women and drugs

Bodily harm

Little research has been carried out into the fact many female heroin users are injected by their partners. Charlotte Tompkins and Laura Sheard on a unique study into the risks and characteristics of injecting relationships

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In 2004 a doctor in Leeds told us that many of his female, heroin-using clients were confiding in him about being injected rather than injecting themselves. Background enquiries revealed that the phenomenon was rarely talked about at drug services and needle exchanges. We hoped that by discussing their experiences, we would have a greater understanding around being injected which could result in some important harm reduction messages.

The resulting study, Exchange, Deceit, Risk and Harm: The Consequences for Women of Receiving Injections from Other Drug Users, was carried out by the Centre for Research in Primary Care at Leeds University for Leeds North East PCT and the Nottinghamshire County DAT and published in 2006.

Conducting interviews with women about their experiences was often challenging but highly revealing and led to some interesting and important findings. Whilst reporting some of the most significant findings below, we also present the real life, in depth case study of Jayne (see box). This case study provides an example of the various issues involved for those who are injected.

It is not surprising that all but one of the women were initiated and injected by someone else the first time they took intravenous heroin, and they were largely naive and innocent about the process. What was surprising was that it was common for them to continue being injected by others. In most cases they were injected by someone already high on heroin or even gouching after their hit. Many women said this was often because they did not know how, or were not confident, in preparing and self-injecting drugs.

Giving drugs to the person who injected them for their ‘injecting services’ was common - some regularly gave up half their personal drugs supply. This meant that they often had to buy more drugs than they needed for themselves, often funded through increased crime, particularly shoplifting.

Women were often injected by their boyfriends or partners. The relationships with their injecting male partners were often highly complex and affected the injecting situations. In those where there was low levels of trust and respect, this sometimes led to an increased risk of abuse and injection-related complications. There was general confusion surrounding the possible physical health risks from being injected, despite many women having directly experienced pain and injection-
**IN HIS HANDS: JAYNE'S STORY**

Jayne is 18 and has been with Andy for three years. She has been using heroin since she was introduced to it by Andy when she was 15. She smoked for six months before moving to injecting on Andy's advice. Jayne shoplifts to fund their habit but is on probation and has been warned that if she gets caught again, she will go to jail. She has managed to stop her heroin use twice but both times started using again because Andy was still using the drug.

Jayne is injected by her boyfriend Andy most of the time as she 'makes a mess' if she self-injects and has never learned how to do it. Andy decides when they are having their drugs and how much they have. Jayne knows that Andy is often deceitful with this and will have a larger share, or will dilute her more. He used to be gentle and took care when injecting Jayne, but has become more rough, often 'jabbing' her with the needle. This has sometimes caused bodily harm. Jayne gets annoyed that Andy injects himself first as he gouges and can't focus when injecting her. However, she is pleased that Andy injects her and is with her as she feels safer, although she can not watch when he injects her. When Andy is not around and she is rattling, she won't care who injects her because she just wants the drugs. Jayne would like to learn how to self-inject, but would still want a boyfriend to be with her in case anything happens.

Jayne and Andy's names have been changed.

related injuries including rashes and abscesses. Some women were even injected by strangers.

Jayne's situation highlights the complexity of being injected by someone else. Together with the other women we interviewed, her experience has informed a number of important recommendations. Here we provide a few recommendations for drug workers dealing with those who are injected by others.

**They often had to buy more drugs than they needed for themselves.**

- form empathic, trusting relationships with women drug users in order to discuss the issue of being injected and explore their social situation surrounding it
- feel confident to actively question women drug users regarding the practice of safer injecting
- encourage women to self inject if they experience a greater degree of harm as a result of being injected
- empower drug users to make informed choices regarding their injecting situations
- reinforce current harm reduction messages and discourage people from initiating others into injecting
- stress the independence and economic advantage of self-injecting over being injected
- encourage women to communicate and negotiate with injectors regarding the order of injecting
- encourage women being injected to prepare their own drugs or at least watch whilst an injector is preparing and injecting them.

Further implications that arose from the work were related to those who are responsible for injecting others. For example, they should be encouraged to think about their own withdrawal and intoxication and take time, be careful and communicate when injecting others. They should also be made aware of the potential legal implications of administering noxious substances to others.

For more details on or a copy of the project report or executive summary, please contact Charlotte (c.tompkins@leeds.ac.uk). Further details of the research have been published in Drugs, Education, Prevention and Policy, (Tompkins, C.N.E., Sheard, L., Wright, N.M.J., Jones, L. & Howes, N. (2006) •

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**THE MYTHICAL INJECTOR: HOW SCREEN VAMPIRES MIRRORED THE ‘DRUG FIEND’**

The German Expressionist films of the early 20th century, such as Nosferatu, were endowed with many levels of meaning. One level reflected the dark, drug-driven side of the new Berlin Zeitgeist, best captured by the image of the vampire. The vampire and the ‘drug fiend’ are both children of the night, wandering the streets under cover of darkness to avoid detection. They are both addicts; one must have blood, the other drugs. They both enter people's lives and property uninvited and unwanted, one to rob, the other to kill — or even sometimes they both kill in order to satisfy their cravings.

They recruit new members to their way of life — or death. The synergies might be closer still. One book on addiction was titled Better Dead, often the sentiment expressed by the vampire who longs for peace but is destined to wander the wastes for eternity. Vampires inject with teeth; addicts use needles. The vampire is often shown to be irresistible to young women; the air is charged with a heavy romanticism as the vampire approaches his victim. The woman bares her neck and swoons in ecstasy as the vampire sinks his fangs into her body.

Those who inject heroin often say that the heroin rush is better than sex, and many female heroin users are first injected by their male partners. Both vampire and drug fiend carry a ghostly pallor, sunken cheekbones, a haunted look of despair and self-loathing. In the modern era, Abel Ferrara titled his 1995 vampire movie The Addiction; Ferrara's biographer Nick Johnstone stated bluntly, 'The Addiction uses vampirism with which to address addiction', and throughout the film Ferrara's use of shadow and light, photographed in black and white, pays direct homage to Carl Dreyer's Vampyr and Murnau's Nosferatu — symbolic of the prison of addiction and dependency.