

BRIEFING  
PAPER

# Sex Workers WHO USE Drugs

Experiences,  
perspectives,  
needs and rights:

ensuring a  
joint approach



The Global Network of  
Sex Work Projects (NSWP)



The International Network of  
People who Use Drugs (INPUD)



**The Global Network of Sex Work Projects** (NSWP) exists to uphold the voice of sex workers globally and connect regional networks advocating for the rights of female, male, and transgender sex workers. NSWP advocates for rights-based health and social services, freedom from abuse and discrimination, and self-determination for sex workers. The organisational culture and governance of NSWP ensure that the network is led by sex workers and that sex workers are meaningfully involved at all levels within the NSWP.

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**The International Network of People who Use Drugs** (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination and the criminalisation of people who use drugs and its impact on the drug using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels.

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**Acknowledgements:** NSWP and INPUD are part of Bridging the Gaps – health and rights for key populations. Together with almost 100 local and international organisations we have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs.

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# Introduction

Sex workers and people who use drugs are subject to widespread violations of their human rights, which, for the most part, go unchallenged. Globally, these groups are subjected to repressive and discriminatory laws, policies and practices. These policies and practices fuel stigma, discrimination, widespread violence, and significantly increase the risks and vulnerabilities of both populations to sexually transmitted infections and blood borne viruses, notably HIV and hepatitis B and C. In settings that have detrimental and punitive drug *and* sex work laws and policies, sex workers who use drugs<sup>1 2</sup> experience **interconnected layers of risk and vulnerability**, caused by the compounded effects of criminalisation, stigma, and discrimination.

Sex workers and people who use drugs – specifically, people who inject drugs – are now recognised as key populations in the global HIV response. However, this recognition often fails to translate into funding commitments of appropriate scale and reach, and at times results in health programmes that are not implemented from a rights-based perspective.

Furthermore, there is a worrying lack of recognition of the intersections between various communities. Sex workers who use drugs are often overlooked, crudely categorised as being within one community or the other. This approach fails to engage with people's nuanced realities.

In a context where services are designed and implemented through the targeting of one key population or another, there is a substantial risk of sex workers who use drugs' needs going unmet. This group is rendered invisible in research, epidemiological statistics and policy discussions, which results in invisibility in policy and programming. This invisibility was highlighted by sex workers who use drugs at the *International AIDS Conference in Melbourne 2014*, where conversations reflected the frustration of this community. Notably, 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. Even among sex workers who use drugs, some non-injecting sex workers actively distance themselves from the stigma of injection drug use.

These discussions resulted in the development of this joint INPUD and NSWP briefing paper.

This joint briefing paper highlights the specific needs and rights of sex workers who use drugs, as a community that spans two key populations. This document provides an overview of some of the most endemic and substantive ways in which sex workers who use drugs face double criminalisation and associated police harassment, intersectional stigma, compounded marginalisation and social exclusion, heightened interference and harassment from healthcare and other service providers, infantilisation, pathologisation, and an associated undermining of agency, choice, and self-determination.

- 1 In this context 'drug use' refers to the non-medically sanctioned use of drugs, including drugs that are illegal, controlled, or prescription.
- 2 Though some people may sell sex and use drugs, sex work and drug use should not be conflated and causation between the two should not be assumed. These assumptions feed into the stereotyping that both sex workers and people who use drugs experience: people who sell sex are incorrectly generalised as using drugs and having drug dependencies, and people who use drugs are frequently assumed to sell sex, whether they do or not.

This paper also examines how compounded stigma and discrimination, as well as issues specific to sex workers who use drugs, place this community at heightened risk of negative health impacts and human rights violations.

This paper uses case studies that highlight efforts to meet the needs, and advocate for the rights, of sex workers who use drugs. These case studies draw on in-country examples of joint work between sex worker and drug user networks/communities. These case studies were developed from INPUD and NSWP consultations for the purposes of this document. Alongside references to secondary sources, these case studies demonstrate the positive outcomes of partnerships meeting the intersectional and overlapping needs, and advocating for the rights of sex workers who use drugs.

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

Punitive laws, policies and practices around drug use include criminalising the possession of drugs, criminalising the use of drugs, and legislation requiring coercive ‘treatment’ and incarceration of people who use drugs. In terms of sex work, such laws include criminalising buying and/or selling sex, legislation that criminalises third parties<sup>3</sup>, families, partners and friends, and criminalising activities associated with sex work (as opposed to the sex work itself), such as soliciting, loitering and procuring.

