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The intersection of women's sexual pleasure and injection drug use

Caroline Katzman [Doctor of Medicine Student, Class of 2019],

New York University School of Medicine, 550 First Avenue, New York, NY 10016, United States, caroline.katzman@med.nyu.edu, 314-374-0775

Ellen Tuchman, MSW, PhD [Associate Professor of Social Work]

New York University Silver School of Social Work, 1 Washington Square N, New York, NY 10003, United States, ellen.tuchman@nyu.edu, 212-998-5915

Abstract

Background: There is a dearth of literature concerning the sexual behaviors of women who inject drugs. The existing literature emphasizes the violence, trauma, and social disadvantage experienced by these women and obscures any sense of agency or sexual pleasure. This omission imperils our ability to develop effective interventions for women, ignores the true context of their sexual and injection practices, and presumes women to be free of agency and thus at the will of external social, environmental, and economic factors. This qualitative study strives to extend the boundaries of conventional risk-focused research to understand the complex and multi-dimensional sexual practices of women who inject drugs

Methods: Purposive sampling was used to select women who inject drugs from a syringe exchange program in NYC. The PI and trained study staff conducted interviews with twenty-six women. The interview transcripts were thematically coded in Atlas.ti with a grounded theory approach to understand the concerns, actions, and practices to further explain patterns.

Results: Four themes emerged with respect to women's descriptions of their sexual and injection experiences: (a) linguistic parallels of sexual and injection experiences, (b) substituting sex with injection drug use, (c) pleasure, and d) injection drug use as intimacy. Our findings indicated that there was much positive discourse about sexual experiences and injection drug practices, with some women describing injecting as a substitute for negative sexual experiences, and others noting that injection drug use served as a foundation for intimacy and eroticism in a relationship.

Conclusions: In contrast to the literature, women who inject drugs demonstrated power and agency and discussed pleasurable sexual experiences. Ultimately, interventions should recognize

Correspondence to: Caroline Katzman.

Author Contributions

Ellen Tuchman has made substantial contributions to conception and design, acquisition of data, coding, and co-author. She has given final approval of the version to be published, and agrees to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Caroline Katzman's contributions were coding, interpretation of the data, drafting and revising the manuscript critically for important intellectual content.

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the realities of women's experiences to help empower them to practice safer sexual and injection practices.

Introduction

The intersection of injection drug use and sexual pleasure is rarely explored, especially when it comes to women who inject drugs. Instead, research is dominated by a risk-focused paradigm of both injection drug use and sexual behavior. While much research elucidates risky injection behaviors for women (including sharing injection equipment and assisted injecting)¹ these accounts do not discuss pleasure as a "core motivation" for the injection risks that women take². Much research relies on factors external to the woman -- including experiences of lifetime trauma and socioeconomic status -- as an explanation for why she may engage in these behaviors. The focus on violence, trauma, and social disadvantage often predominates to the degree that it obscures any sense of agency or sexual pleasure that women who use drugs may experience². By focusing on factors outside of a woman's control, research has often ignored women's agency to engage in or to avoid high-risk behavior. Additionally, research, policy, and public discourse have neglected the importance of intimacy and relationships in drug use, as people who inject drugs have been depicted as only able to form strong relationships with drugs or needles³.

Sexual health research has largely failed to understand the ways that pleasure relates to sexual risk for women⁴. Studies that focus on the context of sexual encounters have centered on notions of relationship power and condom use⁵ or the sexual decision making process⁶ but not the specific experience of the sexual activity. While these studies have great importance in shaping our understanding of the contextual and interpersonal factors at work in negotiating safer sex behaviors, they often do not illuminate the risky behavior itself -- the sexual experience.

There is a dearth of pleasure-focused research in the fields of both substance abuse and sexual health. Current research ignores individuals who inject drugs' experiences of positive sexual encounters and, thus, may alienate them by dismissing their key priorities and life experiences as irrelevant². One study by Lorvick et al. sought to study sex positivity among individuals who use drugs in a mixed-methods study to explore the context of sexual experiences for those who use methamphetamine. Their purpose was to better understand sexual behavior as a potential positive experience rather than solely a risk behavior² It is unknown whether their findings concerning individuals who use methamphetamine are generalizable to women who inject drugs.

