

PrEP in the Context of Sex Work Winnipeg Planning Meeting May 12, 2016

Synopsis

Preamble

On May 12, Triple-X Workers' Solidarity Association of British Columbia and the HIV Studies Unit, Dalla Lana School of Public Health (DLSPH), University of Toronto held an ancillary meeting at the 25th Annual Canadian Conference on HIV/AIDS Research. The invite-only planning session for a national consultation called, "PrEP in the Context of Sex Work: Possibilities and Limitations" was funded primarily by a grant from the Canadian Institutes of Health Research, with additional support from the Elton John AIDS Foundation. This planning session hosted by Sunshine House, a Winnipeg community resource centre, was attended by 12 participants from organizations that work with sex workers including: Maggie's Sex Workers' Action Project, Toronto; Stella: L'amie de Mamie, Montreal; Winnipeg Working Group; SWAN Vancouver Society; SHIFT Calgary; Sunshine House; REACH 2.0 Trans Research Program; HIPS, Washington DC; and Triple-X Workers. Dan Allman and Celine Goulart from DLSPH were also there and took notes.

The five-hour discussion session (less a lunch break) was audio recorded with permissions and consent forms signed. With these recordings and her excellent notes Celine prepared an 18-page draft of point-form notes in chronological order under a total of 19 headings. (See Appendix A: "Planning for a national consultation to explore capacity and research needs of sex work organizations and their allies addressing HIV pre-exposure prophylaxis (PrEP) in Canada.")

Method

Draft planning notes were reviewed and 353 individual points were identified and entered into an MS Excel spreadsheet in chronological order and coded according to the original headings in the planning notes. Five distinct types of points were identified and coded: Themes (T), Key Priorities (KP), Context (C), Goals (G) and Next Steps (N). Six "Themes" were identified and coded: Impact on the sex industry (T1), Education (T2), Access (T3), Regulation (T4), Recommendations (T5), and Advocacy (T6). As well, four "Key Priorities" were identified and coded: Leadership role (KP1), PEP for sex workers (KP2), The science of PrEP for women (KP3), and Sexual health and safety (KP4). Once all 353 points were coded, they were sorted first according to type code and then in chronological order. From these spreadsheets (Appendix B) the points were re-organized, condensed, synthesized and repetition removed to produce this synopsis. Thank you, Will Pritchard, Triple-X director for this work.

1. Project

One sentence summary: Creating meaningful involvement for sex workers in discussions of PrEP.

Six main activities from Elton John AIDS Foundation (EJAF) proposal:

- a) Build the knowledge and capacity of sex workers and advocates in the science, implementation and bioethics of PrEP for more meaningful involvement in setting PrEP implementation recommendations and identifying PrEP research gaps;
- b) Facilitate communication and networking among sex workers, advocates, and PrEP experts;
- c) Create a community-based portal for networking and the exchange of information pertaining to PrEP in the context of sex work in Canada;
- d) Organize and conduct a community-based consultation among sex workers and advocates supported by the presence of PrEP experts;
- e) Develop recommendations for the implementation and scale up of PrEP-related activities for female, male and transgender sex workers and their clients and partners in Canada;
- f) Enable a lobbying mechanism to help to ensure that future PrEP-related activities within the context of sex work occur within a rights-based framework.

2. Goals

Goal of today's meeting in Winnipeg:

- a) To plan for the best consultation possible in Toronto in October
- b) To discuss what we might need to do to make people feel comfortable, safe and accommodated
- c) To determine what kind of information people may want to have surrounding HIV and PrEP in the context of sex work
- d) To ensure sex workers are adequately consulted

3. Key Priorities

3a. 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.

3b. PEP for sex workers

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

3c. 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.

3d. 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.

4. Themes

4a. 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:

- i. workplace sexual health and safety practices
- ii. confidentiality of workers' private health status
- iii. competition among workers
- iv. shifting expectations from clients and employers
- v. being HIV-positive and continuing to work
- vi. legal requirements to disclose one's HIV-positive status to sexual partners

4b. 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:

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

4c. Access

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

- i. limited of universal healthcare coverage for low-income workers
- ii. high cost of prevention technologies (beyond condoms) and treatments
- iii. requirement to disclose sex-worker (risk-group) status in order to be eligible
- iv. needs being assessed based on assumptions attributed to risk-group status
- v. physical access to PrEP and PEP
- vi. follow-up testing and surveillance requirements
- vii. implications of public health regulations concerning HIV status

4d. Regulation

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

5. Recommendations

Forty-five recommendations can be identified in the discussion in Winnipeg. Here is a synopsis.

Overall

- i. Do not replace empowerment with biomedical prevention.
- ii. We need a better and more robust peer-empowerment model of HIV education in order to discuss PrEP and other new HIV-prevention technologies.
- iii. PrEP resources for women workers must be a priority.
- iv. Hepatitis C and other sexually transmitted infections need to be included.
- v. New safer-sex guidelines that include new HIV-prevention technologies are needed.
- vi. 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

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

Consultation planning

- xi. Meeting should be well located geographically.
- xii. Who should be included:
 - a. industry perspectives, not just activists' perspectives
 - b. more involvement from 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
- xiii. Engage workers in meaningful consultation:
 - a. 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 around PrEP education
 - h. foster, ignite and educate around PrEP
 - i. collect questions about PrEP
 - j. not everyone will necessarily be prepared beforehand
- xiv. Use guidelines for including drug users (<http://linjecteur.ca>).
- xv. Current sex workers should be paid for their time.

