

Funded by the CDC through
cooperative agreement PS19-1909 –
National Harm Reduction Technical
Assistance Center

Sex Worker-Centered Harm Reduction



Facilitated by Justice Rivera, Reframe Health and Justice

Hosted by NASTAD Drug User Health Team



**In collaboration with SWOP USA, SPARC Women's
Center, and Rocky Mountain Sex Worker Coalition**

October 15th, 2020

About NASTAD

WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

Facilitator



Contact me at:
[justice@reframehealthand
justice.com](mailto:justice@reframehealthandjustice.com)

Justice Rivera

**She/they
ella/elle**

Webinar Overview

Goal: To discuss harm reduction as applied to sex work including the values/principles of sex worker-centered harm reduction and programmatic priorities of sex worker-centered harm reduction

Objectives: To develop knowledge of infectious disease prevalence and prevention among people who trade sex; to understand overlapping activities, interventions, and approaches between people who trade sex and people who use drugs; to explore different types of services and partnerships that advance sex worker health

Audience: People running sex worker harm reduction programs or interested in running sex worker harm reduction programs and people supporting (through funding or governance) sex worker harm reduction programs

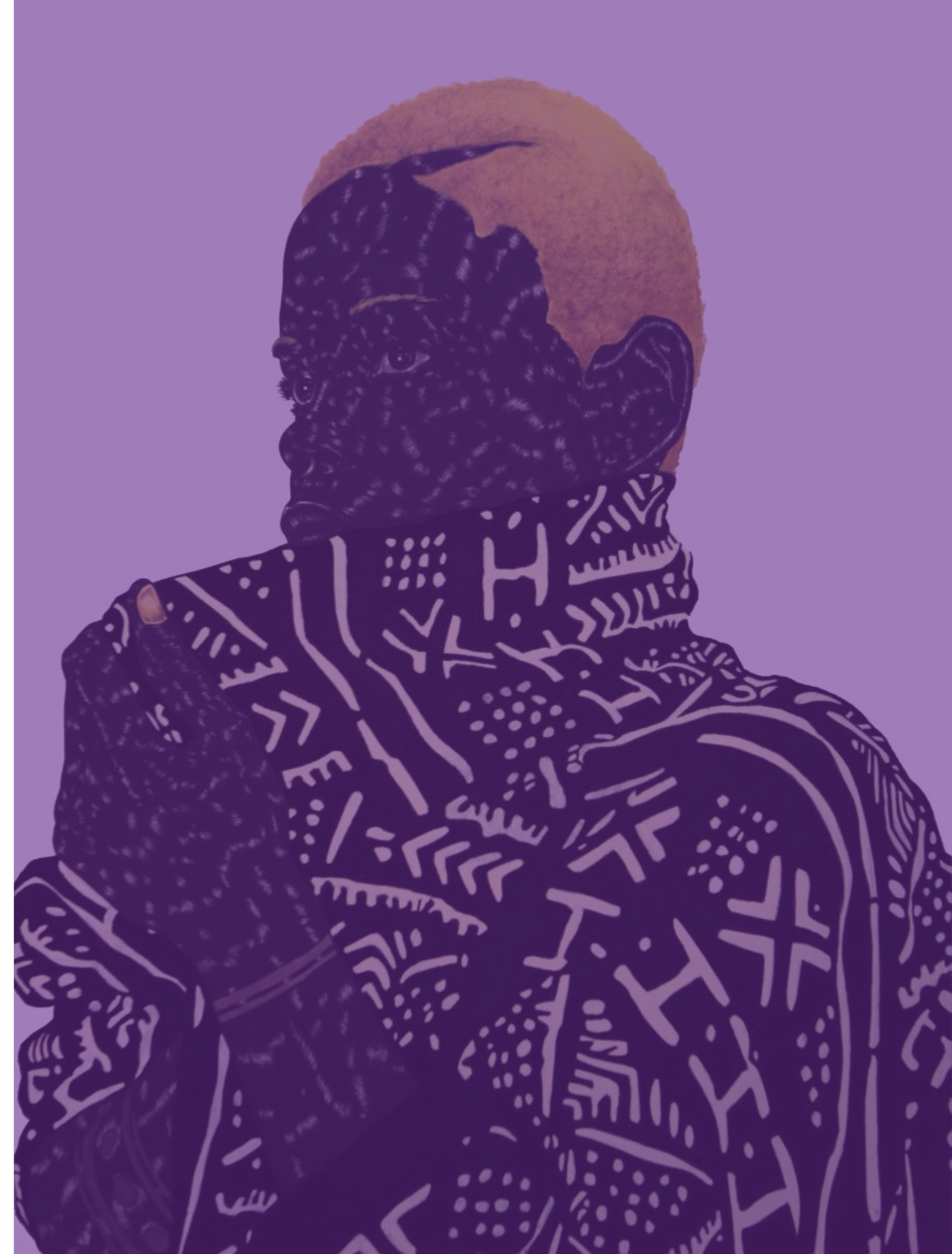
Webinar Agenda

01 Grounding

03 Program examples

02 Intro to sex work
harm reduction

04 Q&A



Access Needs and Disclaimers

- This 75-minute webinar is in English. Mics are muted. Feel free to turn your camera on or keep it off, come and go as you please as a break is not built-in. Interaction is encouraged in the chat – please introduce yourself and your program.
- This webinar is being recorded and will be available online after the presentation. We want this information to go viral and request that the source of information be included with the information where possible.
- This webinar will provide information about wellness services for people who are criminalized. This is not medical or legal advice. We will provide resources for you to be able to find out more about this topic as it relates to your program and location.

Poll: Where do you reside?

01 West coast
(including
Southwest and
Northwest)

02 Midwest

03 South (including
mid-Atlantic)

04 East Coast
(including
Southeast and
Northeast)



Poll: What is your interest in this topic?

01 HIV, viral hepatitis, and STI prevention and harm reduction data and messaging specific to sex work

02 My program is interested in providing resources to people in the sex trade

03 Community-based interventions and partnerships



A group of diverse silhouettes of people, including men and women of various ethnicities, with their arms raised in a gesture of solidarity or protest. The silhouettes are dark against a light purple background.