While research has illuminated relationship dynamics and sexual risks of this population, there has been little investigation exploring the context of sexual experiences of women who inject drugs. Further, exceedingly little research has been conducted into the sexual pleasure a woman may receive through the injection practice. This omission imperils our ability to develop effective interventions for women, ignores the true context of their sexual and injection practices, and presumes women to be free of agency and thus at the will of external social, environmental, and economic factors. Working to understand sex as an experience, rather than a risk behavior, could bring new insights into improving sexual health among

drug-using women². This study was conducted as part of the Women's Injection Drug Practices Study, which elicited detailed perspectives regarding injection drug use and sexual practices, and sought to understand women-centered decision-making processes⁷. Thus, this data strives to extend the boundaries of conventional risk-focused research to explore the context and meaning at the intersection of injection drug use and sexual experiences of women who inject drugs.

Methods

Sampling and recruitment

Venue-based purposive sampling in New York City was used to select women who inject drugs from a Harm Reduction Center's Syringe Exchange Program (SEP) in New York City between October 2012 and August 2013. The SEP provides free sterile syringes and collects used syringes. Fliers were posted at the SEP and handed to interested women by SEP staff. The PI and two research assistants screened for participants 5–6 days a week during syringe exchange hours in the first six months. A screening form was administered face-to-face at the time of initial contact to determine study eligibility. Inclusion criteria included women, over 18 years of age, injection drug use within the past month, and the ability to speak English. Interviewers observed visible injection marks to confirm injector status. Women who met the criteria were consented, provided with a project summary sheet, and interviewed in the SEP offices. A study author and a social work doctoral student conducted all interviews. Both interviewers are female and have previous qualitative research experience. Four women did not meet study criteria; six women were not interested in being interviewed.

Procedure

Twenty-six women who inject drugs were interviewed for the study. The interview guide emphasized the following topics: substance use, injection drug use, sexual practices, and decision-making. The authors piloted the interview guide with five women before interviews were conducted. There were no specific questions asked, only general topics that were covered. The one-time, in-depth interviews lasted between 60 and 90 minutes. Interviews were digitally recorded, transcribed verbatim, and entered into Atlas.ti for data analysis. No identifiers were recorded. The study received ethical approval from the New York University Human Subjects Committee. All participants were consented and provided with a project summary sheet.

Coding and grounded theory analyses

The research used a grounded theory approach to understand the concerns, actions, and behaviors of participants, and to further explain their patterns of behavior.⁸ Procedures for coding and interpreting the transcripts were consistent with those of grounded theory. Co-authors performed an initial reading of the interview transcripts, named patterns, and developed a preliminary coding scheme. At this point, we met to discuss the codes, refined code categories, and identified codes across interviews. The co-authors independently coded four additional transcripts, adding codes, refining the list, and created a codebook. Using the codebook, the co-authors met to code all twenty-six transcripts, then shared and discussed

coding. Discrepancies were discussed until consensus was reached. Selective coding and constant comparative analyses were conducted to yield core categories or themes⁹. The co-authors used thematic analysis to review interview data and identify patterns of responses¹⁰. Themes were defined as ideas that occur numerous times across transcripts or data sets. Themes lacking sufficient grounding in the data and/or linkages to other themes were not included in the model. When the selective codes and core themes reached saturation, the final grounded theory model was developed. In keeping with grounded theory procedures, an audit trail was used to document analytic decisions.¹¹ We adhered to COREQ guidelines to report important aspects of the research team, study methods, context of the study, findings, analysis and interpretations.

Results

Participant characteristics

The sample consisted of 26 women, ranging from 22 to 63 years, with an average age of 43.2 years. The racial-ethnic composition was 48% Caucasian, 36% African American, and 16% Latina. Overall, less than half of the sample graduated from high school, and the entire sample was unemployed. Sixty-four percent of the women were single and never married. Six women reported childhood sexual or physical abuse by male family members.

