Sex work and drugs.

A quantitative and qualitative study on drug use among sex workers in Belgium

Summary

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Situation of the study
Both sex work and drug use are associated with substantial health risks. Sex workers are exposed to sexually transmitted infections (STI), violence, unwanted pregnancy, alcohol and drug use. The use of drugs, whether or not by sex workers, is associated with more risky behaviour regarding health: e.g. the sharing of needles with intravenous drug use, failure to use condoms etc. The psychological stress associated with professional prostitution can lead to an increase in drug use. In the literature, it is often suggested that the use of drugs differs depending on the type of sex work: drug dependency is more frequently described in street prostitution compared to other sectors.
As drug use and sex work carry a criminal label, they are open to stereotyping and stigmatisation. Research shows that sex workers who use drugs neglect their health; healthcare is not a priority. Specific (medical and psychosocial) assistance is thus required for this vulnerable group. In Belgium a number of organisations, including asbl Espace P, vzw Pasop and vzw Gh@pro, have been providing health advice and education and paramedical help to sex workers for over ten years. In the first place the offer is directed towards the associated professional health risks and offers sex workers the opportunity to be examined free of charge and anonymously. In addition, psychosocial help is offered to the extent possible. These organisations regularly perform scientific research on sex work associated problems. There are however virtually no statistical data available concerning drug use among sex workers in Belgium.

Presentation and method
This study has been set up in order to respond to this lack of data and chart the possible needs linked to drug use in this population. The following research questions were formulated: What is the scale and nature of legal and illegal drug use among female sex workers in Belgium? Do (some) female sex workers in Belgium experience problems in the area of physical and mental health and on a social level related to the use of drugs? If so, which of these problems are the most pressing from the point of view of the sex worker? Are female sex workers in Belgium sufficiently aware of the current offer as regards drug treatment, and do they use the existing offer? Do (some) female sex workers in Belgium need specific (tailored to the sex workers) preventive and curative drug-related healthcare?
The study is directed towards drugs use in female and transgender sex workers in Belgium. Not only illegal drugs are designated by the term ‘drugs’ in this study, but also alcohol and the non-medical use of prescribed drugs. And by sex work the exchange of sexual contact for something of value is understood; mostly money and exceptionally drugs or other payment means.
This study is directed towards a population that is by definition “hidden”, “hard to reach” and “underserved”. Statistics suggest that there are 15,000 to 20,000 sex workers in Belgium, of which 80% are women and 15% transgenders (Tampep estimate, 2009). We attempt to build up a sufficiently varied
sample, taking into account a) possible geographical variations and b) possible differences between different sectors of sex work. Five cities and their 'surrounding areas' are distinguished: Antwerp, Brussels, Charleroi, Ghent and Liege. Various prostitution sectors are described. Street sex work means that clients are propositioned on the street and in other public places. Window prostitution involves women who advertise behind a window. Bar prostitution has two forms, the mixed form bar/window prostitution in which women advertise behind a window and also have a bar available. Prostitution in bars/clubs as a second mixed form is characterised by the serving of drinks and subsequently the possible offering of sexual services. Private sex work is offered in houses where from the outside of the establishment it is not clear that sexual services are offered on the premises. Escort prostitution can take place via an agency or independently; sex workers are not on a premises where they wait for clients.

A multimethod design is chosen, whereby a variety of research strategies are combined with each other. A literature study was performed, a semi-structured question list was collected face-to-face (N=543), complemented by qualitative in-depth interviews (N=25). The interviews were performed by privileged access interviewers, who have an existing bond with the population. Lastly, focus groups (N=5) were organised with key figures who are employed on the subject of this study in the 5 cities. The study was performed with the informed consent of all sex workers involved and after the approval of an ethics committee.

Results
In total 543 women and transgenders were polled. 528 questionnaires and 25 qualitative interviews were kept for further analysis. Five focus groups were organised with people who come into contact with the target group in a professional capacity. When significant differences are found between certain sectors or areas, the significance is indicated. If nothing is mentioned, no statistically significant differences were found. Where possible, use was compared per product with the Belgian health survey of 2008.

Who participated in the study?
Approximately as many sex workers were polled per geographic region: 23.3% in Antwerp and the surrounding area, 22.2% in Brussels and the surrounding area, 17.0% in Charleroi and the surrounding area, 19.3% in Ghent and the surrounding area and 18.2% in Liege and the surrounding area. The respondents were less evenly spread over the various prostitution sectors: 20.3% were recruited in the street sector, 23.3% in the window prostitution sector, 13.2% in the bar/window sector, 9.4% in the bar/club sector, 26.2% in the private sector and 7.6% in the escort sector. Not every sector is present in each geographical region, e.g. there is no red light district in Charleroi.

