



# DRUG USE AND SEX WORK

ASIJKI  
COALITION TO  
DECRIMINALISE  
SEX WORK IN  
SOUTH AFRICA



Sex work and recreational drugs are often linked because they are both illegal in South Africa. This fact sheet argues that most of the harm caused by sex work and drug use comes about because the people involved are stigmatised, discriminated against and criminalised. We believe that government should focus on harm reduction over law enforcement in dealing with these issues.

## 1 BACKGROUND AND CONTEXT

- The World Health Organisation (WHO) lists certain “key populations” who it believes must be put first for healthcare in order to control the HIV/AIDS pandemic!. These key populations include sex workers and people who use injecting drugs (PUID). Many people fall in more than one group, which means their differing needs must be addressed at the same time.
- Recent research indicates that there are probably around 150 000 sex workers in South Africa, the majority of whom are women<sup>2</sup>. In 2008, there were estimated to be around 263 000 PUID in South Africa, although this number may have increased since then<sup>3</sup>. However, the main way people get HIV in South Africa is heterosexual sex, with PUID having only a slightly higher risk of getting HIV than the general population<sup>4</sup>.
- It is difficult to guess the number of sex workers who also use drugs. Quite large studies in Cape Town and Pretoria have found that sex workers are more likely to use drugs than people with similar backgrounds, but found that very few used injecting drugs<sup>5, 6</sup>. There are small populations of sex workers who use injecting drugs in Cape Town, Pretoria and Durban<sup>7</sup>.
- Clients sometimes hire sex workers specifically because they want to take drugs with someone, and so sex workers can feel pressure to take drugs at work<sup>6, 8</sup>. Sex workers may also feel the need to use drugs or alcohol to feel confident in approaching clients in public or having sex with strangers<sup>9</sup>.
- In South Africa, even the use of non-injecting drugs is likely to increase the risk of becoming HIV positive. These drugs have been shown to make people, including sex workers, less cautious and less aware of where they are. This means they are more likely to have risky sex (e.g. sex without a condom)<sup>10</sup>. However, it should be noted that the risks associated with binge drinking of alcohol are far greater than for illegal drug use in South Africa, due to the way it affects people and the fact that it is very common<sup>11</sup>.

## 2 THE NEGATIVE EFFECTS OF STIGMA, DISCRIMINATION AND CRIMINALISATION

- Sex work<sup>12, 13</sup> and drug use<sup>14</sup> are both highly stigmatised activities in our society. When a person is linked with those activities, their social status is reduced, leading others to think they are less worthy of respect and good treatment, or even that they ‘deserve’ violence and abuse.

- Part of the stigma and discrimination attached to both sex workers and people who use drugs is that their ability to make decisions for themselves is ignored. Sex workers, especially if they are poor women of colour, are portrayed as helpless victims, with foreign men often cast as evildoers<sup>15, 16</sup>. In fact, all but a very lucky few are ‘forced’ to work in order to make a living. The problem is that marginalised people are often unable to control their working conditions and so end up doing difficult and unpleasant jobs for poor wages<sup>17</sup>. The average income of some sex workers in South Africa is more than double that of other wage earners<sup>18</sup>, which is an important factor for many people facing poverty, unemployment and family responsibilities.
- In the same way, people who use drugs are often seen as helpless “addicts” who have no control over their drug use or other behaviour<sup>19</sup>. In fact, most drug users are not harmed by drug use and are able to consume drugs in moderate quantities. For instance, a recent study in the US found that only 20.9% of cocaine users and 8.9% of cannabis (dagga) users would experience addiction at some point in their lives<sup>20</sup>. For the few who do become addicted, this is often a way of dealing with a difficult life, including poverty<sup>21</sup>.
- Stigma, discrimination and criminalisation are the reasons behind much of the harm suffered by both sex workers and drug users in South Africa, although here we focus on sex workers. Sex workers report that the police will often not follow up on crimes committed against them<sup>22</sup> and people therefore abuse them in the knowledge they are unlikely to be caught. Some police officers also abuse sex workers themselves, assaulting them or using the threat of arrest to force them into sex or paying bribes<sup>23, 24</sup>. To avoid the police, sex workers may work in out-of-the-way places where they are easily targeted for attack<sup>25, 26</sup>. This also makes it easy for clients to use the threat of force to demand sex without a condom, increasing HIV risk<sup>27, 28</sup>. Some sex workers are discriminated against by healthcare workers, making it difficult to get condoms, antiretroviral treatment against HIV and other health services<sup>29, 30</sup>. Finally, the police in South Africa are known to arrest and harass sex workers found carrying condoms, further discouraging their use and increasing HIV risk<sup>31</sup>.
- One person can be subjected to multiple stigmas and discrimination, depending on how they come across and what is guessed about them and what they do. Sex workers are believed to use drugs and people who use drugs are believed to sell sex, so people in both groups are doubly stigmatised and discriminated against<sup>8</sup>. HIV is itself a source of stigma and, in turn, sex workers are often believed to be HIV positive<sup>32</sup>.
- Criminalisation of an activity increases the stigma linked with it. In addition, stigma and discrimination may also deepen criminalisation, in that the police will target groups who are stigmatised.



