Drug and Alcohol Dependence 118 (2011) 430–436

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

The street cost of drugs and drug use patterns: relationships with sex work income in an urban Canadian setting

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ARTICLE INFO

Article history:
Received 23 December 2010
Received in revised form 2 May 2011
Accepted 3 May 2011
Available online 24 June 2011

Keywords:
Sex workers
Drug use
Income
Addiction treatment
Harm reduction
Evidence-based policies

ABSTRACT

Background: This study investigated the relationship between drug use and sex work patterns and sex work income earned among street-based female sex workers (FSWs) in Vancouver, Canada.
Methods: We used data from a sample of 129 FSWs who used drugs in a prospective cohort (2007–2008), for a total of 210 observations. Bivariate and multivariable linear regression using generalized estimating equations was used to model the relationship between explanatory factors and sex work income. Sex work income was log-transformed to account for skewed data.
Results: The median age of the sample at first visit was 37 years (interquartile range[IQR]: 30–43), with 46.5% identifying as Caucasian, 48.1% as Aboriginal and 5.4% as another visible minority. The median weekly sex work income and amount spent on drugs was $300 (IQR = $100–$560) and $400 (IQR = $150–$780), respectively. In multivariable analysis, for a 10% increase in money spent on drugs, sex work income increased by 1.9% (coeff: 0.20, 95% CIs: 0.04–0.36). FSWs who injected heroin, FSWs with higher numbers of clients and youth compared to older women (<25 versus 25+ years) also had significantly higher sex work income.
Conclusions: This study highlights the important role that drug use plays in contributing to increased dependency on sex work for income among street-based FSWs in an urban Canadian setting, including a positive dose-response relationship between money spent on drugs and sex work income. These findings indicate a crucial need to scale up access and availability of evidence-based harm reduction and treatment approaches, including policy reforms, improved social support and economic choice for vulnerable women.

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1. Introduction

Like many other occupations, sex work is conducted primarily for economic gain. There are obvious differences that separate sex work from other occupations, including the increased risks to sexual health and safety, social and economic vulnerability and a high degree of marginalization and criminalization in many settings (Blanchard et al., 2005; Dandona et al., 2006; Rekart, 2005; Shannon et al., 2008a; Strathdee et al., 2008). The social stigmatization (Della Guista et al., 2005; Scambler and Paoli, 2008) and lack of legal regulation (Hubbard et al., 2008; Letheby et al., 2008) are arguably among the main characteristics of sex work that separate it from other professions in which bodily services (e.g., massage) are provided. The vulnerability of women in sex work to sex work-related harms including high rates of sexually transmitted infections (STIs) and HIV, violence and poverty, and marginalization and isolation from health and social services has been well-documented (Rekart, 2005).

A high concentration of harms has consistently been found in settings where street-based sex work and drug markets coexist (Cusick, 2006; Harcourt et al., 2001; Harcourt and Donovan, 2005; Lowman, 2000; Pyett and Warr, 1997; Rekart, 2005; Shannon et al., 2008a). Drug use has been found to be an important antecedent to entry into street-based sex work for women (Malta et al., 2008; Weber et al., 2004), including early initiation into sex work (Loza et al., 2010) and engaging in sex work for survival (Chettiar et al., 2010; DeBeck et al., 2007). Qualitative and ethnographic studies have documented that many women depend on income from sex work to sustain drug use or to gain access to other commodities such as food and shelter (Aral and St. Lawrence, 2002; Shannon et al., 2007; Shannon et al., 2008a; Strathdee et al., 2008). A depen-

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0376-8716/$ – see front matter © 2011 Published by Elsevier Ireland Ltd.
doi:10.1016/j.drugalcdep.2011.05.005

dence on sex work for income in the context of drug use can have a substantial impact on sex workers' health, safety and well-being. female sex workers (FSWs) who use drugs may earn less money than their non-drug-using counterparts, with increased pressures in negotiating prices due to immediacy of drug withdrawal and need to sustain drug habit (Aral and St. Lawrence, 2002). Concurrently, FSWs who use drugs or with increased dependence on drugs may also be more susceptible to agreeing to clients' desires for sexual practices which can earn more money but carry higher risk for HIV/STIs (e.g., having anal sex or not using condoms) (Aral and St. Lawrence, 2002). In many North American settings, the introduction of inexpensive and widely available crack cocaine has been documented by women to result in being paid less per sexual transaction, heightening their economic vulnerability (e.g., "$5 dates") (Maher, 2000; Shannon et al., 2008a). Further, direct and indirect drug-sharing practices between sex workers and clients have been shown to increase the likelihood of clients offering and workers accepting more money for unprotected sex (Shannon et al., 2008a).

