

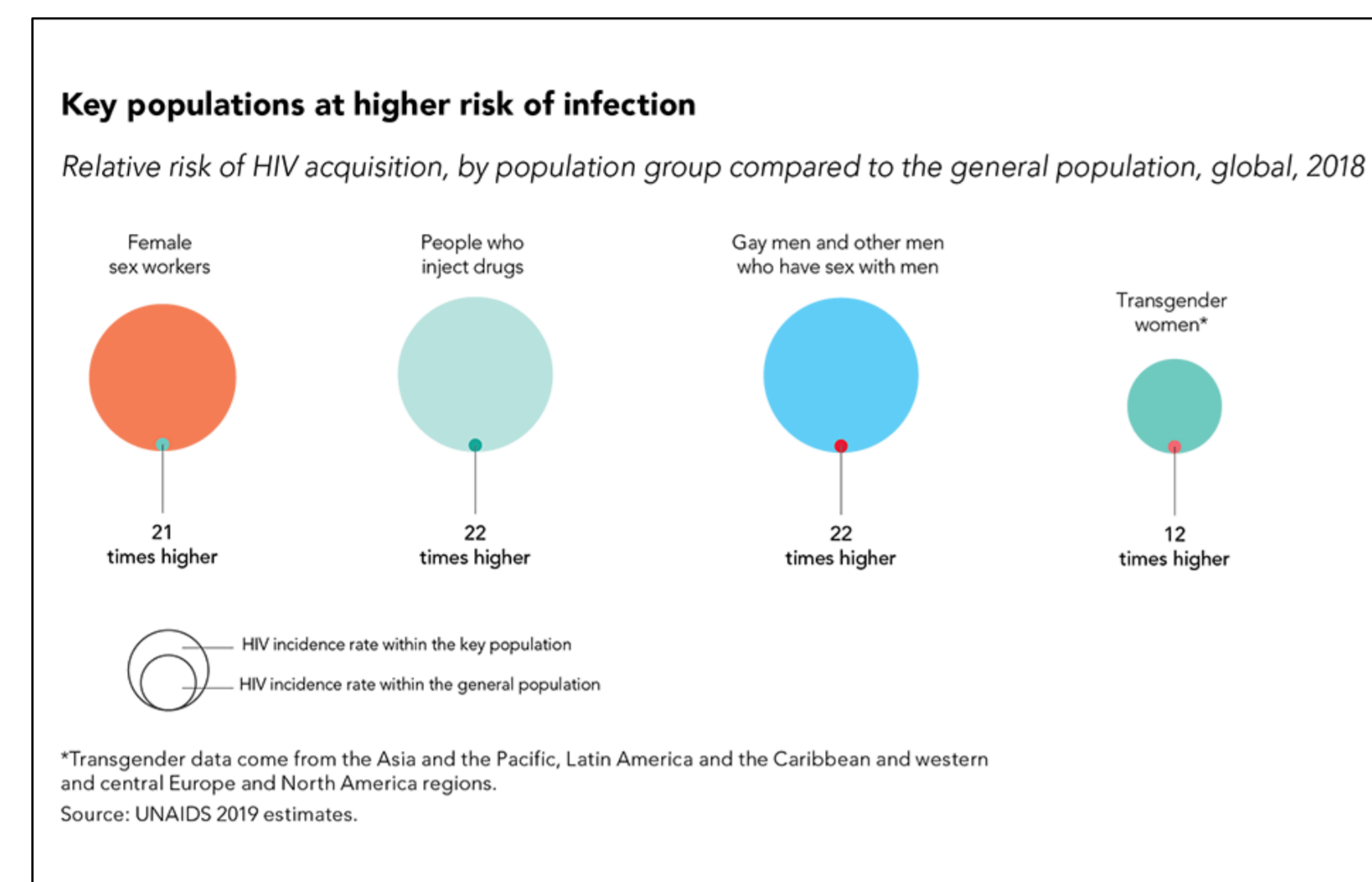
# From "population group" to "behavioural risk factors" – Community response shifts public health strategies for sex workers in STBBI prevention policies in Canada

Paul Andrew Sorfleet, AOCA  
Triple-X Workers' Solidarity Association of British Columbia, Canada

## Background

### 5 November 2019, UNAIDS Update

"With female sex workers having a 21 times higher relative risk of HIV acquisition compared to the general population, access to suitable HIV prevention options is vital."



