



nswp

Global Network of Sex Work Projects
Promoting Health and Human Rights

COMMUNITY
guide

**Sex Workers
Who Use Drugs**





Introduction

Sex workers and people who use drugs experience widespread violations of their human rights. Globally, both groups are subjected to repressive and discriminatory laws, policies and practices. This fuels stigma, discrimination, and widespread violence. These policies and practices also increase the vulnerabilities of both populations to sexually transmitted infections (STIs), HIV, and hepatitis B and C.

In places with harmful drug and sex work laws and policies, sex workers who use drugs experience multiple layers of risk, caused by stigma and criminalisation.

Sex workers and people who use drugs are recognised as key populations in the fight against HIV, but often receive too little funding, or health programming that is not rights-based.

There is also a worrying lack of understanding of the intersections between communities. Sex workers who use drugs are often categorised as only sex workers or only people who use drugs. When services are designed for one key population, often sex workers who use drugs do not have their needs met. Sex workers who use drugs (particularly those who inject drugs) experience stigma and discrimination from within sex worker communities and communities of people who used drugs.

Criminalisation, State-Sponsored Violence, and Violations of Privacy and Bodily Integrity

Harmful laws policies and practices around drug use include:

- criminalising the possession of drugs
- criminalising the use of drugs
- laws requiring coercive ‘treatment’
- incarceration of people who use drugs
- laws which allow people who use drugs to be stopped, questioned and searched
- using needles/syringes as evidence of drug-related offences
- confiscation of needles/syringes and safe injecting supplies

Harmful laws policies and practices around sex work include:

- criminalising buying and/or selling sex
- criminalising third parties¹, families, partners and friends of sex workers
- criminalising activities associated with sex work, such as soliciting, loitering and procuring
- laws which allow sex workers to be stopped, questioned and searched
- using condoms as evidence of sex work-related offences
- confiscation of condoms

Confiscating needles/syringes and condoms to be used as evidence discourages sex workers and people who use drugs from carrying tools which make selling sex or using drugs safer.

In places with harmful drug and sex work laws and policies, sex workers who use drugs experience multiple layers of risk, caused by stigma and criminalisation.



¹ The term ‘third parties’ includes managers, brothel keepers, receptionists, maids, drivers, landlords, hotels who rent rooms to sex workers and anyone else who is seen as facilitating sex work



Sex workers who use drugs experience higher levels of police harassment and abuse, including invasive strip and cavity searches, arrest, and detention/imprisonment. Sex workers who use drugs, and those who are suspected of selling sex and/or using drugs, are identified through harmful stereotyping. For example, people from black and ethnic minority communities are far more likely than white people to be stopped and searched on the suspicion that they use drugs. They are substantially more likely to be charged if drugs are found.

Sex workers who use drugs are often the target for violence. Because both sex work and drug use are criminalised, they are unlikely to report acts of violence against them. Violent individuals include people posing as clients, members of the public, and law enforcement officers.

Sex workers who use drugs are often stopped, harassed, and can be detained simply for 'looking' as if they are a sex worker/and or drug user. Negative stereotypes based on racism, class, sex, and gender are used to justify this harassment.

People often assume that sex workers who use drugs are unable to take care of themselves or their loved ones, or make informed decisions about their own lives. They may experience mandatory health checks, forced 'treatment', 'rehabilitation', and 'rescue', forced sterilisation and abortion, and loss of child custody.

Stigma and Discrimination: Drug-Userphobia and Sex-Workerphobia

Sex workers and people who use drugs experience high levels of stigma. Sex workers and people who use drugs are both seen as passive/disempowered and criminal/dangerous at the same time. These stigmatising perceptions can be called drug-userphobia and sex-workerphobia.

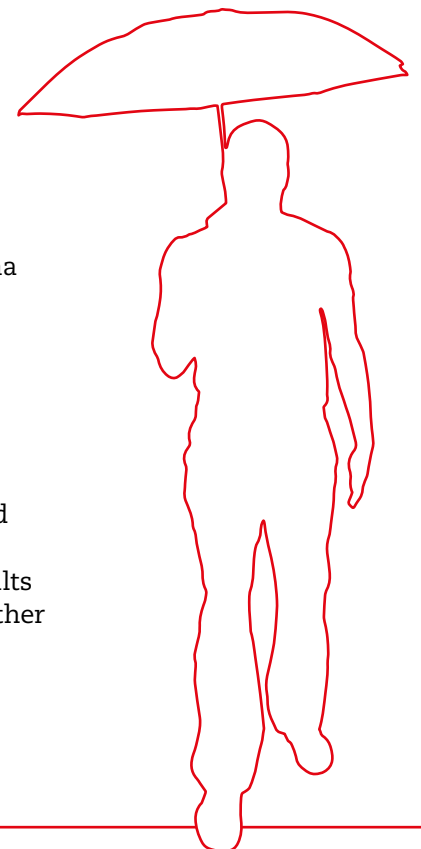
Stigma has a negative power. People can internalise stigma, and start to believe negative generalisations about themselves.

