

# Safer Streets for Substance Using Sex Workers: An Analysis of the Benefits of and Barriers to Harm Reduction

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## Introduction

Harm reduction, best described as “a pragmatic, human rights-oriented philosophy”,<sup>1</sup> is an inclusive strategy that includes those it benefits as “active participants in the design and implementation of policies and practices that affect their lives”.<sup>2</sup> While this model is often used in the context of alleviating the negative effects of drug addiction, it goes much further than this in its application to individuals participating in sex work. This application is of particular importance to those who participate in survival or street sex work, or “the exchange of sex for money, drugs, or shelter as a means of basic subsistence”.<sup>3</sup> Survival sex work is a direct response to entrenched poverty, homelessness, and in some cases addiction, and is the worker’s only viable means of survival.<sup>4</sup> It should be noted that the

term “sex worker” is being used in this paper in line with the pro-sex work paradigm to avoid terms that carry negative connotations, such as “prostitute”. Furthermore, while this paper focuses largely on harm reduction strategies available to sex workers who use substances, it is important to recognize that not all sex workers use substances. It would therefore be factually wrong to homogenize all sex workers as substance users. This paper argues that harm reduction is a multi-faceted strategy that is beneficial to the women involved in survival sex work, cost effective and valuable to public health, and is of vital importance to the promotion of the rights and safety of women engaged in this profession. While there are obstacles to the implementation of harm reduction strategies in relation to sex workers, including police enforcement, colonialism and accessibility, an analysis of current and proposed micro-, meso- and macro-level strategies demonstrates the benefits of using a harm reduction model in relation to survival sex workers.

## Micro-Level Strategies

Micro-level harm reduction strategies seek to involve sex workers on an individual level. These strategies involve working with sex workers to make small behavioural changes and

<sup>1</sup> V. Bungay, J. L. Johnson, S. C. Boyd, L. Malchy, J. Buxton, & J. Loudfoot. “Women's Stories/Women's Lives: Creating Safer Crack Kits.” *Women's Health & Urban Life* 8, no. 1 (2009): 30.

<sup>2</sup> *Ibid* 30.

<sup>3</sup> K. Shannon et al.. “Mapping Violence and Policing as an Environmental-Structural Barrier to Health Service and Syringe Availability Among Substance-using Women in Street-Level Sex Work.” *International Journal of Drug Policy* 19 (2008a): 142.

<sup>4</sup> K. Shannon, T. Kerr, S. Allinott, J. Chettiar, J. Shoveller, M. Tyndall. “Social and Structural Violence and Power Relations in Mitigating HIV Risk of Drug-Using Women in Survival Sex Work.” *Social Science & Medicine* 66 (2008b): 920.

providing the resources to do so. The strategies that operate at the micro-level include needle exchanges, safer crack use kits, group tactics, and condom distribution.

As early as 1994, the chief coroner of British Columbia declared that inordinate amounts of people were dying unnecessarily due to overdose and diseases resulting from sharing unsanitary injection equipment.<sup>5</sup> By 1997, the health situation from unsafe substance use in B.C. had become a crisis. In response, the federal Minister of Health approved an exemption for a supervised injection program, Insite, from sections 4(1) and 5(1) of the Controlled Drugs and Substances Act.<sup>6</sup> This mandate was fulfilled in 2003 when Insite first opened its doors to the public.<sup>7</sup> Insite acts as a fixed location needle exchange and injection site designed to mitigate the risks associated with intravenous drug use. The fact that there have been hundreds of drug overdoses at the facility and not a single death, due to the close proximity of medical staff and supplies, demonstrates the effectiveness of such facilities.<sup>8</sup> Intravenous substance use is associated with a high risk of HIV contraction, especially when used in public or semi-public settings due to shared equipment, reuse of syringes, contaminated surfaces, and a lack of

light or running water.<sup>9</sup> By providing clean, sterile equipment, facilities such as Insite aid in drastically reducing the transmission of infectious diseases. Andresen and Boyd claim, "Vancouver's SIF [Supervised Injection Facility], Insite, on average, prevents 35 new cases of HIV and almost 3 deaths each year. This provides a societal benefit in excess of \$6 million per year after the programme costs are taken into account".<sup>10</sup> Although not all sex workers use substances, studies have shown a high prevalence of intravenous drug use; in a sample of one hundred and ninety eight survival sex workers, fifty nine percent reported using intravenous drugs in the previous six months.<sup>11</sup> Therefore, by providing a facility for safe intravenous substance use, the likelihood of contracting an infectious disease or overdosing as a result of drug use is reduced for sex

