

Couples who Inject Drugs: Barriers to Treatment

Background

More than 40% of injection drug users (IDUs) are heterosexually partnered with other IDUs, with many in long-term, intimate relationships in which one partner has initiated the other into drug injection. When seeking treatment for their drug addiction, heterosexual, drug-using couples face unique barriers to enrollment and retention in drug treatment programs. In view of the high level of drug- and sex-related risk of partnered IDUs, research on interpersonal dynamics and structural factors that shape drug treatment enrollment and treatment experience is especially important. This study provides a detailed understanding of transitions to injection within intimate partnerships and barriers to engagement in drug treatment for IDU couples.

Methods

- Ethnographic interviews (individual and with both partners) were conducted with:
 - heroin and/or cocaine using couples (n=25) with at least one injecting partner (both partners use), all of whom were in relatively stable relationships, and living in New York City;
 - providers (n=19) representing various treatment modalities and sites in New York City.
- Interviews were recorded, transcribed, and coded and analyzed with the assistance of Atlas.ti.

Major Findings

- Injection initiation among intimate partners is common and many of these relationships endure.
- There is a lack of viable options for couple-focused treatment approaches that fit within the current drug treatment system.
- Most programs enforce strict policies that prohibit couples from admission into the same program, impose contracted sanctions for displaying intimate behavior, have limited coordination between programs if partnered IDUs receive treatment in different programs, and limit communication between partners.
- Whereas most partnered IDUs viewed these “No Couples” policies as unfair, prohibitive, and, in some cases, counter to effective treatment, the majority of treatment providers viewed these policies as necessary from practical and clinical perspectives.
- Outpatient programs such as methadone maintenance also pose barriers when one member of the couple re-initiates drug use following “mandatory detox” (often for inability to pay) – the partner also re-initiates use.

Relationship is the primary source of emotional support, and “No Couples” policy interferes		Interpersonal Barriers to Treatment
Magnification of drug-use cues on the partner in treatment		
Structural Barriers to Treatment	Couples prohibited entry into the same program concurrently	
	Impose sanctions for displaying intimate behavior	
	Limit communication between partners	
	Lack of coordinated treatment	
	Mandatory detox from methadone	

Implications

- There is a mismatch between the substantial need for concurrent and coordinated treatment for partnered injection-drug users and programmatic policies that are antithetical to such treatment approaches.
- Tensions between the differing viewpoints derive from limitations of the current treatment system, emphasizing the need for a tailored approach to the treatment of couples.
- Such an approach suggests that:
 - drug-using couples need to enter drug treatment concurrently;
 - the individual treatment needs of each member of the couple and relationship (couple-specific) treatment needs must be assessed and addressed in the treatment plan;
 - a chronic-care model is needed that integrates various treatment options and includes treatment of comorbid conditions (e.g., HIV/HCV, mental health) and community supports (e.g., housing).

Simmons, J., & McMahon, J. M. (2012). Barriers to drug treatment for IDU couples: The need for couple-based approaches. *Journal of Addictive Diseases, 31*(3), 242-257. <http://www.ncbi.nlm.nih.gov/pubmed/22873186>

Simmons, J., Rajan, S., & McMahon, J. M. (2012). Retrospective accounts of injection initiation in intimate partnerships. *International Journal of Drug Policy, 23*(4), 303-311. <http://www.ncbi.nlm.nih.gov/pubmed/22398215>

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