- Under decriminalisation of sex work, the buying and selling of sex becomes legal. Employment of sex workers is also legal. Sex work would be controlled by general labour law, allowing sex workers to organise legally. It also means that employers (e.g. brothel managers) must obey health and safety labour laws. Force, trafficking and other abusive labour practices would remain illegal.
- The most important reason to support decriminalisation of sex work is that it has been shown to reduce violence<sup>33, 35</sup> against sex workers, help them secure labour rights<sup>35, 36</sup>, and reduce HIV transmission<sup>37</sup>. Decriminalisation would make the industry more visible and allow the police to focus more effectively on the small number of cases where people are underage and/or forced into selling sex.
- Decriminalisation of drug users in Portugal has also resulted in decreased crime and HIV transmission, as well as increased numbers of people attending drug treatment programmes, with no significant increase in drug use<sup>38</sup>. There is some evidence that shows that problematic drug use has gone down. Oddly, criminalisation, stigma and discrimination stop many drug users, but especially sex workers who use drugs, from getting treatment for drug addiction<sup>39</sup>.
- The World Health Organisation has highlighted that decriminalising sex workers and their clients, people who use drugs and other key populations like men who have sex with men, is necessary for a successful public health response against HIV<sup>1</sup>. On the other hand, any form of criminalisation can increase the harm of drug use. Many injecting heroin users overdose soon after coming out of prison, as their bodies react badly to the drug after a time without drugs<sup>40</sup>. A woman arrested on prostitution charges in Florida, USA recently died in police custody while suffering drug withdrawal without proper medical support<sup>41</sup>.
- Government should invest heavily in harm reduction measures to reduce harm currently linked to sex work and drug use. In the case of sex work, this may include condom distribution and sexual health education, and the provision of specialised, non-judgemental health services<sup>42</sup>. For people who use drugs, this may include the giving out of Naloxone to treat drug overdose<sup>43</sup>, clean needles to prevent HIV transmission (a recent study found that 86% of PUID in Cape Town had shared needles<sup>44</sup>) and supervised injecting services<sup>45</sup>. Services should be non-judgemental, should address all possible risks and should be designed with the input of service users and with their needs in mind<sup>46</sup>.
- To protect the health and human rights of people who sell sex, people who use drugs and people who do both, the best approach is decriminalisation and the setting up of health and other harm reduction services.

**“Laws, policies and practices should be reviewed and revised where necessary, and countries should work towards decriminalization of behaviours such as drug use/injecting, sex work, same-sex activity and non-conforming gender identity and toward elimination of the unjust application of civil law and regulations against people who use/inject drugs, sex workers, men who have sex with men and transgender people.” – World Health Organization, 2014.**

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