<sup>5</sup> Cameron Ward. "Canada (A.G.) v. PHS Community Services Society — The Insite Decision." *Alberta Law Review* 50, no.1 (2010): 196.

<sup>6</sup> *Ibid* 196.

<sup>7</sup> *Ibid* 196.

<sup>8</sup> *Ibid* 196.

<sup>9</sup> Rhodes, T, J Kimber, W Small, J Fitzgerald, T Kerr, M Hickman, and G Holloway. n.d. "Public injecting and the need for 'safer environment interventions' in the reduction of drug-related harm." *Addiction* 101, no. 10: 1386. *Science Citation Index*, EBSCOhost (accessed January 23, 2015); and Fairbairn, Nadia, Will Small, Natasha Van Borek, Evan Wood, and Thomas Kerr. 2010. "Social structural factors that shape assisted injecting practices among injection drug users in Vancouver, Canada: a qualitative study." *Harm Reduction Journal* 7, 20-26. *Academic Search Complete*, EBSCOhost (accessed January 23, 2015).

<sup>10</sup> Andresen, Martin A, and Neil Boyd. 2010. "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility." *The International Journal On Drug Policy* 21, no. 1: 70-76. *MEDLINE*, EBSCOhost (accessed January 23, 2015).

<sup>11</sup> Shannon et al., 2008a, 143.

workers who engage in these practices.

In addition to providing sex workers who use substances with clean and sterile needles, exchanges such as Insite can provide sterile water, alcohol wipes, and health information that encourage safer injection practices.<sup>12</sup> Local examples of mobile exchanges exist, including Ontario's "The Van" program in Hamilton, and "Street Works" in St. Catharines.<sup>13</sup> Furthermore, these services are beneficial to community relations, as illustrated by the XXX Guide written by and for sex workers, because used needles are not left in public where residents, children, or pets could be accidentally harmed.<sup>14</sup> The XXX Guide could be considered a harm reduction service because it disseminates information among sex workers, including what are referred to as "bad date lists". This list describes violent or problematic clients or police, and is posted in facilities street-based sex workers may frequent, including Insite and women's shelters. Lastly, out of the one hundred and sixteen female sex workers who said they used intravenous drugs, only sixty five (fifty

six percent) used fixed-site needle exchanges, thus showing a continued need for mobile needle exchanges and outreach workers to facilitate these programs. These sites are necessary due to lack of fixed-site exchanges, stigma associated with existing fixed-sites, the threat of violence, police harassment, and a myriad of other reasons.<sup>15</sup> Shannon et al. concludes, "adequate access to sterile syringes is one of, if not the single most, important factor in reversing an HIV epidemic among [intravenous drug users]".<sup>16</sup> Thus, adequate access to supplies and outreach services will help improve the lives of sex workers that use intravenous substances.

Along the same line of reasoning as safe needle exchanges, the distribution of safer crack use kits (SCUKs) has been proposed and implemented in some cases to slow the spread of infectious diseases, including HIV and AIDS, influenza, pneumonia, hepatitis, and tuberculosis.<sup>17</sup> SCUKs are meant to provide sex workers with an alternative to using broken glass pipes or makeshift paraphernalia which can cause burns, scrapes, and cuts that can increase the risk of infection.<sup>18</sup>

<sup>12</sup> Vancouver Coastal Health. "Needle Exchange Services." (2013).