“ **The policy response to drugs and sex work is dominated by a punitive law enforcement approach [...] despite the new provisions to divert people into drug treatment, the ongoing criminalisation of drug use has continued to result in high rates of imprisonment of people who use drugs and prison overcrowding.** ”

(PKNI Indonesian Drug User Network response to NSWP/INPUD consultation, 2015)

“ **The legal and policy context on people who use drugs in Kenya is appalling [...] People who use drugs face criminalisation based on the Kenyan laws against drug use. The health rights of people who use drugs are violated by government agencies, law enforcement agencies, healthcare workers, families and the community.** ”

(KESWA Kenya Sex Worker Alliance response to NSWP/INPUD consultation 2015)

Other laws and regulations allow for sex workers and people who use drugs to be stopped, questioned, and searched, with needles/syringes<sup>4</sup> and condoms<sup>5</sup> used as evidence in order to prosecute drug- and sex work-related offences, respectively. Additionally, condoms and drug using (specifically, injecting) paraphernalia are often confiscated and/or destroyed<sup>6 7</sup>. Both practices jeopardise efforts to use drugs and/or sell sex safely, and serve as a disincentive to carry such tools.

“ **Drug paraphernalia can get one arrested and imprisoned.** ”

(KeNPUD Kenyan Network of People who Use Drugs response to NSWP/INPUD consultation, 2015)

- 3 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.
- 4 Beletsky, L., Macalino, G. E., and Burris, S., 2005, Attitudes of police officers towards syringe access, occupational needle-sticks, and drug use: A qualitative study of one city police department in the United States. *International Journal of Drug Policy* 16: 267–274
- 5 World Health Organization, 2005, Violence Against Women and HIV/AIDS: Critical Intersections – *Violence Against Sex Workers and HIV Prevention*, available at <http://www.who.int/gender/documents/sexworkers.pdf> (last accessed 26/01/15)
- 6 Beletsky, L., Macalino, G. E., and Burris, S., 2005, Attitudes of police officers towards syringe access, occupational needle-sticks, and drug use: A qualitative study of one city police department in the United States. *International Journal of Drug Policy* 16: 267–274
- 7 World Health Organization, 2005, Violence Against Women and HIV/AIDS: Critical Intersections – *Violence Against Sex Workers and HIV Prevention*, available at <http://www.who.int/gender/documents/sexworkers.pdf> (last accessed 26/01/15)



Sex workers who use drugs experience greater 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 racist, misogynistic, and classist 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.<sup>8</sup> Women may be denied entry to venues based on assumptions that they are sex workers, due to their gender and/or being racially profiled.<sup>9 10</sup> Stereotypes include assumptions that sex workers who use drugs live chaotic lives and are unable to manage day-to-day activities such as their housing, finances, parenting, and individual health. Because both sex work and drug use are criminalised, violent perpetrators often feel that they can act with a level of impunity, as sex workers who use drugs are unlikely to report acts of violence and abuse against them. Such individuals include people posing as clients, members of the public, and law enforcement officers.

Given the high degree of state focus on this community, which is often considered an undesirable 'nuisance' to be removed from public spaces, 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. This state-sanctioned surveillance and harassment of sex workers who use drugs is fed by generalising and discriminatory preconceptions based on racism, class, sex, and gender. In addition to invasive searches, sex workers who use drugs are subject to police violence and assault, as well as violence in closed settings and prisons.<sup>11 12</sup>

“ Numerous human rights violations against people who use drugs have been reported in recent years, including physical and sexual violence, neglect of the right to health, and disproportionate punishment ”

(PKNI Indonesian Drug User Network response to NSWP/INPUD consultation, 2015)

“ I was once found with a client who uses drugs and although I also use the same drug, at that time I did not have any of it. I was arrested with drugs that were not mine and put in jail for several days with the charge of possession ”

(A sex worker quoted in KESWA's response to NSWP/INPUD consultation 2015)

Sex workers who use drugs experience additional interference with privacy and bodily integrity, including compulsory health checks, forced 'treatment', 'rehabilitation', and 'rescue', forced sterilisation and abortion, loss of child custody (irrespective of whether their parenting is impaired) and intrusions into family life.<sup>13 14 15 16</sup> Sex workers who use drugs are often thought to be unable to take care of themselves or their loved ones, and unable to make informed decisions about their own lives. Such interventions distance sex workers who use drugs from healthcare and other service provision and lead to increased marginalisation and exclusion from wider society.