People can also distance themselves from stigmas. Members of stigmatised groups can stigmatise other members of their communities. Some sex workers distance themselves from other forms of sex work. Some people who use drugs distance themselves from other people who use drugs, or from some patterns of drug use and/or drugs. As a result, some sex workers and people who use drugs avoid discussing both communities in the same context, as this can feed the incorrect assumptions that all sex workers use drugs, and that all people who use drugs sell sex.

Sex workers who use drugs experience combined drug-userphobia and sex-workerphobia. This is 'double stigma', which can become triple and quadruple stigma for people living with HIV and/or being LGBT.

Stigma informs discrimination in civil society and by the state. Discrimination and stigma make groups more vulnerable to human rights violations, acquiring HIV and STIs, and can limit employment options. Criminalisation often results in criminal records, which are another barrier to employment.

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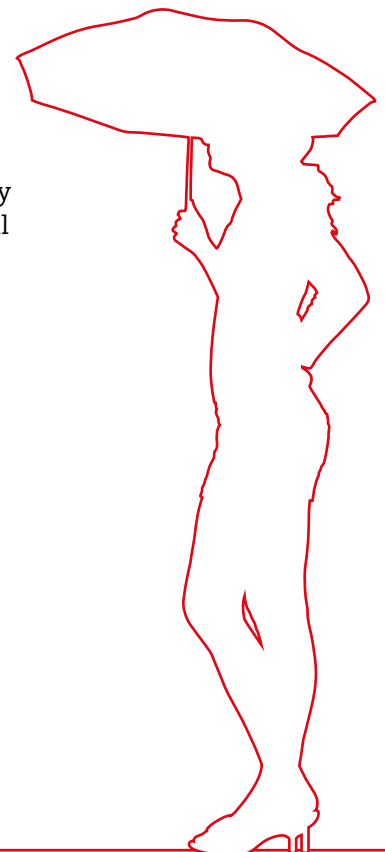
Health and Wellbeing: Healthcare and Other Service Provision for Sex Workers who Use Drugs

Criminalisation, stigma, discrimination, and violence severely impact the health and wellbeing of sex workers and people who use drugs. They create barriers that prevent them from accessing healthcare and other services. Being unable to access healthcare and services makes them more vulnerable to HIV and STIs.

Key populations are now recognised as important partners in achieving a world free from new HIV infections. However, health and social services must take into account the broader needs of sex workers and people who use drugs, including addressing the many human rights violations they experience.

- Sex workers who use drugs are disproportionately vulnerable to HIV, STIs and hepatitis B and C. They have specific health needs and require services to be peer-led, ideally by peers who belong to both communities and have first-hand experience with barriers to accessing services.
- Harm reduction aims to reduce the risk and/or harm that can surround various activities such as sex work and drug use. Effective harm reduction programmes do not attempt to discourage or decrease sex work or drug use, but to reduce avoidable harms.
- Harm reduction interventions include needle and syringe programmes, drug consumption rooms, opiate substitution programmes, naloxone provision, information on safer drug use and drug content testing facilities for people who use drugs, and provision of condoms, lubricants, and safe sex/safer working guides for sex workers.
- Many people believe harm reduction encourages sex worker and drug use, and oppose harm reduction services. However, evidence shows that harm reduction does not increase sex work or drug use.
- Only 10% of people worldwide who require harm reduction have access to these services. Globally, only 4% of people who inject drugs living with HIV have access to ARVs. There is no data on how many sex workers living with HIV have access to treatment.
- Sex workers and people who use drugs may not access services because of stigma and discrimination, or to avoid harassment by police. They may be treated poorly or have their human rights violated by service providers.
- Inappropriate referrals, and services and harm reduction programmes that focus exclusively on sex work or on drug use can fail to meet the needs of sex workers who use drugs.
- Sex workers who use drugs may fear disclosing their sex work or drug use. However this information is important for providing appropriate services and healthcare.

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Conclusions and Good Practice Recommendations for Sex Workers Who Use Drugs

Sex workers who use drugs face numerous violations of their human rights. They face state-sponsored violence, abuse, discrimination and stigma in civil society, and displacement from public spaces and into the margins of society. Sex workers who use drugs face a lack of appropriate, targeted services, and barriers to accessing available services. Their right to the highest attainable standard of health is frequently violated.

