

# **PrEP in the Context of Sex Work**

## **Winnipeg Planning Meeting, May 12, 2016**

### **Synopsis Summary**

#### **Creating meaningful involvement for sex workers in discussions of PrEP**

Triple-X Workers' Solidarity Association of British Columbia and the HIV Studies Unit, Dalla Lana School of Public Health, University of Toronto held an invite-only planning session for a national consultation called, "PrEP in the Context of Sex Work: Possibilities and Limitations" that was attended by 12 participants from organizations that work with sex workers. Draft planning session notes were reviewed and 353 individual points were identified. The points were re-organized, condensed, synthesized and repetition removed to produce these recommendations.

#### **1. Leadership role**

Sex work is an occupation, not an identity. Sex workers are safe sex professionals. Historically in Canada and elsewhere, sex workers have been leaders in safe-sex promotion and education. Emerging treatment and prevention technologies such as Pre-Exposure Prophylaxis (PrEP) offer opportunities to organize, consult and ensure that sex worker voices represent the interests of the sex industry.

#### **2. PEP for sex workers**

Sex-worker sexual health and safety should include timely access to Post Exposure Prophylaxis on demand.

#### **3. The science of PrEP for women and trans people**

PrEP science has focused primarily on the efficacy on gay men. Women and trans people have specific requirements that must be addressed in order to access PrEP.

#### **4. Sexual health and safety**

Promotion of new technologies for preventing of HIV transmission alone is too narrow in scope, and is likely to have negative impact on other proven prevention methods such as condoms. To date, PrEP promotions have focused primarily on marketing rather than education.

#### **5. Impact on the sex industry**

The sex-industry context differs significantly from other contexts such as people's personal sex lives or public health responses geared for various communities.

Distinct pressures related to PrEP and the sex-work marketplace can be identified, including:

- a. workplace sexual health and safety practices
- b. confidentiality of workers' private health status
- c. competition among workers
- d. shifting expectations from clients and employers
- e. being HIV-positive and continuing to work
- f. legal requirements to disclose one's HIV-positive status to sexual partners

## 6. Education

The promotion of new HIV-prevention technologies raises concerns over the lack of basic understanding about sexual infections including HIV among workers. A focus on access to health care and public health regulation and sex work is required.

The complexity of legal, medical and scientific explanations regarding HIV is a barrier for workers. Education strategies require:

- a. clear explanations about basic concepts (free of legal and scientific jargon)
- b. accessible formats beyond text such as infographics, audio and video
- c. gender-based information on the impact of medical technologies
- d. multiple languages
- e. culturally-sensitive and context-sensitive material for ethnic and migrant workers

## 7. Access

In the context of workplace sexual health and safety, sex workers face specific issues regarding access to sexual health treatment, including:

- a. limited universal healthcare coverage for low-income workers
- b. high cost of prevention technologies (beyond condoms) and treatments
- c. requirement to disclose sex-worker (risk-group) status in order to be eligible
- d. needs being assessed based on assumptions attributed to risk-group status
- e. physical access to PrEP and PEP
- f. follow-up testing and surveillance requirements
- g. implications of public health regulations concerning HIV status

## 8. Regulation

- a. Due to federal, provincial, territorial and local government jurisdiction, policy and regulation related to sex work and healthcare are a patchwork across Canada. This makes documentation, comparison and education a big challenge.
- b. When informing sex workers who are seeking prevention technologies, testing and treatment, extra considerations need to be taken into account:
  - implications of a diagnosis of sexually-transmitted infection, including HIV, on one's livelihood
  - contact tracing, where one is required to provide names of sexual partners
  - records of past sexual infections being used against you
  - sex workers may be ordered to stop having sex
  - positive test results for reportable diseases are recorded in provincial government databases
  - moving within Canada to different regional legal regimes
- c. Public health authorities are responding to new technologies by creating new policies, which raises concerns that include:
  - emerging public health regulation of sex work generally
  - perceptions that the sex industry puts the public at risk
  - public health authorities targeting sex workers through seek-and-treat programs
  - potential for workers individually or as a group to be forced to use condoms or to take PrEP

## 9. Advocacy

- a. It is important to help inform people's opinions so that they can think and answer for themselves. Sex workers have the capacity to be involved in advocacy; the process to include them needs to take this into account, and:
  - focus on clear communication
  - explain what is being asked and why
  - provide information in a way that can be taken back to their communities
- b. To get sex-worker input on government policy, sex workers need to be connected to discuss concerns:
  - many sex workers are connected through service organizations
  - include sex workers from smaller centres and make space for their voices
- c. Rally nationally and provincially to:
  - resist pressures for enforced condom-use and PrEP
  - make HIV and STI testing and treatment more accessible

## 10. Recommendations

### Overall

1. Do not replace empowerment with biomedical prevention.
2. We need a better and more robust model of peer-empowered education in order to discuss PrEP and other new HIV-prevention technologies.
3. PrEP resources for women sex workers must be a priority.
4. Hepatitis C and other sexually transmitted infections need to be included.
5. New safer-sex guidelines that include new HIV-prevention technologies are needed.
6. Talk about the problems that the PrEP environment can create in terms of other sexually transmitted infections, as PrEP may instill a false sense of security among sexually active people.

### PrEP education

7. Basic science for antibody testing, HIV, ART and PrEP — as well as their efficacy — should be provided.
8. Education should include access to multiple sources of information.
9. Information about PrEP and PEP availability and access needs to be included.
10. Education should also include experiences of people taking PrEP.

### Consultation planning

11. Meeting should be well located geographically.
12. Who should be included:
  - a. industry perspectives, not just activists' perspectives
  - b. more involvement from trans people including trans men.
  - c. consider inviting a range of PrEP experts
  - d. an expert that is critical of PrEP
  - e. don't have anyone from the drug company

13. Engage workers in meaningful consultation:
  - a. provide basic education in order to get an informed response
  - b. use scenarios to explain contexts
  - c. ask questions that arise from scenarios to elicit opinions
  - d. break the questions down
  - e. find facilitators who can provide learning experience that is not intimidating
  - f. small group stuff (crayons, Post-it notes and flip charts)
  - g. find tools to capture ideas for PrEP education
  - h. foster, ignite and educate around PrEP
  - i. collect questions about PrEP
  - j. not everyone will necessarily be prepared beforehand
14. Use guidelines for including drug users (<http://linjecteur.ca>).
15. Current sex workers should be paid for their time.

### **Outcomes**

The outcome of the consultation must not be a final recommendation.

16. Plan for the possibility of future input.
17. Develop talking points that sex workers may want to discuss with a clinician.