“ People who use drugs are required to report themselves to [...] designated institutions for treatment and rehabilitation, including community health centres (*puskesmas*) operated by the Ministry of Health and two non-medical facilities operated by the National Narcotics Board. [...] failure to self-report can result in penalties ”

(PKNI Indonesian Drug User Network response to NSWP/INPUD consultation, 2015)

- 8 Eastwood, N., Shiner, M., and Bear, D., 2013, *The Numbers In Black And White: Ethnic Disparities in the Policing and Prosecution of Drug Offences in England and Wales* (Release: London)
- 9 The Local, 2013, Pub Cleared for Rejecting 'Asian Looking' Women, 12 September, available online at: <http://www.thelocal.se/20130912/50200> (last accessed 14 July 2014)
- 10 NSWP, 2014, *The Real Impact of the Swedish Model on Sex Workers: Impacts of Other Legislation and Policy – The Danger of Seeing the Swedish Model in a Vacuum* (Edinburgh: NSWP), available at <http://www.nswp.org/sites/nswp.org/files/Advocacy%20Toolkit%204.pdf> (last accessed 26/01/15)
- 11 Jürgens, R. et al., 2010, People who use drugs, HIV, and human rights. *The Lancet* 376: 475–485
- 12 World Health Organization, 2005, *Violence Against Women and HIV/AIDS: Critical Intersections – Violence Against Sex Workers and HIV Prevention*, available at <http://www.who.int/gender/documents/sexworkers.pdf> (last accessed 26/01/15)
- 13 UNODC, UN Women, World Health Organization and INPUD, 2014, Policy Brief – *Women who inject drugs and HIV: Addressing specific needs*, available at [https://www.unodc.org/documents/hiv-aids/publications/WOMEN\\_POLICY\\_BRIEF2014.pdf](https://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf) (last accessed 8 October 2014)
- 14 Levy, J., 2014, *Criminalising the Purchase of Sex: Lessons from Sweden* (Abingdon: Routledge)
- 15 Harrington, C., 2012, Prostitution Policy Models and Feminist Knowledge Politics in New Zealand and Sweden. *Sexuality Research and Social Policy* DOI 10.1007/s13178-012-0083-4
- 16 International Network of People Who Use Drugs (INPUD), International Network of Women who Use Drugs (INWUD), the Women and Harm Reduction International Network (WHRIN), National Advocates for Pregnant Women (USA) (NAPW), SisterReach, the Sexual Rights Initiative, Family Law & Cannabis Alliance (USA) (FLCA), and Native Youth Sexual Health Network, 2014, *Universal Periodic Review of United States of America 22nd Session*, available at [http://www.inpud.net/INWUD\\_Joint\\_Shadow\\_Report\\_FINAL\\_DRAFT\\_2-1.docx](http://www.inpud.net/INWUD_Joint_Shadow_Report_FINAL_DRAFT_2-1.docx) (last accessed 18 September 2014)

# Stigma and Discrimination: Drug-Userphobia and Sex-Workerphobia

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Stigma heavily impacts sex workers and people who use drugs. Sex workers are often portrayed as disempowered, abused victims and conversely, they are often also seen as sexually dangerous, hypersexual, and immoral.<sup>17</sup> People who use drugs are also often characterised as disempowered and rendered helpless and passive by their drug use, while at the same time being viewed as criminal and dangerous.<sup>18</sup> The similarities are striking: sex workers and people who use drugs are both seen simultaneously as passive/disempowered and criminal/dangerous. People who use drugs and sex workers are feared, patronised, disempowered, and hated; these stigmatising perceptions may be termed **drug-userphobia** and **sex-workerphobia**, respectively.

Stigma is extremely potent. People can internalise stigma, coming to believe negative generalisations and misconceptions about themselves.<sup>19</sup> People can also distance themselves from stigmas, and members of stigmatised groups can stigmatise other members of their communities. This is the case for some sex workers, who distance themselves from other forms of sex work, and for some people who use drugs, distancing themselves from other people who use drugs, or from various patterns of drug use and/or drugs.<sup>20 21 22</sup> As a result, some sex workers and people who use drugs are wary of discussing both communities in the same context, since discussion can feed incorrect assumptions that all sex workers use drugs, and that all people who use drugs sell sex. It should be stressed that generalising all sex workers as using drugs, or all people who use drugs as selling sex, is reductive and inaccurate, but discussion of intersections between these communities is important and this discussion should be led and informed by sex workers who use drugs.

