

Women's Intimate Partner Relationships and Post-Incarceration Treatment for Substance Abuse and Dependence in Puerto Rico: A Literature Review^{1,2}

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Abstract

With .3% of its inhabitants in prison, Puerto Rico has one of the highest incarceration rates in Latin America, and 43% of its population of incarcerated women report having problematic use of illicit drugs. As the War on Drugs has reached a global dimension with a surge in incarceration rates and disastrous consequences for the health of the poor, undertaking research on illegal substance abuse or dependence has become increasingly important in both the correctional and public health contexts. In this article, we articulate the role of qualitative methodology in developing a research agenda on intimate partner relationships and treatment design for substance abuse or dependence for women recently released from jail in Puerto Rico. Based on an extensive literature review, we identify six variables related to intimate partner relationships that have a direct impact on women's health-related decision-making processes which could potentially affect treatment seeking and adherence: social support, communication, intimate partner violence, sexual intimacy, stigmatization, and partner's illicit drug abuse or dependence.

Keywords: *Addiction; communication; intimate partner violence; Puerto Rico; relationships; research design; sexual intimacy; social support; stigmatization; substance abuse / dependence; women's health*

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Resumen

Con .3% de su población encarcelada, Puerto Rico tiene una de las tasas más altas de encarcelación en América Latina, y 43% de su población de mujeres confinadas reporta uso problemático de sustancias ilícitas. Según la Guerra Contra las Drogas ha alcanzado una dimensión global acompañada de alzas en las tasas de encarcelación y consecuencias desastrosas para la salud de las poblaciones de bajos recursos económicos, la investigación sobre el abuso de y la dependencia a las sustancias ilícitas ha cobrado importancia tanto en el contexto correccional como en el de salud pública. En este artículo, articulamos el rol de la metodología cualitativa en el desarrollo de una agenda de investigación sobre las relaciones de parejas íntimas y el diseño de tratamiento para el abuso de y la dependencia a sustancias en mujeres que recientemente han salido de la prisión en Puerto Rico. Basándonos en una extensa revisión de literatura, identificamos seis variables relacionadas a las relaciones de parejas íntimas que a la vez impactan directamente la toma de decisiones por estas mujeres en torno a asuntos de salud y que podrían afectar la búsqueda de y la adherencia a tratamientos: apoyo social, comunicación, violencia entre parejas íntimas, intimidad sexual, estigmatización y abuso de o dependencia a sustancias ilícitas en la pareja.

Palabras clave: *Abuso de / dependencia a sustancias ilícitas; adicción; apoyo social; comunicación; diseño de investigación; estigmatización; intimidad sexual; Puerto Rico; relaciones íntimas; salud de mujeres; violencia doméstica.*

Through studies on HIV, violence, and substance abuse or dependence (SA/D),⁴ researchers have evidenced the importance of developing preventive and harm-reducing interventions for women while approaching gender as a cultural construct (Quintero, Liliott, & Willging, 2007; Rodríguez Madera & Marqués Reyes, 2007). Promoting harm-reducing practices among women with chronic health conditions must account for cultural factors such as power inequality; gender stigmatization; socially devalued categorizations (i.e. poverty, HIV status, SA/D, and so forth); and exposure to victimization in different contexts such as: the workplace, centers for social or health-related services, and prison (Quintero et al., 2007). The War on Drugs, aggressively promoted by the U.S. government, has had seriously detrimental effects on the health and living standards of the global poor, with exponential rises in incarceration and marked consequences for women (Albizu-García et al., 2005; Torruella, 2010).

In this article, we identify variables in recent scientific literature that are related to gender and the role that intimate partner relationships play in women's health-related decision-making processes. Researchers should consider these variables for the articulation of a qualitative research agenda intended to promote substance abuse or dependence treatment seeking and adherence among women who have been recently released from prison in Puerto Rico, a commonwealth of the United States.⁵

⁴ The clinical terms substance abuse and dependence are defined by the DSM IV, referred to as SA/D in this article.

⁵ The Commonwealth of Puerto Rico is a non-incorporated territory of the United States, located in the northeastern Caribbean Sea, east of the Dominican Republic.

To this end we: (a) present how the issue of women's illicit SA/D manifests itself in the correctional context; (b) identify findings in scientific literature that target factors inherent to intimate partner relationships which can have a direct effect on women's SA/D and treatment seeking and adherence; and (c) articulate the role of qualitative methodology in developing a research agenda intended to advance scientific understanding of treatment among women with a history of illicit SA/D and who have been recently released from prison in Puerto Rico.

Massive Incarceration in Puerto Rico and its Implications for Women

The United States is the country with the highest rate of incarceration, with .7% of its population behind bars (International Centre for Prison Studies [ICPS], 2010). The politics behind the imposition of criminal charges in the United States has resulted in a phenomenon of massive incarceration characterized by its superlative quantity of inmates in comparison to similar postindustrial societies, and the disproportionate concentration of its social effects on the population of Afro-American descent (Comfort, 2008; Torruella, 2010).

The criminalization of SA/D contributes to the overflowing of U.S. prisons, and a number of researchers have attributed the increasing rate of incarceration to harsh penalties imposed on drug offenders, with particularly detrimental effects for women (Pimlott & Sarri, 2002; Small, 2000). Although the sizes of the populations of women in the United States and Europe are nearly equivalent, the number of imprisoned women in the United States was six times higher than that of their counterparts in Europe for the year 2000 (Comfort, 2008). The number of women in U.S. state and federal prisons increased eight-fold, from 12,300 in 1980 to 107,500 in 2005, an increase nearly double that of men during the same period (Sentencing Project, 2006).

