Sex, Drugs and HIV

Drug users are citizens like any other!

By Chantale Perron

November 2002 marked eight years of a heroin-free life. I travelled a long road to stop taking the drug that was destroying my health and making me unhappy.

I’ve been living with HIV and hepatitis C since 1992. My name is Chantale Perron and I’m 36 years old.

It took me two years to get over my diagnosis. I thought my life was over, with no hope of ever having a boyfriend, job or children. But, eventually, I started to work on myself, improving my self-esteem and affirmation skills (I learned to say no instead of yes all the time, I started to speak my real thoughts and defend my opinion). I’d always been very weak, especially when it came to men. I tried to please them all the time, because I thought that no man would want to be with a girl like me (even before HIV, so imagine how I felt after!).

Those days are behind me now. I have a boyfriend of six years and we are very much in love. He was also an injection drug user (IDU). And he has HIV, too, so we have that in common… and much more.

For the past few years, I’ve worked at CPAVIH (Comité des Personnes Atteintes du VIH du Québec), mostly providing information about the medical aspects of HIV. Because of my personal experience with drugs and HIV, I’m often invited to conferences and to sit on committees as a representative of drug users and PHAs, to make sure that good decisions are made regarding the real needs of these people. I like to be able to help people who use drugs. Maybe it’s because I know too well all the obstacles that they have to go through, all the judgments and misconceptions they have to fight.

What keeps me going? Defending a cause and feeling useful. That’s why I’ve devoted my life to ensuring that the harm reduction approach is adopted, in order to improve the lives of drug users in Canada. In 2001, I created Pusher d’Infos, a journal written primarily by and for current and former users, in order to give a voice to drug users and provide a space where they can express themselves and defend their rights. The journal provides information to educate users so they don’t get HIV and hepatitis, as well as information that helps those with HIV and hepatitis feel better. Drug users are involved in the project every step of the way and they get paid like everyone else. Pusher d’Infos has been extremely popular and well-received in Quebec (99% of content is in French with an occasional article or poem in English). We have many more ideas, just watch us!

What Is Harm Reduction?

The “official” definition of harm reduction is described as “a pragmatic approach that focuses on reducing the harmful consequences of drug use rather than on its elimination.” In other words, since the war on drugs and its many sanctions clearly do not prevent people from using illegal drugs, why not give users the means to protect their health as well as that of others? With this approach, the needs of the person (ie. the drug user) are taken care of first.
That’s what I like about it. Forget about the typical drug-user profile and the infallible method that will help all users abstain — they don’t exist. However, by treating drug users as human beings and attempting to meet their needs and offer them options, we can obtain concrete results, such as reducing the spread of HIV and hepatitis C as well as helping users who have these diseases to live longer, healthy lives.

Harm Reduction Can Change the World

Harm reduction can take many forms. Needle exchanges are great, but harm reduction has to go further than that. More choices and tools should be made available so each user can find the method that suits him or her best. We also need services or approaches that fit better with women’s realities. I’ve noticed that in therapy centres there are more men than women; the same is true at CPAVIH and with Pusher d’Infos. For some reason, it’s more difficult to reach women. But women using drugs and/or who have HIV are out there, with different needs than men, surviving in a different way than men do.

I know that most women prefer to be guided, not confronted. If a woman needs help to (re)gain her self-esteem, she doesn’t need to be broken in order to get reconstructed (as is often done in some therapy and rehab centres). I was in that situation, broken and disillusioned, when Louise, a social worker, found me. Others had given up on me because I’d relapsed too many times. But Louise gave me hope that some day I could be happy again. She also gave me a lot of practical info that I could use. Even though my goal was to stop using drugs someday, Louise taught me about safe injection (and safe sex, of course!).

Sex and Drug Users: We Still Do It!

Over the years, I’ve observed that messages about safe injection have had a positive effect on the habits of users. Most know that sharing needles carries a high risk of HIV and hep C infection, and most are careful. But when it comes to intimacy, drug users are like anyone else: They think condoms are for other people. The safe-sex aspect of prevention is too often overlooked in info targeted at users. Shooting up doesn’t stop someone from having a sex life... on the contrary!