Sex workers who use drugs are thus subject to compounded drug-userphobia and sex-workerphobia. This may be referred to as **'double stigma'**, which can become triple and quadruple stigma in the context of people living with HIV and/or being LGBT.<sup>23 24</sup>

“ **Women who use drugs and sell sex in Indonesia [...] are often doubly stigmatised** ”

(PKNI Indonesian Drug User Network response to NSWP/INPUD consultation, 2015)

“ **Media representation of sex workers is particularly stigmatising towards those sex workers who are PWUD. There are reports of some individuals inside some health and welfare services being discriminatory, and it can therefore be difficult for people to access these services. People who are sex workers and who use drugs and have, or are seeking, custody of their children are sometimes discriminated against by courts and other arms of the justice and welfare services.** ”

(NZPC New Zealand Prostitute Collective response to NSWP/INPUD consultation 2015)

- 17 Baldwin, P., 2005, *Disease and Democracy – The Industrialized World Faces AIDS* (London: University of California Press)
- 18 Levy, J., 2014, *The Harms of Drug Use: Criminalisation, Misinformation, and Stigma* (London: INPUD and Youth Rise)
- 19 Ahern, J., Stuber, J., and Galea, S., 2007, Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 88: 188–196
- 20 Weitzer, R., 2005b, New directions in research on prostitution. *Crime, Law & Social Change* 43: 211–235
- 21 AIVL, 2011, *'Why Wouldn't I Discriminate Against All of Them?' A Report on Stigma and Discrimination Towards the Injecting Drug User Community* (Canberra: AIVL)
- 22 INPUD, 2014, *Drug User Peace Initiative: Stigmatising People who Use Drugs* (London: INPUD Secretariat), available at [http://www.druguserpeaceinitiative.org/dupidocuments/DUPI-Stigmatising\\_People\\_who\\_Use\\_Drugs.pdf](http://www.druguserpeaceinitiative.org/dupidocuments/DUPI-Stigmatising_People_who_Use_Drugs.pdf) (last accessed 26/01/15)
- 23 UNAIDS, 2012, *UNAIDS Guidance Note on HIV and Sex Work* (Geneva: UNAIDS)
- 24 Faden, R., Geller, G., Powers, M., 1991, *AIDS, Women, and the Next Generation – Towards a Morally Acceptable Public Policy for HIV Testing of Pregnant Women and Newborns* (New York: Oxford University Press)

“ **Being a drug user and female in our community is bound to attract stigma and discrimination, both from the general community, and also from the drug using community. Women are not expected to use drugs. Combined with sex work, this is bound to make one socially isolated from their family and friends and the community generally** ”

(KeNPUD Kenyan Network of People who Use Drugs response to NSWP/INPUD consultation, 2015)

“ **Sex workers who use drugs face double stigma and discrimination from healthcare workers, law enforcement, families, and community. Male and female sex workers who use drugs face challenges associated with getting access to health services including safe and consistent injection, [access to] syringes, failing to use condoms with clients after using drugs, abuse and violence by clients, public, and family, and arbitrary arrests by law enforcement.** ”

(KESWA Kenya Sex Worker Alliance response to NSWP/INPUD consultation 2015)

Since stigma feeds into assumptions, generalisations, and misconceptions related to sex workers and people who use drugs, it informs how both groups are treated. Stigma informs discrimination, which is prevalent in civil society, and perpetrated by the state and the police. Discrimination and stigma drive vulnerability to HIV and other STIs and blood-borne viruses, fuelling the creation of key populations in the global HIV epidemic. Stigma and discrimination drive violations of sex workers’ and drug users’ human rights, and they result in these human rights violations often going unchallenged. Sex workers who use drugs are seen and treated as second-class citizens. Stigma and discrimination can substantially limit employment options if people are open about their sex work and/or drug use history. Criminalisation often results in criminal records, which are another barrier to employment.

## 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 for sex workers and people who use drugs, preventing them from accessing healthcare and other services, which exacerbates their vulnerability to HIV and other blood-borne and sexually transmitted infections.<sup>25 26</sup>

“ **Corruption within the prison and justice system, together with lack of awareness about the new regulations and uneven implementation of the law, continue to pose obstacles to an effective HIV response among people who inject drugs and those who sells sex.** ”

(PKNI Indonesian Drug User Network response to NSWP/INPUD consultation, 2015)

“ **The Kenya Narcotic Act criminalises certain types of drugs [...] this leads to stigma and discrimination, the non-stop harassment by police and denial of access to services by healthcare service providers, HIV prevention services.** ”

(KESWA Kenya Sex Worker Alliance response to NSWP/INPUD consultation 2015)

