SEX PARTNERS OF INJECTION DRUG USERS

Many sex partners of injection drug users are at high risk for HIV infection. In many cases, partners of injection drug users are not aware of their partners’ injection practices, and this lack of knowledge may contribute to decisions to engage in unprotected sex. Unsafe sex in relationships in which one partner injects drugs may also be influenced by power imbalances and substance use during sex. In addition, partners of injection drug users are likely to use non-injecting substances and are at risk for initiating injection drug use. This issue of PERSPECTIVES discusses some of the factors that affect risk for HIV infection among sex partners of injection drug users as well as the prevention and education needs unique to partners of injection drug users.

Research Update

In December 1998, 39 percent of people with AIDS in the United States who reported that their primary HIV risk was heterosexual contact also reported having had sex with an injection drug user. This figure is likely to be an underestimate, however, because an additional 54 percent reported their HIV risk to be sex with an HIV-infected sex partner whose risk was not specified. Two-thirds of people diagnosed with AIDS in 1998 who became exposed to HIV through heterosexual contact with an injection drug user were female.

Most studies of sex partners of injection drug users focus on heterosexual female partners of male injection drug users, but people of any gender or sexual orientation can have partners who inject drugs. According to available research, most female partners of male injection drug users are economically disadvantaged, are likely to use non-injection drugs such as alcohol, marijuana, and crack cocaine, and are of childbearing age.

In a 1991 nationwide study of 6,100 non-injecting sex partners of injection drug users, only 10 percent of women and 20 percent of men reported full-time employment. Fifty-two percent of women and 58 percent of men reported cocaine use during the previous six months. In addition, 90 percent of female subjects were between the ages of 13 years and 40 years, and 78 percent of male subjects were between the ages of 15 years and 40 years. The study also found that 25 percent of female subjects and 21 percent of male subjects had traded sex for drugs or money during the previous six months.

Transmission Risks

HIV transmission among injection drug users occurs primarily through the sharing of needles and other injection paraphernalia with people who are infected with HIV. The injection drug user with HIV may then transmit the virus further by sharing injection equipment or through unprotected sex. Between

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1988 and 1995, AIDS cases among injection drug users increased by an average of 12 percent annually.5 Research indicates low rates of condom use among injection drug users, which places their partners at high risk for infection. More than 40 percent of the 12,000 injection drug users who participated in a 1993 nationwide study reported engaging in unprotected sex with at least three non-injecting female partners in the prior six months, and only 10 percent reported consistent condom use during the same period.2 A 1990 survey of 12,500 male injection drug users found that 70 percent of subjects who reported engaging in vaginal intercourse in the six months prior to the study reported never using condoms during this period. A 1995 study of 224 gay and bisexual male injection drug users in Long Beach, Denver, and Dallas found that, in the 30 days prior to the study, 75 percent of subjects had traded sex for money or drugs, 95 percent had engaged in sex with more than one partner, and 89 percent reported having sex with one or more female partners. Half of these high-risk subjects reported having a primary partner, and 74 percent of these reported that their primary partner was female. Only 12 percent of subjects with a primary female partner reported condom use the last time they had vaginal sex, and only 13 percent of subjects who had engaged in sex with a non-primary partner used a condom the last time they had sex.7 The study also found that participants reported high rates of unprotected anal sex with both male and female sex partners. Only 23 percent of those with a male primary partner and 20 percent of those with a female primary partner reported condom use the last time they had anal sex with these partners. Only 20 percent of subjects practiced safer sex the last time they had anal sex with non-primary partners. Risk of HIV infection and transmission among men in the study sample was especially high: 86 percent reported sharing drug injection equipment during the previous 60 days, and the last time they did this, only 29 percent used bleach to clean the injection equipment.7

Sexual relationships with injection drug users can range from long-term and monogamous to one-time sexual encounters. Research suggests that most male injection drug users have sexual relationships with women who do not inject drugs.8 Some women view condom use as a protective measure they use only temporarily until they feel they know enough about their partner’s history to believe he does not pose a risk for HIV infection. Other reasons women may have unprotected sex include the belief that it is their partner’s responsibility to disclose if they have engaged in any risk behaviors and the myth that partners who look healthy cannot be HIV-infected.9 However, male injection drug users often do not tell their female partners that they inject drugs.8

