker, even if it is not shared, may be contaminated by bacteria, which can lead to life-threatening bacterial infections, including abscesses, cellulitis, bone and joint infections, or heart infections⁷.

What type of cooker does BC Harm Reduction* Strategies and Services provide?

Sterile, disposable cookers known as Stericups®⁸ are provided. A Stericup® is a small, lightweight aluminum cooker with a flat-bottom bowl and a heat-resistant plastic-covered handle. It is designed to be used only once. After being heated for the first time, the aluminum becomes fragile and the handle falls off easily.



What drugs can be prepared using the cooker?

Cookers can be used to prepare any drug for injection, including pills, heroin, crack cocaine, cocaine, and crystal meth. Cocaine and methamphetamines dissolve well in water. White heroin (heroin hydrochloride) dissolves when heated but heroin base (brown heroin) requires the addition of a mild acid, such as ascorbic or citric acid and may need some heat to properly dissolve. Crack also requires the addition of a mild acid and heat to properly dissolve. Cookers should always be used in conjunction with sterile water and filters to prevent infections.

How are cookers used?

Cookers should be assembled following the “Instructions for use of Stericup® cooker” to minimize the chance of contamination and subsequent infection. Once assembled, each Stericup® cooker can be used once over an open flame to mix and dissolve drugs. Uncapped needle tips can be damaged if used to mix or grind drugs in a cooker. A clean, capped needle can be used for this purpose. Users should be aware that this lightweight cooker may be easily knocked over, and should be careful to avoid spills. The cooker should be disposed of after single use.

Why does BC Harm Reduction Strategies and Services provide sterile, disposable cookers?

Cookers are commonly shared when supplies are limited or not readily available⁹. We provide single-use cookers to reduce sharing. All programs should strive to distribute as many supplies as required for the individual client to be able to use a new one for each injection. By reducing the sharing of equipment, the transmission of hepatitis B, hepatitis C, HIV, and other infectious diseases will be reduced. Since the equipment is sterile, users will also be less likely to develop other bacterial infections.

Providing safe supplies to people who inject drugs creates a way to engage hard-to-reach and under-serviced populations in health care and social services. No studies have found that providing safe supplies makes people more likely to engage in harmful drug use.

How can cookers be ordered?

Cookers can be ordered by harm reduction distribution sites which are approved by the appropriate regional health authority. The harm reduction supply requisition form available on line at <http://www.bccdc.ca/default.htm> should be used and the cookers ordered at the same time as other harm reduction supplies. The completed form is faxed to BCCDC.

References

*See *Health File #102a: Understanding Harm Reduction* in the BC Health Guide for a definition of harm reduction: <http://www.healthlinkbc.ca/healthfiles/hfile102a.stm>

¹ Scott J. Safety, risks and outcomes from the use of injecting paraphernalia. Scotland: Scottish Government Social Research. 2008.

² Strike C, Leonard L, Millson M, Anstice S, Berkeley N, Medd E. Ontario needle exchange programs: Best practice recommendations. Toronto: Ontario Needle Exchange Coordinating Committee. 2006. pp100-111.

³ Levine OS, Vlahov D, Nelson KE. Epidemiology of hepatitis B virus infections among injecting drug users: Seroprevalence, risk factors, and viral interactions. *Epidemiologic Reviews*. 1994;16(2):418-436.

⁴ Thorpe LE, Ouellet LJ, Hershow R, Bailey SL, Williams IT, Williamson J, Monterroso ER. Risk of hepatitis C virus infection among young adult injection drug users who share injection equipment. *American Journal of Epidemiology*. 2002;155(7):645-653.

⁵ Shah SM, Shapshak P, Rivers JE, Stewart RV, Weatherby NL, Xin KQ, Page JB, Chitwood DD, Mash DC, Vlahov D, McCoy CB. Detection of HIV-1 DNA in needles/syringes, paraphernalia, and washes from shooting galleries in Miami: A preliminary laboratory report. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 1996;14(3):301-306.

⁶ Vlahov D, Junge B, Brookmeyer R, Cohn S, Riley E, Armenian H, Beilenson P. Reductions in high-risk drug use behaviors among participants in the Baltimore needle exchange program. *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*. 1997;16(5):400-406.

⁷ Gordon RJ, Lowy FD. Bacterial infections in drug users. *New England Journal of Medicine*. 2005;353(18):1945-1954.

⁸ Apothicom. Stericup. 2009. <http://www.apothicom.org/stericup.php?lang=en>

⁹ Scottish Drugs Forum and Glasgow Involvement Group. Views from the street: Needle exchange users in Glasgow. 2004.