All participants reported a period of non-injecting drug use prior to initiation of injection drug use. The mean age of initial drug use was 16.2 years ($r = 9-29$). First injection mean age was 23.8 years ($r = 12-58$). The majority of women injected heroin, with a few women who injected cocaine and speedballs. The average duration of injection drug use was 18.2 years. Sixty percent of women stated they injected themselves, twenty percent of the women were assisted in their injection, and the remaining women reported a combination of practices.

Themes from the cross-case analyses

Four themes emerged in the interviews with respect to the participants' descriptions of their sexual and injection experiences: (a) linguistic parallels of sexual and injection experiences, (b) substituting sex with injection drug use, (c) sexual pleasure, and d) injection drug use as intimacy. Themes along with illustrative quotes from participants are discussed below.

Theme 1: Linguistic parallels of sexual and injection experiences

Some women exhibited the tendency to analogize injection drug use and sexual experiences by explaining different aspects of injection drug use using sexualized language. A 51-year-old Caucasian woman, used the metaphor of an orgasm to describe the power of the overwhelming high during her first time using heroin in her teenage years:

So we [female friend] went walking down the block and 45 minutes later – Boom! ...we were like – Woo! (chuckle).....it felt like when we had our first orgasm...I think it's like the greatest feeling in the world. I believe that's what you feel when you go to heaven...you know, that's why people shoot up. Nobody really wants to use a needle, but it's that it hits you right with a needle.

Another participant introduced her non-using partner to injection drug use. In her own words, her boyfriend injected heroin into her “vagina” to avoid track marks:

My shooting up is sex, it’s my penetration.

A 49-year-old Caucasian woman was initiated to injection by a male sexual partner, and preferred to have others inject her, only resorting to self-injection when she didn’t have a choice:

What was romantic about it was the part of getting off together; him intravenously shooting me, and then him doing himself and then us relaxing, giggling, nice laughing, doing this, doing that

This same woman recognized her addiction to injection drugs, and she described her experiences of repeated sexual activity:

It wouldn’t be all about, you know, sex or whatever, but mostly it was ‘cause when I get on an addiction...I have an addiction to sex also... well, the sex...the sex was phenomenal because it just was like...I don’t know he was good and you know when you’re good, you know...just tell me how you like it done, put it that way. I’ll say that, ‘tell me how you like it done,’ and I’ll work it. I’ll work it as I work it.”

Theme 2: Substituting sex with injection drug use

Aside from linguistic parallels, some women alluded to directly substituting injection drug use for sexual pleasure. One woman discussed enjoying the rush of the high more than an orgasm, and also demonstrated agency in finding her many alternatives to experience pleasure:

I use this [heroin] in place of sex..... I had such a bad sex life with the two past boyfriends and I haven’t enjoyed having sex in so long...and I just said fuck it, if I want to feel good I’ll shoot dope you get your orgasm I’ll get my rush and I was kinda bitter. I have better sex with a syringe what can I say [laughs] I’d rather suck a glass dick, a pipe [laughs] It did replace sex for a long time and now I don’t [inject heroin] ... I’m thinking about a vibrator instead that will actually do something you know.

Another woman was married for seventeen years to a New York City detective. Following his death, she did not experience pleasurable sex with a second partner unless she was high, and felt the need to inject drugs prior to sex for pleasure:

Now that he’s out [of prison] he tells meyou know that the only reason that you was with me was because of drugs...when we had sex you had to be highand it’s weird because it is true...like if any guy I’m gonna be with, I need to be high. I can’t be with a guy when I’m sober.

Similarly, a 43-year-old Caucasian woman describes the memory of her first time injecting heroin. She compares her drug use to the pleasure she has received sexually. Although she communicates feeling sexually satisfied with a past partner, she describes the sensation from her injection drug use as:

It’s almost better than sex. I mean ... you really get that feeling you just have to it.

Theme 3: Sexual Pleasure

Many participants described pleasure (and lack of pleasure) with their sexual partner. One woman was in a sexual relationship with a partner for eight years, and she introduced him to injection drug use. She describes an abusive relationship but discusses the sexual pleasure she received with him:

Heaven. There wasn't a day when I didn't come with him, he was a good lover, a great lover. Wasn't a day no matter which way we do it he would make me come. Even if he was eatin' me I'll come, so he was a great lover.