The War Against HIV and Hep C

I’m now one of many statistics about HIV and hepatitis C coinfection among IDUs. Fortunately, the HIV epidemic and the wave of hep C infections that continues to follow it have at least alerted the authorities. As a result, more money is now being invested into the health of drug users. In order to reach this population, the door had to be opened to new ideas. Bold projects have been put in place and the situation in Canada is slowly beginning to improve. It’s about time.

Me and My Methadone

My methadone story illustrates both the remarkable results that can be obtained from this approach as well as the urgent need to act quickly to help those who seek this form of aid. Methadone is a synthetic narcotic painkiller that produces many of the same effects as heroin or morphine, only it doesn’t get you high. It allows a person who is heroin-dependent to get through the day without having to do illegal drugs and without being dope-sick because they need more. Methadone lasts longer than heroin, for up to 24 hours, and people can drink it once a day, every day, instead of having to shoot heroin every eight hours in order to not get sick (to not have the symptoms of withdrawal after 8-12 hours, because drugs like heroin create a physical dependence). Methadone is legal but has to be prescribed.

After injecting heroin for several years, I wanted to change my life. Easier said than done! My entire life had been transformed by the drug — my thoughts, activities, needs. Everything revolved around the next hit and the fear of not having it. I tried several methods to quit. I underwent three detox treatments at the hospital, complete with drugs to ease the pain of withdrawal. I spent time in treatment centres that promoted the cold-turkey approach, but I relapsed each time I left. Short-term therapies also failed, and an 18-month treatment program had no better result.

When my outreach worker suggested I try a methadone program, I had pretty much lost faith. Still, I registered for it anyway. At the time, money was scarce and the number of places was limited. The waiting list was two years long. The eligibility criteria were such that pregnant women and HIV+ women were admitted first. I was neither pregnant
nor positive, so I added my name to the list and waited. Obviously, I continued to do heroin during that time because I was unable to stop.

Two years later, it was finally my turn. By then, however, it was as a woman infected with both HIV and hep C that I entered the methadone program.

I am no doubt one of many to whom that happened, but fortunately things have improved. In Quebec, for example, funding has been secured and the number of places available in methadone programs has increased. There are also alternatives available now, such as low-level methadone substitution and an outpatient detox program.

Although it doesn’t give me the buzz that dope did, my daily methadone treatment spares me from the agony of withdrawal and the defeat of repeated relapses. As a result, I haven’t injected drugs in eight years, which is a miracle for someone whom several doctors had described as “beyond hope.” My experience hasn’t left me bitter. But I continue to fight so no one else has to go through what I did. And I continue to take my daily bottle of 75 mg of methadone, along with my HIV medications, which I’ve taken since 1996.

Methadone can interact with some HIV meds and other meds (such as antifungals), including:

- nelfinavir (Viracept)
- ritonavir (Norvir)
- lopinavir (Kaletra)
- efavirenz (Sustiva)
- nevirapine (Viramune)
- delavirdine (Rescriptor)
- abacavir (Ziagen)
- fluconazole (Diflucan)
- ketoconazole (Nizoral)
- rifampin

When you take methadone and one or more of these meds, methadone levels in your blood may either increase or decrease (causing symptoms of withdrawal). So, you need to be vigilant and watch if you start to have withdrawal symptoms. This tends to happen slowly, usually within two weeks of starting these meds. In some cases, your methadone dose may need to be adjusted.

Your doctor and pharmacist should know these things. But, you have to tell them about all the drugs you’re taking if you want them to help you. The same goes with your doctor when it’s time to talk about street or recreational drugs. For instance, if your HIV treatment includes ritonavir and doc doesn’t know that you do ecstasy every weekend, he or she won’t be able to tell you that ritonavir has a tendency to increase the level of any drug (legal or not, your body doesn’t bother with the laws).

