

Case Study

Intravenous drug abuse in female – a case series

Dr. Prosenjit Ghosh^{1*}, Dr. Suman Baidya², Dr. Rezib Uz Zaman³

ABSTRACT

Background – There are significant gender differences in the prevalence, risk factors, access to medical care amongst the intravenous drug abusers. The sociocultural determinants also act as a barrier for women drug abusers to attend a Opioid substitution therapy (OST) centre. The women who abuse Intravenous drugs are prone to abuse both physical and sexual. **Method** – We will describe the case histories of three Women Intravenous drug abusers who have been on Buprenorphine therapy from OST centre of a Tertiary Care Hospital. **Discussion** – All the three women were initiated in taking Intravenous Opioids by their spouses. They reported sharing needle with their husbands. One out of three ladies have tested positive for HIV. All of them were housewives and came from rural/semiurban background. History of domestic violence was present. **Conclusion** – Intravenous drug abuse in female is increasing with time. In majority of the cases the spouse or sexual partner force them to try the drug. Widespread campaign regarding the serious side effects of intravenous drug abuse should be taken up by both Government and NGOs.

Keywords: *Opioid Substitution Therapy, IDU, Domestic violence*

Gender differences have been consistently observed in the prevalence of substance abuse in general population, with men exhibiting significantly higher rates of substance use, abuse, and dependence¹⁻³. However, recent research suggests that this gap between men and women has narrowed in recent decades^{3,4}.

Gender inequality is greatly magnified among women who inject drugs. Women who inject drugs are uniquely vulnerable to medical, legal, economic and social consequences, gender-based violence and loss of custody of their children, and experience high levels of stigma in the general society and among their community of drug abusers⁵. Women who inject drugs are at very risk for HIV, viral hepatitis and other sexually transmitted infections – with scant emphasis on their human rights and dignity. Globally, of an estimated 15.6 million people who inject drugs, 3.2 million are women. In various regions of the world, women who inject drugs constitute 3-33% of all people who abuse drugs intravenously.

¹Assistant Professor of Psychiatry, Silchar Medical College, Silchar, Assam, India.

²Medical Officer OST centre, Silchar Medical College, Silchar, Assam, India.

³Professor of Psychiatry, Silchar Medical College, Silchar, Assam, India.

*Responding Author

Received: October 03, 2020; Revision Received: November 20, 2020; Accepted: November 29, 2020

Intravenous drug abuse in female – a case series

Research has identified several personal and socioeconomic characteristics which act as predictors for initiation to Intravenous Drug Use (IDU) for women. Factors include engagement in commercial sex work, lifetime history of sexual abuse, exposure to violence, Sexual partners who are IDUs, family history of drug use, social disadvantage (homelessness), delinquent behavior (truancy or running away), young age of first illicit drug use, early sexual experiences, and mental illness⁶.

CASE SERIES

Case 1. B Begum, 35 years, a housewife from rural background, studied up-to primary education level, monthly family income 15000 Rs. Learned the drug use behavior from husband, initially as experiment jokingly but became dependent soon. Total duration of addiction is two years. Her husband is also on Tablet Buprenorphine 2mg for last nine months.

She is staying in a nuclear family with four children aged 14, 12, 10 and 8 years, all male child. Family environment is supportive. Husband accompanies her during most of her visits to OST center.

Motivation is quite good. Past attempts of deaddiction were unsuccessful due to severe body aches. She attempted thrice in the past. At present she is taking 4mg of Tablet of Buprenorphine. She has been attending the OST center for last seven months.

No psychiatric comorbidity. No complications of substance related behavior - physical, legal, psychological. Virology tests were non-reactive.

Case 2. P Barman aged 30 years, a widow from rural background mother of two children staying with her in-laws with monthly household income 8000 INR, studied up-to class IX, housewife by occupation. Father in-law is very supportive and cares her more after she stopped taking drugs about five months back.

As per the patient her husband initially gave her Tab Nitrazepam because her husband believed that this type of medicines will increase her sexual desire. After few months of introducing her to Tablet Nitrazepam her husband started to push intravenous opioid (Heroin) when she was in deep sleep. Her husband was an Intravenous drug abuser and died of AIDS about four years back.

