



Negotiating risk, navigating relationship
Accounts of needle-syringe sharing within romantic partnerships

UNSW AUSTRALIA

Never Stand Still | Arts & Social Sciences | Centre for Social Research in Health

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Introduction: Notions of 'risk'

- Majority of 'sharing' occurs within sexual relationships
- However, the sexual relationship neglected as key site of hepatitis C (HCV) transmission or prevention
- Tendency for epidemiology & health promotion discourse to understand sharing in terms of 'noncompliance'
- Overlooks social relations of risk & how 'risk management' is experienced in the context of private lives & relationships. How do couples themselves make sense of 'risk' & 'safety'?



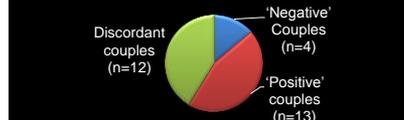
Method: The 'Intimate Injectors' project



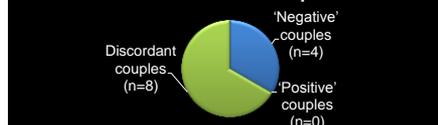
- Participants:
 - 80 people who inject drugs (PWID): 34 couples + 12 'sole' participants (7 in current relationships with another PWID)
 - Total = **41** couples who inject + 5 'sole' participants
 - 22 health care workers
- Recruitment via harm reduction services in NSW & Victoria
- Semi-structured interviews; 30 – 45 mins; \$20 remuneration per PWID participant



'Shared' in current relationship



'Not shared' in current relationship



Patrick (NSW 52yrs HCV+) **Pam** (NSW 50yrs HCV-) (20 year relationship)

Patrick: *I think [Pam, partner] and I have been in a position where we've had to share a syringe maybe twice in our whole relationship? And it's been a new syringe and she's used it, and then we've washed it out and then I've used it. Never the other way. The only other thing is maybe once or twice we've used our own syringes and in that instance everything has been done separately because the syringe has been used before. But even saying that, I always write my name on my one so it's easily identifiable, and if we were going to mix it up in the one syringe it would be mixed up in her one and then backfill mine.*

... I've always just found that honesty is the best policy ... It's my life: I look after myself and I look after my loved ones.



Patrick (NSW 52yrs HCV+) **Pam** (NSW 50yrs HCV-) (20 year relationship)

Pam: *Every now and then when we have been stuck and we've only got one fit between us ... he'll [Patrick] make sure that I use it ... then he'll rinse it and use it ... because he has it [HCV] and I don't ... And he wants to keep it like that*

Interviewer: It sounds like on those occasions you've been very aware of Patrick's hep C status?

Pam: *Yeah.*

Interviewer: And so you've gone first?

Pam: *Yeah ... he just wouldn't have it any other way.*

... [Negotiating serostatus isn't really an issue] for people like us that are partners and are faithful, and are loyal & stuff ...





Christine (NSW 26yrs HCV+) **Craig** (NSW 29yrs HCV+)
(2 ½ year relationship)

Interviewer: Have there been times when you have had to share equipment?

Christine: *Yeah, me & him [Craig], but we've both done tests together.*

Interviewer: And do you guys have the same strain? Do you know?

Christine: *No, we don't know about that, but we definitely ... refuse to share with anyone else.*

Interviewer: What do you think it is: being able to share with your partner and not other people – what's that about?

Christine: *Because I know Craig. I know that there are no more secrets behind the hep C... If he's sick and I'm sick, the one thing I understand is that we both have the same problem: if we shared strains, then we've both got the same shared strain. It's unfortunate we got to that point, but as long as no one else comes into the mix, I feel safe.*

Interviewer: And that's something about ... loving him and trusting him?

Christine: *It's a big load of trust that I thought I'd never give anyone.*



Steve (VIC 33yrs HCV-) **Shelley** (VIC 34yrs HCV+)
(8 year relationship)

Shelley: *In the past when we both were hep C positive and we both had the same strain ... we weren't too concerned. If we didn't have clean syringes we would just use our old ones - and I'm sure I used his and he used mine ... but we don't do that now.*

Interviewer: Do you share injecting equipment with your partner?

Steve: *No. No. We used to.*

Interviewer: What stopped you?

Steve: *The hep C. I didn't really know much about ... as long as Shelley didn't have AIDS or you know, it wasn't really an issue the majority of the time ... Sometimes on a Saturday and the places were closed, and we didn't have any extra money to go to a chemist, and we only had one old bone, we'd use a boiling pot with boiling water and we'd plunge it through the syringe several times ... probably didn't do anything I realize now but it was just peace of mind really. It was always that saying that you can't catch something twice, but that's horseshit because you can catch seven different strains. We weren't aware of that at that stage. [However] once I started the interferon treatment ... we haven't shared since. And we won't. I don't want to risk going through that again.*



Conclusion: Social exclusion

- PWID subjected to 'extreme dehumanising otherness' (Singer et al. 2001)
- Popular perception that PWID incapable of conducting loving, intimate & fulfilling relationships
- Tendency for treatment services to regard romantic partners as potential 'threats'
- Compounds social stigmatisation, isolation; fails to recognise the supportive function of meaningful & positive partnerships



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