Puerto Rico has one of the highest rates of incarceration in Latin America with .3% of its population incarcerated (ICPS, 2010). Because of its political status as a commonwealth of the United States, Puerto Rico has also adopted the practice of massive incarceration. This practice has disproportionately affected vulnerable Puerto Rican sectors that find themselves overrepresented in prison: namely people who present high levels of poverty, unemployment, school desertion, and substance abuse/dependence (Department of Corrections and Rehabilitation [DCR], 2008).

Because women are more likely than men to be incarcerated for an illicit-drug or property offense (Sentencing Project, 2006), correctional facilities provide a unique opportunity to treat women with illicit SA/D and to refer them on release to community-based treatment to enhance social integration and diminish recidivism (Smith-Rohrberg, Bruce, & Altice, 2004). However, many women inmates do not receive treatment at all, either during incarceration or upon their release to the community (Bureau of Justice Statistics, 1995; Smith-Rohrberg et al., 2004). Considering that 43% of the women inmates in Puerto Rico report having problems with SA/D (DCR, 2008), it is crucial to improve their access to substance SA/D treatment.

Women inmates with illicit SA/D suffer various forms of distress linked to aspects of their incarceration, including a lack of SA/D treatment in prison; stigma linked to their SA/D, and limited social support. Intimate partners use creative strategies to maintain their relationships and manage the regulatory effects of prison (Comfort, 2008). Women with illicit SA/D often fear what awaits them in their transition from prison to the community, including unemployment, difficult economic situations, child-rearing, demands from family and intimate partners, and relapse (Van Olphen, Eliason, Freudenberg, & Barnes, 2009; Visher & Travis, 2003). The effects of incarceration on the intimate partner relationships of women inmates can place a

burden on relationship quality and satisfaction, even after they leave prison. Moreover, partners frequently oppose women's entry into treatment (Laudet, Magura, Furst, Kumar, & Whitney, 1999), and having a spouse may protect men from recidivism, but not women (Pelissier, Camp, Gaes, Saylos, & Rhodes, 2003).

Challenges of Intimate Partner Relationships for Treatment: Lessons from HIV Research

Literature on SA/D has emphasized the individual person and therefore lacks the breadth necessary to represent the complexity of how intimate partner relationships affect decisions concerning treatment. Researchers of HIV, another challenging and stigmatized chronic health condition, have shown that prevention efforts that target only the individual are too narrowly focused (Rodríguez Madera & Marqués Reyes, 2007). Consideration of the variables present in intimate partner relationships has helped broaden the focus toward addressing relationship and psychosocial factors that affect decision-making and, consequently, HIV/AIDS treatment seeking and adherence (Jemmot, 2007; Lichtenstein, 2006; Manfrin-Ledet & Porche, 2003).

Literature on HIV contains details on six specific variables associated to women's intimate partner relationships. *Social Support*: High social support levels contribute to a higher quality of life, an adequate understanding of health conditions, benefits in mental and physical health, and adherence to treatment (Olamakinde Olapegba, 2005; Rodríguez Madera & Varas Díaz, 2011, in press). Furthermore, a successful transition from prison to the community requires reintegration and adjustment highly dependent on social support from family members and intimate partners (Visher & Travis, 2003). *Communication*: Improving the sexual communication for intimate partners facilitates behavioral changes and fosters the empowerment of women, particularly in HIV-related health care (Van der Straten, Gómez, Saul, & Padian, 2000). Some common health issues related to communication between intimate partners include concerns about health-affecting conditions, child-rearing, effects of imprisonment, economic difficulties, and the future of the relationship (Comfort, 2008; Panozzo, Battegay, Friedl, & Vernazza, 2003). Dysfunctional communication patterns in couples produce behaviors that negatively affect the relationship, such as sexual acting out, problematic drug or alcohol use, difficulty discussing or expressing feelings, and violence (De Guzmán et al., 2006). *Intimate Partner Violence*: Growing evidence links intimate partner violence with conditions that negatively affect women's health such as HIV, inflammatory diseases, cancer, and SA/D (Coker, Smith, Bethea, King, & McKeown, 2000; Rodríguez Madera & Marqués Reyes, 2007). *Sexual Intimacy*: Chronic health conditions affect women's self-esteem and sexual desire (Keegan et al., 2005). Researchers have found that sexual intimacy is one of the factors with the most potential to negatively impact women's adherence to HIV treatment (Maticka-Tyndale & Cohen, 2002). In Puerto Rico, HIV prevalence among injecting drug users is particularly high, as is their overrepresentation in prison (Albizu-García et al., 2005). It is important to explore how the coexistence of HIV and SA/D could affect sexual intimacy, given that intimate partners often perceive safer sexual strategies as barriers to intimacy and that, in particular, women often have difficulties negotiating safer sexual strategies (Marqués Reyes, Rodríguez Madera, & Matías Carrelo, 2007; Pérez-Jiménez, Escabí Montalvo, & Cabrera Aponte, 2010; Stevens & Galvao, 2007). *Stigmatization*: Intimate partners can provide support and emotional security, but this can be undermined by the stigmatization that surrounds some health conditions such as HIV and Hepatitis C (Treloar & Rhodes, 2009; Van Olphen et al., 2009). Stigmatization can foster poor adherence to HIV treatment, as well as feelings of isolation and low self-esteem (Toro-Alfonso

& Andújar-Bello, 2002). Stigmatization builds barriers for healthy interpersonal relationships (Poindexter & Linsk, 1999). SA/D are highly stigmatized in Puerto Rico, posing important challenges for health promotion and treatment (Varas, Santiago Negrón, Neilands, Cintrón Bou, & Malavé Rivera, 2010). *Partner's health*: Partner's HIV status may impose feelings of alienation within the relationship context, particularly on serodiscordant couples. For example, research has shown that women with HIV in serodiscordant couples report resistance from their partners to the idea of using condoms, which in turn propitiates their feelings of guilt and concern (Stevens & Galvao, 2007). In Puerto Rico, intimate partner's criminality, often tied to illicit drug activity and SA/D, might be the most consistent predictor for relapse in women at the relational level, and women whose partners engage in criminal activities have a probability of drug cessation reduced by 75% (Warner, Alegría, & Canino, 2004). Successful treatment for women with illicit SA/D might need to also take their partners' health into account and include them in treatment, yet more research is needed in this area (McCollum, Nelson, Lewis, & Trepper, 2005; Sheard & Tompkins, 2008).

The findings contained in recent literature concerning how these six variables operate more deeply within the intimate partner relationships of women with illicit SA/D, and how they affect subsequent health-related practices, can help us generate recommendations for designing a qualitative research agenda that will consider women's illicit SA/D as a chronic health condition.

Method

We analyzed 46 peer-reviewed articles, published in English between 2003 and 2010, to determine the current state of research concerning illicit SA/D and the six variables previously identified, mostly derived from literature on HIV, as having potential for informing health research on the effects that intimate partner relationships have on women's SA/D treatment seeking and adherence—social support, communication, intimate partner violence, sexual intimacy, stigmatization, and partner's SA/D. In searching for articles, we used the databases PubMed, Science Direct, and EBSCO Host, and search terminology that included meaningful combinations of the following: intimate partner, relationships, illicit drugs, illegal drugs, drug/substance use/abuse/addiction/dependence, social support, communication, intimate partner violence, domestic violence, sexual intimacy, stigma, stigmatization, and treatment. Due to our interest in qualitative methodology, we also included the most relevant articles published during the previous year in the peer-reviewed journal *Qualitative Health Research*.

As Table I shows, we chose a group of articles that provide an overview of the issue, representing quantitative and qualitative approaches and giving preference to articles that focus directly on the variables of interest. In the instances of communication and stigmatization, where research is particularly limited, we searched within the articles for secondary themes—other than intimate relationships—linked to illicit substance abuse/dependence and the pertinent variables. We categorized each article according to the most relevant theme linked to our analysis. The final sample of 19 articles includes work undertaken in a number of locations: 13 in the United States; two in the United Kingdom; one in Puerto Rico; one in Finland; one in an area encompassing Europe, North America, Australia, and New Zealand; and one that although not clearly identified (Kissman & Torres, 2004), we suspect to be from the United States.

TABLE I
Summary of Articles Included in the Synthesis

<i>Social Support (SS)</i>						
<i>Authors</i>	<i>Year</i>	<i>Location</i>	<i>Sample</i>	<i>Method</i>	<i>Relevant Theme(s)</i>	
Heinz et al.	2009	United States	565 cocaine and heroin users	QN. Secondary analysis of data from 3 clinical trials	Effect of marriage on treatment	
Panchanadeswatan et al.	2008	United States	416 women on methadone	QL. In-depth interviews	Effect of SS and IPV on treatment	
Tracy et al.	2005	United States	3,014 male veterans in treatment	QN. Questionnaire	Effect of partner relations on treatment	
Falkin et al.	2003	United States	100 women in post-incarceration therapy	QL. Secondary analysis of semi-structured interviews	Constructive SS and relapse enabling during treatment	
<i>Communication (CM)</i>						
<i>Authors</i>	<i>Year</i>	<i>Location</i>	<i>Sample</i>	<i>Method</i>	<i>Relevant Theme(s)</i>	
Fischer et al.	2008	United Kingdom	79 clients, 27 staff, and 27 referring individuals at treatment agencies	QL. Semi-structured interviews	Challenges of involving drug users in treatment decisions	
Kissman et al.	2004	(United States)	30 mothers incarcerated in city jail	QL. Weekly support groups in three-month intervention	Role of CM skills in preventing relapse	
<i>Intimate Partner Violence (IPV)</i>						
<i>Authors</i>	<i>Year</i>	<i>Location</i>	<i>Sample</i>	<i>Method</i>	<i>Relevant Theme(s)</i>	
Flinck et al.	2010	Finland	24 women in agencies for victims of IPV	QL. In-depth interviews	Women as perpetrators of IPV	
Chermack et al.	2008	United States	489 men and women enrolled in drug treatment	QN. Six-session intervention for violence prevention	Effect of IPV on treatment	
Nehls et al.	2005	United States	30 women drug users	QL. In-depth interviews	Relationship between history of abuse and consequent drug use	
Testa et al.	2003	United States	724 women in heterosexual relationships	QN. Questionnaire and mail-in follow-up	Relationship between drug use and IPV	
<i>Sexual Intimacy (SI)</i>						
<i>Authors</i>	<i>Year</i>	<i>Location</i>	<i>Sample</i>	<i>Method</i>	<i>Relevant Theme(s)</i>	
Pallonen et al.	2009	United States	366 African-American crack users	QN. Questionnaires	Condom use by drug users in intimate partnerships	
El-Bassel et al.	2003	United States	250 women on methadone	QL. In-depth interviews	Effect of drug use on SI	
<i>Stigmatization (ST)</i>						
<i>Authors</i>	<i>Year</i>	<i>Location</i>	<i>Sample</i>	<i>Method</i>	<i>Relevant Theme(s)</i>	
Treloar et al.	2009	Various	25 qualitative and peer-reviewed articles	QL. Review of articles published between 2000-2008	Lived experience of Hepatitis C treatment among injecting drug users	
Van Olphen et al.	2009	United States	17 recently released women drug offenders	QL. Semi-structured interviews	Role of ST in limiting options for women drug users	
<i>Substance Abuse/Dependence in Partners</i>						
<i>Authors</i>	<i>Year</i>	<i>Location</i>	<i>Sample</i>	<i>Method</i>	<i>Relevant Theme(s)</i>	
Rivaux et al.	2008	United States	17 women in treatment	QL. In-depth semi-structured interviews	Effect of relationships in early recovery	
Sheard et al.	2008	United Kingdom	45 women with injecting history	QL. Focus groups and in-depth interviews	Women whose partners inject them	
Simmons et al.	2006	United States	10 heroin and cocaine-using heterosexual couples	QL. Semi-structured interviews and ethnographic observation	Care and collusion among drug-using couples	
Alegria et al.	2004	Puerto Rico	443 women living in high-risk urban areas	QN. Longitudinal study, using computerized interviews and urine tests	Incidence, prevalence, and predicting social factors of drug use	
Grella et al.	2003	United States	940 men and women in drug and alcohol treatment	QN. Pre and post measures for evaluating impact of long-term outcomes	Effect of partners on recovery process	

Note. QL = Qualitative Approach; QN = Quantitative Approach

Results

Social Support

Researchers have tended to dichotomize social support (SS) as either positive or negative. However, SS as a behavior is contextual, multidimensional, dynamic, and complex (Tracy, Kelly, & Moss, 2005). SS networks vary in composition and might include intimate partners, family members, and friends (Panchanadeswatan et al., 2008). Health-related decision-making processes improve when SS networks provide constructive support for women drug users, including help with emotional issues, encouragement to stop using drugs, advice, and assistance with practical matters such as child care, housing, and procuring drugs or money in ways that reduce exposure to dangerous situations (Falkin & Strauss, 2003). In addition, SS networks might provide women with information about options for treatment and assistance (Falkin & Strauss, 2003; Panchanadeswatan et al., 2008). Counting on people for help and having cohesive family circles facilitate women's functioning following treatment (Tracy et al., 2005). Maximizing SS is therefore a useful strategy in treatment (Panchanadeswatan, El-Bassel, Gilbert, Wu, & Chang, 2008; Falkin & Strauss, 2003). However, a limited SS network, composed of few or untrustworthy members or of solely drug users, might hinder abstinence (Panchanadeswatan et al., 2008). Additionally, intimate partners might provide SS for women with SA/D but might also exert social control, perpetrate violence, pressure the women to use drugs, or oppose their treatment (Falkin & Strauss, 2003). Relationship closeness more so than marital status might predict diminished use of cocaine and heroin among couples (Heinz, Wu, Witkiewitz, Epstein, & Preston, 2009). Relationship stability and quality prior to treatment might relate to a reduction in drug use, and lacking an intimate partner upon entering treatment might actually predict relapse and a worsening in functioning following treatment (Tracy et al., 2005). Nonetheless, when a woman's intimate partner is also a drug user, relapse and diminished treatment adherence are commonplace due to a lack in SS for the specific objectives of abstinence or treatment adherence (Heinz et al., 2009).

Communication

Effective communication has been identified as an important variable in health care, but studies in this area are particularly scarce in the context of the intimate partner relationships. Researchers have emphasized communication between drug users and their treatment providers, and between drug users and their family members (Fischer & Neale, 2008; Kissman & Torres, 2004). Decision-making concerning treatment presents barriers between drug users and health professionals, in the forms of differences of opinion, power dynamics, and expectations (Fischer & Neale, 2008). Clients and health professionals might diminish these barriers by improving communication and cultivating an interpersonal relationship, exchanging information, and jointly making treatment decisions (Fischer & Neale, 2008). Through the development of effective communication and anger management skills, drug users strengthen their strategies for resolving family conflicts and reduce relapse rates (Kissman & Torres, 2004).

Intimate Partner Violence

Women drug users are at an increased risk of experiencing intimate partner violence

(IPV) (Testa et al., 2003). However, actual drug consumption might lead directly to IPV as much as antisocial behavior, stress, unsafe housing, high-risk lifestyles, family history, and conflicts over sharing limited drugs and equipment or over spending household money on drugs (Testa et al., 2003; Nehls & Sallmann, 2005; Chermack et al., 2008). Childhood physical abuse is the most influential family history variable leading to intimate partner violence (Nehls & Sallmann, 2005; Chermack et al., 2008). Cohabiting is also a predictor for IPV (Chermack et al., 2008). Women often stay in abusive relationships because of the threat of poverty or of being stalked, assaulted, or killed by their intimate partners or friends, and as current public practices and policies fail to provide safety for women in these situations, they often accept an ongoing cycle of abuse as their best option, becoming accustomed to violence and accepting it as a normal part of relationships (Flinck & Paavilainen, 2010; Nehls & Sallmann, 2005). Additionally, women have difficulties identifying their own violent behavior, failing to recognize it, downplaying its severity, or denying it completely, but they might be as or more likely than men to perpetrate IPV—men, however, perpetrate more serious physical violence, and women are more likely to suffer physical injuries (Chermack et al., 2008; Flinck & Paavilainen, 2010). Although Testa et al. (2003) found no evidence of a direct effect of IPV on subsequent drug use, other researchers suggest that women recur to SA/D to cope with pain and anxiety in intimate partner relationships (Flinck & Paavilainen, 2010; Nehls & Sallmann, 2005).