Sex Worker-Centered Harm Reduction Overview

What is Sex Work

Adapted from SWOP Chicago, Harm Reduction, 2016

Sex work is

a commercial exchange of a sexual service for money or other benefits like housing, transportation, and other survival needs.



used to refer to a broad range of transactions.

used to refer to people of all genders, ages, and backgrounds who are involved in the sex trade.

a term that has been adopted by health, labor and human rights organizations, including Amnesty International and the World Health Organization.

What is Sex Work

"A broad definition of sex work would be: **'the exchange of money or goods for sexual services**, either regularly or occasionally, involving female, male, and transgender adults, young people and children where the sex worker may or may not consciously define such activity as income-generating'.

Sex work may be **formal or informal**. In some instances, sex work is only a **temporary** informal activity. Women and men who have occasional commercial sexual transactions or where sex is exchanged for food, shelter or protection (survival sex) would not consider themselves to be linked with formal sex work.

UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, in its fact sheet "HIV/AIDS, Gender and Sex Work," published in its 2005 Resource Pack on Gender and HIV/AIDS

Who are Sex Workers

- MSM
- People who have sex with other genders
- Transgender individuals
- People who use drugs

People across HIV (and other infectious disease) prevention priority populations

Sex Work and HIV

- 20 – 40% of women at high risk of HIV infection reported having sex in exchange for money or drugs within the last year.¹
- Transgender sex workers are nearly 6 times as likely to be living with HIV (15.32%) than the general trans population (2.6%) and 25 times as likely to be positive than the general population (0.6%).
- In Canada and Kenya, modeling shows that the elimination of sexual violence could avert 17-20% of HIV infections among sex workers and clients.³
- Police frequently confiscate condoms as evidence to support prostitution charges.⁴

¹ Abad N, et al. ["A Systematic Review of HIV and STI Behavior Change Interventions for Female Sex Workers in the United States."](#) *AIDS Behav.* 2015.

² Grant, Jaime M., et al. ["Injustice at Every Turn: A Report of the National Transgender Discrimination Survey."](#) *Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.* 2011.

³ Shannon, Kate et al. ["Global epidemiology of HIV among female sex workers: influence of structural determinants."](#) *Lancet.* 2014.

⁴ Wurth, Margaret H et al. ["Condoms as evidence of prostitution in the United States and the criminalization of sex work."](#) *Journal of the International AIDS Society.* 2013.

Occupational Health and Safety Concerns

What harms need to be reduced

HIV, HCV, STIs

HIV: 12 x higher globally

STIs: 5-60 x higher
In the U.S.

