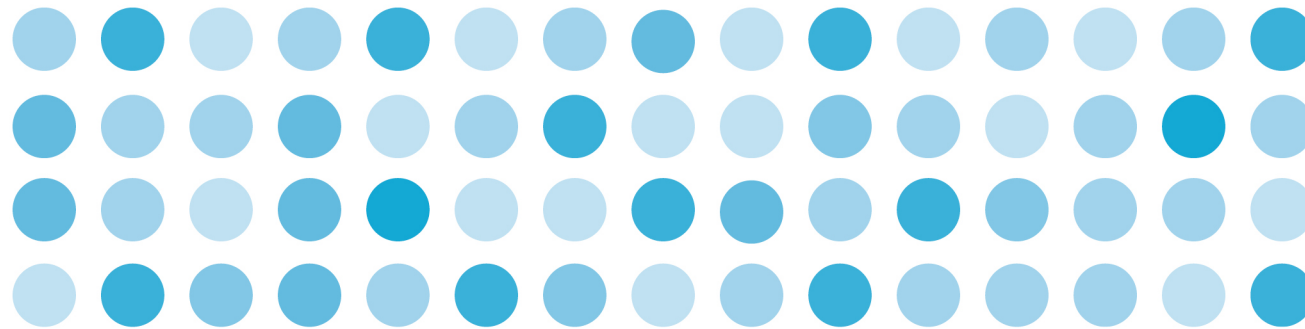


25-26 October 2010  
Melbourne Cricket Ground



Anex 2010

# AUSTRALIAN DRUGS CONFERENCE

Public Health and Harm Reduction

# Rebecca Gray



# Drug injecting practices and hepatitis C risk in intimate heterosexual relationships

Rebecca Gray, Phil Tayler, Loren Brener, Carla Treloar  
ANEX 2010

National Centre in HIV Social Research, Australia



- Collaborative Research Process:
  - Research workshops
  - Collaborative data collection
  - Second research workshops
- Key Findings of research
- Production of the information sheet for NSP workers:
  - 4 face-to-face meetings
  - Consultation with NSP workforce
  - Dissemination of info sheet

# Collaborative process

- 3 hour workshop, at each site, 3 months prior
- Strengths based / feminist group work model
- Dismantled expert position of researchers
- Included overview of the literature to date; described qualitative research concepts and style; planning process
- Discussion / negotiation of how to gather data

# Literature Review

- High rates of sharing of injecting equipment amongst sexual partners
- Dearth of research on partnered drug injecting
- Little research on the experiences and perceptions of men
- Little research in an Australian context
- Partnered drug injecting is characterised by gender roles
- More research needed on injecting practice in relation to intimacy
- Lack of focus on the social and relational nature of heterosexual relationships of intimacy, trust, drug use and agency
- Sharing is not fixed.
- It is selective and strategic, imbued with meaning - i.e. trust, commitment, preservation of intimate relationship and way of life.

# Literature Review

- Partnered drug injecting can be formed around the need for protection, security and financial support.
- Therefore, dependency issues.
- Those in a sexual relationship more likely to share equipment, seen as less risky and also in comparison to other risks (DV or rape)
- “Closeness” and intimacy is demonstrated through this sharing. It may be a bonding act. Often underpinned by unsafe sex.
- Sharing a drug-using lifestyle can signify fidelity, trust and commitment.

# Methods

- Interviews were conducted across 3 sites: urban, suburban and coast
- NSP workers handed out recruitment cards to potential participants
- Interviews conducted in a room at the NSP service
- Interviews transcribed verbatim and managed using NVIVO 8
- Analysis was inductive and deductive

# Key Findings

- Lack of knowledge about HCV status
- Influence of sexual practice on risk management
- Co-creation of drug injecting practices
- Gender and power dynamics can influence practice
- Weigh health risks against other protective factors

# Participant profile

- 15 interviews with participants in relationships of 2 years or more.
- 5 couples in data set (spoke to both parties).
- 6 women / 9 men.
- 9 city / 6 suburban or coastal setting.
- 12 participants were HEPC +.
- 3 had cleared the virus.
- Please note - understandings of HCV status were blurry.
- 1 chronic HEPC on treatment.
- 2 attempting to gain treatment.

## 1) Knowledge of HCV status

**Adam:**

“Now that I know that, like she’s known that I had it and...I don’t know if I should, I **shouldn’t be upset that she hadn’t told me she had it because we hadn’t been in a situation...well, that’s not really true...I guess now that I know she’s got hep C, there might have to be, we might have to discuss certain things.**”

## 1) Knowledge of HCV status

### Adam:

“And yeah, she does...she brought it to my knowledge that I wouldn't share injecting equipment ever, so...I mean hopefully not ever, but to my knowledge we haven't shared a **syringe...I guess when I asked her about hep C yesterday, she said she thought she have already told me. Who knows? She might have. My mind might not have been concentrating or, you know, sleepy or something**”.

