Dr. Theresa Tam, Chief Public Health Officer
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Date: Thursday, February 21, 2019

Re: Section 6-7 of the Canadian Guidelines on Sexually Transmitted Infections (2010) "Specific Populations—Sex Workers"

Dear Dr. Tam and Expert Working Group for Canadian Guidelines on Sexually Transmitted Infections,

On behalf of Triple-X, felicitations for the prompt removal of the chapter entitled "Sex Workers" in the Canadian Guidelines on STI from the government of Canada website!

In your letter, dated January 18, 2019, you state:

> "The revised guidelines focus on the diagnosis, treatment and follow-up of STBBI [sexually transmitted and blood-borne infections] based on behavioural risk factors and not population groups."

The Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030 states that "People engaged in the sale or purchase of sex" are a "key population disproportionately affected by STBBI" (page four, attached).

There is no epidemiology evidence to support such a claim that in Canada, selling sex is a risk factor for HIV and HCV transmission. The words, "disproportionately affected" need to be changed.

According to B.C. Centre for Disease Control (BCCDC), Estimation of Key Population Size: Final Report (2016), selling sex could not be isolated as the sole risk factor in HIV seroconversions where sex work was reported:

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> "Historically, it has been assumed that sex work plays an important role in the heterosexual and same-sex transmission of HIV. ...the project team requested the BCCDC Surveillance Team to perform an analysis on new HIV diagnoses among men and women in BC from 2006-2015 to determine what proportion of these cases reported sex work as a potential risk factor. We found that the number of women diagnosed with HIV and who reported sex work declined from 22 and 26 individuals in 2006 and 2007 to only 2 and 1 individual in 2014 and 2015. Injection drug use was also reported by 33% —100% of these women [who also reported sex work] over the same period."

Triple-X also agrees with the BCCDC report's citation from Celia Benoit's Victoria research:

> "However, there are individuals engaging in survival sex work or transactional sex in informal settings who may not identify as sex workers. These individuals may be faced with other issues such as poverty, violence (including intimate partner violence) and drug addiction that increase their risk for HIV/HCV acquisition. Therefore, for the purpose of HIV/HCV programming, a clear definition of a priority population based on behaviour and **context** that impose risk, rather than a general identification with a group, is needed." [Emphasis added.]

HIV research in Canada on populations that include people selling sex that may indicate a higher than normal HIV prevalence rate (such as the longitudinal AESHA study in Vancouver's downtown eastside) are based on referral samples of distinctive populations defined geographically, socially and economically. Therefore HIV transmission risk in these cohorts cannot be statistically extrapolated nationally to a general population of people selling sex.

Selling sex is not a behavioural risk factor *per se*. Rather, behaviours in the context of STBBI prevention would be taking actions such as using condoms during sex, which we know sex workers are doing in professional occupational settings.

According to the aforementioned BCCDC 2016 report condom use by sex workers in B.C. exceeds 90 per cent:

> "In fact, a sex worker study conducted in Victoria (n=201 adult sex workers aged ≥ 18 years, including 160 female, 36 male and 5 transgender individuals) has shown that condom use with clients among sex workers exceeds 90%, indicating that professional sexual services are performed safely in an occupational setting."

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For more information about the Victoria study, please see attached, "Science Fact or Science Fiction: Are All Sex Workers Victimized?" Issue 5, April 2015, Canadian Institutes of Health Research Institute of Gender and Health. (**http://www.cihr-irsc.gc.ca/e/documents/igh_mythbuster_issue5_2015_en.pdf**)

If these people selling sex are to remain a priority population for public health, it must be because of sex workers' key role as safe sex educators, who are uniquely situated to actually meet clients where they are at. Sex workers are a priority for professional educational resources to aid in recognition of STI symptoms and for referrals for STBBI anonymous testing and confidential treatment. This would go a long way from perpetuating ancient stereotypical pathology about prostitution to demonstrating professional respect for sex workers. Triple-X aims to do just that, provide professional education resources for Triple-X workers in collaboration and accordance with BCCDC's STI prevention guidelines.

In your letter you also state that,

> "The Pan-Canadian Framework was developed through a consultation process that engaged a large number of partners and stakeholders. This included community-based organizations that work with people engaged in the sale and/or purchase of sex, including sex workers."

If Public Health Agency of Canada has any questions regarding public health and sex work while completing the new revised Canadian Guidelines for STBBI please do not hesitate to contact me. Triple-X has committed nationally and internationally to monitor Public Health Agency of Canada's guidelines with regard to selling sex. Please see attached, Section 2 page 5 ("STI risk factors") and page 8 (STI risk assessment questionnaire) of the 2010 Canadian Guidelines on STI for two examples that still require attention.

