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Short report

Drug use among sex workers in Hungary

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ABSTRACT

Drug use and sex work are both controversial issues with multiple interesting connections. This article presents findings from the first-ever survey on drug use and sex work in Hungary. The study aimed to chart the prevalence, function, and problems of drug use among various groups of sex workers. Survey forms were collected from 510 participants (average age 29.5 years, 91% female) in and near Budapest over a period of six months. The results show that sex workers have manifold higher lifetime prevalence, 84.3%, of illicit drug use compared with the prevalence of the Hungarian general young adult population, 20.9%. In our sample, it was very rare to perform sex work for alcohol or drugs (5%) or for money to purchase alcohol or drugs (20%). Findings also indicate notable relationships between location-based sex work types and the drugs used. One-third of the street sex workers reported regular amphetamine use, but none reported regular cocaine use. On the contrary, no escorts reported regular amphetamine use, but 38% admitted to regular cocaine use. The location of sex work may pose an additional occupational health risk factor for substance use. Regular use of alcohol was twice as typical (64%) for sex workers who were employed in bars, in salons/parlors, or alone in rented apartments than it was for those working in other indoor locations (33–34%). Furthermore, 74% of street sex workers smoked tobacco compared with 17% of escorts. Problem drug use was roughly estimated by asking the participants about the main problem domains (medical, legal, social, etc.) from the Addiction Severity Index instrument. The most problematic drug was amphetamine, and the most frequent problem was prolonged or excessive drug use. These main findings may contribute to more focused planning of health intervention services, harm reduction measures, outreach programs, and specific treatments.

Introduction

Links between drug use and sex work

Because of their moral overtones, drug use and sex work are controversial issues that raise special interest for the general public, the news media, and the policy makers. However, the nature of the relationship between these two topics also demands a social science investigation into how society integrates sex work. Previous studies have found a high prevalence of licit and illicit drug use and misuse, as well as a higher prevalence of HIV infection, among sex workers (UNAIDS, 2008). In particular, female sex workers with an injecting drug use (IDU) habit can be seen as a high-risk group because they may function as a 'bridge population' for infection toward the general population (e.g., Gu et al., 2008; Nguyen et al., 2004; Strathdee et al., 2008). Professional debates are also taking place about a possible causal link between the two phenomena, as well as about the direction of the putative cause–effect relationship. Drug use has been identified as a key factor shaping routes into and sustaining involvement with street-based sex work (Cusick, Brooks-Gordon, Campbell, & Edgar, 2011). Street drug markets and sex markets are often overlapping (Inciardi & Surratt, 2001), with a reasonably assumed connection with organized crime for both markets. Geographically different degrees of this overlapping have been studied from multiple perspectives, for instance by looking at the functional role of sex workers as drug buyers and dealers and of drug dealers as sex work managers (May, Edmunds, & Hough, 1999).

It is widely assumed that drug use and sex work are mutually reinforcing in adolescence: there is a higher probability for problematic drug-using teenagers to become sex workers and for young sex workers to develop drug-related problems (Cusick, Martin, &

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May, 2003; May et al., 1999). Moreover, there may be substantially similar risks for the development of problem drug use and for street sex work, such as growing up in a foster home, being homeless, having an unstable family background, being a school dropout, and having a low self-esteem (May & Hunter, 2006). When considering the drug use of sex workers, studies also emphasize that a distinction should be made between drug use with clients and drug use with private partners (Cusick et al., 2003).

Sex work may vary notably in its work sites and principal modes of soliciting clients (Harcourt & Donovan, 2005) and thus is associated with various lifestyles and social statuses. Previous findings on drug-use patterns revealed notable differences between street-based and home-based sex workers. A UK survey indicated a problem use rate of 84% among sex workers on the street, whereas this rate was only 13% for those working indoors (Cusick et al., 2003).

Similar to street drug markets, violence is often also associated with street sex work (Barnard, 1993; Cusick, 2006). Goldstein (1985) distinguishes three types of drug market-related violence: (1) psychopharmacological violence, i.e., violent behavior under the direct influence of a drug; (2) violence because of economic pressure, i.e., drug addicts committing acquisition crimes to fund drug use; and (3) systematic violence related to the drug trade, i.e., division of drug markets. Acquisition of drugs is related to primarily nonviolent minor crimes, and systematic violence often involves brutal and ruthless criminal acts. Hence, drug-dependent sex workers are at increased risk for becoming victims of violence (Sterk & Elifson, 1990).