Sexual Intimacy

Most research on drug use and sexual intimacy has centered on HIV and condom use. The rate of consistent condom use among urban African American crack-cocaine smokers in Texas, for example, may be lower than 10%, which is about half of the rates reported in the general population (Pallonen, Timpson, Williams, & Ross, 2009). Moreover, high intimacy might lead to low condom use, which suggests the importance of targeting partners, not just individuals, in HIV prevention (Pallonen et al., 2009). Aside from HIV prevention, however, the complex relationship between drug use and sexual intimacy is understudied and seemingly full of contradictions. El-Bassel et al. (2003) found that some women report that drugs increase their sexual performance, but others report that drugs inhibit it; many women find that drugs enhance their male partners' sexual performance, but others find that drugs decrease it or encourage sexual and physical abuse. Furthermore, gender disparities in how drugs affect sexual dynamics results in coercion and violence in some relationships. These researchers found that drug use became the central component in the participants' sexual intimacy only in some cases, but that in all cases drug use deeply affected the sexual intimacy of the participants, either positively or negatively.

Stigmatization

Stigmatization is gendered, and its effects fall more heavily on women with SA/D than on their male counterparts (Treloar & Rhodes, 2009; Van Olphen et al., 2009). Its internalization might result in feelings of deservingness, guilt, shame, worthlessness, low self-esteem, and in exacerbated mental health problems (Treloar & Rhodes, 2009; Van Olphen et al., 2009). Stigmatization is present in health practitioners who hold perceptions of deservingness toward their drug-using patients, trivialize their illnesses, place blame on them, and devalue their needs (Treloar & Rhodes, 2009). Additionally, punitive drug laws reinforce existing social inequalities

by limiting women's access to housing, employment, and financial aid for education, which often results in women's recurring to legally and morally policed sources of income (i.e. drug selling, sex work), and to unhealthy or unsafe housing environments (Van Olphen et al., 2009). Housing opportunities are limited even more if their intimate partners have been convicted for drug or felony offenses (Van Olphen et al., 2009). As many women transitioning from jail to the community do not receive assistance with pre-release planning for handling imminent difficulties, they often feel unprepared for dealing with high-stress situations, such as facing disrupted family and community connections as well as child rearing (Van Olphen et al., 2009). Illness has a direct effect on relationship expectations, and injecting drug users have a tendency to not disclose aspects of their condition to anyone outside of their closest relationships because of fear of rejection, exacerbating the effects of isolation and lack of social support (Treloar & Rhodes, 2009).

Substance Abuse/Dependence in Partners

Men are more often introduced to drugs by friends, but women are more likely to initiate drug use through pressure, encouragement, or persuasion from intimate partners (Grella, Scott, Foss, Joshi, & Hser, 2003; Rivaux, Sohn, Armour, & Bell, 2008; Sheard & Tompkins, 2008). Structural factors—such as lucrative drug markets, unemployment, poverty, and lacking academic education—influence interpersonal dynamics (Alegría et al., 2004; Simmons & Singer, 2006). Women who enter SA/D treatment report higher rates of unemployment, family problems, and difficulties with social functioning than men do (Grella et al., 2003). Women's SA/D in high-risk urban communities in Puerto Rico is more than three times higher than in the general population, in part due to proximity to drug copping areas that expose women to a pool of partners involved in the drug trade, and limited opportunities for social mobility (Alegría et al., 2004). Drug-related activities become a source of connection between women and their intimate partners, and attachment to intimate partners increases with weak family ties, poverty, a low sense of worth, tolerance for men's SA/D, high value of intimate relationships, and the need for protection from an insecure environment (Alegría et al., 2004; Rivaux et al., 2008). Economic and emotional dependence on intimate partners hinders women's ability to escape from violence and adverse environments, and some women drug users might give up career goals, independence, or money, to maintain their intimate partner relationships because of fear of being alone (Alegría et al., 2004; Rivaux et al., 2008).

Gender roles influence drug use in intimate relationships. Women often expect their male partners to procure the drugs, and thus women feel taken care of and protected, but also subordinated (Simmons & Singer, 2006). Furthermore, women are often injected by their intimate partners, especially if they are inexperienced and their intimate partners are the primary injectors (Sheard & Tompkins, 2008). Weighing the benefits against the costs of using drugs with intimate partners or of staying in intimate relationships with drug users is important for women in recovery. Intimate partner relationships are sometimes crucial to women's feelings of love and self-worth, and some women report that using drugs helps them manage relationships, but the costs of using drugs might include going to prison, losing relationships, or feeling grief and shame for the drug use and the relationship choices (Rivaux et al., 2008).

The recovery plans of many women in treatment include becoming independent from their intimate partners, gaining control over their lives, setting boundaries in intimate relationships, and improving living situations (Rivaux et al., 2008). Employment and public

entitlement programs as opposed to punitive policies reduce women's dependence on intimate partners and might also reduce women's SA/D (Alegría et al., 2004). However, healing relationships and counting on intimate partners committed to staying clean or reducing drug use might be crucial to recovery and treatment (Rivaux et al., 2008; Sheard & Tompkins, 2008; Simmons & Singer, 2006). Couples committed to reducing their drug intake are sometimes able to do so, improving the quality of their relationships and reinforcing their recovery (Simmons & Singer, 2006). However, problems often ensue when only one partner wants to abstain from drugs because the relationship is perceived as threatened, triggering relapse (Grella et al., 2003; Rivaux et al., 2008; Sheard & Tompkins, 2008; Simmons & Singer, 2006). Couples might also mutually reinforce the cycle of drug use in avoiding withdrawal symptoms by procuring and sharing drugs (Simmons & Singer, 2006).

