Safer and Unsafe Injection Drug Use and Sex Practices Among Injection Drug Users in Halifax, Nova Scotia

An Exploratory Look at Community and Interpersonal Influences

Lois A. Jackson, PhD[1]
Diane L. Bailey[2]
John R. Fraser, MD[3]
J. Ken Johnson, MD[4]
Andrea Currie, MA[5]
Debbie D. Babineau[2]

ABSTRACT

Objective: This qualitative study sought to explore the community and interpersonal (e.g., peer) influences affecting safer and unsafe injection drug use and sexual practices among injection drug users (IDUs) living in and around Halifax, Nova Scotia.

Methods: Sixty semi-structured interviews were conducted with IDUs, and key themes were identified. Two focus groups were also conducted to obtain feedback on the findings.

Results: There are key community and peer influences on drug use and sex practices. Needle exchange provides community access to clean needles, but when the needle exchange is closed, accessibility is an issue. Peers at times assist in reducing sharing by providing clean needles to friends who are without a needle or cannot access needles because of their circumstances (e.g., in prison). Peers also sometimes encourage condom use, but in certain contexts (e.g., with an intimate partner) condom use is often not supported.

Interpretation: Expanded and new prevention strategies – especially those utilizing peers – are urgently needed to discourage unsafe practices, and encourage safer practices among this population.

La traduction du résumé se trouve à la fin de l'article.

1. School of Health and Human Performance, Dalhousie University, Halifax, NS
2. Mainline Needle Exchange, Halifax
3. North End Community Health Centre, Halifax
4. QE II Health Sciences, Halifax
5. Community Worker, Halifax

Correspondence and reprint requests: Lois A. Jackson, School of Health and Human Performance, Dalhousie University, 6230 South Street, Halifax, NS, B3H 3J5, Tel: 902-494-1341, Fax: 902-494-5120, E-mail: lois.jackson@dal.ca

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Since the mid-1980s, there has been much concern about the spread of the Human Immunodeficiency Virus (HIV) through the sharing of injection drug equipment.[1-5] Harm reduction programs exist in a number of centres to assist IDUs to use safely and to provide access to appropriate health services.[1,3,6-9] Much of the current literature suggests that harm reduction programs, and in particular syringe exchange programs, have been successful in reducing the transmission of HIV.[3,9,10] Still, there remains a concern about the continued sharing of injection drug equipment, and unsafe sexual practices, among some IDUs.[6,8,11] Such practices are particularly alarming given that, in Canada, injection drug use is the major mode of transmission of hepatitis C (HCV), and it is estimated that after 5 years of injecting, as many as 90% of users are infected with HCV.[12] Further, recent research indicates that the sharing of drug preparation equipment can be an important route of HCV transmission.[13-15]

Within Nova Scotia, reported rates of HIV among IDUs are low relative to such major metropolitan centres as Montreal, Toronto and Vancouver,[4,6,10,16,17] although rates of HCV are reported to be relatively high.[17] A window of opportunity exists to prevent the spread of HIV, thus preventing co-infection among many. The prevention of both HIV and HCV infection among new injectors also remains a key prevention goal.

To date, much research has focused on how knowledge about HIV influences practices, but in recent years the approach has broadened to examine how interpersonal and community factors influence behaviours.[18-22] Risk-taking includes "risk situations" and "vulnerability", which are shaped by interpersonal, community and societal factors.[8-22] Risk reduction is typically influenced by actions between individuals as well as by social norms, values and conditions. The purpose of this qualitative study was to add to the developing literature on IDUs in Canada, and more specifically Nova Scotia, by exploring with IDUs the ways in which the community context as well as the immediate social relationship between an IDU and another individual(s) shapes safer and unsafe drug-using and sexual practices.

METHODS

Semi-structured, one-on-one interviews with 60 injection drug users living in and

around Halifax, Nova Scotia were used to collect information. The interview schedule was developed by the research team, which included individuals who provide services to IDUs as well as two individuals who self-identify as recovering addicts. The interview guide was pre-tested with a male and a female recovering addict, and revised appropriately. Socio-demographic background questions were asked of each respondent, and included current age, number of years using injection drugs, and type and frequency of current use. All respondents were asked similar questions in terms of safer and unsafe use/sexual practices, but probing questions varied depending upon the particular individual's practices.