The average age of the sex workers in this sample is 35.7 years (18-73 years). The average age of sex workers in window and street prostitution is somewhat higher (respectively 38.7 and 37.5 years), whilst the average age of the respondents in the bar/window and bar/club sectors is significantly lower
(respectively 32.3 years and 32.1 years) (p<0.001). Respondents who are active in Ghent and the surrounding area are significantly younger (31.9 years on average) (p<0.001).

The average age at which the participants began sex work was 25.6 years. Thus on average all respondents have 10 years' experience in the sex industry (1-43 years). The differences between the sectors are statistically significant (p<0.001): respondents from street and window prostitution have on average a longer career as a sex worker, as well as respondents from the Brussels and Liege area. Around one third (34.6%) of all questioned sex workers have less than one year's experience in the sector they (currently) regard as their 'main sector'. This limited experience in the current sector is an indication of the dynamic character of the sex work industry.

70.6% have Belgian nationality and 86.7% have a European nationality. Around 95% of the people interviewed are legally in the country.

Out of all the respondents, 41.9% are single and 23.6% of all sex workers are divorced. Over half (58.3%) of the participants have children (on average 1.9 children, maximum 6). For sex workers being also mothers, bringing up their children is an important priority. But apparently the qualitative interviews show that it is not easy to combine parental responsibilities with work. Many women keep their work in prostitution scrupulously hidden from their children (and from family and their circle of friends).

89.6% (N=472) of all sex workers questioned have a permanent residence. The majority of respondents (62.3%) had secondary education, although they did not always fully complete the course. At the time of the interview, 10.6% followed other training (from VDAB training to university studies). From the qualitative interviews, it turns out that respondents who follow training or are considering doing so are often actively seeking other work.

For 83.5% of the women, sex work is the largest source of income. Of the sex workers we interviewed, one third rates their financial situation as neutral (“neither good nor bad”). One in three refers to their financial situation as ‘good’ or ‘very good’. Significantly more respondents in street prostitution consider their financial situation to be (very) bad (p<0.001). We found statistically significant differences between the various regions (cities and their surrounding areas), probably connected with certain prostitution sectors. In the Antwerp and Ghent regions, more respondents considered their financial situation to be (very) good (p<0.001), but in both cities more escort girls were interviewed. In the Walloon regions (Charleroi and Liege and the surrounding areas) and the Brussels region, more respondents considered their situation to be (very) bad; however, we interviewed more respondents from street prostitution there.

The largest group of respondents (44.8%) work between 4 and 7 hours on a working day (on average 31.4 hours a week). 41.2% generally work 8 hours or more a day. Women in the street and escort sector work on average fewer hours a week (p<0.001).

The average number of clients is 4.1 a day (median 2.5). Respondents from window prostitution serve 5.6 clients a day on average; in the bar/window sector women have 5.7 clients a day and women in the
escort sector only have 2.4 clients a day on average (p<0.001). Out of all the respondents, 88.4% say that they themselves define how much they work. Within the bar/club prostitution and bar/window prostitution sectors, 35.0% indicate that they cannot themselves define how much they work, while in the private and window sector 6.2% find that they are not free in the choice of services they offer (p<0.001).

We suspect that the sample is not representative for the total population of (female) sex workers in Belgium for all characteristics and variables. Employees of the specialist organisations (Gh@pro, Pasop and Espace P) for example suspect that the average age of the clients they see over the past few years is lower than the average age of the respondents in this study. According to Pasop vzw, generally just over half of the sex workers they see are of Belgian origin (52% in 2008). At Gh@pro vzw (in Antwerp), only one in three people that contact them are of Belgian origin. Espace P does not publish any data on this in its annual reports. The percentage of sex workers residing and working illegally is probably higher than described in this study, and the level of schooling might be lower for the whole population than in this selection. One of the most important reasons for possible bias is perhaps the language barrier: the questionnaire was indeed translated into 10 languages, but the majority of the surveys were performed in Dutch, French, English, German and Spanish. The staff of the organisations in the field acting as privileged access interviewers may also have induced some bias: respondents may have given socially acceptable answers.

**What substances do they use and how often?**

‘Life time prevalence’ (whether ever used) and ‘last month prevalence’ (current use) of the following products: alcohol, benzodiazepines, cannabis, ecstasy, amphetamines, cocaine, crack, heroin and ‘other products’ were questioned.