In virtually all regions outside of sub-Saharan Africa, HIV disproportionately affects injecting drug users, men who have sex with men, and sex workers (UNAIDS, 2008). Thus, the combination of sex work and IDU may particularly worsen HIV epidemics, increase discrimination and exploitation, and yield negative social and health consequences. This view is supported by a study in Russia that estimated that 80% of HIV positive women were involved in both drug use and sex work (Rhodes et al., 1999). In the Central Eastern European region, IDU among sex workers varies greatly: in some cities, local harm reduction programs estimate 80–95% IDU among sex workers, but in other cities, the rate is below 10% (CEEHRN, 2005, p. 96). In spite of the perception of sexual behavior as high-risk, and despite the perception of IDU as being more dangerous, these perceptions are not necessarily accompanied by low-risk behavioral patterns (Márványkövi, Melles, & Rácz, 2009).

Sex work in Hungary

In Hungary, the number of sex workers is estimated to be 15,000, of which approximately 3000–5000 persons work in the capital city, Budapest (CEEHRN, 2005, p. 95). The status of individual sex work is best described as "quasi-legal". Local governments have the authority to designate so-called tolerance zones where sex workers can work provided that they possess a valid three-month hygiene card (which can be obtained upon producing negative test results from a local sexually transmitted infection screening center) and a private entrepreneur license (needed for taxation). Sex workers offering or providing their services outside the designated tolerance zones are considered to be committing a minor criminal offense and thus may be arrested and fined. Although sex work is regulated in theory and not punishable (under certain conditions), in practice, the law is often used against sex workers; local governments may refuse to designate tolerance zones, and the police may change unpaid fines to conditional prison sentences (CEEHRN, 2005). Given this peculiar situation, not much is known about the working conditions, treatment needs, or driving factors of female and male sex work and workers in Hungary. However, it has been reasonably speculated that rural poverty may play an important role in young girls getting "pimped" out as sex workers on the roadsides in Budapest or in Western European cities, and economic burdens, such as bank debt from the recent economic crisis, also seem to increasingly force adult women to enter the sex markets (Földi, personal communication, 23 January 2013). These observations are in line with the literature on sex work, which concludes that economic necessity is the main imperative for women to become involved in prostitution (Hester & Westmarland, 2004).

Aims of the present study

Previously, the only survey carried out among sex workers in Hungary was related to their civil rights (Juhász & Csikvári, 2006). The present study aimed specifically to explore the drug-use habits of sex workers in Hungary. The purposes of this study were to shed more light on the functions of drug use within various contexts of sex work and to compare sex workers' drug-use habits with those of the general population. In particular, we were interested in the patterns of use of both licit and illicit substances, the prevalence of and reasons for problem drug use (especially IDU), the relationships between sex work and drug use, and sex workers' access to various prevention and therapy services. A more detailed understanding of the types and nature of local sex work, in combination with an understanding of occupation-related drug-use habits, may thus help in developing complex and selective health promotion programs (Harcourt & Donovan, 2005).

Methods

Survey data were collected during a period of six months (ending in spring 2010) in and around Budapest, Hungary. The survey was exempt from ethical approval because of local regulations. Nevertheless, we complied with the principles of good research practice by obtaining informed consent, storing data in an inaccessible location and so forth. We studied six location-based types of sex markets, namely (1) on the streets; (2) in jointly rented apartments; (3) in privately rented apartments; (4) in privately owned apartments; (5) in bars, salons, or parlors; and (6) as call girls or escorts. These categories did not show notable overlaps; the regular seasonal increase in street sex work in the summertime was outside the study's duration. Street sex work sites included some of the officially appointed tolerance zones within various districts of Budapest and roadside locations near main traffic routes around the city. Thus, throughout this study, the term "sex work" refers only to these above-listed forms of prostitution and sex contact services, not to pornography, phone sex lines, erotic dance, etc.

Participants were contacted through the Hungarian Sex Workers Association (HSWA or simply Association), a nongovernmental advocacy organization established in 2000. Survey forms were handed out personally during the Association's regular outreach visits at various venues of sex work (streets, apartments, etc.) and also at the office of the Association, which is frequently visited by sex workers for information (and free condoms). Data collection by self-administered interviews was unusually hard for several reasons. Firstly, the target population belongs to a rather hidden group, and thus the network of trust built by Association was crucial to finding and convincing sex workers to participate in the study. Second, because the data were collected during the participants' working hours, the filling out of forms had to be paused and resumed later whenever potential clients appeared. Third, some of the lowest-educated (street) sex workers were practically incapable of reading, interpreting, and filling out the