Recommendations for Designing Research on Women's Post-Incarceration Substance Abuse/Dependence Treatment in Puerto Rico

Research geared toward the development of strategies for the treatment of illicit SA/D among Puerto Rican women in transition from prison to the community requires a holistic approach, accounting for individual, relational, and socio-cultural factors. Puerto Rico has a complex legacy that incorporates U.S. culture and markedly Judeo-Christian values, as it has been politically related to the United States for over 100 years—initially as a colony and now as a commonwealth—and it was a Spanish colony for four centuries prior to that. Due to this legacy, gender constructions in Puerto Rico stem from conservative notions of specific social expectations for men and women.

In the context of intimate partner relationships, Puerto Rican women are socialized from an early age to aspire for an intimate partner and the opportunity to successfully assume the roles of mothers, wives, and housewives. Although women represent a large sector of the Puerto Rican labor force, they still lag behind men in employment opportunities and pay. Stigma tied to gender, which dictates what people may or may not do according to their gender, does not allow for women to truly transcend the barriers imposed on them by social expectations. Many women continue to accept men as the figures that dictate the parameters in relationships and in domestic spaces. The profile of Puerto Rican women who have been in prison points to low academic achievement and economic status, high rates of illicit SA/D and unemployment, and the responsibility of rearing more than one child. This profile complicates any options for these women to transcend their socially disadvantaged positions.

A consensus exists on prevention as the best site for creating an optimal environment for health care. In Puerto Rico, however, public health works in a remedial framework, and a punitive model of law and order results in the imprisonment of people with illicit SA/D and not on availability of treatment. Developing prevention initiatives for women with illicit SA/D requires a profound knowledge of factors of risk and prevention at all the levels entailed by the human lived experience. Notable lacunae exist in our knowledge of the link between SA/D treatment and intimate partner relationships because of their complex nature. Qualitative research as a primary strategy can help fill these lacunae if it attempts to holistically describe the phenomenon through an exhaustive analysis of its elements. A qualitative research agenda should explore the role of intimate partner relationships in the population of Puerto Rican women with illicit SA/D who have been recently released from prison, and it should include considerations such as the following.

Research Topics

1. Exploring the effects of the prison experience on intimate partner relationships and behaviors associated with illicit SA/D.
2. Evaluating the impact of having multiple intimate partners (simultaneously or within a short period of time) on women's illicit SA/D.
3. Exploring the impact of relationship satisfaction on women's illicit SA/D in relation to the variables discussed.
4. Focusing on how communication, stigmatization, and sexual intimacy influence women's intimate partner relationships, SA/D, and treatment decisions.
5. Detailing how co-occurring sexually transmitted diseases and illicit SA/D affect intimate partner relationships and the variables of our interest.
6. Exploring the significance that women attach to drug use, including feelings of connection or alienation within intimate partner relationships.
7. Exploring how social support might contribute to women's functionality, reduced harm, or treatment seeking and adherence.

Cultural Factors

1. Identifying the materialization of socio-structural factors (i.e. economic situation, religion, gender) in intimate partner relationships and in behaviors associated with illicit SA/D.
2. Identifying how violence manifests itself in the intimate relationships of women within specific socio-cultural spaces. In Puerto Rico, gender violence is an epidemic that is resulting in the normalization of violent behavior, particularly between intimate partners.

Methodological Considerations

1. Undertaking semi-structured interviews in spaces that promote a comfortable environment and that guarantee full confidentiality.
2. Including women of diverse sexual orientations during the recruiting process.
3. Representing as much socio-demographic diversity in the participant pool as possible.
4. Exploring options to incorporate intimate partners in prevention strategies and treatment, taking into consideration women's opinions and overall safety when evaluating the viability of such incorporation.

Discussion

We have analyzed the importance of implementing a research agenda that would inform how to improve health and living standards for women with illicit SA/D who are transitioning from prison to the community in Puerto Rico. This agenda can help identify risk factors for SA/D and deepen our understanding of factors that promote treatment seeking and adherence, as well as women's personal and social functionality. Medication is a plausible possibility for people with a history of SA/D, especially in reducing criminal recidivism (Albizu et al., 2005).

The Puerto Rican Health Department has just approved a plan for medicating Buprenorphine.⁶ We still have many challenges ahead, especially in the production of useful knowledge to understand a phenomenon as complex as illicit SA/D in Puerto Rico. A country that strengthens its prevention agenda and its knowledge production has a future.