25 Logie, C. H. James, L., Tharao, W., Loutfy, M. R., 2011, HIV, Gender, Race, Sexual Orientation, and Sex Work: A Qualitative Study of Intersectional Stigma Experienced by HIV-Positive Women in Ontario, Canada. *PLoS Med* 8,11: e1001124. doi:10.1371/journal.pmed.1001124

26 WHO (World Health Organisation), 2005b, *Violence against sex workers and HIV prevention*, available at <http://www.who.int/gender/> (last accessed 31/03/12)



Key populations are now recognised as crucial partners in achieving a world free from new infections of HIV. Attention has shifted to addressing the barriers experienced by key populations in accessing healthcare and services. Whilst these discussions have often focused narrowly on HIV, numerous organisations of sex workers and people who use drugs argue that healthcare and service provision – including HIV prevention and treatment initiatives – cannot take place in a vacuum. Instead, they need to take into account the wider socio-legal and political factors and the widespread violations of the human rights of sex workers and people who use drugs. This section addresses the health needs and rights of sex workers who use drugs in a broader context of wellbeing, and attempts to move beyond a narrow focus on HIV in looking at service provision for sex workers who use drugs.

## The Balance of Burden and Associated Service Provision

Sex workers who use drugs, particularly those who inject drugs, are disproportionately vulnerable to blood-borne viruses, such as HIV and viral hepatitis, and sexually transmitted infections. The compounded levels of stigma, criminalisation, discrimination and marginalisation this community experiences creates additional barriers to accessing sexually transmitted and blood-borne infection prevention, treatment, care, and support services. Sex workers who use drugs not only have specific health needs but also require services to be peer-led, ideally by peers who belong to both communities (sex workers and people who use drugs) and have first-hand experience of the additional barriers this can present in accessing services.

## Harm Reduction

Harm reduction interventions aim to reduce the risk and/or harm that can surround various activities such as sex work and drug use. Many of these risks are driven and exacerbated by criminalisation and social exclusion. These risks are notably associated with blood-borne viruses and sexually transmitted infections, violence, and stigma and discrimination. Effective and comprehensive rights-based harm reduction programmes ideally position themselves ‘neutrally’ – that they do not attempt to discourage or decrease sex work or drug use, but instead aim 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.<sup>27 28 29</sup> Harm reduction interventions are particularly effective when education, empowerment, outreach, and distribution are peer-led.<sup>30</sup>

Sex workers who use drugs require access to all of the services relevant to both sex workers and people who use drugs. These services must be provided holistically, comprehensively, and at scale – not only as limited, pilot programmes. Yet sex workers who use drugs experience substantial barriers to accessing harm reduction and other services. Harm reduction is frequently perceived to endorse, encourage, and/or facilitate both sex work and drug use.

- 27 Rekart, M. L., 2005, Sex-Work Harm Reduction. *The Lancet* 366: 2123–2134
- 28 Cusick, L., 2005, Widening the harm reduction agenda: From drug use to sex work. *International Journal of Drug Policy* 17: 3–11
- 29 Levy, J., 2014, *The Harms of Drug Use: Criminalisation, Misinformation, and Stigma* (London: INPUD and Youth Rise)
- 30 Deering, K. N., Kerr, T., Tyndall, M. W., Montaner, J. S. G., Gibson, K., Irons, L., and Shannon, K., 2011, A peer-led mobile outreach program and increased utilization of detoxification and residential drug treatment among female sex workers who use drugs in a Canadian setting. *Drug and Alcohol Dependence* 113: 46–54

Because of this misconception, anti-sex work campaigners and drug prohibition advocates often oppose harm reduction. This is despite the fact that the perceived 'negative' side-effects of harm reduction programmes have been demonstrated to be groundless, notably in the case of needle and syringe programmes<sup>31</sup> and drug consumption rooms.<sup>32</sup>

“ Recently, the government has introduced guidelines that allow for needle and syringe programs, which have been introduced at pilot, and Medically Assisted therapy, which is yet to begin, despite promise of beginning over a year ago ”

(KeNPUD Kenyan Network of People who Use Drugs response to NSWP/INPUD consultation, 2015)

Given such staunch opposition to harm reduction, such interventions are few and far between. Where they exist, they are frequently not at an appropriate scale. Only 10% of people worldwide who require harm reduction have access to these crucial services.<sup>33</sup> Medical/healthcare treatment, care and support services for sex workers who use drugs are also catastrophically lacking. Despite the fact that sex workers and people who use drugs are recognised as key populations carrying a disproportionate burden in relation to HIV, antiretroviral coverage for people who inject drugs living with HIV is only around 4% globally, and in some countries is less than 1%.<sup>34</sup> It is concerning that there appears to be no data on levels of access to antiretroviral treatment for sex workers living with HIV.