Sincerely,

Andrew Sorfleet, president

(Enclosure)

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AN APPROACH TO ADDRESS STBBI IN CANADA

A Shared Responsibility

The success of the Pan-Canadian STBBI Framework for Action depends on the commitment of all partners and stakeholders working within their respective roles (Annex A). No one sector or government can reduce the health impact of STBBI alone—it will require collaboration to succeed. It is expected that partners across Canada, in various sectors, can identify how and where they can best contribute to these collective efforts, based on local epidemiology and context. Key partners include (among others)people living with HIV and viral hepatitis, **key populations**, governments, communities, civil society, academia and research sectors, the private sector, and health and front-line providers.

KEY POPULATIONS DISPROPORTIONATELY AFFECTED BY STBBI:

- People living with HIV or hepatitis C and related conditions
- Indigenous Peoples
- Gay and bisexual men
- People who use drugs
- Transgender persons
- People with experience in the prison environment
- People from countries where HIV, HBV, and HCV are endemic
- People engaged in the sale, or the purchase of sex

Note: A sex and gender-based lens should be applied to these populations

An Integrated Approach

To reduce the health impact of STBBI in Canada, it is critical to deliver the most effective interventions, tailored to the needs of people at greatest risk for infection in communities where STBBI are most concentrated. STBBI share common risk factors, behaviours for transmission, and common transmission routes; as such, an integrated approach to prevention and control is most effective. At the same time, it is recognized that infection-specific approaches are still appropriate in certain circumstances or communities.

Table 2. STI risk assessment questionnaire[1] (continued)

Category and elements	Important questions to guide your assessment
Substance use	
Share equipment for injection	• Do you use alcohol? Drugs? If yes, frequency and type? • If injection drug use, have you ever shared equipment? If yes, what was your last sharing date.
Sex under influence	• Have you had sex while intoxicated? If yes, how often? • Have you had sex while under the influence of alcohol or other substances? What were the consequences?
Percutaneous risk other than drug injection	• Do you feel that you need help because of your substance use? • Do you have tattoos or piercings? If yes, were they done using sterile equipment (i.e., professionally)?
Psychosocial history	
Sex trade worker or client	• Have you ever traded sex for money, drugs or shelter? • Have you ever paid for sex? If yes, frequency, duration and last event.
Sexual Abuse	• Have you ever been forced to have sex? If yes, when and by whom? • Have you ever been sexually abused? Have you ever been physically or mentally abused? If yes, when and by whom?
Housing	• Do you have a home? If no, where do you sleep? • Do you live with anyone?

STI = Sexually Transmitted Infection.

STI risk factors

The following STI risk factors are associated with an increased incidence of STIs:

- Sexual contact with person(s) with a known STI.
- Sexually active youth under 25 years of age.
- A new sexual partner or more than two sexual partners in the past year.
- Serially monogamous individuals who have one partner at present but who have had a series of one-partner relationships over time.
- No contraception or **sole** use of non-barrier methods of contraception (i.e., oral contraceptives, Depo Provera, intrauterine device).
- Injection drug use.
- Other substance use, such as alcohol or chemicals (pot, cocaine, ecstasy, crystal meth), especially if associated with having sex.
- Any individual who is engaging in unsafe sexual practices (i.e., unprotected sex, oral, genital or anal; sex with blood exchange, including sadomasochism; sharing sex toys).
- Sex workers and their clients.
- "Survival sex": exchanging sex for money, drugs, shelter or food.
- Street involvement, homelessness.
- Anonymous sexual partnering (i.e., Internet, bathhouse, rave party).
- Victims of sexual assault/abuse.
- Previous STI.

3. Performing a Brief Patient History and STI Risk Assessment

General principles

- Information should be requested in a simple, non-judgmental manner, using language understandable to the patient.
- History should enquire about the following:
  - Genital symptoms associated with STIs (discharge, dysuria, abdominal pain, testicular pain, rashes, lesions).
  - Systemic symptoms associated with STIs (fever, weight loss, lymphadenopathy).
  - Personal risk factors and prevention (condom use, vaccination against hepatitis B and, in the case of individuals at risk, hepatitis A).
  - Patient's knowledge of increased risk of STIs.
  - Other pertinent elements of a general history, such as relevant drug treatments, allergies and follow-up of previous problems.

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SCIENCE FACT OR SCIENCE FICTION: ARE ALL SEX WORKERS VICTIMIZED?