Another woman states that she has been sexual with many men, but also has "lesbian tendencies" which includes occasionally paying for sex with women. She described a time when she demonstrated agency in a fun and pleasurable sexual experience:

I lived in the projects. And he used to come to the window and take his penis out, put it in his hand and masturbate. And I used to sit in my window with my legs up and masturbate. (laughs) I was real stupid but it was fun, it was exciting, and it was fun cause he was in his window and I'm looking at him and he lookin' at me and that was a lot of fun. I enjoy doin' crazy silly things like that.

In contrast, some women noted a lack of pleasure in sexual experiences associated with their drug use. One woman, who had been in a 15-year relationship with the father of her three children, discussed the physical and emotional ways their sex life suffered as the couple became more consumed by injection drug use:

You know we had an amazing sex life in the beginning yeah when we were straight and when it when it was just the heroin it was still really nice. I mean we still really loved each other... The cocaine came in and the speed balls and the benzos with him and - uh - the methadone, I mean all of it and was just like he had no interest ...in sex ... and there was no affection it was just constant screaming and yelling and...it was just - it turns into such a...a...it's just a war. It's a war ...and the thing that's so sad about it is that you're still human beings but you lose so much of your humanness.

Theme 4: *Injection Drug Use as intimacy*

For several women, the vulnerability and sensuality of injecting with a sexual partner was described as a foundation for intimacy in the relationship. One woman describes injecting heroin while naked in bed with the partner (who initiated her injection practices) in the early days of her drug use:

The shooting, just being naked for real, both of us, and enjoying the feeling of it running, something cool running up our, our warm veins you know? It was goin' through us and stuff you know it was um a real good feeling ... You know, um, feeling the warmth, um, and just layin' back and letting it take control of my whole body, you know? And that's what I wanted to feel at that moment. ...I just wanted to remember the feeling that I used to get high with my boyfriend.

Additionally, another woman notes that a routine of injecting drugs and having sex with a partner became a foundation of intimacy in their relationship:

It became like a romance because we did it together. We got high together, so it was like a romantic thing. You know, then it was like sexual, ... it became sexual... Sexual, romantic, the drug, the person you're with...let's get high and let's enjoy ourselves.

Discussion and Conclusions

This qualitative study contributes to the literature by highlighting the intersection of sexual behaviors and injection practices for women who inject drugs. In a field that often focuses on risk and societal factors, this analysis is centered on agency and sexual pleasure, and noted four main themes; linguistic parallels of sexual and injection experiences, substituting sex with injection drug use, sexual pleasure, and injection drug use as intimacy. These themes provide insight into our understanding of women's sexual pleasure and injection drug use.

First, the striking linguistic similarities between injecting practices and sexual experiences demonstrate the conflation of the two acts for many women. Women described that the penetration of the needle has been analogous to the penetration of the penis, the rush of the high to the orgasm, and the act of injecting with a partner as simultaneous orgasms. The similar choice of terminology reveals a conflation of the experiences of sex and injection drug use, and this parallel demonstrates the intertwined nature of sex and injection experiences for many women. Our finding is supported by McBride et. al's investigation of "needle fixation."¹² This study found that participants expressed a linguistic relationship between sex and injection drug use. Specifically, these individuals utilize sexual analogies to describe the injection experience; the use of injecting as an acceptable reason for intimacy; and the attribution of sexual pleasure to partners¹². Also, many individuals who inject drugs noted an additional "buzz" from the act of injection itself, which in some cases is described in sexual terms. In these studies, many men and women who inject drugs note the feeling of the drug high in terms of an "orgasm." Our findings substantiate the claim that for some women who inject drugs, the act of injecting itself is expressed as sexual in nature, which implies a similarity of experience and emotional response.

Additionally, for many women in this study, injecting before and during sex provides sexual fulfillment with a partner. This finding demonstrates that many women reported that the process of injection appears to have a secondary gain: true sexual pleasure. Further, using injection drugs to enhance negative sexual experiences provides an example of women seeking and attaining pleasure, albeit in an unconventional way. The authors were unable to find any prior research about the substitution of injection drugs for sexual pleasure. Our findings demonstrate both an interesting phenomenon and a new potential factor in the injection environment and practices of many women.