<sup>13</sup> City of Hamilton Public Services (2015, January 5), "The Van/Harm Reduction Program" from *The City of Hamilton* <<http://www.hamilton.ca/HealthandSocialServices/PublicHealth/SexualHealth/TheVan.htm>>; Positive Living Niagara (2015), "StreetWorks" from *AIDSNiagara* <<http://www.aidsniagara.com/services/street-works/>>

<sup>14</sup> V. Boucher & M. Martel. *The XXX Guide: A Sex Worker Handbook* 5<sup>th</sup> ed. (Montreal, 2010: Stella) 56.

<sup>15</sup> Shannon et al. (2008a) 143.

<sup>16</sup> *Ibid* 144.

<sup>17</sup> S. Boyd, J. Johnson, & B. Moffatt. "Opportunities to learn and barriers to change: crack cocaine use in the Downtown Eastside of Vancouver." *Harm Reduction Journal* 1, no. 3 (2008): 4.

<sup>18</sup> A. Ivsins, E. Roth, N. Nakamura, M. Kraiden, & B. Fischer. "Uptake, Benefits of and Barriers to Safer Crack Use Kit (SCUK) Distribution Programmes in Victoria, Canada—A Qualitative Exploration." *International Journal of Drug Policy* 22, no. 4 (2011): 298.

Additionally, these kits often include brass screens, replaceable mouthpieces, health information, condoms, bandages, alcohol swabs, and lighters, all of which reduce the risk of contracting an infectious disease.<sup>19</sup> In the study mentioned above by Shannon et al., it was shown that fifty nine percent of surveyed sex workers engaged in daily crack cocaine smoking, while eighty one percent had done so at least once in the last month. In a similar study conducted by Duff and associates, it was found that among two hundred and six street-based female sex workers, ninety-five workers (46.12%) reported sharing pipes with clients.<sup>20</sup> The results of these studies demonstrate the need for SCUKs to be available to women involved in sex work.

However, the production and distribution of the SCUKs involve costs, though they are relatively minute. Malchy et al. estimates the average cost of producing each kit to be around \$1.66,<sup>21</sup> while Ivsins et al. claims that the kit can be constructed for under a dollar.<sup>22</sup> Furthermore, Ivsins et al. states that full implementation of a city-wide program in Victoria, British Columbia would cost no more than a few thousand dollars and that distribution can be accomplished

through existing outreach systems.<sup>23</sup> However, these costs seem minute compared to the costs incurred by the public healthcare system due to unsafe substance use practices. These programs help alleviate the strain put on the public health care system by freeing up hospital beds, lowering mortality rates, and they give substance users an opportunity to take advantage of the treatment system before a serious issue arises.<sup>24</sup> Accessing the health care system is important given that, despite the physical and mental health issues many sex workers face, there is a reluctance to use formal health services unless it is an emergency.<sup>25</sup> SCUKs therefore allow the publicly funded health care system to function more efficiently while simultaneously achieving their goal of enabling sex workers to engage in safer drug use practices.

Group and partner tactics can sometimes be used to mitigate violence against sex workers through the use of “spotting”, where one sex worker records the license plate and description of a client when their partner enters into a car to perform work. Many have argued, however, that this strategy does not reduce the risk of harm for sex workers since a sex worker’s ability to control the situation once they are in a vehicle is severely compromised. This strategy is more effective for those workers who become aware of potential dangers

<sup>19</sup> Malchy, L., Bungay, V., Johnson, J., & Buxton, J. “Do Crack Smoking Practices Change With the Introduction of Safer Crack Kits?” *Canadian Journal of Public Health - Revue Canadienne De Sante Publique*, 102, no. 3 (2011): 189.

<sup>20</sup> *Ibid* 4.

<sup>21</sup> *Ibid* 189.

<sup>22</sup> Ivsins et al. (2011) 298.

<sup>23</sup> *Ibid* 298.

<sup>24</sup> Boyd, Johnson & Moffatt (2008) 3.

