

Impact of Spouse's Opiate Dependence on the Partner's Sexual Function

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Abstract

Objective: We aimed to evaluate the influence of drug dependency on sexual function of wives of opium addicts.

Materials and methods: In a cross-sectional study, 150 wives of opiate dependent men were assessed for the impact of drug addiction. Sociodemographic factors like age, educational level, job, marital duration and having child were evaluated. Sexual function was measured using relationship and sexuality scale (RSS).

Results: Approximately 73% of the participants were sexually active with having at least one intercourse in the last 2 weeks, and approximately half of the participants had unsatisfied intercourse. About ninety percent reported negative effect of the addiction on their sexual life. After the spouse addiction, sexual desire, ability to reach orgasm and frequency of sexual intercourse were decreased in 73%, 64% and 67.3%, respectively.

Conclusion: The wives of opiate addicts believe that their sexual function has been impaired by the addiction of their husbands.

Key words: Opiate, Opiate dependents, partners, spouse, sexual function, intercourse

Introduction

Sexual function is one of the human life aspects which do change in illicit drug dependent subjects (1). Increased sexual pleasure following cannabis use (2), change in sexual function and feelings in cocaine users (3), change in sexual desire in heroin dependents (4) are within the known effects. Opiates such

as heroin increase sexual performance and arousal in low doses and decrease sexual drive in higher doses (5). Opiates may shift the blood circulation from genital organs to other organs and this may cause sexual disorders, such as erectile dysfunction (6). However; decreased sexual desire and orgasm disorders have been reported (7, 8).

Opiates act on a variety of neurotransmitters in the brain, including endorphins, morphine-like substances produced naturally in the body (9), and interfere sexual functioning through a complex pharmacological, physical, psychological, and sociocultural domains (10). Opiates may redirect blood away from the genitals, which may contribute to sexual dysfunction.

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tion (11). Opiates may also suppress testosterone production (12, 13) and may lead to decreased sexual desire (14, 15). Decreased libido and problems with erection, ejaculation, and orgasm have been found in opiate users (12, 13).

Unfortunately, to date, most researches on drug abuse and sexual performance have focused on addict populations, mostly men (10); though they lack the evaluation of these drug abuse impacts on sexuality of their wives. We aimed to evaluate the wives of opiate addicts about possible changes in sexual function following addiction of their spouses.

Materials and methods

This cross sectional study was approved by the Ethics Committee of University of Social Welfare and Rehabilitation Sciences. Grant was awarded by the University of Social Welfare and Rehabilitation Sciences by the support of Drug Control Headquarter (DCHQ). Informed consent was obtained from all the participants after they had been verbally reassured that the information would be kept confidential especially from their spouses. Participants were literate residents of Tehran at the time of the study and were recruited if they met the inclusion criteria of being married (first time, and at least one year prior to enrollment) to an opiate addict man, according to the DSM-IV (16) besides the absence of any acute or chronic concomitant disease.

According to the proportion of drug addicts in the following places, we selected drug dependents by cluster sampling as the following:

- **Treatment centers:** All newcomers attending the randomly selected treatment centers during the period of the study ($n=34$) were enrolled.
- **Prisons:** Recruitment was included of all new inmates who were registered in the prison 30 days prior to the day of the study ($n=10$).
- **Streets:** For drug dependents who did not receive any kind of treatment, a snowball sampling strategy (chain referral) was implemented ($n=107$).

The participants were asked to participate in a structural interview according to the study checklist and questionnaire. Study checklist included spouse's drug use pattern and also drug related problems, high risk behaviors and somatic condition, also data about sociodemographic situation, marital condition, medical history, substance use and delinquency and crimes.

For evaluating the sexual function we used the Relation and Sexuality Scale (RSS). The RSS has

been designed by Berglund et al. and consists of 10 questions. (17). The Persian version of RSS was used to ensure face validity and to maximize acceptability in the Iranian participants, and this has been previously widely used in Iran (18-21). The frequency of variables were reported. We used the SPSS software (Statistical Package for the Social Sciences, version 13.0, SPSS Inc, Chicago, IL, USA) for statistical analysis.

Results

The participants aged 32.9 ± 7.3 years. Mean duration of marriage was 11.8 ± 7.2 years. Opium and Crack (purified heroin which is totally different from crack, which is crystalized cocaine) were the most common drugs used by spouses. Marital duration, having children, academic educational level, house-keeping and chronic somatic diseases are presented in table 1.

Approximately 73% of the participants were sexually active with having at least one intercourse in the last 2 weeks, and approximately half of the participants had unsatisfied intercourse. About ninety percent reported negative effect of the addiction on their sexual life. After the spouse addiction, sexual desire, ability to reach orgasm and frequency of sexual intercourse was decreased in 73%, 64% and 67.3%, respectively (Table 2).