Five percent of the total sample had never consumed **alcohol**, especially sex workers in the window sector. Out of those who had consumed alcohol in the past 30 days, nearly one in three (29.0%) drank at least five times a week. A quarter of the women in street prostitution and bar/club prostitution used alcohol daily in the past month. Over the past month, 36.0% of the total sample had drunk 6 or more units on the same occasion (binge drinking). This is 48.8% of those who drank in the past 30 days. 8.7% of them do it daily, especially sex workers in the street sector (N=9), although statistically binge drinking is more prevalent in the bar/club sector (p<0.001). 42.7% of the participants drink more on a work day and 50.0% of those who drink on work days do so at the workplace itself. Once again significantly more is drunk on a work day and at the workplace in the bar and bar/club sectors (100%) compared to other sectors (p<0.001). According to the Belgian Health Survey, 77.0% of Belgian women drank alcohol over the past year; 14.5% of the female population in Belgium drinks 4 or more times a week. In our sample, around twice as many respondents had drunk with a similar frequency in the month before the interview (29.0%). Whilst the Belgian Health Survey shows that 8.7% of Belgian
women drink daily, 13.0% of the sex workers in this study use alcohol daily. 6.2% of Belgian women had indulged in binge drinking monthly in the 12 months before the interview as opposed to 36.0% in this study.

At the time of the survey, 26.0% of the sex workers used benzodiazepines and 63.4% of them used on a daily basis, 11.0% during work and 19.0% before work. There was a statistical link with a higher age (p=0.009) and with a longer career in prostitution (p<0.001). In the Belgian Health Survey, 7.2% of Belgian women reported the use of an antidepressant in the past 24 hours.

Of the total sample, 58.0% had used cannabis at some point, of which 25.0% had used it in the past month. It is particularly widely used in the private and street prostitution sectors and significantly less in window prostitution (p<0.001). 43.0% of current users use it daily (10.0% of the total population), of which 64.0% use it after work and 30.0% at work. According to the Belgian Health Survey, 3.0% of Belgian population (between 15 and 64 years) used cannabis in the 30 days before the interview. In the female population, last month prevalence was 1.9%.

A third of the participants had used ecstasy at some point and only 1.7% used it in the past month.

Amphetamines had been used at some point by 26.7% and 3.8% report current use. They are used significantly more often in Antwerp and Ghent than in the other regions. According to the national health survey, 0.4% of Belgian women had used amphetamines and/or ecstasy in the past 12 months.

Cocaine had been tried at some point by 44.9% and 16.7% use it at the time of the survey, above all in the street and bar/club sectors. Cocaine is also used significantly more often in Antwerp (55.7% of Antwerp respondents, life time prevalence). 51.0% of current users use it at least once a week, and 15.0% use daily. Half of these daily users work in street prostitution. There is a strong association with work for cocaine: 40.0% use it at work, 38.0% after work and 17.0% before work. Private use is more frequently reported in escort and private prostitution. In the Belgian Health Survey, 0.5% of Belgian women (15 to 64 years) indicate that they have used cocaine in the past 12 months.

Crack is less frequently used: 8% have used it at some point; 3.4% mention current use, above all in street prostitution (p<0.001). This only involves 42 people who have tried it at some point and 18 people who used it in the past month.

15.5% has used heroin at some point and 7.2% uses it now (N=38), mainly in the street and bar/club sector. Two variables had a significant influence on heroin use: a longer career in sex work and a lower level of education (p<0.001). Users indicate that they do sex work in order to pay for heroin. Only 0.1% of Belgian women reported current heroin use or substitution therapy for heroin in the Belgian Health Survey.

23.3% report that they have used another product at some point (LSD, inhalants/solvents, methamphetamine, methadone, buprenorphin, antidepressants). The last of these are striking in particular: 23.3% has used antidepressants at some point, of which 8.0% used them at the time of the survey. 7.8% also uses methadone. Antidepressants are used significantly more often in the private sector.
Respondents were also questioned on poly-use (use of more than 1 product) and combined use (use of more than 1 product at the same time) in the survey. 85.4% has used at least 1 substance in the past 30 days and 46.0% has used more than 1 substance, above all in the street and bar/club sector; 43.0% used two products, and the remainder (21.0%) three or more products. Alcohol and cannabis are above all used as a main product.

27.5% of the total population and 32.2% of those who used it in the past month used various products at the same time: 33.0% combined alcohol and cannabis, 28.0% alcohol and cocaine, 16.0% alcohol and benzodiazepines. Combining alcohol and cocaine helps to put up with work and benzodiazepines after cocaine to help with sleep.

**Drugs and work**

Nearly half (42.4%) of all respondents used at least 1 product at work; 48.6% of those who used them said that work was easier with a substance whilst 37.7% said, however, that they were not able to work as long as they wanted, as a result of drug use. 34.6% is on the contrary able to work longer through drug use. 33.0% experience an effect on negotiations with the client; 30.0% has more clients, and 17.0% is less selective in the choice of clients when they use substances.

The connection between drugs use and sex work is a complex one. In the qualitative interviews, some respondents explicitly say that they use to put up with work or to forget their work day. A few aspects of work, such as the establishing of contacts with clients, are easier under the influence of certain substances (such as alcohol). Other sex workers use while waiting for clients. Others still avoid alcohol and illegal products, as their use seriously hampers them in the performance of their work. Some have improved their financial status through sex work, which creates more consumer possibilities (including drugs). There are also sex workers who mainly work to be able to buy and use drugs, but this is rather a fringe phenomenon in this research group, mainly with a few heroin users. 199 sex workers (37.0%) mention use of alcohol with clients, mainly in the bar sector, 62 sex workers (11.6%) have used cocaine with clients.

Only 6.8% has ever accepted payment in drugs, especially with cocaine and heroin.

The medical perspective and the risk of STI are elaborated thoroughly in the international literature on sex work and drug use. Inhibitions fade through drug use and the sex workers will show more risky behaviour, such as neglecting to use contraception. The workplace and the associated working conditions also help to define condom use; an unprofessional setting consistently leads to condom use being set aside. Financial concerns place condom use under further pressure. After all, clients offer more money in exchange for unsafe sex. Sex workers come into contact with several sex partners and these partners are often considered as ‘risky’ (they are more inclined to inject drugs and they have an increased risk of HIV or another STI). Intravenous drug use also leads to an increased risk of HIV infection or infection with another STI (including through sharing of needles). In this study, 18.5% of the women (33.0% of those who use cocaine, 76.0% of the heroin users) report they sometimes, often or
always have *unprotected sex* under the influence of drugs and 8.6% sometimes or often has unprotected sex when experiencing a strong craving for a drug. As a comparison: in a recent Dutch survey (van Veen 2010), 88.0% of female sex workers who do not use drugs consistently used a condom, whereas only 56.0% of the drug-using sex workers did so. Condom failures also occurred most frequently among drug-using sex workers: 41.0% as opposed to 36.0% for non-using sex workers.

Regarding *problematic use* the official EMCDDA definitions were used. Intravenous use is considered as problematic: 10.6% of the respondents had injected at some point and 4.0% had done so during the past 30 days. Those who inject often began sex work at a significantly younger age. More than half of them have shared injecting material at some point. ‘Regular use’ can also be problematic according to the EMCDDA definitions: 2.3% regularly uses amphetamines, 8.6% cocaine, 6.3% heroin and 2.8% crack.

Based on the scores on the *Severity of Dependence Scale (SDS)*, 30.0% experiences a certain extent of *dependency* on one (or more) of the aforementioned products: 15.9% feels more or less dependent on alcohol, especially in street prostitution and in the bar/club sector (p<0.001). 13.6% feels dependent on benzodiazepines, 10.2% on cocaine, 7.5% on cannabis and 6.7% on heroin. The relatively high number of respondents who, based on the SDS score, feels dependent on alcohol, benzodiazepines or antidepressants did not surprise the majority of focus group participants. According to them, the data also reflect the high prevalence of use of these substances among the general population. Both the respondents and the focus group participants stated that dependency, as with use, is not necessarily linked to the activities in prostitution, but is above all connected to a general lifestyle, including social and psychological problems e.g. depression.

**Assistance demand and offer**

A quarter of the respondents (23.6%) has sought assistance for drug use, half of them resorting to assistance 1 to 3 times. GPs are consulted in particular (70.0%), along with ambulant and residential drug counselling. Therapy is often followed: 57.0% of those who seek help has received psychosocial support at some point, 52.0% substitution therapy, 41.0% detoxification and 39.0% psychiatric help. A quarter (27.0%) of respondents has never mentioned their profession in the drug use assistance. Almost half of those who sought help were active in street prostitution (48.7% of everyone who have already called for help). Respondents from window and bar/window prostitution seek less often professional help related to drug use. Out of those with problematic use (EMCDDA), 74.0% has already sought help, and out of those dependent on a product (SDS scale) only 48.8% has sought help.

Sex workers do not often call on the existing forms of assistance because they have other concerns: financial and personal problems, the taboo of society regarding their profession, and the need for regulation of the profession. Problems caused by drug use are often not dealt with, as long as drug use does not interfere with everyday life.
Conclusion and recommendations

What is the scale and nature of legal and illegal drug use among female sex workers in Belgium?

The prevalence of drug use among sex workers has been investigated worldwide in different settings. An international comparison of prevalence figures is as good as impossible, due to the large differences in methodology between the many studies. The prevalence of drug use in general and illegal drugs use in particular among sex workers in Belgium is higher compared with the general population. This observation is not only true with regard to illegal drugs, but also alcohol consumption and the non-medical use of prescribed drugs is confirmed in the scientific literature, in studies performed in Europe and the United States.

The prevalence of drug use presents major differences depending on the prostitution sector or the type of sex work. The majority of studies describe a higher use of illegal drugs among street sex workers compared to the other prostitution sectors. This is confirmed in the present study. It is especially important to stress that street sex work is only the tip of the iceberg. Only 10.0% of Belgian sex workers is employed in this sector. In addition, not all street sex workers are users. Although the needs of these individuals are substantial, the needs of the other sex workers regarding drug use should not be ignored. The dynamic nature of prostitution also implies that many respondents who work in another sector often also have experience in the street sector and hence also come into contact with this high risk environment. As indicated in the literature study, the prostitution industry is a complex and dynamic industry. The average amount of experience in sex work was 10 years in this study, but 1/3 of the women questioned has worked for less than 1 year in their current main sector, a clear repercussion of the dynamics in prostitution. This study also illustrates the large variety within a group of sex workers: the respondents have 34 different nationalities, and all possible levels of education and ages. In the sectors other than street prostitution, there is probably an underestimation of the problem of drug use reported in this study (focus group discussions).

When sex workers use drugs, they often use more than one product. For example, they use both heroin and cocaine. Illegal drugs are also very often used in combination with alcohol.

Do (some) female sex workers in Belgium experience problems in the area of physical and mental health and on a social level in connection with their use of drugs? If so, which of these problems are the most pressing from the point of view of the sex worker?

Drug use is for some respondents a reason to prostitute themselves, but the majority only starts using drugs during their career in the sex industry. For sex workers, drug use can even be part of the job, because it enables them to perform their work. At the same time, excessive drug use goes hand in hand with all kinds of risks: less consistent and effective condom use, more sexually risky behaviour and greater vulnerability regarding violence and abuse of all kinds. In addition, sex workers who are users can be the victim of doubly negative reactions and social exclusion, both by family and friends, as
Sex workers are stigmatised as sex workers and drug users, and from this study it appears that sex workers are very sensitive of this negative image. The medical perspective and the risk of transmission of STI are getting a lot of attention in the literature on sex work. In this study, 18.5% of women reports that they sometimes, often or always have unprotected sex when using drugs. The majority of sex workers does not consider their drug use as problematic. However, based on the cut-off scores of the Severity of Dependence Scale, 30% of the sex workers recruited for this study feel dependent on one or more products. Out of these people, only half has sought help for this problem.

Sex workers consider other problems such as financial difficulties, family problems, housing etc. as more important and more serious than a possible dependency on a product.

**Are female sex workers in Belgium sufficiently aware of the current offer regarding drugs assistance, and do they use the existing offer? Do (some) female sex workers in Belgium need specific preventive and curative drug-related healthcare?**

Sex workers in general have less access to regular healthcare. From this study, it is clear that mostly sex workers in street prostitution seek and find help for drug problems. 70.0% of the requests for help in this study were addressed to GPs, but the qualitative interviews show that their reaction was often inadequate. This consequently increases the threshold for requesting help: sex workers often do not speak the language, they do not know the services available to them, they are insufficiently motivated and/or their paperwork is not in order, and above all else they are afraid of the disapproval and lack of understanding of the regular care givers.

The most important recommendation that can be made based on this study is consequently offering information, first of all to the sex workers. Being referred to the proper care at the time of requesting help is important. In addition, there is a need for information to the regular (health)care professionals. GPs and other primary care givers in particular benefit from extra education or knowledge regarding drug use and prostitution. Trying to find out possible drug use and raising consciousness of drug-related problems is also important when in contact with sex workers. Finally, sensibilisation of the general population (including clients), the police and justice system regarding sex work is important.