<sup>25</sup> Bungay et al. (2009) 32.

following an initial “spot.”<sup>26</sup> Despite this criticism, greater co-operation is a positive aspect within any community, so encouragement of group tactics may have the latent effect of fostering a sense of community and responsibility for each other’s safety. By functioning as a community rather than competitive agents, co-operation and group tactics can serve as a harm reduction strategy by increasing security and reducing socially isolating practices.

Lastly, the importance of condom distribution and access for sex workers cannot be stressed enough. The role of condoms in the prevention of diseases and pregnancy are well known, and can have social benefits for sex workers.<sup>27</sup> For example, condoms give sex workers the much-needed ability to be responsible for their health and avoid sex practices that could expose them to infection. A study conducted by Shannon et al. reinforces this conclusion. In this study, it was found that ‘boyfriends’, who are commonly known as ‘pimps,’ use condoms to keep track of how many dates a worker goes on and the money they earn.<sup>28</sup> Condom distribution can directly empower women by subverting the boyfriend’s tracking methods and can potentially allow them to keep more money for themselves. Shannon

<sup>26</sup> Shannon et al. (2008b) 917.

<sup>27</sup> J. Koken. “The Meaning of the ‘Whore’: How Feminist Theories on Prostitution Shape Research on Female Sex Workers.” Eds. Melissa Hope Ditmore, Antonia Levy, & Alys Willman. *Sex Work Matters* (Cumbria, 2010: Long House Publishing Services): 30.

<sup>28</sup> Shannon et al. (2008b) 915.

and colleagues also claim that boyfriends use similar tactics with drug paraphernalia as a method of controlling women.<sup>29</sup> Therefore, pipe and needle distribution can also directly enable the agency of sex workers. Condom distribution ultimately helps protect sex workers not only from pregnancy and disease, but it also alleviates harm resulting from abusive, controlling, and exploitative relationships that can develop in precarious living conditions.

### **Meso-Level Strategies**

Meso-level harm reduction strategies involve organizations providing services that help foster a sense of community beyond individual sex work. Harm reduction strategies at this level include the use of inclusive research methodologies, kit construction sessions, which are used as a way of providing safe spaces and community connections within the sex worker community, and the establishment of indoor supervised facilities for both sex work and substance use.

Inclusive research methodologies involve the use of sex workers’ voices in collaboration with research conducted by current or former sex worker peer researchers. Their input is used in interviews and other face-to-face methodologies. One such study conducted by Bungay and associates explores the use of sex workers in the construction of SCUks.<sup>30</sup> The project was found to embody the harm reduction philosophy in four ways. First, the women who

<sup>29</sup> *Ibid* 915.

<sup>30</sup> Bungay et al. (2009) 32.

participated in the hour-long kit making sessions received twenty dollars and a certificate of completion, which specified them as consultants in the research process.<sup>31</sup> Not only did the certificate acknowledge the women as “expert knowers”<sup>32</sup> concerning their daily lives, but the money earned was safe and legal. In the words of one participant, “[i]t means so much to get together like this and it means I didn’t have to do a date [sex for money]”.<sup>33</sup> Research focusing on sex work should include sex workers as participants whenever possible because it gives them a voice and helps ensure that research is not affected by the biases of the researcher.

Second, safe spaces were created in which women could escape the stress of street life. Locations for the kit making sessions were chosen with respect to the participant’s need for food, showers, laundry service, and group counseling.<sup>34</sup> Location is crucial because amenities such as heat, bathrooms, quiet, and privacy are often considered luxuries for many women participating in survival sex work since these accommodations are typically inaccessible to them.<sup>35</sup> Third, women share information regarding the best practices for safety in sex work, substance use, and their daily lives in general.<sup>36</sup> After one woman learned that infection could be spread through the sharing of pipes or mouthpieces,

she stated from then on she would be a “one-pipe lady”.<sup>37</sup> To many this may seem like a minute detail, but this bit of knowledge helped this worker become aware of issues associated with pipe sharing, thus potentially reducing future harm. Lastly, these kit-making sessions allowed a community to develop between women who are often forced to compete with each other. The women involved reported they “felt supported as a woman in a community of women”.<sup>38</sup> Over the course of one year, with no quota set and with women being told to work at a relaxed pace, they constructed over fourteen thousand SCUks.<sup>39</sup>