## Disincentive to Seek Services

It is well documented that repressive laws, policies and practices, alongside stigma and discrimination, serve to displace sex workers and people who use drugs into the margins of society.<sup>35 36 37 38 39</sup> Sex workers and people who use drugs often need to stay invisible to avoid harassment by authorities, as well as to avoid social exclusion, stigma, and discrimination in civil society. Sex workers who use drugs are consequently distanced from services, harm reduction and outreach. This acts as an additional barrier to HIV and sexually transmitted/blood-borne infection prevention and treatment interventions.<sup>40</sup>

The double stigma and discrimination that sex workers who use drugs experience result in judgemental responses from, and interactions with, healthcare and other service providers. Sex workers who use drugs may be demonised, blamed, infantilised, and pathologised at the point of accessing services, and can be perceived as being less worthy of services than others<sup>41 42</sup>. Deeply embedded stereotypes and widely-held assumptions can also result in sex workers who use drugs being reduced to their perceived HIV/STI/blood-borne virus risk, as opposed to being engaged with holistically, neutrally, and on their own terms, regardless of the service they may require access to.

“ Outreach projects that exist mainly have male outreach workers, and as such, it may be difficult for the women to express their needs and what they face as challenges and harassment ”

(KeNPUD Kenyan Network of People who Use Drugs response to NSWP/INPUD consultation, 2015)

- 31 WHO, 2004, *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users* (Geneva: WHO)
- 32 Hedrich, D., Kerr, T. and Dubois-Arber, F., 2010, Drug consumption facilities in Europe and beyond, in *European Monitoring Centre for Drugs and Drug Addiction, Harm reduction: Evidence, Impacts and Challenges*, ed. Rhodes, T. and Hedrich, D.: 305–331 (Luxembourg: Publications Office of the European Union)
- 33 Mathers B. M. et al., 2010, HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *The Lancet*: DOI:10.1016/S0140-6736(10)60232-2
- 34 Mathers, B. M., et al., 2010, HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *The Lancet* 375, 9719:1014–1028
- 35 Deering, K. N., Kerr, T., Tyndall, M. W., Montaner, J. S. G., Gibson, K., Irons, L., and Shannon, K., 2011, A peer-led mobile outreach program and increased utilization of detoxification and residential drug treatment among female sex workers who use drugs in a Canadian setting. *Drug and Alcohol Dependence* 113: 46–54
- 36 Levy, J. and Jakobsson, P., 2014, Sweden's abolitionist discourse and law: Effects on the dynamics of Swedish sex work and on the lives of Sweden's sex workers. *Criminology and Criminal Justice* DOI: 10.1177/1748895814528926
- 37 UNAIDS, 2012, *UNAIDS Guidance Note on HIV and Sex Work* (Geneva: UNAIDS)
- 38 Hubbard, P., 1999, *Sex and the City* (Aldershot: Ashgate Publishing Ltd)
- 39 Ahern, J., Stuber, J., Galea, S., 2007, Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 88: 188–196
- 40 Rekart, M. L., 2005, Sex-Work Harm Reduction. *The Lancet* 366: 2123–2134
- 41 Levy, J., 2014, *Criminalising the Purchase of Sex: Lessons from Sweden* (Abingdon: Routledge)
- 42 Skinner, N., Feather, N. T., Freeman, T., and Roche, A., 2007, Stigma and discrimination in health-care provision to drug users: the role of values, affect, and deservingness judgments. *Journal of Applied Social Psychology* 37,1: 163–186

Targeted services and harm reduction programmes that focus exclusively on sex work or on drug use can also fail to take peoples nuanced realities into account, resulting in inadequate, inappropriate, and/or discriminatory services being provided. Similarly, a failure to provide appropriate referral can result in the needs of sex workers who use drugs not being suitably met.<sup>43</sup>

Sex workers who use drugs may fear disclosing their sex work or drug use. This is problematic, as this information is important to providing well-targeted, high quality services and healthcare. Sex workers who use drugs may also avoid accessing services entirely, for fear of encountering discrimination and judgement.<sup>44 45</sup>

## 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.

The assumptions and generalisations about sex workers and people who use drugs have resulted in their being silenced in the formation of policy and legislation that pertains to them.<sup>46 47</sup> In short, sex workers and people who use drugs are not recognised as experts on their own lives and lived experiences; laws and policies are made about them, and not with them. It is essential that the documentation of good practice includes the benefits of peer-led, community empowerment service models which have been shown to be most effective,<sup>48</sup> referral between organisations, enhanced networking and self-organising capabilities, and advocacy by sex worker and drug user rights organisations.