In a study of 378 African American and Latino female injection drug users or partners of injection drug users, 85 percent had engaged in unprotected sex in the previous six months. Study participants reported various barriers to condom use: 69 percent believed that their partners were not HIV-infected, 52 percent did not know how to use condoms, 52 percent were unable to acquire condoms, 49 percent did not know how to discuss condom use with partners, 47 percent did not like to use condoms, 46 percent felt uncomfortable discussing condoms with partners, and 43 percent stated that their partners did not like to use condoms.10 A study assessing HIV knowledge, risk perception, and behav-
iors among 137 female sex partners of injection drug users found that while most women were aware of the risks for HIV infection, 95 percent reported engaging in unprotected vaginal intercourse during the six months prior to the study, and 7 percent reported engaging in unprotected anal sex during this time. Of those women who did not practice safer sex consistently, 27 percent attributed it to the fact that their partners did not like condoms, and 23 percent cited their own dislike of condoms. In addition, 88 percent believed there was at least some chance they would contract HIV when practicing unprotected sex.11

**Substance Use**

Negotiating for safer sex may also be difficult with an injection drug user who is under the influence of alcohol or other drugs. In an Australian study of more than 1,200 injection drug users, half reported being intoxicated during the majority of their sexual encounters. Heroin, marijuana, and alcohol were the most commonly cited substances used. In addition, the research suggests that injection drug users who have sex while intoxicated are also likely to inject drugs while intoxicated, which increases the likelihood of unsafe injection practices.12

Although many partners of injection drug users do not discuss condom use with their partners, some may find it easier to reduce their risk of infection by attempting to influence their partners to adopt safer injecting practices. In a study of 77 female partners of injection drug users, 23 percent reported attempting a variety of risk-reduction measures including cleaning their partners’ needles, acquiring supplies of sterile needles, educating partners about the risks of needle sharing, and convincing partners to inject drugs only at home, alone, or with certain people, thus allowing the women to better monitor their partners’ injection practices.13

In addition to facing HIV-related sexual risks, partners of injection drug users may be introduced to injection drug use by their sex partners, and those who are former injection drug users may be at increased risk of relapsing into previous drug-using habits.13 This may result from the availability of drugs and the influence of injection drug-using subcultures, which can have their own networks, languages, values, norms, rituals, and rules.14

Although injection drug use is commonly stigmatized, it is accepted and glorified in some subcultures. Some sex partners of injection drug users are attracted to drug subcultures because they perceive these subcultures to be defiant and exciting. Members of these subcultures often share a strong commitment to drug use, and couples consisting of two injection drug users are often mutually dependent on one another for fulfilling their basic needs.14

**Power Imbalances**

Unprotected sex with injection drug-using partners may be the result of economic dependence on these partners. People who are financially dependent on their partners may feel uncomfortable about negotiating for condom use. Financial dependence on injection drug-using partners can also lead people to deny their HIV risks. In a study of 77 female sex partners of male injection drug users, employed women were seven times more likely than unemployed women to acknowledge that they were putting themselves at risk. Researchers suggest that having an income can provide an increased sense of control for a woman to make it possible to acknowledge and address her HIV risks.13

Taken to an extreme, power imbalances in relationships can lead to domestic violence. Research suggests a correlation between domestic violence and sexual assault among female partners of injection drug users. A two-year study conducted in three U.S. cities of 208 non-drug-using female partners of male injection drug users or crack users found that 42 percent of the women had been physically assaulted by their sex partners, and 36 percent had been threatened with assault.15 Researchers also noted that many of the participants had been victims of child abuse: 28 percent reported being sexually molested before the age of 13, and 20 percent said they had been raped before the age of 13. Although 42 percent of subjects reported having asked their primary partner to use a condom during the previous year, only 10 percent reported consistent condom use during the previous 30 days. The study also found that women who had experienced sexual or physical abuse were more likely to engage in risk behavior than women who had not had such experiences.15

Regardless of whether or not their partners inject drugs, women who are victims of domestic abuse are especially unlikely to attempt to negotiate for condom use. According to a researcher who compared a study about the reasons
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Women stay in abusive relationships with a study about why women have trouble negotiating for safer sex with partners, participants in both studies expressed similar sentiments of feeling powerless, and they reported having low self-esteem and feeling dependent on their partners.