Sex workers and people who use drugs are not recognised as experts on their own lives and experiences. Laws and policies are made about them, and rarely with them.

NSWP and INPUD have compiled the following policy and practice recommendations as examples of good practice:

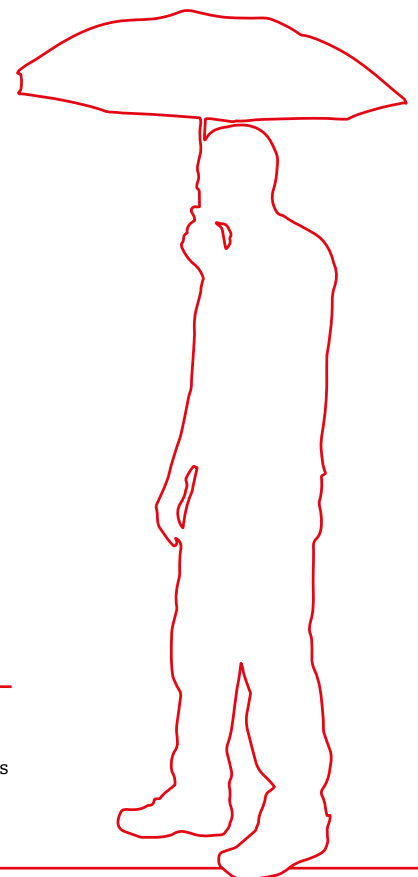
Policy Formation

- Decriminalisation of people who use drugs and of sex work (including sex workers, clients, third parties², families, partners and friends). Criminalisation of sex work and drug use increase harms and risks that can be associated with both.
- The principle of ‘nothing about us without us’ should be fundamental in developing policies and programmes, and in service provision. Sex workers and people who use drugs must be meaningfully included at every stage.

Holistic Service Provision and Referral

- Services that meet the specific needs of sex workers who use drugs must be created and/or referral systems need to be established.
- Healthcare staff and other service providers at sex worker and drug-user-led services need to be sensitised to the specific needs of sex workers who use drugs. Sex workers who use drugs should not be subject to discrimination or judgement and should feel welcome at all services for sex workers and people who use drugs.
- Services for people who use drugs and for sex workers must provide referrals to legal services for sex workers who use drugs.

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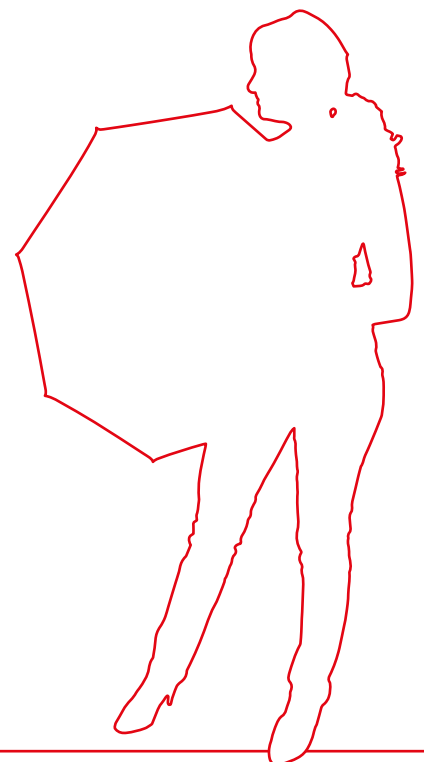
² The term ‘third parties’ includes managers, brothel keepers, receptionists, maids, drivers, landlords, hotels who rent rooms to sex workers and anyone else who is seen as facilitating sex work



Respectful Service Provision

- Services should be provided discreetly and respectfully, with focus on informed consent, wellbeing, and confidentiality.
- Sex workers who use drugs' agency and self-determination must be respected: service providers must respect sex work as a legitimate form of work, and drug use must be understood as a choice.
- Sex workers who use drugs must not be pressured to stop their sex work or their drug use.
- All forms of drug-userphobia, drug-shaming, sex-workerphobia, and sex work-shaming are unacceptable. Associated stigma and discrimination must be eliminated from service provision.
- Avoid stigmatising and discriminatory language. This includes terms such as 'prostitute', 'addict', 'criminal', and/or referring to someone who has stopped using drugs, or has taken a break from drug use, as 'clean' (implying that those who use drugs are 'dirty').
- Service providers should not treat the choice to stop using drugs or engaging in sex work as superior to the choice to continue; this can serve to alienate service users.
- Do not assume that sex work causes drug use or that drug use leads to sex work.

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BRIDGING THE GAPS
Health and rights  for key populations