References

- Albizu-García, C., Román-Badenas, L., Caraballo-Correa, G., Rivera, S., Hernández-Viver, A. D., & Caraballo, J. N. (2005). *Estudio de necesidades de tratamiento para el uso de sustancias y la prevención de VIH y Hepatitis B/C en las prisiones de Puerto Rico*. Submitted to the Department of Correction and Rehabilitation. San Juan, PR.
- Alegria, M., Vera, M., Shrout, P., Canino, G., Lai, S., Albizu, C., . . . Rusch, D. (2004). Understanding hard-core drug use among urban Puerto Rican women in high-risk neighborhoods. *Addictive Behaviors, 29*, 643-664.
- Bureau of Justice Statistics. (1995). *Drugs and crime facts 1994*. Washington DC: United States Department of Justice.
- Chermack, S. T., Murray, R. L., Walton, M. A., Booth, B. A., Wryobeck, J., & Blow, F. C. (2008). Partner aggression among men and women in substance use disorder treatment: Correlates of psychological and physical aggression and injury. *Drug and Alcohol Dependence, 98*, 34-44.
- Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine, 9*, 1-7.
- Comfort, M. (2008). *Doing time together: Love and family in the shadow of prison*. Chicago: University of Chicago Press.
- De Guzmán, R., Leonard, N. R., Viorst Gwadz, M., Young, R., Ritchie, A. S., Arredondo, G., & Riedel, M. (2006). 'I thought there was no hope for me': A behavioral intervention for urban mothers with problem drinking. *Qualitative Health Research, 16*(9), 1252-1266.
- Department of Correction and Rehabilitation [DCR]. (2008). *Perfil de la población correccional femenina sentenciada al primero de julio del 2008*. Oficina de Desarrollo Programático. San Juan, PR.
- El-Bassel, N., Gilbert, L., & Rajah, V. (2003). The relationship between drug abuse and sexual performance among women on methadone: Heightening the risk of sexual intimate violence and HIV. *Addictive Behaviors, 28*, 1385-1403.
- Falkin, G. P., & Strauss, S. M. (2003). Social supporters and drug enablers: A dilemma for women in recovery. *Addictive Behaviors, 28*, 141-155.
- Fischer, J., & Neale, J. (2008). Involving drug users in treatment decisions: An exploration of potential problems. *Drugs: Education, Prevention, and Policy, 12*(2), 161-175.
- Flinck, A., & Paavilainen, E. (2010). Women's experiences of their violent behavior in an intimate partner relationship. *Qualitative Health Research, 20*(3), 306-318.
- Grella, C. E., Scott, C. K., Foss, M. A., Joshi, V., & Hser, Y. (2003). Gender differences in drug treatment outcomes among participants in the Chicago Target Cities Study. *Evaluation*

⁶ Buprenorphine is an opioid partial agonist, which at low doses enables individuals to discontinue the use of opiates without experiencing withdrawal symptoms. Buprenorphine presents a much lower risk for abuse, addiction, and side effects than full opioid agonists.

- and Program Planning*, 26, 297-310.
- Heinz, A. J., Wu, J., Witkiewitz, K., Epstein, D. H., & Preston, K. L. (2009). Marriage and relationship closeness as predictors of cocaine and heroin use. *Addictive Behaviors*, 34, 258-263.
- International Centre for Prison Studies [ICPS]. (2010). *World prison briefs*. Retrieved from <http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/>
- Jemmot, J. B. (2007). HIV/STD risk reduction for African American couples. *Research Crossroads*.
- Keegan, A., Lambert, S., & Petrak, J. (2005). Sex and relationships for HIV-positive women since HAART: A qualitative study. *AIDS Patient Care and STDs*, 19, 645-654.
- Kissman, K., & Torres, O. A. (2004). Incarcerated mothers: Mutual support groups aimed at reducing substance abuse relapse and recidivism. *Contemporary Family Therapy*, 26(2), 217-228.
- Laudet, A., Magura, S., Furst, R. T., Kumar, N., & Whitney, S. (1999). Male partners of substance-abusing women in treatment: An exploratory study. *American Journal of Drug and Alcohol Abuse*, 25(4), 607-627.
- Lichtenstein, B. (2006). Domestic violence in barriers to health care for HIV/AIDS women. *AIDS Patient Care and STDs*, 20, 122-132.
- Manfrin-Ledet, L., & Porche, D. J. (2003). The state of science: Violence and HIV infection in women. *Journal of the Association of Nurses in AIDS Care*, 14, 56-58.
- Marqués Reyéz, D. J., Rodríguez Madera, S., & Matías Carrelo, L. (2007). Entre la razón y la pasión: La intimidad sexual en parejas heterosexuales ante la empresa preventiva del VIH/SIDA. *The Qualitative Report*, 12(4), 658-679.
- Maticka-Tyndale, B. D., & Cohen, J. (2002). Sexual desire and practice among people living with HIV and using combination antiretroviral therapies. *The Canadian Journal of Human Sexuality*, 11, 33-40.
- McCollum, E. E., Nelson, T. H., Lewis, R. A., & Trepper, T. S. (2005). Partner relationship quality and drug use as predictors of women's substance abuse treatment outcome. *The American Journal of Drug and Alcohol Abuse*, 1, 111-127.
- Nehls, N., & Sallmann, J. (2005). Women living with a history of physical and/or sexual abuse, substance use, and mental health problems. *Qualitative Health Research*, 15(3), 365-381.
- Olamakinde Olapegba, P. (2005). Predicting mental health of people living with HIV/AIDS (PLWHA): The role of psychological factors. *Journal of Human Ecology*, 18, 69-72.
- Pallonen, U. E., Timpson, S. C., Williams, M. L., & Ross, M. W. (2009). Stages of consistent condom use, partner intimacy, condom use attitude, and self-efficacy in African-American crack cocaine users. *Archives of Sexual Behavior*, 38, 149-158.
- Panchanadeswatan, S., El-Bassel, N., Gilbert, L., Wu, E., & Chang, M. (2008). An examination of the perceived social support levels of women in methadone maintenance treatment programs who experience various forms of intimate partner violence. *Women's Health Issues*, 18, 35-43.
- Panozzo, L., Battegay, M., Friedl, A., & Vernazza, P. L. (2003). High risk behavior and fertility desires among heterosexual HIV-positive patients with serodiscordant partners: Two challenging issues. *Swiss Medicine Weekly*, 133, 124-127.
- Pelissier, B. M. M., Camp, S. D., Gaes, G., G., Saylor, W. G., & Rhodes, W. (2003). Gender differences in outcomes from prison-based residential treatment. *Journal of Substance Abuse Treatment*, 24(2), 149-160.