**Interventions**

Research indicates that interventions can effectively reduce risk for HIV infection among sex partners of injection drug users. A study of female partners of male injection drug users between the ages of 15 and 44 conducted in the border communities of Juarez, Mexico and El Paso, Texas found that most of the women had children and identified as part of a family unit that was economically dependent on the male partner. The researchers suggested that with these women felt trapped in their relationships. Study participants completed an eight-week HIV prevention intervention program, consisting of weekly discussion groups and homework assignments with the goal of developing assertiveness, self-esteem, and support networks.

After the program, condom use increased among 31 percent of participants, decreased among 14 percent, and stayed the same among 55 percent. Follow-up interviews revealed that some of the women who did not report an increase in condom use refused to have sex with their partners after these partners refused to use condoms. In addition, some women reported not having sex after completing the intervention because they had forced their partners to leave home until these partners stopped injecting drugs. Therefore, although these women did not increase their condom use, they decreased their HIV risk by abstaining from sex.

A program called Women Helping to Empower and Enhance Lives (WHEEL) investigated the effectiveness of an individual intervention and a group intervention among nearly 2,800 female partners of injection drug users in Boston, Los Angeles, San Diego, Juarez, Mexico and San Juan, Puerto Rico. The individual intervention consisted of a health needs assessment, an HIV risk assessment, HIV pre-test counseling, and a referral to an HIV testing center. The group intervention including all of these elements as well as two group sessions that addressed sexuality, relationships, addiction, survival, health, domestic violence prevention, and parenting.2

At follow-up for both interventions, the average number of sex partners decreased by 27 percent, and the number of injection drug-using sex partners decreased by 47 percent. The frequency of unprotected vaginal sex decreased by 16 percent, and the number of times women engaged in sex while under the influence of alcohol or other drugs decreased by 25 percent.

**Implications for Counseling**

To perform an accurate risk assessment, it is important for counselors to know if a client has a history of sex with injection drug users. Because injection drug users are at high risk for HIV infection, having unprotected sex with an injection drug user is a high-risk behavior. Clients who do not inject drugs but who have partners who do may experience a variety of HIV-related risk issues, including unique relationship dynamics that can affect their perceptions of power and control, susceptibility to initiate injection drug use, and a range of challenging emotions within relationships.

Although risk assessment data collection forms prompt counselors to ask questions about a client’s history of injection drug use, these forms offer little or no direction in considering issues of risk for a client whose sex partner injects drugs. Counselors may incorrectly assume that a client who does not inject drugs would not be in a relationship with an injection drug user and, therefore, overlook this possibility. Counselors may also overlook inquiring about injection drug use because of a client’s physical appearance, for instance, a client wearing a business suit, who may convey a look of being “successful.”

When counselors do not ask clients if they have sex with injection drug users, clients may recognize that counselors are overlooking their risks. This may lead clients to feel stigmatized or “invisible,” and they may question a counselor’s credibility. It can be easy to overlook risk issues that this person might experience. For instance, when a client states that he or she is in a monogamous relationship and engages in unprotected sex, counselors may not consider the possibility that this client has a partner.
A Counselor's Perspective

"Whether my client is a man or a woman, is young or old, is wearing a suit or torn jeans, I ask all my clients if any of their sex partners inject drugs."

Power Dynamics and Negotiation

Injection drug use by one or both partners in a sexual relationship can affect dynamics of power, communication, and negotiation in the relationship. Ask questions to learn about relationship dynamics related to issues of HIV risk-taking. For example: “Do you and your partner talk about sex?”; “Which sexual behaviors do you and your partners normally engage in?”; and “How do you and your partner decide which sexual behaviors to engage in?” These questions can reveal how partners handle issues of power and control in the relationship.