She then started to inject intravenous drugs voluntarily to get relief from withdrawal symptoms and she used to share needle with her husband and few other friends of her husband. After taking IV drugs she used to feel – dizziness, weakness and loss of appetite. Later she tested positive for HIV. Her total duration of intravenous drug abuse is almost five years. There is no past attempt of de-addiction and at present she is regularly attending the OST centre for last five months and at present she is taking 8mg of Tablet Buprenorphine. Her motivation is strong.

Case 3. S Begum 27 years' old a housewife from a semi-urban background, hailing from a lower middle socio-economic group and was educated up-to secondary level. Her family environment is not cordial and she had frequent quarrel with her mother-in-law and husband. For last one year she has been staying with her parents. Her only son was not allowed to go with her by her husband.

Intravenous drug abuse in female – a case series

Her husband is a mechanic by profession and is a IV drug abuser for last ten years. Her husband encouraged her to try the drug. Initially she used to smoke the drug for about one year. Gradually she started to take the drug intravenously and for last four years she is abusing the drug along with her husband through intravenous route only. She gradually increased her dose and for last one year she was taking the drug three times daily with an average daily expenditure of 1000-1200 rupees. No history any psychiatric illness. She used to feel very weak, dizziness after taking the drug. She has been attending the OST center regularly for last three months and is presently on Tablet Buprenorphine 6mg/day. Her motivation level is satisfactory. Her virology reports are negative and she has no other comorbidities.

DISCUSSION

It has been observed that in all the three cases the subjects learned the behavior of substance abuse from their husbands. Most women who inject heroin point to social pressure and sexual partner encouragement as factors⁷⁻¹⁰ and all the three sexual partners of our subjects were intravenous drug abusers. One of the subjects who lost her husband due to AIDS has also tested positive for HIV.

Women who inject drugs are also more likely to have another person inject them – and to be “second on the needle” – sometimes because some women who inject drugs do not know how to self-inject or may have difficulty doing so¹¹. Women may share needles with close male partners; this may either reflect trust and intimacy or gendered superiority and dependency – since in most of the cases men procure the drug and other materials and prepare the drugs for intimate female partners^{11,12}. Refusal to share injection equipment with an intimate male partner may trigger gender-based violence^{13,14}. One of our subject also used to share needle with her husband and few of her husband’s close friends and eventually tested positive for HIV.

Women who inject drugs experience high rates of gender based and intimate partner violence, which also can undermine their power to use condoms and make them vulnerable for sexually transmitted diseases. One of our subjects had marital disharmony and was frequently abused by her husband and ultimately had to leave her husband’s house and started to live with her parents. She was not allowed to take her six year’s old son along with her. Rates of gender-based and intimate partner violence are two to five times higher among women who inject drugs than women who do not inject drugs; yet women who inject drugs are often prohibited from women’s shelters^{15,16}. Women who inject drugs are uniquely vulnerable to medical illnesses and gender based violence, they also experience high levels of stigma, and may not be able to take the benefits of Opioid substitution therapy and Anti-retroviral therapy.

CONCLUSION

Intravenous drug abuse amongst female has been increasing over the years. Many psychosocial factors influence the substance abusing behavior among women. In most of the cases husband or intimate sexual partner encourages the female to start the drug abusing behavior. The IV drug abusing behavior in women causes many medical, social, legal and familial consequences. The criminalization of drug use has had severe repercussions for women who inject drugs. Drug criminalization endangers women who inject drugs. It heightens their vulnerability to trauma, rape and gender-based violence and rips their families apart. The needs of women who inject drugs are often neglected regardless of the

amount of available resources. Awareness regarding Harm Reduction facilities should be promoted in the community to prevent serious complications.