The establishment of indoor facilities for substance use and sex work is paramount to effective harm reduction in the survival sex work profession. This necessity is demonstrated by the overwhelming benefits of Insite and the negative effects of having to perform sex work in public.<sup>40</sup> Sex workers, especially those who use crack cocaine, are forced into marginalized physical spaces where they must smoke in anonymous groups where pipes are often shared, thus exposing them to higher risk of infection.<sup>41</sup> Smoking in anonymous groups is correlated with exchanging sex directly for crack,

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<sup>31</sup> *Ibid* 32.

<sup>32</sup> *Ibid*.

<sup>33</sup> *Ibid* 34.

<sup>34</sup> Bungay et al. (2009) 33.

<sup>35</sup> *Ibid*.

<sup>36</sup> *Ibid* 34.

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<sup>37</sup> *Ibid*.

<sup>38</sup> *Ibid* 36.

<sup>39</sup> *Ibid* 32.

<sup>40</sup> Shannon et al. (2008b) 917.

<sup>41</sup> P. Duff, M. Tyndall, J. Buxton, R. Zhang, T. Kerr, & K. Shannon. “Sex-for-Crack exchanges: associations with risky sexual and drug use niches in an urban Canadian city.” *Harm Reduction Journal* 10, no. 1 (2013): 5.

which is also correlated with a greater number of clients, increased incidence of pipe sharing, and reduced ability to negotiate condom use.<sup>42</sup> Additionally, indoor settings allow the worker to negotiate higher rates per transaction, which reduces the need for a greater number of clients and gives them an option to service their clients in more private spaces.<sup>43</sup> Research shows that indoor settings allow sex workers to have greater control over the types of services provided, refuse unwanted services, avoid violent perpetrators or “bad dates,”<sup>44</sup> and better negotiate condom use.<sup>45</sup>

The current lack of safe places for sex workers is due to Canada’s legal framework regarding prostitution law. This framework presents a direct structural barrier to reducing HIV/AIDS, violence, and condom use negotiation. Removal of these sanctions would enable sex workers to service clients in indoor spaces, such as low-barrier

housing or actual workplaces.<sup>46</sup> Thus, in order for indoor settings to function as harm reduction, laws criminalizing or restricting sex work must be significantly altered or removed to provide safer environments for sex workers. This issue will be discussed in the next section.

### Macro-Level Strategies

Macro-level harm reduction strategies include areas where harm reduction is enacted on a national or societal scale. While these strategies are less tangible, long-term, and harder to measure, they are no less critical to sex workers and must be tackled to ensure a comprehensive reduction in harm is accomplished for women in this profession. Two harm reduction strategies that could occur at the macro-level include stigma reduction and socio-legal reforms. These strategies are strongly influenced by theoretical viewpoints.

Survival sex workers in Canada face an inordinate amount of stigma. This stigma is further compounded by the stigma they experience if they engage in substance use. Stigmatizing attitudes further the notion that sex workers are “backward, victims, uneducated, addicted, and whores”.<sup>47</sup> These social constructions contribute to the constant threat of violence that sex workers face. Given this knowledge, any effort to mitigate and

<sup>42</sup> Duff (2013) 8; Shannon (2008b) 916.

<sup>43</sup> Duff (2013) 8.

<sup>44</sup> Krüsi, Andrea, Jill Chettiar, Amelia Ridgway, Janice Abbott, Steffanie A. Strathdee, and Kate Shannon. 2012. “Negotiating Safety and Sexual Risk Reduction With Clients in Unsanctioned Safer Indoor Sex Work Environments: A Qualitative Study.” *American Journal Of Public Health* 102, no. 6: 1154-1159. *Food Science Source*, EBSCOhost (accessed January 23, 2015).