Viral hepatitis:
prevent, test,
treat

VIOLENCE

Violence & Overdose: found to be top two causes of non-natural death

Sources: Police & institutional harm, peer & community, intimate partner, client, pimps & manager

SELF HARM

Mental illness:
2 x higher

PTSD: 20%

Suicidality:
60% decrease on
Entheogenic
therapies

ISOLATION

Dual identities

Stigma

Criminalization

Trauma

Sex Workers & Substance Use

- **A spectrum of behavior and experience**
- **Abstinence is not the goal for everyone**
- **Drug use and sex work are what someone does, not who they are**
- **Harm Reduction Framework**
 - **Prioritize autonomy, self-determination, and informed consent**
 - **Sex work and substance use have complicated relationships; drugs and sex are not always harmful**

Adapted from Stephen Crowe, Harm Reduction Coalition

Harm Reduction Principles Applied to Sex Work

1. Views trading sex for money and resources as neither inherently harmful or degrading, **or** inherently stabilizing or empowering.
2. Focuses on who people are rather than what they do, and sees people as whole people.
3. Recognizes the myriad of reasons why people engage in the sex trade and seeks to help people meet goals as defined for themselves in non-judgmental and compassionate manners and atmospheres.
4. Recognizes the potential infectious disease and physical safety consequences associated with sex work, and seeks to help people mitigate these factors.

Harm Reduction Principles Applied to Sex Work

5. Seeks to provide holistic support rather than isolated interventions
6. Highlights the impact that the criminal justice response to sex work has on people in the sex trade, and seeks to eliminate sociopolitical barriers to care, safety, and general wellbeing. Understand stigma and its byproducts to be at the root of harm experienced by individuals involved in the sex trade, and that intersecting oppressions compound the harm.
7. Believes that incorporating a diverse range of sex workers into public health policies and discussions can be a gateway into community health. Understands that one individual's experience does not equal that of all individuals in the sex trade.

Harm Reduction Is Evidence Based

Research that leverages the efficacy of the harm reduction approach with sex workers:

[The Lancet:](#)

“Straightforward and achievable steps are available to improve the day-to-day lives of sex workers while they continue to work.”

[Harm Reduction](#)

[International:](#) Key harm reduction strategies to be utilized with sex workers are community engagement, community development, health promotion, and peer education

[Johns Hopkins University:](#)

Comprehensive harm reduction for people who trade sex address access to resources, health needs, impacts of criminalization and the overall well-being of sex workers.