Income earned from sex work reflects the numbers of sexual transactions that women have with clients and the amount that women charge per client. A number of interpersonal and individual factors may influence the amount charged, including the type of sex act performed, the numbers of sex acts per client, the relationship with the client, condom use and characteristics of the sex worker (e.g., age, duration in sex work, work environment) (Gertler et al., 2005; Johnston et al., 2010; Rao et al., 2003; Shannon et al., 2008a). As such, sex work income represents a complex set of factors measuring risk, vulnerability and economic dependence on sex work, particularly for those women who use drugs. Of the few studies that explore sex work earnings, most have focused on the economic costs to women when they practice safer sex behaviour (e.g., the amount women could lose by refusing to not use condoms), or have presented theoretical economic models describing how compensation for sex work is linked with health and social costs (e.g., stigma, forgone marriage opportunities, social exclusion, risks to health, safety and well-being) (Cameron and Collins, 2003; Della Giusta, 2010; Della Guista et al., 2005; Edlund and Korn, 2002).

Despite the importance of drug use in influencing women's initiation into and dependence on sex work for income relative to those women who do not use drugs, comparatively fewer studies have examined how the street cost of drugs, types of drug use and sex work characteristics independently relate to income earned by FSWs. The independent relationship between the street cost of drugs and amount earned through sex work is of particular interest in this study, as assessing this relationship can quantify the acute vulnerability and susceptibility that sex workers who use drugs face within the context of the drug market, and help contextualize the impact of structural-environmental factors affecting fluctuations in this market, including changes in drug prices, that are outside of their control. For example, police crackdowns that remove large quantities of drugs from drug markets can result in a local increase in the street cost of drugs (Beyrer et al., 2010; Strathdee et al., 2010; Wood et al., 2010). This analysis can also provide important insights into practices of engaging in higher-risk behaviour in individual transactions in order for women to earn enough sex work income to still be able to afford drug use. Moreover, identifying drug use and sex work patterns associated with higher sex work income can point to groups of individuals who have a higher economic dependence on sex work to support their drug habit and who might benefit in particular from evidence-based harm reduction and treatment approaches. Therefore, we aimed to characterize the amount of money spent on drugs and earned through sex work by street-based FSWs who use drugs in Vancouver, Canada and examine the drug use and sex work patterns associated with higher income earned from sex work.

2. Methods

2.1. Study design and sample

This analysis is based on data from a prospective cohort of street-based sex workers as part of a community-based HIV prevention research partnership. A detailed description of the methodology is published elsewhere (Shannon et al., 2007). Briefly, between April, 2006 and May, 2008, 255 women who were engaged in street-based sex work (inclusive of transgendered women) were recruited and consented to participate in a prospective cohort study (response rate of 93%), including baseline and bi-annual questionnaires and voluntary HIV screening, through systematic time-spacing sampling, social mapping and targeted outreach to sex work strolls (Stueve et al., 2001). These street-based solicitation spaces were identified through a participatory mapping exercise conducted by current/former sex workers. Eligibility criteria included being female or transgender aged 14 years or older who smoked or injected illicit drugs (not including marijuana) in the past month and who was actively engaged in street-level sex work in Vancouver. The study was approved through the Providence Health Care Research Ethics Board and the University of British Columbia Behavioural Research Ethics Board.

2.2. Survey instrument

At baseline and follow-up visits (conducted every six months), a detailed questionnaire administered face-to-face by peer researchers (i.e., current/former FSWs who were trained and experienced in conducting community-based research) elicited responses related to demographics, health and addiction service use, working conditions, violence and safety, and sexual and drug-related harms. Data from this questionnaire has been used in many other recent studies (Deering et al., 2010; Shannon et al., 2008b, 2009a,b).

2.3. Measures

The primary outcome was average weekly sex work income earned, derived from the survey item, "Over the last 6 months, what were your main sources of income and how much did you generate from each of these sources weekly?"

We assessed multiple measures describing drug use and sex work patterns and their relationships with sex work income. These included the average weekly money spent on drugs (derived from the item: "How much money do you think you spend on drugs in one week?"), which represents the street cost of drugs, and type of drug use (cocaine or heroin injection, and crystal methamphetamine injection/non-injection) during the past six months. Given the high rate of crack cocaine smoking in this population (Shannon et al., 2009a,b), we also considered daily intensive crack smoking ($\geq$10 versus <10 times per day on average in the past six months). We also assessed the effects of interpersonal drug-related and sexual risk factors (e.g., receptive sharing of used syringes and/or pipes; having an intimate, non-commercial sexual partner; exchanging sex while high on crack cocaine; numbers of clients per week; condom use by clients in vaginal/anal sex; and being pressured by clients to not use condoms).

Social factors considered included age (<25 years versus 25+ years) ethnicity ('Caucasian' versus 'ethnic minority', including individuals of Aboriginal, First Nations, Metis, or Inuit ancestry, Hispanic, Asian or Black). Based on previous research in Vancouver and elsewhere (Rhodes, 2002; Shannon et al., 2009a), we derived two

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