<sup>45</sup> Sanders T. “A continuum of risk? The management of health, physical and emotional risks by female sex workers.” *Social Health Illn.* 2004;26(5):557---574; and Barnard M. “Violence and vulnerability: conditions of work for streetworking prostitutes.” *Social Health Illn.* 1993;15(5):683---705.

<sup>46</sup> Duff (2013) 8; Shannon (2008b) 916.

<sup>47</sup> J. Lewis, F. Shaver, E. Maticka-Tyndale. “Going ‘round Again: The Persistence of Prostitution-Related Stigma.” Eds. Emily van der Meulen, Elya M. Durisin, & Victoria Love. *Selling Sex: Experience, Advocacy, and Research on Sex Work in Canada.* (Cumbria, 2010: Long House Publishing Services): 199.

dispel this stigmatization can be considered an indirect method of harm reduction. Many efforts are being put forth to humanize sex workers in society, including, for example, the Red Umbrella project, which seeks to build the capacities of people engaged in sex work through the “development of skills, confidence, and political analysis”.<sup>48</sup> This knowledge helps equip sex workers with the tools they need to challenge the stigma associated with their profession, which can manifest as a barrier to participation in civic and political life. Ultimately, this knowledge can help lessen the stigma that arises from their exclusion.

It is important to understand the origins of the stigma associated with sex workers in society. Lewis and associates describe stigma as being “manifested at the structural level in the reflection and reinforcement of stigmatizing notion[s] in the policies and practices of governments and social institutions that control aspects of sex work.”<sup>49</sup> Thus, the government and its laws that criminalize prostitution directly contribute to stigmatization and a “morality-based discourse of harm.”<sup>50</sup> By implementing laws that criminalize sex work, the Criminal Justice system and other forms of policing contribute to this stigmatization. The most prominent example of how criminalization can contribute to the stigmatization of sex workers can be found in section 210 of the Criminal

Code of Canada. Under section 210 of the Criminal Code, it is considered criminal to keep, be an inmate of, or to be found in a common “bawdy-house”.<sup>51</sup> A “bawdy-house” refers to an indoor location in which one or more sex worker engages in sexual activity in exchange for money. In effect, this statute criminalizes sex workers if they seek to work in a fixed location alone or with others. Furthermore, section 197 (1) of the Code defines the common bawdy house as a location used for the purposes of practicing “acts of indecency”.<sup>52</sup> Referring to the act of exchanging sex for money as indecent demonstrates how the law promotes the stigmatization of sex work. In this sense, a reduction or change in the laws that criminalize and demonize aspects of sex work can be seen as a form of harm reduction.

A large influence on the social construction of this issue is the theoretical paradigms adhered to by both researchers and advocates in the discursive struggle. Currently, there are two paradigms: pro-sex work, which is interested in decriminalizing sex work so that labour laws may be applied to sex workers; and anti-prostitution, which declares that prostitution itself is violence against women and that it should be prohibited on an institutional and criminal level.<sup>53</sup> While the first paradigm views sex workers as equal

<sup>48</sup> Red Umbrella Project. “About.” (2014) Accessed 8 March, 2015 from: <<http://redumbrellaproject.org/about/>>

<sup>49</sup> *Ibid* 200.

<sup>50</sup> *Ibid* 203.

<sup>51</sup> Van Der Muelen, E., Durisin, E., & Love, V. “Introduction.” Eds. Emily van der Meulen, Elya M. Durisin, & Victoria Love. *Selling Sex: Experience, Advocacy, and Research on Sex Work in Canada* (Cumbria, 2013: Long House Publishing Services): 1-25

<sup>52</sup> *Ibid* 11

<sup>53</sup> Koken (2010) 30.



workers that perform a service and should be protected under existing Canadian labour laws, the second often constructs all prostitutes as victims in need of saving. However, laws that seek to criminalize sex work through anti-prostitution legislation assume that this measure will eradicate the dangers and stigma associated with sex work. The reality is that exit strategies do not exist and there is a need for realistic harm reduction strategies that are available for survival sex workers. Even the criminalization of clients is not conducive to improving the sex worker's well-being. Previous executive director Rene Ross of Stepping Stone — an organization that provides peer support and assistance to sex workers in Halifax<sup>54</sup>— illustrates this point:

There is a correlation between crackdowns on clients and the violence faced by sex workers... I can't explain why, when [police] do sweeps on clients, why they always pick up the ones that are not necessarily violent...the violent [clients] are taking women out of the city- they are fleeing police and taking the women to secluded areas where no one will hear their screams.<sup>55</sup>

<sup>54</sup> G. MacDonald, L. Jeffrey, K. Martin, R. Ross. "Stepping All Over the Stones: Negotiating Feminism and Harm Reduction in Halifax." Eds. Emily van der Meulen, Elya M. Durisin, & Victoria Love. *Selling Sex: Experience, Advocacy, and Research on Sex Work in Canada*. (Cumbria, 2010: Long House Publishing Services): 165

<sup>55</sup> G. MacDonald, L. Jeffrey, K. Martin, R. Ross. "Stepping All Over the Stones: Negotiating Feminism and Harm Reduction in Halifax." Eds. Emily van der Meulen, Elya

The criminalization of any aspect of sex work is harmful to women, and even more so for survival sex workers. While proponents of anti-prostitution laws emphasize the need for criminalization to protect sex workers, these laws may end up doing more harm than good.

The belief that sex workers are victims is also shared by the Federal Conservative Party, who proclaimed in the report of the Subcommittee on Solicitation Laws (SSLR) that:

The most realistic, compassionate and responsible approach to dealing with prostitution begins with viewing most prostitutes as victims... solicitation laws may be improved, they [the Conservative Party] believe that marginalization is not a function of the laws themselves, but of attempts to circumvent them [emphasis added].<sup>56</sup>

This proclamation demonstrates an unrealistic, irresponsible, and offensive response by the Federal Conservative Party because it disregards the voices of sex workers and the daily harassment they face by agents of the criminal justice system that seek to 'save' them. Through these laws, a discourse of disposal is constructed in

M. Durisin, & Victoria Love. *Selling Sex: Experience, Advocacy, and Research on Sex Work in Canada*. (Cumbria, 2010: Long House Publishing Services): 172.

<sup>56</sup> House of Commons Canada. "Report of the Subcommittee on Solicitation Laws (SSLR)." *The Challenge of Change: A Study of Canada's Criminal Prostitution Laws*. (2006) 30.

which a woman is either a victim who can be saved with an exit strategy, or a criminal that is to be policed until they disappear. Furthermore, with the recent introduction and implementation of Bill C-36, which occurred on Canada's National Day of Action for Violence Against Women, laws criminalizing sex workers have been exchanged for new laws criminalizing the purchase of sex.<sup>57</sup> This change further demonstrates the Federal Conservative Party's commitment to an anti-prostitution paradigm, which perpetuates a discourse of disposal and harms sex workers economically through the generated effect described by Rene Ross above. Ultimately, these laws need to be replaced with laws that offer structural protection for sex workers that can function within the harm reduction paradigm. Through these changes, survival sex workers will have access to indoor work sites, receive protection under labour law, and perhaps be able to unionize.

### **Barriers to Harm Reduction**

Like many forward thinking strategies, harm reduction has barriers to its growth as well as forces that are actively working against it. The federal government and police present a barrier to many aspects of harm reduction and cause harm directly, through police harassment, and indirectly, through cuts to "services, welfare support, public housing, and

community based programs".<sup>58</sup> Despite their successes, facilities such as Insite are struggling to exist legally and must turn to civil court cases to continue running their facility.<sup>59</sup> There are reports of police confiscating condoms, syringes, and drug paraphernalia, all of which are considered items that enable women's agency.<sup>60</sup> One sex worker was reported saying that police and security forces were "pushing us into darker and darker areas".<sup>61</sup> Such claims have been corroborated by other studies.<sup>62</sup> Data from a study conducted by Shannon et al. shows that there is a significant geographic correlation between harm reduction health services in the Downtown Eastside of Vancouver, BC and physical areas avoided due to fear of police harassment.<sup>63</sup> A different study by Shannon et al. found that there is a similar geographic correlation between a heightened risk of sex workers being pressured into unprotected sex and areas where police presence is heavy.<sup>64</sup> These studies demonstrate that heavy handed over-policing is a prominent barrier to the effectiveness of harm reduction strategies.