Sex Workers Outreach Project, national and local chapters



SWOP
USA

Phoenix Calida

Pronouns: They/them

Contact me at:
phoenix@swopusa.org
1-877-776-2004 ext.
1010

SPARC Women's Center, Baltimore

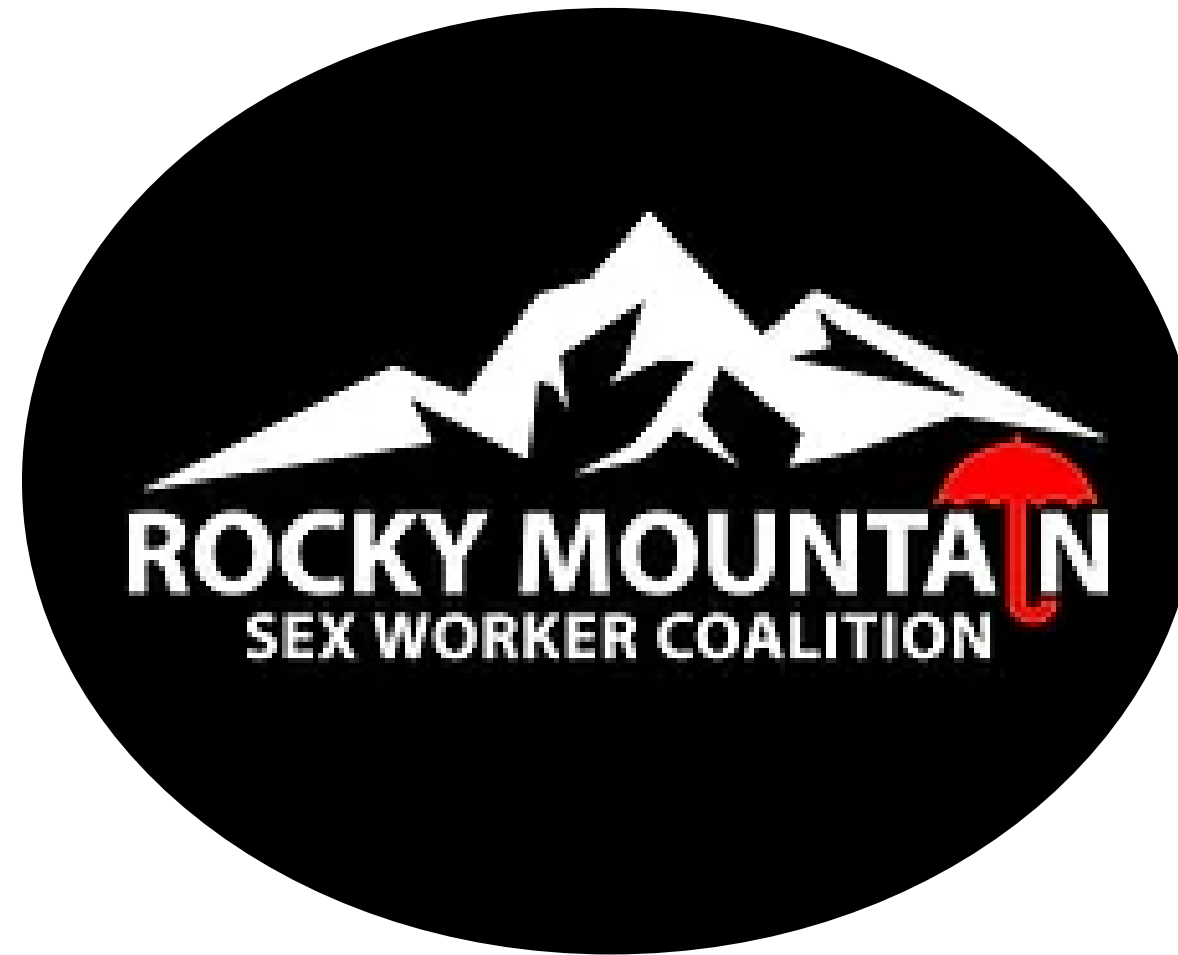


Contact me at:
lexxtalksex@gmail.com
awils122@jhu.edu

Alex Wilson

Pronouns:
they/she/he

Rocky Mountain Sex Worker Coalition



Contact me at:
thechrysalishouse@gmail.com
TheChrysalishouse.com
[@thechrysalishouse](https://www.instagram.com/thechrysalishouse)

Shanae Adams, MA, LPCC, CIGT

Pronouns
She/They

Resources

- [St. James Infirmary Occupational Health and Safety Guide](#)
- [Sex Worker Outreach Project USA](#)
- [Global Network of Sex Worker Projects](#)
- [SPARC Women's Center](#)
- [Rocky Mountain Sex Worker Coalition](#)

*Reframe
Health +
Justice*
consulting

National Harm Reduction TA Center

The **National Harm Reduction TA Center** seeks to build on proven methods of harm reduction technical assistance delivery—programmatic resources, peer support and mentoring, demonstration and program models—to provide coordinated TA to new and established community-led harm reduction efforts, including syringe services programs (SSPs), across the United States and territories.

NASTAD will work with AIDS United and other partners to field and respond to requests for TA and programmatic support from SSPs and community-based harm reduction organizations.

ASSISTANCE AVAILABLE THROUGH THE NATIONAL HARM REDUCTION TA CENTER INCLUDES:

- ✔ Consultation on program planning, design, and implementation
- ✔ Capacity building, workforce development and training
- ✔ Education and resource development
- ✔ Monitoring and evaluation, including best practices on data collection and synthesis
- ✔ Consultation on funding and grant writing
- ✔ Policy analysis and guidance



**Harm
Reduction**
TA CENTER

FOR MORE INFORMATION:

- 🖱️ NASTAD.org/druguserhealth
- ✉️ DrugUserHealthTA@NASTAD.org

TO REQUEST TECHNICAL ASSISTANCE:

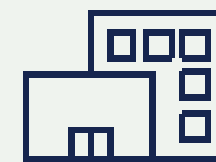
- 🖱️ NASTAD.org/HarmReductionTA

Technical Assistance



Drug User Health Technical Assistance

If you are seeking Drug User Health Technical Assistance, NASTAD has several different mechanisms to meet your TA needs dependent on your affiliation and organization.



WHERE DO YOU WORK?

If you are working in a state, territorial, or CDC-funded jurisdictional health department HIV program or a CDC-funded CBO in the US South*



HOW TO REQUEST TECHNICAL ASSISTANCE?

Capacity-Building TA System - CDC TA Request Platform



WHO WILL RESPOND?

NASTAD's Prevention Team and Drug User Health Team

If you are working in a state, territorial, or CDC-funded jurisdictional health department hepatitis program nationwide

HepTAC Platform

NASTAD's Hepatitis Team and Drug User Health Team

If you are working in a community-based or health department-run SSP or Drug User Health program nationwide

NASTAD's Drug User Health and National Harm Reduction TA Center

NASTAD's Drug User Health Team and AIDS United

*CDC Southern Jurisdictions include Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Jurisdictions outside of the Southern region can also request CBA on the same site and it will be fielded by regional capacity-building providers.



Questions?

- NASTAD's Drug User Health team: druguserhealthTA@nastad.org
- Justice Rivera: justice@reframehealthandjustice.com
- Phoenix, SWOP USA: phoenix@swopusa.org
- Alex, SPARC Women's Center: awils122@jhu.edu
- Shanae, Rocky Mountain Sex Worker Coalition: rmswc303@gmail.com

