



Working with Women who are Injected by Others – Implications for Primary Care

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Background

- Women more likely to be injected than men:
 - Lack knowledge and experience especially at initiation
 - Smaller veins (harder to self inject)
 - Men may be better and quicker at injecting
 - Gender dynamics - men may control drug supply

Why does this matter?

- Receiving injections associated with :
 - increased HCV & HIV risk behaviour and seroconversion
 - needle sharing
- IDUs unaware of the risks
- Most literature not UK based
- Implications for injector if recipients overdose

Qualitative Methods

- 45 in depth interviews
- 2 geographical areas
- Conducted in private, in services
- Written consent obtained
- Lasted 30 – 90 minutes
- Tape recorded, transcribed
- Grounded theory analysis

Women Participants

- 25 from North Notts, 20 from Leeds
- Age range 16 – 46
- All but 2 White British
- Injecting histories range 5 mnths - 18 yrs
- All had been injected by others including friends, associates, partners and family
- Last time they had been injected ranged from day of interview to over 2 yrs previous

Initiation

- Women often first injected because:
 - there was not enough to smoke (thought not all women had smoked prior to injecting)
 - did not know how to inject
 - feared needles
- Injected by another in all but one case, mainly by males (usually boyfriends)

“When I were first injected I was cringing, I were like, “oh god, this pin’s going into me” I was really cringing and it was kind of hurting me every time the pin was going in so I didn’t like it at all.”

(Emma, 18)

Injecting Order

- Usually determined by the injector
- Women often had to wait until injector had injected themselves
- Condition of injector often affected technique, especially if they had already self injected
- Heavily intoxicated injectors placed women at increased risk of physical harm

“He’s (boyfriend) selfish, he always thought of himself, do you know what I mean? I come second. If he was withdrawing and I were he always sorted himself first, always selfish.”

(Sonia, 25)

Watching

- Some watched the injector to:
 - ensure they were being injected correctly
 - prevent deception
- Other women were afraid, turned away and didn't watch

*“I used to watch them go into my arm
and then turn away as they were going
to put it in me.”*

(Michaela, 28)

Skill of Injector

- Based on injecting knowledge and experience and proof they can self inject and/or others without problems
- Skilful injectors look and feels for veins and take their time
- Women would not let people inject them if they did not trust their ability
- Women were dubious of being injected by people who previously harmed, marked or missed them

“I don’t trust just anybody to get me. I’ve got to know them first, and see that I know that he can get people, so do you know what I mean? I’m not going to go up to anybody and say ‘Will you get me?’ if they don’t know what they’re doing. They’ve got to know what they’re doing first.”

(Lisa, 39)

Injector - Injectee Relationship

- Being injected by drug associates was common
- Nearly all had received injections from male (ex) partners
- Injecting within a mutually supportive sexual relationship appeared to minimise harm
- Being injected by close female friends appeared to enhance the quality of the friendship
- Being in withdrawal put women at greater risk as were injected by strangers or drug 'associates

Exchange

- Giving drugs in exchange for being injected was common
- Giving up to half their supply was expected by associates especially if the injector was rattling
- Proximity of relationship important - less direct exchange between close friends and (ex) partners
- No evidence of sexual exchange

“It’s just how it is, if someone’s going to inject you, you save them some gear.”

(Judy, 27)

Experience of Harm

- Mainly misses, some purposeful
- Some reported bruising, hitting arteries and nerves and overdose
- Concerns raised that the injector can't feel what the women feel unless this is communicated
- Harm often linked to skill of the injector (how careful they are and how much time taken)

“If its hurting there’s only me who knows its hurting or starting to hurt as its going in where they don’t know that unless you tell them.”

(Kerry, 31)

Perceived Risk

- Confusion over the risks of being injected
- Some thought there was no risk as long as the injector was careful and took their time
- Injectors who rushed and were careless increased overdose risk for injectee
- Risk was perceived to be linked to the injector's skill
- Awareness of potential 'trouble' for injector if injectee overdosed

Injecting Self

- Many rarely self injected but would if they could find their own veins or an injector was not available
- Benefits:
 - being able to choose when and where to inject
 - knowing own body, drug tolerance and feeling pain which reduced harm
- Self injecting difficult for inexperienced women as could result in harm

“Sometimes when I’m injecting myself sometimes I’ve only pushed half in and I can feel it and if I feel that that’s enough then you know I’ll take the rest out and I won’t do it all straight away.”

(Judy, 27)

Implications for Primary Care

- Increase awareness of reality and complexity of women being injected by others
- Explore the social situation of injecting when women disclose they are being injected
- Reinforce current harm reduction messages and provide information
- Identify those who inject others and provide practical harm reduction information as to the safest techniques to use

- Encourage women to:
 - self inject if they would experience greater harm when being injected. Stress independence and economic gain
 - watch what the injector is doing from preparation to injection
 - negotiate the order of injecting
 - communicate with the injector throughout process

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