- UNAIDS global key population statistics for sex workers distract and risk undermining the ability of HIV service providers to design effective responses for important, specific local contexts.
- Global average statistics lead policy makers to treat sex workers as a whole instead of asking why sex workers in one region are more at risk than the others, single statistic could be masking any number of local factors, including that sex work may not be relevant.
- Without accurate population estimates from most countries, where prostitution is criminalized, sex worker HIV prevalence reports provide severely limited understanding of the relative burden of HIV.
- Ambiguous and inconsistent definitions of sex worker in research increase probability for distortion from greater presence of results from outliers.
- Definitions of sex work that make no distinctions regarding the context of transactional sex fail to capture the nuance and broad variance between sex services performed in workplace settings, and sex traded for commodities and money in informal contexts. The differences in possible risk for STBBI transmission between these two settings can be extreme.
- Sex traded where need and circumstances are driving factors and where communications are often less clear, including but not limited to coercion, exploitation, extortion and threats, drug or alcohol dependency is more likely to involve activities at higher risk for STI and HIV transmission.
- Sex services for hourly rates and fees in professional workplace settings, where sexual health and safety measures and practices—including consistent condom use—are engrained in professional sex industry practices, present nominal risk for STBBI transmission.
- National and regional public health policies regarding STBBI prevention are derived from meta-analysis of research that typically does not differentiate between "sex work" and "survival sex." Broad policy definitions of sex work shape the resourcing and delivery of prevention programming.

### Distinction Necessary

"Although this broad definition of sex trade may be appropriate to get an initial impression of the proportion of people in a sample who engage in these behaviours, a finer distinction is needed if we want to gain any deep understanding of this experience and its connections to other observable variables. A number of dimensions need to be considered, for example: **Intentionality; Types of goods exchanged; Frequency; Number of partners; History; Roles; Choice and; Cultural milieu.**"

~ Alex Carballo-Diéguez and Ezra Susser, *International Journal of Epidemiology*, 2001

The most important distinction that is missing, however, is whether or not survey respondents consider themselves sex workers and, provide sexual services in an occupational capacity in workplace settings.

## Description

- December 2014:** Draft guidelines for prescribing PrEP for British Columbia were released. The guidelines stated that: "involvement in commercial sex work" equalled "high risk for acquiring HIV infection."
- April 2015:** That no consultation about PrEP had taken place with workers in the sex industry was of primary concern to Triple-X. The association teamed up with the Dalla Lana School of Public Health at the University of Toronto.
- With support from the Canadian Institutes for Health Research and the Elton John AIDS Foundation, a national consultation "PrEP in the Context of Sex Work" was planned.
- May 2016:** CanPrEP (national ad hoc committee) released draft national guidelines for prescribing PrEP. In a table created for clinicians, "sex trade workers" were listed as a "significant risk" under the heading "Likelihood source has transmissible HIV."
- May 2016:** Triple-X responded with a 22-point letter signed by eight organizations questioning the assertion that Canadian sex workers are a population at higher risk for HIV infection and transmission and objecting to the assumption that "professional sexual services are not performed safely in an occupational setting."
- October 2016:** The "#SWPrEP" national consultation brought together 50 participants from 23 organizations that advocate for or provide services to sex workers from nine provinces in Canada.
- April 2017:** "HIV Prophylaxis and Sex Work 2016" was launched at annual Canadian Association of HIV Researchers conference.
- November 2017 | Outcome:** The "Canadian Guidelines on HIV Pre-Exposure Prophylaxis and Non-Occupational Post Exposure Prophylaxis" were published in the *Canadian Medical Association Journal*. Guidelines should be applied to sex workers "based on the presence of other risk factors."
- December 2017 | Outcome:** British Columbia Ministry of Health announced new free access to PrEP for people at risk as of January 1, 2018. Listed risk groups did not include people "involved in commercial sex." "People interested in accessing it should talk to their health-care provider."
- July 2018:** Triple-X presented a poster at the 22nd International AIDS Conference in Amsterdam, titled "#SWPrEP Road Map—Community to Public Policy: HIV Pre-Exposure Prophylaxis and Sex Work in Canada 2016."
- January 2019 | Outcome:** The Chief Public Health Officer of Canada responded to Triple-X regarding the language and preconceptions about sex workers in the Public Health Agency of Canada's Guidelines on STI (CGSTI):

"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 referenced CGSTI "Sex Workers" chapter is outdated and will be removed."

- February 2019:** Triple-X responds to Public Health Agency of Canada regarding the persistence of "People engaged in the sale or purchase of sex" are a "key population disproportionately affected by STBBI" in *The Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030*.

"The Public Health Agency of Canada and the STBBI Pan-Canadian Framework for Action make no distinction to acknowledge the very low STBBI transmission risks associated with professional sexual services provided in workplace settings with occupational health and safety practices."

- April 2019:** Reply letter from Chief Public Health Officer, Dr. Theresa Tam states:

"The Pan-Canadian STBBI Framework for Action aims to acknowledge STBBI transmission risks associated with the spectrum of sex workers, including individuals engaged in survival sex work and transactional sex in informal settings ... This population, along with others, was identified as disproportionately affected by STBBI, as there is greater potential for other associated high-risk behaviours such as condomless sexual activity or injection drug use."