**Drugs and Violence**

When you do hard drugs, you enter another world. All facets of your life are altered. The fact that drugs are illegal has a lot to do with that. It’s a jungle out there and everyone’s fighting for his or her own piece of fake paradise. You have to hide, lie and search for money constantly. In the end, it changes you.

Like many other women, I became dependent on a man who, in exchange for a roof and a bit of dope, abused me both physically and verbally. It’s not easy to help women in such a situation. It takes a great amount of courage and help to quit a guy. Most of the time, there are other considerations (if you leave, will you have to do sex work to afford to live? Do you have children who will go hungry? Will he threaten you?). It’s not easy to get out of these situations, especially if love is involved. It could take more than a few times before you succeed. Women should not be afraid to ask for help, even if it’s the tenth time they do. There is no guilt to be felt. If the person who is supposed to be helping you can’t understand that, try to seek help somewhere else.

**Citizens Like Any Other**

The lights came on for me when I learned that drug users in Australia and France had formed groups to defend their rights. I could hardly believe it! That’s how I came to believe in harm reduction. People who use drugs are, above all,
human beings and citizens like any other and deserve respect. That’s why users have to become involved and must be present when decisions are made.

Resources

Check out pre*fix, CATIE’s harm reduction booklet for HIV+ users!

The Canadian Harm Reduction Network toll-free: 1.800.728.1293

The Harm Reduction Coalition

VANDU (Vancouver Area Network of Drug Users) phone: 604.683.8595

Sylvie Olivier, 34


FOR SEVEN YEARS I lived in an abusive relationship. I left in 1995, when I realized my partner was never going to change. He never helped me and only made me feel worse. If you’re in a bad relationship, first of all find someone you can talk about it with. Go to your best girlfriend and don’t tell anyone else about it. Go to a shelter. Sometimes you may need to relocate, so be ready for it. Sometimes hearing from others in a similar situation might help. This is what I did for myself. And after seven years in misery, I was able to meet someone else, withdraw from drugs and have a healthy child. Being on methadone has helped me. I’ve been on it since April 2001. It doesn’t interfere with my meds, and it hasn’t caused me any problems yet. It helps me deal with my mood swings and feel more stable.

Things are looking good for me now. It was a great bonus to learn that my child is negative.

Cindy Reardon, 34


SOME WOMEN WITH HIV are more vulnerable than others because they have a “drug user” label on their medical file. So when the time comes for pain medication, they’re not properly treated. I want to make sure that I’m honest with my doctor if I’m doing drugs recreationally, just like I would be if I was drinking alcohol. We have to educate doctors about drug interactions, and we have to empower women and make them as safe as possible while they’re using drugs and taking HIV meds.

There’s more info out there for men and more of the larger agencies cater to men. I’m a lesbian, and my issues are not all the same as those of heterosexual women (and after seven years of living with HIV, my issues are different than they were when I was first diagnosed). There is some info out there, but very few support groups for women like me.

Photo: Jake Peters
Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV and/or hepatitis C who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

CATIE endeavours to provide the most up-to-date and accurate information at the time of publication. However, information changes and users are encouraged to ensure they have the most current information. Users relying solely on this information do so entirely at their own risk. Neither CATIE nor any of its partners or funders, nor any of their employees, directors, officers or volunteers may be held liable for damages of any kind that may result from the use or misuse of any such information. Any opinions expressed herein or in any article or publication accessed or published or provided by CATIE may not reflect the policies or opinions of CATIE or any partners or funders.

Information on safer drug use is presented as a public health service to help people make healthier choices to reduce the spread of HIV, viral hepatitis and other infections. It is not intended to encourage or promote the use or possession of illegal drugs.

Permission to Reproduce

This document is copyrighted. It may be reprinted and distributed in its entirety for non-commercial purposes without prior permission, but permission must be obtained to edit its content. The following credit must appear on any reprint: This information was provided by CATIE (the Canadian AIDS Treatment Information Exchange). For more information, contact CATIE at 1.800.263.1638.

© CATIE

Production of this content has been made possible through a financial contribution from the Public Health Agency of Canada.

Available online at: