Photo: LARAS

Sex workers in the 'sex villages' of Bontang and Samarinda crowd in the LARAS drop-in centre to access basic HIV prevention education

The overlap between injecting drug use and sex work

Paying attention to the needs of female drug users in Asia

Pascal Tanguay

Drug use – especially injecting drug use – is considered to be one of the key factors in the expansion of the HIV epidemic in Asia. Although women represent a small segment of Asian drug users, their situation is of particular concern.[1] The stigma and discrimination they face is exceptionally intense and keeps them from accessing key health and education services.[2] This is compounded by women and girls' unique vulnerabilities which often place them at greater risk for HIV transmission and other health and social harms. Where harm reduction services are available, too few specifically meet the special needs of women and thus they are often left without concrete options to protect themselves.

Research reports indicate that women are currently using drugs in Bangladesh, China, India, Indonesia, Japan, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka, Taiwan, Thailand and Vietnam, while there are likely numerous undocumented cases in other Asian nations. Where research and surveillance include information on substance dependence among women, the data is often general and lacks concrete recommendations and action plans to address matters appropriately. One of the major concerns arise in part from the intersection of the two most important risk behaviours driving the Asian epidemic, namely injecting drug use and sex work. In the UNAIDS *2006 Report on the Global AIDS Epidemic*, a review of current epidemiological trends notes with urgency that interventions need to address the overlap between injecting drug use and sex work currently occurring on an increasing scale in China, India, Vietnam, Pakistan, Indonesia and Bangladesh. This trend is confirmed by Monitoring the AIDS Pandemic (MAP) in its 2005 report *Drug injection and HIV/AIDS in Asia*.[3]

Selling sex to procure drugs is quite common in Asia, as well as in other parts of the world. MAP notes that *"in China's Sichuan province, for example, 47 percent of the 452 females included in behavioural surveillance for IDUs [injecting drug users] said they had sold sex for money or drugs in the previous month."* Also, high numbers of IDUs are buying sex and there is an overall low level of condom use in these encounters. The overlap between sex work and injecting drug use is considered to be among the most dangerous conditions for rapid spread of HIV and other STIs. Indeed, MAP reports that *"in Ho Chi Minh City, Vietnam, about half of sex workers who injected drugs are infected with HIV, compared with only 19 percent of those who use drugs without injecting them, and 8 percent of those who don't use drugs at all."*

Women's vulnerabilities

Women may be more biologically and physiologically vulnerable to the HIV virus than men. In addition, social norms, traditional roles and their subordinate position in the social hierarchy leave many women around the world with little power to manage their health. All of the above are exacerbated by abuse, coercion, violence, trafficking and poverty, conditions that disproportionately affect women and girls. Women and girls have unequal access to education services which increases their vulnerability to HIV and other diseases and infections. In addition, studies suggest that women become dependent on drugs more quickly than their male counterparts, following a 'telescoped course' because of their greater physical and psychological vulnerabilities.[2]

> Women and girls suffer worse consequences compared to their male counterparts because of their substance dependence

Women who are not involved in the sex trade are very often largely dependent on their partners for the procurement and use of drugs. As many women stay 'underground', they remain very hard to reach both in terms of service delivery and in terms of surveillance. From the anecdotal evidence available it is clear however that female IDUs with a male partner will leave the drug runs and if available, the collection of clean needles, to their partners. Further, it is known that injectors will often share injecting equipment to reinforce relationships and strengthen bonds with their partners.

The Centre for Harm Reduction (Burnet Institute, Australia) reports that *"female drug users often lack personal power and skills,*

experience a lack of community support and access to health care and social services."[2] This situation exponentially increases the likelihood that female injectors will share their drugs and equipment since procurement of injecting equipment and drugs as well as access to services are both more difficult for women. Finally, the overlap of sex work and injecting drug use makes it even more difficult for them to negotiate safer sex whilst increasing needle sharing. Needles are sometimes shared between sex workers and clients who pay for their services with drugs. In other cases, brothel-based sex workers may not be allowed to leave the premises and needles and syringes are thus more likely to be shared.

Effective responses

Combined with severe social stigma and discrimination, women face considerable hurdles among peer drug users, their own families and communities. The internalization of the shame forced onto them pushes women further underground and makes them even less likely to seek assistance in terms of information, education, and basic and specialized health care, such as harm reduction services. In the end, women and girls suffer worse consequences compared to their male counterparts because of their substance dependence. Women suffer more because of the intensity of stigma and discrimination often associated with drug use; because of wider social implications that affect women such as domestic violence, rape and abuse, lower social status and educational attainments, human trafficking; and especially because the expectations related to traditional roles of women lead to critical intolerance of women's drug use.

In general, effective responses and interventions for substance-dependent women should include accessible, non-judgemental, friendly and gender-sensitive services that employ female staff and provide space for children. Those aspects can be incorporated through tailored outreach, information dissemination, education, and primary health care services that meet gynaecological and pregnancy-related needs. Also, the creation of women's support groups can contribute to empowerment and build self-esteem if service providers and peers respect each person's choices and offer necessary assistance even when it goes against their own moral or ideological beliefs. Finally, harm reduction interventions should pay attention to the sexual transmission of HIV and sex work-related issues while interventions aimed at sex workers should integrate harm reduction components to reduce risks of drug use and aim at partner reduction instead of wholesale condemnation of sex work.

Learning about the risks

An example of an intervention that addresses the overlap between injecting drug use and sex work is LARAS Foundation, a grassroots NGO based in Indonesia. LARAS delivers integrated health and education services to approximately 500 sex workers using drugs and those at risk for drug use. The success of this recent NGO is partly due to the involvement of peers – sex workers and female drug users – in the organization's programmes. A majority of LARAS' 500 clients were initially registered through participatory peer outreach, where clients receive services in their own local environment from other sex workers. In addition to outreach, health information and education is also delivered by peer health staff to approximately 200 women every week through drop-in centres, while condoms and sterile injection equipment are made available to those who need them. Focus group discussions are held in the drop-in centres in Bontang and Samarinda on a fortnightly basis. Trainings and other social activities help to reinforce the relationship of trust between all those involved in the programme.

The effectiveness of the rapport built between staff and clients and the friendly cooperative environment have significantly contributed to the creation of incentives for women to change their behaviour – not necessarily abandoning sex work but learning about the risks they are exposed to and how to protect themselves. Although the project is still in its infancy, it has managed to attract support from the national government including law enforcement officials, media, local communities, international NGOs and donors, demonstrating a growing need for other effective projects targeting women using drugs.

With less than 5% of Asian IDUs accessing HIV prevention and care services,[4] the situation is alarming, even more so when considering women. Indeed, HIV transmission in Asia is currently spearheaded by injecting drug use – out of the 13 million IDUs recorded worldwide, about a quarter of them live in Asia. Although approximately 10% of recorded injectors in Asia are women, this number has steadily increased with improvements in surveillance systems, although much work remains to be done in this area. More research will inevitably show the necessity of responding to substance-dependent women's needs and the need to replicate models like LARAS's. ■

For more information about injecting drug use and harm reduction in Asia, contact the author or visit http://www.ahrn.net. For additional details about LARAS Foundation's activities and achievements, contact A.M. Aslam, Director, at idus_sellang@yahoo.com.

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1. According to UNAIDS in 2000, approximately 10% of recorded injectors in Asia are women.
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3. *Drug injection and HIV/AIDS in Asia*, MAP, 2005: http://www.mapnetwork.org/docs/MAP_IDU Book 24Jun05_en.pdf
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