# 1) Knowledge of HCV status

Eddie described his relationship as sero-discordant.

He HCV positive

His partner HCV negative

But when I spoke with Danielle, she said:

**“[I’m] positive...when I got tested they said that I got the antibodies...but I haven’t been tested for four years now...”**

## 2) Influence of sexual practice

### **Unprotected hetero-sex affected risk-perception:**

**“But I just thought, well I sleep with the bloke. I’ve been with him for 3 years... had his body fluids in me” (Nadine)**

**“...because we were making love without condoms and stuff and I thought that it’s all right if we share needles. You know, it’s not – I know that – but yeah...only us two. I’d say to the boys “here have these and I’d share with my girl” (Eddie)**

### 3) Co-created practice

Ritualised behaviours develop between the couple over time. The language of “always” and “usually” hinders discussions around adapting or updating these.

Danielle:

“...Because we’re not gonna drive an hour away, get the drugs and have nothing to shoot up with...no way! So we *always* stop off first, yep.”

Ozzie:

“I get all the fits...and then I pass it...I’m the one who sucks up the water. I squirt the water in and then she mixes it up. I chuck the filter in and then she’ll suck up...that’s how we *usually* do it”

## 4) Gender roles and power dynamics

As reflected in international research, some participants were not able to inject themselves and may become dependent on their partners. Typically, women were less able to inject themselves.

**Larry:**

She can't inject very well. She's missed veins a lot of times...she's doing it dangerously like losing shots, you know, infections and that...I'd say just wait and I'll do it for you and she'd say: 'I can't wait all day til you come back!'

## 4) Gender roles and power dynamics

Danielle:

Yeah, **because I didn't know how to [inject] myself. He used to do me all the time...** I didn't know how to do anything...[then] he got sent to jail and I didn't know how to do myself. But I had a habit so I had to use, so **I had to learn...I got somebody else to do it but I couldn't afford to give them any heroic\n, so I had to do it myself, scary...**

## 4) Gender roles and power dynamics

Monica:

**We don't talk about [hep C risks]...and I don't want to bring it up...like he gave it to me...I screamed at him and he freaked out...I don't want to lose him because I'm nothing without him.**

## 4) Gender roles and power dynamics

Participants described the varying leadership roles that form over time and the effect this has on partnered drug injecting:

Bob: I do it all. I make it up...same equipment but different needles...when you're in your own house, you control everything.

Gemma: ...and as soon as he comes in the door, he'll hand me the dope straight away because I bully him in to doing that...because things go wrong when he does it.

## 5) Balancing protection and risk perceptions

Participants described how they weigh up the various challenges and risks associated with drug injecting practice:

**Gemma: Gone are the days where we had to use behind a building or...because that in itself elevates...you're in a high risk situation of getting caught and because of the pressure you're under to do it quickly can minimize your ability to do it safely and cleanly.**

Whereas, now we've got it sort of worked out where is we're gonna use, he'll get it and bring it home, you know?

## 5) Balancing perceptions of risk

Eddie:

**A lot of people...they'll have a shot and they'll put their purse down...they wake up, the whole bag's gone. All their money, that happens all the time. I've woken up with no shoes on, no socks on and my pockets turned inside out...no mobile phone...I can do what I like in my house. But on the streets you can't, you've always gotta be a bit aware.**

## 5) Production of the Info Sheet

- Second research workshops
- 4 face-to-face meetings over 4 months
- First draft taken to larger team for consultation
- Final draft shaped then disseminated.

# Conclusion

- **NSP workers are well suited to reach clients**
- **Conversations can inspire new perceptions of risk**
- **Style of NSP work is well suited to sensitive topics**
- **Stuck and co-created patterns might be shifted**

# Acknowledgements

National Centre in HIV Social Research

HIV And Related Practices (HARP)

South East Sydney and Illawarra Area Health  
Service (SESIAHS)

And the participants who shared their  
courageous and sacred narratives with us.

# Contact details

**Your questions and comments are welcome.**

Corresponding author:

Rebecca Gray: [rebeccagrayresearch@gmail.com](mailto:rebeccagrayresearch@gmail.com)

Co-authors:

Phil Tayler: [philip.tayler@sesiahs.health.nsw.gov.au](mailto:philip.tayler@sesiahs.health.nsw.gov.au)

Loren Brener: [l.brener@unsw.edu.au](mailto:l.brener@unsw.edu.au)

Carla Treloar: [c.treloar@unsw.edu.au](mailto:c.treloar@unsw.edu.au)

# Intimate Injectors

## Citation Suggestion:

**Gray, R., Tayler, P., Brener, L. and Treloar, C. (2010)** “Drug injecting practices and hepatitis risk in intimate heterosexual relationships”, presented at the Australian Drugs Conference *Public Health and Harm Reduction*, Melbourne, Australia.