The research protocol received ethics approval from the Faculty of Health Professions, Dalhousie University. Participants for this study were recruited through posters displayed in community organizations and through word of mouth. A female recovering addict trained in appropriate interview skills conducted all the interviews. The respondents had the option of being interviewed at the Halifax needle exchange (Mainline Needle Exchange), a community health centre close to the Needle Exchange, two different locations housing Drug Dependency Services (a provincial government organization providing addictions services), or at another location of the respondent's choosing. All respondents chose to be interviewed at the Halifax needle exchange. All respondents were provided an honorarium to cover expenses incurred, and time spent being interviewed. Interviews lasted on average one hour, and were audiotaped. Prior to commencing the interview, each respondent signed a consent form, using his or her first name only to ensure confidentiality. Interviews took place from July to August 1999. An IDU was defined as a person who had used injection drugs within the previous year.

DATA ANALYSIS

The interviews were transcribed verbatim, and open coding or broad categories were developed by the Research Assistant and the Principal Investigator.[23] Coded interviews were analyzed via the ethnograph programme (software for the analysis of qualitative data), and a report was developed of the major contexts of unsafe and safer practices. Two focus groups (that took place in August 2000 and October 2000 respectively) were provided with this information as a means of assessing whether or not the findings "made sense" to those with knowledge and/or experience of the issues. The first focus group was composed of 8 IDUs, and the second of 2 IDUs, 3 representatives of Drug Dependency, a social worker from a community health centre that services IDUs, and 3 members of the research team.

Following the focus groups, further analyses of the data were conducted and sub-themes were uncovered. A process of constant comparison was undertaken to explore similarities and differences between the major themes and sub-themes.[23] Relationships between themes/sub-themes and the type and nature of drug use (e.g., long-term drug career versus short-term) were posited, and the data analyzed for potential patterns. This process was carried out until saturation or until no new themes/sub-themes were found.

TABLE I

Injection Drug Users Interviewed (n=60)

Socio-demographic Information (Selected)

Respondents (n=58; 2 missing data)		
Gender	n	%
Females	21	36%
Males	37	64%
Age range (years)	19-58	
Females	19-53	
Males	24-58	
Majority	30-49	(47/58 or 81%)
Age categories (years)		
< 20	1	
20-29	6	
30-39	22	
40-49	25	
50-58	4	

Reported Drug Use

Reported Frequency of Injection Drug Use (n=56; 4 missing/unreported)	n	%
Daily users	43	77%
Weekly/Monthly/Yearly	13	23%
Daily Injection Drug Users	(n=43)	
< 10 times/day	23	53%
≥ 10 times/day	20	47%

FINDINGS

Socio-demographic background of participants [See Table I]

The respondents ranged in age from 19-58 years with the majority 30-49 years of age. Thirty-seven of the respondents were male, and 21 female. The gender and age of 2 respondents were not recorded and were therefore missing data. Reported current frequency of injection drug use (n=56) was as follows: 43 (77%) daily use, and 13 (23%) weekly/monthly/yearly use. Of the daily users, 23 (53%) reported injection fewer than 10 times per day, and 20 (47%) 10 times per day or more.

Injection drug use

Safer Practices

Community Context

Awareness of needle sharing as unsafe/Access to needles/Awareness of AIDS

Long-term and short-term IDUs appear to have good knowledge about risks of sharing needles. Among those who indicated that they had previously shared needles but had stopped, most indicated that they had shared needles before they were widely available through the needle exchange and/or before they were aware of the connection between needle sharing and AIDS. As one 41-year-old male using on and off for 21 years stated, "…when I got back on the cocaine when I was 33, at that time I did learn about everything...about hepatitis and how much of it was around, and how much AIDS was around…the high risk…everytime I used drugs, when I wanted to get stoned on them I would use a new syringe."

Interpersonal Relationships

Role of friend/partner in accessing needles

A few respondents reported that an intimate partner or close friend sometimes facilitated access to needles prior to the establishment of a needle exchange in Halifax. In a few instances, respondents indicated that friends or intimate partners continue to help access needles, especially when needles are not otherwise available. A 31-year-old male who has used needles for 16 years spoke of how his girlfriend brought needles to him when he was incarcerated.

Break tip off needle/Insist that others use clean water

A number of respondents reported that they break the tip off the needle after use to ensure that they and others do not reuse the needle. A few spoke of how they insist that users have their own water. A 30-year-old woman who started using needles approximately 6 months prior to the interview, stated, "Like if somebody comes in my house and uses a needle, I make them break off the tip and throw it in the toilet."

Use alone

A few individuals indicated that they use alone and this is key to not sharing. For some, using alone is relatively easy because their partner does not use.

Unsafe Practices

Community Context

Relatively less awareness of risks of sharing of water and/or spoons

According to some of the IDUs, there are a number of individuals within the community who are unaware of the risks associated with the sharing of water and spoons and/or are of the opinion that there is no problem with sharing water if one already has HCV. As a 44-year-old man who started using needles at the age of 15 commented, " I notice everybody does that, you put a glass of water down, anybody sitting there will stick their needle in it. They don't realize that a needle or a spoon – and they are always sitting there, 'can I have your wash?'. Even after I knew I had hepatitis C, people would say, 'Can I have your wash?'