Power imbalances are common and often extreme in relationships in which one partner injects drugs. This can partly be a result of the importance an injection drug users places on drug use. In addition, the amount of attention, the level of affection, or the nature of other interpersonal interactions within a relationship are often affected by drug-use issues, such as the effects of drugs, the need for money to buy drugs, and the availability of drugs.

The partner who does not inject drugs, especially if he or she does not use any substances, may be emotionally “pulled into” the challenges of the injection drug user’s
life. In addition, relationships in which one partner injects drugs often involve “codependence,” which generally refers to one partner feeling that his or her well-being is dependent on the other partner. The presence of children in a relationship can further deepen feelings of dependence.

A partner who is not injecting drugs may possess other power in the relationship. For instance, the injection drug-using partner may be dependent on his or her partner for money in order to buy drugs or pay for daily living expenses. Conversely, clients may be economically dependent on their injection drug-using partners, which is especially likely for female partners of injection drug users. Recognizing issues of power can be important for working with clients to deal with issues of HIV risks.

Ask clients who engage in unprotected sex if they have discussed HIV-related risks with their partners. Learn a client’s approach to discussing risk issues with his or her partner. If the client struggles to negotiate safer behaviors, learn about other aspects of the relationship in which he or she may feel better able to negotiate. Assess the extent to which the client can apply his or her ability to negotiate in these areas of the relationship to negotiating for safer sex. Recognize that this is particularly difficult for partners who feel powerless in their relationships.

When clients express a desire to reduce their HIV-related sexual risk but struggle to do so, learn about obstacles that might prevent them from negotiating for safer sex. Be alert to issues such as the threat or existence of domestic violence, gender-related issues that can affect negotiation, other substance use in the relationship, or denial of risks. Relationships can involve physical violence regardless of the presence of injection drug use, but recognize that people abuse substances may be more susceptible to violence. As such, in working with partners of injection drug users, be especially aware of signs and symptoms of either violence or the threat of violence. A person may deny, normalize, or minimize violence or its effects, particularly when it has occurred over an extended period in his or her life.

Be aware that negotiating for safer sex may be more complicated and difficult, or even impossible, when there is a potential for violence. Ask clients whether or not they experience domestic violence or feel at risk for violence, and work with clients in referring them to resources such as programs that offer further individual or group counseling and shelter.

Recognize the role of harm reduction in working with clients whose partners inject drugs. Clients may feel unable or unwilling to eliminate risks, but they may consider risk-reduction measures such as using spermacide or lubrication and engaging in oral sex instead of vaginal or anal sex. It is important to clarify that spermacide and lubrication, which may decrease the possibility of sores and cuts, do not provide effective protection from HIV infection.

References
Case Study

Celia is a 44-year-old woman in a relationship with a man who is in recovery to stop his substance abuse, which includes injection drug use. Celia is seeking HIV counseling and testing because she recently found a syringe in a closet in the home she and her partner share. When she asked her partner about the syringe, he denied that it belongs to him, but Celia says that she does not believe him. She is particularly concerned because her partner has told her in the past that when he is actively using drugs he has sex with female sex workers and other women “from the streets.” Celia adds, “It might sound crazy, but I don’t want to leave him. I love him.”

Counseling Intervention

Give Celia credit for seeking counseling and testing services and for discussing her challenges. Make sure she understands that disclosing such challenges in the counseling session can help the counselor work with her to develop strategies to deal with her HIV risks. Acknowledge her statement that she does not want to leave her partner.

Tell her what she can expect during the counseling session, and ask her to point out if anything arises that she is not comfortable discussing. Be aware that people often feel ashamed of and feel responsible for their partners’ drug use.

Discuss with Celia ways she might be willing and able to protect herself from HIV infection. Validate her concern for her well-being and for the possibility that her partner is not being truthful about the syringe she found. Do not speculate about her partner’s drug use; instead, ask Celia if she believes her partner is using drugs and follow her lead in this.