Due to the overrepresentation of Aboriginal women in sex-worker populations, a modification on harm reduction practices and harm reduction research that assumes an

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<sup>57</sup> Rachel Browne, "Roundup: Canadians Respond to the New Prostitution Law," *Maclean's*, December 13, 2014, <http://www.macleans.ca/news/canada/round-up-canadians-respond-to-the-new-prostitution-law/>

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<sup>58</sup> Bungay (2009) 38.

<sup>59</sup> Ward (2010) 196.

<sup>60</sup> Shannon et al. (2008b) 917.

<sup>61</sup> *Ibid.*

<sup>62</sup> Bungay (2009) 38.

<sup>63</sup> Shannon et al. (2008a) 143.

<sup>64</sup> Shannon et al. (2009) 4.

anti-colonial position would be useful to represent the unique challenges faced by these women. An anti-colonial harm reduction approach is characterized by:

Centering the voices, agency, freedom, and mobility of Indigenous sex workers... [and that] recognition and justice under Canadian law serve to reinforce the power of the colonial state, as the terms of recognition are always set by the state rather than within the terms of Indigenous nations.<sup>65</sup>

A harm reduction approach tailored for and by Aboriginal women in the sex work profession is important because sex work with and sexual violence against Aboriginal women must be understood in the context of colonialism. The necessity of such an approach is exemplified by the murder and trial of Pamela George in 1995 by two white men. Razack explains, “the violence of the offenders was justified by their assumptions that Aboriginal women are promiscuous and have no human value beyond the sexual gratification of men”.<sup>66</sup> This view is continuously reinforced when police fail to respond to such disappearances

simply because the victim was a sex worker. When they are not being treated like criminals, Aboriginal women are seen as victims and, as a result, are subject to further oppression and control by the state. Hunt reinforces this claim, stating, “those who want to prohibit and outlaw sex work are part of a movement to control bodies of sex workers, which I see as a continuation of our colonial legacy”.<sup>67</sup> Her words further illustrate that the criminalization of sex work is also detrimental to Aboriginal women as compared to non-Aboriginal women due to the oppressive legacy of colonialism in Canada. While not specifically explored in this paper, a harm reduction strategy ought to be determined by and for Aboriginal women involved in survival sex work.

### Conclusion

Through an analysis of micro-, meso-, and macro-level harm reduction strategies, it has been shown that harm reduction efforts are of critical importance to survival sex workers. These strategies will work best when implemented in a comprehensive manner at all levels. This strategy not only aids sex workers, but also allows programs to reinforce their positive impact. If sex work is decriminalized at the macro-level, sex workers may gain access to meso-level organizations, including facilities such as Insite, and indoor settings within which they can safely work. Further, if sex workers are provided with equipment such as sterile needles and condoms, their

<sup>65</sup> S. Hunt. “Decolonizing Sex Work: Developing an Intersectional Indigenous Approach.” Eds. Emily van der Meulen, Elya M. Durisin, & Victoria Love. *Selling Sex: Experience, Advocacy, and Research on Sex Work in Canada* (Cumbria, 2013: Long House Publishing Services): 84-85.

<sup>66</sup> S. Razack. “Gendered Racial Violence and Specialized Justice: The Murder of Pamela George.” *Canadian Journal of Law and Society* 15, no. 2 (2000): 110.

<sup>67</sup> Hunt (2013) 95.

work will become safer since such equipment helps reduce the chance of infection of HIV/AIDS and other diseases. However, further research is needed in this rapidly growing field. While a significant amount of research has helped lay the foundation for this paper, new research is always needed to continuously account for changing circumstances. This specifically includes changes to the legal framework relative to sex work and harm reduction, both of which are currently under assault by the Canadian government.

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