- Pérez-Jiménez, D., Escabí Montalvo, A., & Cabrera Aponte, M. (2010). Desarrollo de una intervención grupal para la prevención del VIH en parejas heterosexuales. *Revista Puertorriqueña de Psicología, 21*, 7-34.
- Pimlott, S., & Sarri, R. C. (2002). The forgotten group: Women in prisons and jails. In J. Figueira-McDonough & R. C. Sarri (Eds.), *Women at the margins: Neglect, punishment, and resistance* (pp. 55-85). New York, NY: The Haworth Press.
- Poindexter, C. C., & Linsk, N. (1999). HIV-related stigma in a sample of HIV-affected older female African American caregivers. *Social Work, 44*, 46-61.
- Quintero, G. A., Liliott, E., & Willging, C. (2007). Substance abuse treatment provider views of “culture”: Implications for behavioral health care in rural settings. *Qualitative Health Research, 17*(9), 1256-1267.
- Rivaux, S. L., Sohn, S., Armour, M., & Bell, H. (2008). Women’s early recovery: Managing the dilemma of substance abuse and intimate partner relationships. *The Journal of Drug Abuse, 38*(4), 957-979.
- Rodríguez Madera, S., & Varas Díaz, N. (2011, in press). Puerto Rican heterosexual serodiscordant couples: Cultural challenges for healthy dyads. In K. Organista (Ed.), *HIV Prevention with Latinos: Theory, Research, and Practice*. London: Oxford University Press.
- Rodríguez Madera, S., & Marqués Reyes, D. (2007). Las relaciones de pareja como espacios para el descontrol: La transgresión de la demanda preventiva ante el VIH. *Ciencias de la Conducta, 21*, 97-128.
- Sentencing Project. (2006). *Factsheet: Women in prison*. Retrieved from <http://www.sentencingproject.org/PublicationDetails.aspx?PublicationID=475>
- Sheard, L., & Tompkins, C. (2008). Contradictions and misperceptions: An exploration of injecting practice, cleanliness, risk, and partnership in the lives of women drug users. *Qualitative Health Research, 18*(11), 1536-1547.
- Simmons, J., & Singer, M. (2006). I love you... and heroin: Care and collusion among drug-using couples. *Substance Abuse Treatment, Prevention, and Policy, 1*(7).
- Small, K. (2000). Female crime in the United States, 1963-1998: An update. *Gender Issues, 18*(3), 75-91.
- Smith-Rohrberg, D., Bruce, R. D., & Altice, F. L. (2004). Research note—Review of correction-based therapy for opiate-dependent patients: Implications for buprenorphine treatment among correctional populations. *Journal of Drug Issues, 34*, 451-480.
- Stevens, P., & Galvao, L. (2007). “He won’t use condoms”: HIV-infected women’s struggles in primary relationships with serodiscordant partners. *American Journal of Public Health, 97*, 1015-1022.
- Testa, M., Livingston, J. A., & Leonard, K. E. (2003). Women’s substance use and experiences of intimate partner violence: A longitudinal investigation among a community sample. *Addictive Behaviors, 28*, 1649-1664.
- Toro-Alfonso, J., & Andújar-Bello, I. (2002, April). Adherencia al tratamiento de combinación para el VIH/SIDA en una muestra de pacientes puertorriqueños. Oral presentation at the *First Conference on Public Health*. San Juan, PR.
- Torruella, J. R. (2010). Deja vu: A federal judge revisits the war on drugs, or life in a balloon. *Revista de la Academia Puertorriqueña de Jurisprudencia y Legislación, 10*, 47-100.
- Tracy, S.W., Kelly, J. F., & Moss, R. H. (2005). The influence of partner status, relationship quality and relationship stability on outcomes following intense substance-use disorder

- treatment. *Journal of Studies on Alcohol*, 66(4), 497-505.
- Treloar, C., & Rhodes, T. (2009). The lived experience of Hepatitis C and its treatment among injecting drug users: Qualitative synthesis. *Qualitative Health Research*, 19(9), 1321-1334.
- Van der Straten, A., Gómez, C. A., Saul, J., & Padian, N. (2000). Sexual risk behaviors among heterosexual HIV serodiscordant couples in the era of post-exposure prevention and viral suppressive therapy. *AIDS*, 14, 47-54.
- Van Olphen, J., Eliason, M. J., Freudenberg, N., & Barnes, M. (2009). Nowhere to go: How stigma limits the options of female drug users after release from jail. *Substance Abuse, Treatment, Prevention, and Policy*, 4(10).
- Varas, N., Santiago Negrón, S., Neilands, T. B., Cintrón Bou, F., & Malavé Rivera, S. (2010). Stigmatization of illicit drug use among Puerto Rican health professionals in training. *Puerto Rico Health Sciences Journal*, 29(2).
- Visher, C. J., & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology*, 29, 89-113.
- Warner, L., Alegría, M., & Canino, G. (2004). Remission from drug dependence symptoms and drug use cessation among women drug users in Puerto Rico. *Archives of General Psychiatry*, 61, 1034-1041.