Explore with her whether or not she believes she has the power to make decisions related to sex in the relationship. For example, ask her who decides when the couple is going to have sex and who decides the kinds of sexual behaviors in which they engage? Learn how much power she has, or perceives she has, to change the amount of sexual risk-taking in the relationship. If Celia has some authority in these areas, she may be better positioned to introduce safer sex into the relationship. If Celia does not perceive herself to have the power to negotiate for safer sex, explore other possible strategies she can use to protect herself from HIV infection, such as avoiding vaginal and anal sex with her partner, and refer her to further counseling that can help her increase her sense of control within the relationship.

Throughout the session, be sure to seek to normalize Celia’s feelings, as appropriate. It is important for the counselor to avoid any actions or statements that may cause Celia to feel threatened or that would add to the shame she might already be feeling.

Client Emotions

Counselors should be aware of emotions and experiences that might particularly affect clients who are sex partners of injection drug users. These include feelings of shame, “invisibility,” secrecy, and stigma of having a partner who injects drugs.

Sex partners of injection drug users may be ashamed of being in such a relationship or they may feel shame for their partner’s injection use. It is, therefore, imperative for counselors to remain neutral and to allow clients to talk about their perceptions of risks.

Injection drug use is widely stigmatized, and being in a relationship with an injection drug user may violate social norms and deep-seated personal expectations. Partners of injection drug users may cope with this situation by denying to themselves or to others that their partners inject drugs, that they are at risk for HIV infection, or that there is a problem in the relationship. Counselors can make clear to clients that the purpose of asking questions about partners is not to make judgments but to best understand and address the possible HIV infection risks in a client’s life.

When clients describe that they struggle with an injection drug-using partner’s behavior—for instance, by saying “I want him to stop and he won’t,” or “It’s my fault that she uses,”—assess the extent to which a client wants to address this struggle and to receive help in doing so.

Be prepared to refer clients to follow-up counseling or other support services. Refer clients to Al-Anon, a 12-step program designed as a support network for friends and families of people who abuse substances. In addition, some clients may benefit from referrals to the 12-step program Codependents Anonymous (CODA), which provides group support for codependence. Clarify that the purpose of these programs is not to help people change their partners’ drug-using behaviors but rather to help people cope with the challenges related to such behaviors.
Test Yourself

Review Questions

1. True or False: Most sex partners of injection drug users are aware that their partners inject drugs.

2. Research indicates that female partners of male injection drug users are predominantly which of the following? a) of childbearing age; b) economically disadvantaged; c) likely to use non-injection substances; d) all of the above.

3. True or False: Research indicates that employed partners of injection drug users are more likely to acknowledge their HIV risk than those who are unemployed.

4. Developing which of the following can help decrease risk for HIV infection among female partners of injection drug users? a) self-esteem; b) assertiveness; c) support networks; d) all of the above.

5. True or False: In 1998, women accounted for two-thirds of people diagnosed with AIDS whose primary HIV risk factor was heterosexual contact with an injection drug user.

6. True or False: Injection drug users generally do not have sex while they are under the influence of alcohol or other drugs.

7. Some partners of injection drug users have reported attempting to reduce their partners’ risk for HIV infection by doing which of the following? a) cleaning their partners’ needles; b) acquiring supplies of sterile needles for their partners; c) educating their partners about the risks of needle sharing; d) all of the above.

8. True or False: Research suggests low rates of condom use among injection drug users.

Discussion Questions

1. How can counselors respond when they sense that a non-injection drug-using client who is a partner of an injection drug user is denying or minimizing his or her risks for HIV infection through unprotected sex?

2. How can counselors respond when clients who are sex partners of injection drug users express concern about their own risk for initiating injection drug use as a result of their partners’ influence?

3. How can counselors assess if their own personal feelings about injection drug use affect their counseling of clients whose sex partners are injection drug users?

4. How can counselors respond to a client who says that he or she believes the counselor is asking questions about an injection-drug-using partner “only because you’re trying to break us up”?

Answers

1. False. Research indicates that most male injection drug users have sexual relationships with women who are not injection drug users and who do not know about the male partner’s injection drug use.

2. d.

3. True.

4. d.

5. True.

6. False. Research indicates that substance use during sex is common among injection drug users.

7. d.

8. True.
DID YOU KNOW?

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