REFERENCES

- [1] Compton WM, Thomas YF, Stinson FS, et al. Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry*. 2007; 64:566–76. [PubMed:17485608].
- [2] Kessler RC, Chiu WT, Demler O, et al. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005; 62(6):617–27. [PubMed: 15939839].
- [3] Grucza RA, Norberg K, Bucholz KK, et al. Correspondence between secular changes in alcohol dependence and age of drinking onset among women in the United States. *Alcohol Clin Exp Res*. 2008; 32(8):1493–501. [PubMed: 18564104].
- [4] Wagner FA, Anthony JC. Male-female differences in the risk of progression from first use to dependence upon cannabis, cocaine, and alcohol. *Drug Alcohol Depend*. 2007; 86:191–8. [PubMed: 17029825].
- [5] UNODC, UNWOMEN, WHO, INPUD. Women who inject drugs and HIV: Addressing specific needs. Vienna, 2014 [cited 20 February 2019]. Available from: http://www.unodc.org/documents/hivaids/publications/WOMEN_POLICY_BRIEF2_014.pdf.
- [6] Roberts A, Mathers B, Degenhardt L. Women who inject drugs: A review of their risks, experiences and needs. A report prepared on behalf of the Reference Group to the United Nations on HIV and Injecting Drug Use. Australia Sydney: National Drug and Alcohol Research Centre (NDARC), University of New South Wales; 2010.
- [7] Powis B, Griffiths P, Gossop M, Strang J. The differences between male and female drug users: community samples of heroin and cocaine users compared. *Subst Use Misuse*. 1996;31(5):529-543.
- [8] Bryant J, Brener L, Hull P, Treloar C. Needle sharing in regular sexual relationships: an examination of serodiscordance, drug using practices, and the gendered character of injecting. *Drug Alcohol Depend*. 2010;107(2-3):182-187. doi: 10.1016/j.drugalcdep.2009.10.007.
- [9] Lum PJ, Sears C, Guldish J. Injection risk behavior among women syringe exchangers in San Francisco. *Subst Use Misuse*. 2005;40(11):1681-1696. doi:10.1080/10826080500222834.
- [10] Dwyer R, Richardson D, Ross MW, Wodak A, Miller ME, Gold J. A comparison of HIV risk between women and men who inject drugs. *AIDS Educ Prev Off Publ Int Soc AIDS Educ*. 1994;6(5):379-389.
- [11] Tuchman E. Women's injection drug practices in their own words: a qualitative study. *Harm Reduct J*. 2015, 12:6.
- [12] Wagner KD, Bloom JJ, Hathazi SD, Sanders B, Lankenau SE. Control over drug acquisition, preparation and injection: Implications for HIV and HCV risk among young female injection drug users. *ISRN Addict*. 2013, 2013: 289012.
- [13] Gilbert L, Raj A, Hien D, Stockman J, Terlikbayeva A, Wyatt G. Targeting the SAVA (Substance Abuse, Violence and AIDS) Syndemic among Women and Girls: A Global Review of Epidemiology and Integrated Interventions. *J Acquir Immune Defic Syndr*. 2015, 69(Suppl 2): S118-S127.
- [14] Stoicescu C, Cluver LD, Spreckelsen TF, Mahanani MM, Ameilia R. Intimate partner violence and receptive syringe sharing among women who inject drugs in Indonesia: A respondent-driven sampling study. *Int J Drug Policy*. 2018, 63:1-11.

Intravenous drug abuse in female – a case series

- [15] El-Bassel N, Gilbert L, Witte S, Wu E, Chang M. Intimate partner violence and HIV among drug-involved women: contexts linking these two epidemics – Challenges and implications for prevention and treatment. *Subst Use Misuse*. 2011, 46(2-3):295-306.
- [16] Moore TM, Stuart GL, Meehan JC, Rhatigan DL, Hellmuth JC, Keen SM. Drug abuse and aggression between intimate partners: a meta-analytic review. *Clin Psychol Rev*. 2008, 28(2):247-274.

Acknowledgement

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Ghosh P., Baidya S. & Zaman R. U. (2020). Intravenous drug abuse in female – a case series. *International Journal of Indian Psychology*, 8(4), 586-590. DIP:18.01.073/20200804, DOI:10.25215/0804.073