No or limited access to needles

Many of the respondents who indicated that they have in the recent past shared a needle spoke of how this occurred when they ran out of needles and the needle exchange was closed, or they had some unexpected access to drugs and were without a needle. A few spoke of sharing needles while incarcerated.

Interpersonal Relations

Using with others

A few respondents indicated that at times when they were using with others, there was the accidental sharing of needles and/or water and spoons. In other instances, sharing occurred when individuals were desperate for the drug (e.g., 'dope sick').

Using with intimate partner

Some respondents who had a private or intimate relationship with an IDU spoke of how they sometimes shared injection drug equipment if they were in a situation where there was only one needle. This sharing was not always viewed as problematic as they believed that their partner was 'clean'. 'Being clean' was often determined by the fact that they had been having unprotected sex for some time and nothing "had happened" (e.g., they had not tested positive for HIV). One 30-year-old woman commented, "I shared his [drug equipment] before, only because I had intercourse with him anyway…cause I knew that if I was gonna catch something from him…I was with him for sixteen years…I would of caught something by now..."

Sexual Practices

Condom Use

Community Context

Since the 'AIDS scare', there has been for many a reduction in the number of sexual partners, and a belief that condoms are necessary for protection against HIV. However, the conditions under which condoms are viewed as necessary vary. A few suggested that condoms should always be used, but many felt they were only needed under certain circumstances, such as when having sexual relations with a 'one night stand' or someone they did not know well. Respondents – male and female alike – indicated that they believed there was no problem with accessing condoms.

Interpersonal Relations

Peer access to condoms

One respondent who worked as a female prostitute spoke of providing other working women with condoms.

No Condom Use

Community Context

Definition of 'safer sex'

A number of respondents indicated that they were practising safer sex, but safer sex was not always equated with the use of condoms. Some respondents felt that they were practising safer sex, or relatively safer sex, because they had only one partner. As the following exchange with a 24-year-old male who has been injecting for the last 3 years indicates, safer sex is also defined in terms of having sex with a "virgin".

Interviewer: What about before your girlfriend? Did you have protected sex?

Respondent: No, Cause every time I had a girlfriend she was a virgin. She was younger than me, always, so no.

Others spoke of not having to use condoms when having oral sex, because it was only oral sex, so 'no big deal'.

Health risks associated more with drugs, etc., than with sex

For many interviewed, health risks are associated with drug use more than with sexual practices. There are, however, other risks associated with condom use within an intimate relationship – the risk that one's partner might believe that you are not "faithful" thus jeopardizing the relationship.

Interpersonal Relations

'Hot' and/or 'high' condoms not available

A number of respondents indicated that they tried to practise safer sex but sometimes they were in a situation where they met someone, and a condom was not available and they 'went with the moment', or they were high and did not bother with a condom. A few individuals indicated that sometimes they ran out of condoms late at night and could not easily access more.

Dislike of wearing condoms

Dislike of condoms was reported by some as the reason why they did not use them even though they were aware of the importance of condoms. As one 40-year-old male who has been injecting for 5 years stated, "It's

not that I am a big guy or anything, I just can't stand wearing the things. It's just in the way."

LIMITATIONS OF THE STUDY

It has been suggested that IDUs who use needle exchange programmes may be more likely than other IDUs to share.[11] Most, if not all, of the respondents interviewed for this study have access to needles through the Halifax needle exchange, and therefore, the study results *may* reflect a population that is more likely to share than other IDUs.

DISCUSSION

Like other studies, our research has found that having a needle/s is key to safer injection drug use practices.[1,3,5,6,9] Moreover, like numerous other researchers, we found that some IDUs share with their long-term or non-casual sexual partners, thus increasing risks of infection.[8,17,21-23] However, results from this study also indicate that partners/friends are sometimes key to accessing clean needles, and that peers do assist in reducing sharing (e.g., breaking tips of needles, insisting on use of clean water) and encouraging condom use. This suggests that more prevention work might be done to actively encourage peer prevention and outreach among current users.

Within this community, some individuals associate the sharing of water/spoons only with the transmission of hepatitis C. Relatively speaking, there appears to be much less understanding of the risks of sharing water/spoons compared to risks of sharing needles. Concerted prevention efforts in this area are needed given current knowledge about the spread of disease through the sharing of drug paraphernalia.[15]

Many respondents reported that they do not use condoms with intimate partners or individuals they trust and this is consistent with other research.[22-24] Our study also found that some respondents believe that they are practising safer sex, and the "evidence" is that they have been having sexual relations for many years and "nothing has happened". Prevention programmers need to be especially attuned to IDU partner relationships to actively encourage condom use and safer drug-using practices.