### Inter-organisational networking is a significant and increasing focus of drug user and sex worker networks and organisations:

“ We are also in the process of building stronger working partnerships with sex work organisations [...] Currently our organisation does not have a specific strategy for addressing the needs of sex workers who use drugs. However, we have co-organised a joint training with the National Sex Worker Network to investigate cross cutting issues and possibilities to work together [...] We plan to take up this issue in the future. This includes providing capacity building among sex workers at hotspots, to understand what drugs they use and how they use them, what their needs are, and also to provide evidence based information on how they can reduce drug-related harm including overdose, BBVs [blood-borne viruses], etc. ”

(PKNI Indonesian Drug User Network response to NSWP/INPUD consultation, 2015)

- 43 INPUD, 2014, *Drug User Peace Initiative: A War on Women who Use Drugs* (London: INPUD Secretariat), available at [http://www.druguserpeaceinitiative.org/dupidocuments/DUPI-A\\_War\\_on\\_Women\\_who\\_Use\\_Drugs.pdf](http://www.druguserpeaceinitiative.org/dupidocuments/DUPI-A_War_on_Women_who_Use_Drugs.pdf) (last accessed 30 January 2015)
- 44 Florin, O., 2012, A Particular Kind of Violence: Swedish Social Policy Puzzles of a Multipurpose Criminal Law. *Sexuality Research and Social Policy* DOI 10.1007/s13178-012-0086-1
- 45 Degenhardt, L. and Hall, W., 2012, Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *The Lancet* 379: 55–70
- 46 Keane, H., 2002, *What's Wrong with Addiction?* (Melbourne: Melbourne University Press)
- 47 Levy, J., 2014, *Criminalising the Purchase of Sex: Lessons from Sweden* (Abingdon: Routledge)
- 48 For further detail about peer-led service provision, as well as community-led empowerment and mobilisation, see *Implementing Comprehensive HIV/STI Programmes with Sex Workers* (available at [http://www.nswp.org/sites/nswp.org/files/SWIT\\_version3\\_clickable.pdf](http://www.nswp.org/sites/nswp.org/files/SWIT_version3_clickable.pdf) last accessed 26 March 2015), as well as the Drug User Implementation Tool (forthcoming).

“ KESWA played a critical role in the establishment of ‘High Ladies’ to take lead in service delivery and advocacy for sex workers who use drugs. High Ladies, a network member organisation of KESWA based in Kawangware area of Nairobi, is the only organisation that offers awareness creation on safe injection among sex workers who inject drugs. High Ladies also undertakes advocacy for the provision of needles and syringes, and also coordinates the procurement and supply of methadone to female sex workers who use drugs as well as referring sex workers who use drugs to relevant organisations for services. ”

(KESWA Kenya Sex Worker Alliance response to NSWP/INPUD consultation 2015)

“ Since we engage in access to health advocacy, it is our mandate to ensure that even those who need sexual and reproductive health services can be able to access them. Sex workers also face a myriad of challenges, and we work with our members to ensure that they can access services, and that their human rights are protected. We also work in collaboration with other sex worker organisations to ease access to services for our community of drug users [...] We refer sex workers in our communities to health services that are friendly to drug users as well. ”

(KeNPUD Kenyan Network of People who Use Drugs response to NSWP/INPUD consultation, 2015)

“ NZPC works daily with individual sex workers who use drugs, and operates needle exchange programmes in two of its community bases to ensure they have access to housing, health, and welfare services. We also have representation on the Board of Trustees of a major needle exchange provider. ”

(NZPC New Zealand Prostitute Collective response to NSWP/INPUD consultation 2015)

“ In our organisation we have specific days that we meet with sex workers who use drugs whereby they get space with the other sex workers and share their experiences; this helps with referrals in case[s] of complicated issues. Organising for sex worker specific forums also helps to get them to share their issues more openly. We also work closely with other sex workers organisations like KESWA [...] We have good cooperation with other sex workers organisation; this is through referral to issues that we cannot handle as a drug users union. We have links with outreach projects that provide services to drug users. We refer sex workers to these areas where they can get services which are friendly to key populations. ”

(KeNPUD Kenyan Network of People who Use Drugs response to NSWP/INPUD consultation, 2015)

NZPC has had a history of supporting peer operated services to people who use drugs who are sex workers since our inception in 1987. We also advocated for the rights of sex workers with convictions for drug use to be allowed to work in Massage Parlours, historically, prior to the decriminalisation of sex work which occurred in 2003, as they were frequently discriminated against.