Our findings indicate that, in contrast to the literature, the women in this study did experience and discuss sexual pleasure. While the literature to date has focused on the very important concerns of sexual risk (such as condom use, exchanging sex for money or drugs, and violence)^{13,14,15,16} our findings demonstrate that some women are having enjoyable sex, a finding that was not evident in our literature search. Many also demonstrate the desire

and agency to create pleasure for themselves, even if this occurs through alternative pathways, including drug use, assisted injection, and sex toys. In contrast, several women in this exploratory study do express a lack of pleasure in sexual encounters, which aligns with many of the above studies that note increased coercion and violence in the sexual relationships of some women who use drugs. Our findings on this theme are mixed – however, it’s clear that many women who inject drugs do often have pleasurable and fulfilling sexual relationships, a finding that has not yet been explored in the literature.

Lastly, we found that some women noted that their relationship was built on the intimacy of injecting drugs with a partner. Women discussed the vulnerability experienced when they were injected by their partner, and the sensuality of the subsequent high. In addition to the pleasure of their drug high, injecting with a partner became part of a sensual and erotic routine. Some women also noted that relationships were built on the act of injecting together, and the experience was inherently a sexual one, even if there was no specifically sexual act occurring. Several prior studies have noted that women are often initiated to injection drug use by sexual partners, and that this intimacy plays a role in risk-taking³.

In few prior studies, romantic intimacy has been shown to figure prominently in the injection practices of couples. The act of sharing needles, “co-creating” an injection practice, and licking the needle prior to injection or blowing on a partner’s injection site has demonstrated intimacy for individuals that is described in both sexual and romantic terms³. A study by Seear et al. discusses the trust and intimacy in romantic relationships as potentially harmful in preventing the transmission of Hepatitis C among couples, as the sharing of needles has been described as a display of trust and love similar to intercourse without condoms³. Further, El-Bassel et al. calls for couple-based HIV interventions that considers micro-social context of intimacy and relationship dynamics as emotional closeness and comfort of a partnership may offset concerns about risk-taking¹⁷. Our analysis strengthens the claim of intimacy developed by injection with a partner. It is imperative to consider the power of these relationships when working with women who inject drugs.

One limitation of this study was the sampling method. Although this methodology was consistent with the qualitative methodology of gathering in-depth information from a small sample of individuals, these findings are not generalizable to the greater population of women who inject drugs. In particular, the women interviewed for this study were enrolled in a SEP so these findings may not be generalizable to women who are not proactively engaged in risk-averse injection practices. Additionally, the data was collected through women’s self-reporting and may have been subject to providing socially desirable responses. Women’s reflection and memories of their sexual and injection experiences were likely influenced by their drug use and lapse of time between their injection drug use and interviews. Lastly, as with all qualitative research, not all women from this sample noted these themes of sexual empowerment and pleasure. We have attempted to highlight some contradictory findings throughout this paper, though further evidence can be found in the initial Women’s Injection Drug Practices study.⁷

In conclusion, the findings of this study demonstrate that we must pay particular attention to the context surrounding women’s engagement in risky behaviors. Interventions that focus

solely on the risk factors of women who inject drugs ignore the important reality of sexual pleasure and intimacy for many women. If we simply focus on risk and unhealthy relationships for women who inject drugs, we will alienate many women who use drugs to enjoy unfulfilling sexual experiences or to feel closer to a partner. Additionally, we noted that pleasure in sex is important for many of these women. Focusing solely on risk could negate our interventions -- especially for women who demonstrate agency in seeking out pleasurable sex and a strong connection with a partner. Instead, we should acknowledge the ways in which a woman injects drugs with a sexual partner and utilize tactics to increase pleasure and intimacy in safe and healthy ways. While great care for women who are in harmful relationships is imperative, it is clear that not all relationships include coercion, dependence, and abuse. We must not forget these women in interventions, for their agency to find pleasure in sex and relationships could be utilized to help them enjoy sexual experiences without drug use.

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