

# Hepatitis C transmission and intimate injecting: the sharing of drug injecting equipment within intimate relationships

Rebecca Gray, Loren Brener,  
Joanne Bryant, Carla Treloar

National Centre in HIV Social Research, Australia



Majority of sharing of injecting equipment

- Between sexual partners

But little research

- Individual focused – not couples
- Survey driven
- Not accounting for gender differences

## What we know...

Risk practice produced through social and relational nature of relationships

- intimacy, trust, dependence, agency

Hep C status (sero concordance as per HIV literature)?

- Improve quality and intimacy
- Make relationship easier to negotiate

Intimate relationships – dysfunctional and violent

- No such assumptions
- Acknowledge unique pressures

## This study - aims

To explore patterns of drug use and sharing of injecting (equipment, social and physical environment) of heterosexual sero-discordant (by self-report) couples:

- social networks
- relationship dynamics (trust, intimacy, division of labour, currency of exchange)
- socio-economic issues (eg role of drug use in stability)

- Recruited from 4 NSPs in South East Sydney Illawara
- Workers gave referral cards
- Interested people rang researchers, telephone screening
- Audio-taped semi-structured interviews
- \$30 remuneration

# Sample

15 people interviewed (5 couples)

- 9 men
- 9 from inner city
- 12 hepatitis C positive, 3 had cleared virus
  
- Serco-concordance: 6 couples HCV+; 1 couples HCV-;
- Sero-discordance: 3 couples sero-discordant
- ? not accurate – confusion, lack of awareness of partner's status, slippage in language (? plus additional partners)
  
- 3 sero-conversions: male HCV+ to female HCV-
  
- 1 on HCV treatment, 2 attempting to access treatment

## Sample

- All participants were in a “long term” relationship
- 2 were sex workers
- 3 had more than one sexual partner
  - 1 couple was having group sex
  - Others were meeting secretly
- 2 couples reported the same strain
  - others did not know which strain

## Couples and injecting

- All had a partner who was an injecting drug user
- 2 participants in secret relationships were with women who did not inject drugs
- None had been initiated into injecting drug use by their current partner
  - family members and friends
  - 3 women had been initiated by an ex-partner.

# Couples and injecting

- 13 participants regularly inject with current partner
  - 2 men not regularly injecting with partner

## PLUS

- 1 male injects with father
- 1 female sex workers with clients
  - 1 regular
  - 1 rare
    - and friends

# Sharing

- All share spoons and tourniquets with regular partner
- All stated that sharing a syringe was not desirable and would only share with partner
- All described washing and stockpiling syringes in the event that a clean syringe was not available
- The majority of participants stated that access to a NSP enabled them to maintain the use of sterile syringes

# Reasons for sharing with partner

## **Sexual practice provides increased intimacy, no condoms:**

“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)

“We were both clean and we were in a sexual relationship, you know? Like we weren’t really using condoms...because it was unprotected, like I said” (Harry)

## Symbolism of sharing

**And do you talk about risks associated with injecting drugs with your partner?**

“Yep. Well he, he said that, ages ago he said if someone ever had done me, like if a guy that done, shooted me up, it would be like him putting his dick inside me. You know what I mean?...

**So it was a very personal thing?**

Yeah. He goes, ‘Don’t you ever let anyone do you because it’s just like me cheating on you.’ Because all I said was, ‘Put the syringe in my arm, it’s like them putting their dick in me’ ” (Danielle)

## Fluid nature of knowledge

- Knowledge of own hep C status
  - Understandings of test results, language
- Knowledge of partner's status – also fluid
  - It doesn't come up
  - Forgotten or intoxicated
  - Disagreement about discussion taking place
    - New discussion between recruitment and interview
  - Perception that every user has it
  - Invisibility of symptoms

## Fluid understanding of Hep C status

- Lack of awareness / Invisibility of Symptoms

“She must manage very well because I never even knew that she had it. There’s nothing obviously ... unless she just keeps it to herself like most people do. She doesn’t seem to be in any obvious discomfort. Mind you, it doesn’t, she never said she suffers from ... like I said, I didn’t know she had it or not. [No, no ...] So obviously it’s not at an advanced stage or she is good at dealing with it.” (Adam)

# Raising dialogue to change practice

- What now?

“I might have to cook a dinner and sort of slide it in the conversation with something else. Yeah, just bring it up at her again and say, “You know, how, you know like you said that you’d already told me about Hep-C, and if you did I forgot. Sorry, but you know, we sort of have to, you know, discuss if we, you know, if we think it’s, think it’s wise to make changes, you know, to some of our, you know, practices together.” I don’t know, get her view on it and, you know, just discuss it with her. Hopefully come out with the right decision.” (Adam)

- Conversation will be difficult
  
- It will require further efforts so as not to jeopardise the intimacy of the relationship
  
- differing perceptions of the importance of HCV within the relationship
  - harder for one partner to raise the topic with the “less responsible/interested partner”

# Co-created rituals

## **Rituals developed over time, to maintain safe practice:**

“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...because we can’t wait to have it” (F4)

## **Practices may have been inspired by a discussion:**

“The first time it came up...we were about to use together...I’m just sort of the type to say “...we have to use clean syringes...”. I just sort of lay down the law a little.” (M7)

## **But ritualising can result in a lack of updating of safe practice:**

“Him and I...we’ve got it down-pat...he’ll hand it to me straight away...because things go wrong when he does it” (F7)

# “Drug” relationships

## “Drug” relationships typically dangerous

- Own relationship unusual, length and trust

“Lots of people in our kind of relationship, drug relationship, don’t stay together, you know. They can get quite nasty. Like when drugs are involved...they rip each other off...and drug relationships don’t usually last long. And I think ours is good that it’s lasted long” (Claire)

## Relationship – site of risk management

- Protect from greater harm eg vein damage, overdose
- Unpredictable events eg theft, assault
- Lack of control, trust in “drug community”

# Conclusions

- Risk management practices often perceived as set of dilemmas
  - Sterile syringe is ideal, sharing only with partner is next best, and so on
- However, strategies are often fixed at first point of dilemma
  - rarely negotiated once a relational behaviour becomes ritualised

# Conclusions

- However, a relationship may be a site of hepatitis C containment from the larger community
  - Sharing = selective and strategic
- Couples
  - Selective choice to share in “safest” manner
  - Demonstrate trust and commitment
  - Preserve intimate relationship, way of life

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