## Lessons

### Concerns regarding PrEP in the Context of Sex Work

Participants in PrEP in the Context of Sex Work (#SWPrEP) national consultation identified the following concerns:

- Access:** "There was a strong sentiment that increased access to PrEP based on being a member of a 'target population' (e.g. a sex worker) was wrong-headed. Not all sex workers are equally vulnerable to contracting HIV. As stigma about sex work is high among health care providers, asking for PrEP because you fall into a 'target population' is highly problematic."
- Privacy:** "With new immigrants, in particular non-status sex workers, the concern is that there is no money to pay for PrEP, nor will they be able to openly disclose to medical authorities that they are sex workers."
- Adherence:** "when people have ambivalence about a medication, their willingness to tolerate side effects and their adherence is low. This could increase the potential for drug resistant forms of HIV to develop..."
- Side effects:** "The two main side effects of taking PrEP over the long term are stress on the kidneys and bone density loss. Older sex workers in the room wanted to emphasize to the younger group that these are not minor side effects. These side effects can have a big impact on your health and wellness as you age."
- Unintended consequences:** "...at a brothel, sex workers may be required to take PrEP as a condition of their working there, and then these brothels may use adherence to PrEP as an advertising ploy ... If everyone takes PrEP in a workplace, sex workers may have less leverage with clients that they use condoms."
- Stigma:** "There is a concern that PrEP will create division among sex workers, pitting sex workers who are on it against those who are not and increasing stigma in the community."

### Sex-Work Community Organization Letter Re: National PrEP Guidelines

"Our group feels strongly that the emphasis on 'populations' rather than 'behaviours' is problematic when describing sex workers in general. The implication is that risks for HIV infection and transmission are inherent in sex work. However, sex work (as opposed to other forms of sexual exchange) most often takes place within a sex-industry workplace."

"Sex work is different from other social-sexual behaviours because it is performed in the context of employment and earning income. To suggest that sex workers are a population at higher risk for HIV infection and transmission assumes that professional sexual services are not performed safely in an occupational setting. This is a gross generalization."



### Behaviour and Context that Impose Risk

"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."

"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."

~ BC Centre for Disease Control, *Estimation of Key Population Size: Final Report* (2016)

## Conclusions

### UNAIDS Key Population Framework miscasts Sex Workers as HIV Risk

- Self-determination is a key principle in the struggle for empowerment for sex workers. When public health authorities base HIV prevention policies and programs for sex workers on the false preconception that sex workers are "disproportionately affected"—meaning at significantly higher risk of HIV transmission—problems result.

- In low prevalence settings with concentrated HIV epidemics, targeting sex workers using the "key population" framework miscasts involvement in commercial sex as a risk for HIV transmission and is based on misleading statistics.

- In low prevalence settings with concentrated HIV epidemics, sex workers' sexual health—including STBBI prevention—would be best achieved through occupational health and safety programs.

- PrEP roll-out programming that targets sex work could undermine HIV prevention.

- The category "involvement in commercial sex" should be removed from public health HIV and STI risk assessment guidelines.

- STBBI prevention programming by sex workers' organizations provides excellent value for public health spending to reach those who need it.

- Sex workers' organizations remain a priority for public health spending because they are well placed socially to disseminate sexual health education including symptom recognition, condoms, routine testing, and treatment.

- Supports should be added for occupational health and safety in the sex industry.

### Lack of distinction between Sex Work and Informal Transactions

When there is no distinction between commercial sex in formal workplace settings and transactional sex in informal contexts, two problems result:

- HIV prevention resources and programming including HIV PrEP delivery needlessly targets sex workers who are not at risk of STBBI infection. Those resources could be diverted to communities and social networks with high HIV sero-prevalence and high-risk behaviours where they are needed most.

- The assertion, based on scant evidence, that sex workers generally are high risk for STBBI transmission perpetuates prejudice and stigma within the public health and health care sectors as well as the general public—including clients.

### Outcome | Policy Impact

Correspondence between Triple-X Workers' Solidarity Association of BC and Public Health Agency of Canada, resulted in Canadian Guidelines on STBBI being updated. The section on sex workers was removed:

"The revised guidelines focus on the diagnosis, treatment and follow-up of STBBI based on behavioural risk factors and not population groups."

### Next Steps | Challenges

The Public Health Agency of Canada STBBI Pan-Canadian Framework for Action still make no distinction to acknowledge the very low STBBI transmission risks associated with professional sexual services provided in workplace settings with occupational health and safety practices.



"The Pan-Canadian STBBI Framework for Action aims to acknowledge STBBI transmission risks associated with the spectrum of sex workers, including individuals engaged in survival sex work and transactional sex in informal settings ... This population, along with others, was identified as disproportionately affected by STBBI, as there is greater potential for other associated high-risk behaviours such as condomless sexual activity or injection drug use."

~ Dr. Theresa Tam, Canada Chief Public Health Officer, 19 April 2019 letter