Discussion

In our study, a large proportion of wives of opiate

Table 1: Baseline data in wives of opiate dependents ($n=150$)

Socioeconomic data	n	%
Having children	111	74.0
Academic education	45	30.0
House keeping	84	56.0
Disease	27	18.0
Abused substance	n	%
Opium	88	38.9
Shireh	13	5.7
Sookhteh	3	1.3
Heroin	18	7.9
Crack	61	26.9
Norjesik / Bupronorphin	3	1.3
Cocaine	3	1.3
Alcohol	33	14.6
Marijuana	21	9.3
Amphetamines	39	17.2

Table 2: Relationship and Sexuality Scale in wives of opiate dependents (n= 150)

RSS	Frequency (%)
Negative effect on the sexual life	
Not at all	16 (10.7)
Slightly	15 (10.0)
Rather much	33 (22.0)
Much	31 (20.7)
Very much	55 (36.7)
Effect on the sexual desire	
Increased	5 (3.3)
No change	35 (23.3)
Decreased	89 (59.3)
All gone	21 (14.0)
Effect of treatment of the condition on sexual desire	
Increased	15 (10.0)
No change	65 (43.3)
Decreased	19 (12.7)
All gone	3 (2.0)
No answer	48 (31%)
Satisfaction with frequency of hugs and kisses	
Not at all	38 (25.3)
Slightly	27 (18.0)
Rather much	48 (32.0)
Much	23 (15.3)
Very much	14 (9.3)
Fear of sexual intercourse	
Never	56 (37.3)
Rarely	28 (18.7)
Sometimes	27 (18.0)
Often	21 (14.0)
Always	18 (12.0)
Perceived fear of partner for sexual intercourse	
Never	104 (69.3)
Rarely	28 (18.7)
Sometimes	11 (7.3)
Often	1 (0.7)
Always	3 (2.0)
No answer	3 (2.0)
Frequency of sexual intercourse relative to level before the condition	
Increased a lot	10 (6.7)
Somewhat increased	13 (8.7)
No change	26 (17.3)
Somewhat decreased	101 (67.3)
Ability to reach orgasm relative to that before the condition	
Increased a lot	4 (2.7)
Somewhat increased	14 (9.3)
No change	33 (22.0)
Somewhat decreased	96 (64.0)
No answer	3 (2.2)
Satisfaction with intercourse	
Not at all	39 (26.0)
Slightly	38 (25.3)
Rather much	50 (33.3)
Much	14 (9.3)
Very much	9 (6.0)
Frequency of sexual intercourse in the last 2 weeks	
None	40 (26.7)
Once	33 (22.0)
Twice	34 (22.7)
Three times	16 (10.7)
Four or more	26 (17.3)
No answer	1 (0.7)

addicts experienced decrease in sexual desire and orgasm and intercourse frequency following the addiction of their spouses. However; some wives reported improvement in sexual function. Most were sexually active by having sexual activity in previous 2 weeks, but a large proportion was dissatisfied with intercourse.

Our study in accordance with others about sexual activity of wives of opiate addicts showed that most male opiate dependents had engaged in vaginal sex in previous month and at the time of last intercourse, most (75%) were influenced by abused drugs and 60% had tried to get high prior to intercourse with their main partner. Sex with other partners was mostly under the influence of drugs (22).

A cross sectional study of drug addicts showed that over two thirds of respondents had had sex in the last 12 months before the survey, and 70% of them had multiple partners in that time. For those who were sexually active, the mean number of sex partners in the last year was 3.6. Consistent condom use with wives, girlfriends, and casual partners was below 10%. Some 40% of all IDUs surveyed reported buying sex from a sex worker in the last year, and 88% of them reported seldom or never using condoms with sex workers. In Surabaya, which has an extremely active sex industry, approximately 70% of all IDUs reported unprotected sex with a sex worker last year. Married men were just as likely as single men to report commercial sex in all cities. Those who bought sex reported a mean of 3.9 different commercial partners in the previous 12 months (23).

Similar to our study, studies have shown that same drugs may have opposite effects on different populations, some addicts report decrease and some report increase in sexual drive, sexual performance, sexual pleasure, and sexual practice (24).

This fairly new study, regarding the impact of drug use in sexuality of couples, differs from most researches on drug use and sexual performance. They have focused on addict population, mostly men and especially high risk sexual actives, not on sexuality of a human being (10). Although the information provided here regarding sexual function per se may not be assumed as sexuality (25), it can provide data about the quality of sexual life of the populations. Low sexual function is used as an indicator of sexual life disturbance (26). Sexual function is associated with satisfaction with sexual life (27), and is usually decreased among subjects suffering from some kinds

of sexual dysfunction (28).

To list our study limitations, lack of control group, self report data without asking spouses, not assessing sexual dysfunction, and not measuring several variables with an impact on sexual function such as interpersonal relations, personality and psychological characteristics (29-31), physical (32) and mental health (33) should be named.

To conclude, it should be mentioned that as a neglected population in drug research, abusers' wives have a sexual life not so satisfying which in addition to the impacts on themselves, may have some contributions to relapse of treating abuser people and therefore should be addressed in any treatment plan of addiction.

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