Throughout much of the world, sex work is often regarded as a dangerous and exploitive profession. While sex workers are more likely to experience violence and poor health than the general population, is it accurate to depict all sex workers as victims? Are violence and poor health inherent to the nature of such work, or are they the products of punitive laws and inadequate social conditions? What do we really know about the experiences of sex workers in Canada?

VIOLENCE AND VICTIMIZATION IN THE SEX INDUSTRY

Physical and sexual violence against sex workers is widely reported in the research literature.[1,2] A recent review examining the prevalence of violence against female and transgender sex workers reported rates of nearly 100% in one study to as few as 3% in another study. Why such discrepancy in findings?[3]

Sex workers reported a much lower rate of violence than emergency room nurses.[6]

Much of the literature on the prevalence of victimization excludes sex workers in off-street locations (by far the largest group of sex workers) and does not compare sex workers to other occupational groups. This failure to reflect the complexity of the sex industry and the diversity of sex workers' experiences may contribute to the discrepancies reported and lead to inaccurate generalizations. For example, researchers at the University of Victoria analyzed a decade of sex-work-themed articles appearing in the city's most widely read daily newspaper. They found that the general depiction of sex workers as trapped and victimized did not reflect how a large sample of Victoria sex workers actually viewed themselves.[4] These media portrayals present an imbalanced account of local sex workers' experiences and reinforce harmful stereotypes.

UNDERSTANDING SEX WORK

Not all sex workers in Canada experience violence. New research from the *Understanding Sex Work* project, led by Professor Cecilia Benoit at the University of Victoria, is challenging stereotypes that represent sex workers and their clients in a simplistic fashion. In the largest and most comprehensive study of the sex industry undertaken in Canada, 24% of sex workers reported that they have been attacked and 19% reported that someone had forced or attempted to force them into any unwanted sexual activity. While a minority of sex workers participating in the study reported being victims of violence in the past year, the likelihood of overall workplace victimization is higher in a number of other occupations.[5] In fact, sex workers reported a much lower rate of violence than emergency room nurses.[6]

The *Understanding Sex Work* project uncovered how sex workers take precautions to protect themselves and consider it very important to screen prospective clients and have access to help nearby if needed. Unfortunately, punitive laws and attitudes make it difficult for them to do so, therefore increasing the risk of unsafe encounters.[2,3,7,8] Buyers reported how the fear of being shamed or arrested deterred them from reporting the victimization of a sex worker to police. Similarly, sex workers reported believing that police are unlikely to treat sex workers fairly. All of this suggests that when victimization does occur, it's less likely to be reported to police.

Sex workers were also found to have more control in their work and job satisfaction than is generally assumed. Only 12% of workers believed their clients have more power during a transaction. Nearly half of the clients also

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>
> *– Professor Cecilia Benoit*

reported that sex workers were in a position of power, and most managers in the industry reported cases where sex workers ended transactions after disagreeing with a client.[6] Most sex workers reported being satisfied with their work and felt appropriately compensated. They also reported lower levels of work-related stress than workers in some other industries. Money, independence and flexibility were cited as the main motivations for working in the industry.

Although sex workers were found to experience poorer health than the average Canadian, this seemed to be related to factors other than their occupation, including having a disadvantaged childhood and a reluctance to seek health and social services. Reinforcing what other studies have found, many sex workers who were interviewed had avoided seeking necessary healthcare due to concerns about being discriminated against or arrested. Healthcare and social service workers as well as police reported that stigma made it difficult to reach some sex workers who needed help.[6]

CONCLUSION

Many common beliefs about sex workers' health and well-being reflect stereotypes based on the experiences of a small group of sex workers who are in crisis. This group, while important, does not accurately represent the experiences of most sex workers. Some Canadians in the sex industry feel exploited and experience violence, but many appreciate the autonomy and income their work provides and are generally satisfied with their job. "Sex workers in Canada are not weird, unusual people," says Benoit. "Like other Canadians, they do the best they can with the opportunities they have."[9] The violence and poor health currently experienced by some sex workers are not inherent to the work — they are the products of punitive laws and inadequate social conditions.[6] Understanding the conditions that lead to unsafe work environments will improve the lives and experiences of sex workers.

ABOUT THE RESEARCH

Professor Cecilia Benoit is the Principal Investigator for the 2011-2016 Team Grant *Understanding Sex Work*, funded by the CIHR Institute of Gender and Health. In the fall of 2014, the team presented findings from the study in a working paper presented at the Ottawa conference *Building on the Evidence: An International Symposium on the Sex Industry in Canada*. The report is based on the preliminary findings from hundreds of interviews conducted across Canada.

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