(NZPC New Zealand Prostitute Collective response to NSWP/INPUD consultation 2015)

High Ladies refers sex workers who use drugs to public health facilities where they can access services. The organisation work closely with KESWA that provides it with technical assistance on addressing the issues for sex workers who use drugs in the context of health and human rights. High Ladies participates in all KESWA advocacy activities aimed at creating an enabling environment for sex workers to access health services and promote harm reduction, [...] and for the creation of policies and guidelines that will streamline and provide targeted services for sex workers who inject drugs in order to reduce/eliminate harm and prevent transmission of HIV through the sharing of needles and syringes.

(KESWA Kenya Sex Worker Alliance response to NSWP/INPUD consultation 2015)

NSWP and INPUD have compiled the following policy and practice recommendations as examples of good practice. It is hoped that these can be used as a starting point when conceiving, adopting, and adapting service provision. These recommendations do not represent an exhaustive list, but should be seen as a baseline of the minimum requirements for interventions and programmes that do not exacerbate harm and risk, and instead focus on agency, self-determination, and empowerment.

## Policy Formation

**Decriminalisation of people who use drugs and of sex work (including sex workers, clients, third parties, families, partners and friends), is imperative.**

As has been demonstrated in this joint briefing paper, criminalisation of sex work and drug use substantively drives the 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, ensuring the visibility and engagement of sex workers who use drugs.

The **meaningful participation of sex workers and people who use drugs** in policy, programmatic discussions, and dialogue is imperative.

“**Sex work is decriminalised in New Zealand and NEP [Needle Exchange Programmes] are funded by government who in turn contract to peer managed groups and pharmacies to provide NEP services.**”

(NZPC New Zealand Prostitute Collective response to NSWP/INPUD consultation 2015)



## Holistic Service Provision and Referral

Within sex worker-targeted services and drug user-targeted services, **interventions specific to the needs of sex workers who use drugs must be implemented** 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 catering to both people who use drugs and those for sex workers must also provide **referrals to legal services** for sex workers who use drugs, which is especially pertinent in areas of family law.

“ They [sex workers who use drugs] are often unaware of their rights [...] and have little access to legal aid [...] PKNI has built capacity among community members around legal issues and has trained them to act as paralegal advisors to other peers going through the arrest and trial process for drug-related cases [...] OPSI adapted this approach toward sex workers and will additionally document human rights abuses and legal assistance for sex workers within the legal process ”

(PKNI Indonesian Drug User Network response to NSW/INPUD consultation, 2015)

“ NZPC is in daily contact with individuals who are sex workers and who use drugs. We assist these individuals in seeking access to legal representation, health, welfare, and social services. We have strong relationships with other complementary services, such as those who work with people who are homeless, or involved in justice services. We also work with the dedicated peer needle exchange programme, alcohol and drug services, sexual health, and community AIDS organisations. ”

(NZPC New Zealand Prostitute Collective response to NSW/INPUD consultation 2015)

## 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 cease their sex work or their drug use.** Service providers must not presume to 'save' and/or 'rehabilitate' sex workers or people who use drugs.

Sex workers seeking assistance, service provision, or harm reduction related to drug use must feel confident that service providers will not assume they want to stop sex work and/or drug use unless explicitly stated.

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.

Language used when working with sex workers who use drugs must **avoid pejorative, reductive, and discriminatory terms**. These notably include 'prostitute', 'addict',<sup>49</sup> '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 users should have their personal choices and preferences regarding language respected during any interactions.

Service providers **should not elevate the choice to stop using drugs or engaging in sex work** above the choice to continue; this can serve to alienate service users.

**Causality must not be assumed**: sex work must not be portrayed/assumed as a cause of drug use or vice versa.

49 Though used frequently by healthcare and service providers, the World Health Organization advised as early as the 1960s that the terms 'addiction' and 'addict' should be avoided. Instead of these reductive and pathologising terms, 'people who use drugs' and/or 'people with drug dependency/ies' should be used. For further discussion of this, see: INPUD, 2014, *Drug User Peace Initiative: Stigmatising People who Use Drugs* (London: INPUD Secretariat), available at [http://www.druguserpeaceinitiative.org/dupidocuments/DUPI-Stigmatising\\_People\\_who\\_Use\\_Drugs.pdf](http://www.druguserpeaceinitiative.org/dupidocuments/DUPI-Stigmatising_People_who_Use_Drugs.pdf) (last accessed 29 January 2015)