REFERENCES

1. Advisory Committee on Population Health with Federal, Provincial and Territorial Committees representing drugs, AIDS, corrections and justice. *Reducing the Harm Associated with Injection Drug Use in Canada*. 2000, unpublished document.
2. Coates R, Rankin J, Lamothe F, Arshinoff R, Raboud J, Millson M, et al. Needle sharing behaviour among injection drug users (IDUs) in Treatment in Montreal and Toronto, 1988-1989. *Can J Public Health* 1992;83(1):38-41.
3. Fischer B, Rehm J, Blitz-Miller T. Injection drug use and preventive measures: A comparison of Canadian and Western European jurisdictions over time. *CMAJ* 2000;162(12):1709-13.
4. Millson M, Myers T, Rankin J, McLaughlin B, Major C, Mindell W, et al. Prevalence of human immunodeficiency virus and associated risk behaviour in injection drug users in Toronto. *Can J Public Health* 1995;86(3):176-80.
5. National Action Plan. *HIV, AIDS and Injection Drug Use*. A project of the National AIDS Strategy in collaboration with Canada's Drug Strategy, Health Canada. 1997.
6. Des Jarlais D, Friedman S. Strategies for preventing HIV infection among injecting drug users: Taking interventions to the people. In*: Integrating Behavioral and Social Sciences with Public Health*. Washington: American Public Health Association, 2001;141-58.
7. Elnitsky S, Abernathy T. Calgary's needle exchange program: Profile of injection drug users. *Can J Public Health* 1993;84(3):177-80.
8. Laurie M, Kathryn G. Health risks and opportunities for harm reduction among injection drug-using clients of Saskatoon's needle exchange program. *Can J Public Health* 2000;91(5):350-52.
9. Stimson G. AIDS and injecting drug use in the United Kingdom, 1987-1993: The policy response and the prevention of the epidemic. *Soc Sci Med* 1995;41(5):699-716.
10. Anderson J. Holding the lid on HIV. *Can J Public Health* 1999;90(5):296-97.
11. Hankins C. Needle exchange: Panacea or problem? *CMAJ* 1997;157:275-77.
12. Canadian Liver Foundation, National Hepatitis C Education Programme. Hepatitis C, Medical Information Update. *Can J Public Health* 2000;91(1):S4-S9.
13. DesJarlais D, Schuchat A. Hepatitis C among drug users: Déjà vu all over again? *Am J Public Health* 2001;91(1):21-22.
14. Diaz T, DesJarlais D, Vlahov D, Perlis T, Edwards V, Friedman S, et al. Factors associated with prevalent hepatitis C: Differences among young adult injection drug users in lower and upper Manhattan, New York. *Am J Public Health* 2001;91(1):23-30.
15. Hagan H, Thiede H, Weiss NS, Hopkin G. Sharing of drug preparation equipment as a risk factor for hepatitis C. *Am J Public Health* 2001;91(1):42-46.
16. Health Canada. *HIV/AIDS Epi update*. Bureau of HIV/AIDS, STD and TB update series, Centre for Infectious Disease Prevention and Control. April 2000.
17. Nova Scotia Department of Health, Eastern Region Health District and LCDC, Health Canada. *Seroprevalence of HIV, Hepatitis B and Hepatitis C Viruses and High Risk Behaviours Among IDU and Sexual Partners of IDUs*. The Eastern Region Project, unpublished report, June 1998.
18. Atlani L, Carael M, Brunet J, Frasca R, Chaika N. Social change and HIV in the former USSR: The making of a new epidemic. *Soc Sci Med* 2000;20(11):1547-56.
19. Harvey, M. New kinds of data, new options for HIV prevention among women: A public health challenge. *Health Education and Behavior* 2000;27(5):566-69.
20. Maticka-Tyndale E, Lewis J, Clark J, Zubick J, et al. Social and cultural vulnerability to sexually transmitted infection: The work of exotic dancers. *Can J Public Health* 1999;90(1):19-22.
21. Neaigus A, Friedman S, Curtis R, Des Jarlais D, Furst T, Jose B, et al. The relevance of drug injectors' social and risk networks for understanding and preventing HIV infection. *Soc Sci Med* 1994;38(1):67-78.
22. Rhodes T, Quirk A. Drug users sexual relationships and the social organization of risk: The sexual relationship as a site of risk management. *Soc Sci Med* 1998;46(2):157-69.
23. Strauss A. *Qualitative Analysis for Social Scientists.* San Francisco: Cambridge University Press, 1993.
24. Sterk C. *Fast Lives: Women Who Use Crack Cocaine*. Philadelphia: Temple University Press, 1999.

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RÉSUMÉ

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