Outcomes

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

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

6. Advocacy

- i. 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:
 - a. focus on clear communication
 - b. explain what is being asked and why
 - c. provide information in a way that can be taken back to their communities
- ii. To get sex-worker input on government policy, sex workers need to be connected to discuss concerns:
 - a. Many sex workers are connected through service organizations
 - b. include sex workers from smaller centres and make space for their voices

- iii. Rally nationally and provincially to:
 - a. Resist pressures for enforced condom-use and PrEP
 - b. Make HIV and STI testing and treatment more accessible
- iv. Resources:
 - a. Triple-X PrEP portal (<http://triple-x.org/safety/prep/preplinks.html>)
 - b. Canadian Treatment Association Council (<http://www.ctac.ca/home>)
 - c. Looking for something? Email Andy (a.sorfleet@gmail.com) for information surrounding any specific issue

7. Next Steps

7a. Winnipeg results

- i. CAHR Conference: a lot of talk surrounding PrEP by cautious voices as well
- ii. Sort out transcript; de-identify it; share through password-protected environment; password protect a PDF document
- iii. Go back to respective groups, get more feedback and representation in Toronto
- iv. Set up an email list to determine preferences
- v. Community forum for Vancouver
- vi. Develop materials in the lead up to Toronto, about PrEP
- vii. Ways for other communities to come together beforehand

7b. Upcoming events

- i. June 4: Winnipeg, partner with the dyke march, doing a community consultation event
- ii. June 11: Red Umbrella March in Vancouver. Great event: fancy clothes, get a red umbrella, it's a lot of fun
 - a. Other cities: a national day of action, going to the Supreme Court was the first year
 - b. Toronto: similar event
- iii. Stella is addressing the Formula 1 race in Montreal, press conference, appropriation of culture
- iv. Workshop for sex workers at Maggie's in Toronto, new technologies including PrEP

7c. Toronto conference

- i. October 19 - 20, 2016
- ii. 2 main days of meeting
- iii. Held in a hotel that does not stigmatize and profile sex workers?
- iv. An opportunity for sex workers to interact with each other

7d. Who is invited?

- i. Proposal included about 32 people to attend the meeting (including invited PrEP experts and support staff)
- ii. Funding for about 26 sex workers from across Canada to attend meeting
- iii. Hope to find ways to allow greater access to Toronto meeting
- iv. Have a lawyer present to understand sex worker human rights
- v. No cops
- vi. What would that look like if the pharmaceutical came? Not preferred.

7e. Representation

- i. Want input from others in terms of guests
- ii. Avoid over-representation of similar groups
- iii. Vast geographic distribution is important
- iv. Diverse representation from all over, people who may not otherwise get the chance to attend
- v. Not just Toronto, Quebec and BC, but Northern Canada, Prairies and Maritimes

- vi. Think of the whole province of Ontario outside of Toronto
- vii. Happening in Toronto — saturated with Toronto voices. Not a Toronto-voice meeting!
- v. Agencies in Toronto have meeting spaces that can hold the group: Learning Institute

7f. Conference structure

- i. Ask people “What can you bring?”
- ii. In October, discuss what it means to have PrEP in the context of sex work available in contexts where prostitution is criminalized and non-disclosure of HIV is criminalized
- iii. Everybody needs to be able to speak freely, without fear of discrimination
- iv. An agreement could be signed — no bad talking
- v. Time during the day for sex worker only space, so that they can speak effectively with each other. PrEP experts and any others to come at different parts of the day — have time where sex workers can interact on their own
- vi. People from different backgrounds, ramp up what happened and what they learned
- vii. Share these materials, allows for interchange, give us something to talk about, monitor things about them
- viii. Look to develop recommendations in October

8. Context

8a. Funding

- i. Could have had today’s meeting in Toronto — but Winnipeg was possible due to Canadian Institute of Health Research (CIHR) funding and the support of the Elton John AIDS Foundation (EJAF), the Canadian Association of HIV Research, Sunshine House and the Dalla Lana School of Public Health
- ii. Winnipeg is also hosting the Canadian Association of HIV Research (CAHR) Conference, and today’s meeting allows participants to attend the CAHR Conference as well
- iii. CIHR reviews were quite critical, yet provided funding
- iv. EJAF is keen to bring sex workers and allies together in HIV and AIDS Work
- v. EJAF keen to bring the ideas of PrEP forward, particular for key populations including sex workers and young people
- vi. EJAF understand PrEP has become a tool to address some of the challenges associated with HIV and AIDS
- vii. Lots of money goes towards condom use, education and empowerment, especially in low income countries
- viii. Budgets are not necessarily going to double. Money could get diverted from empowerment to implementing and disseminating biomedical prevention
- ix. Funding for the National Consultation
- x. EJAF funding of the present project is in effect this calendar year
- xi. Basically covers the October meeting
- xii. Separate funding received also from CIHR to a pilot web-based study of PrEP in the context of sex work; “catalyst” grant meaning opportunity to ramp it up
- xiii. The EJAF makes no promises in terms of funding, but may consider an application for a one-year renewal of the present grant
- xiv. Substantial yet finite funding from EJAF, budgeted based on the number of people we would bring together and the work we would do

- xv. Triple X is not an agency, doesn't receive program funding, industry-based
- xvi. It depends on the mindset of the funders, the mindset is generally not helpful for sex workers
- xvii. This is why the DLSPH and the U of T have been helpful and in this context have served sex workers in Canada, because they have undertaken some of the administrative work that enables EJAF and others like CIHR to support these efforts

8b. Prevention technologies

- i. There is a lot of focus on HIV alone
- ii. At the conference: PrEP is a popular discussion and we are starting to hear more of a push back because of the increases in other STIs
- iii. Other epidemics are also tragic
 - a. Late stage Syphilis is a major threat, if move away from condom use, this can be tragic
- iv. Some in the medical establishment might argue other STIs are curable, and that is what separates HIV from other infections
- v. Ethics — Example: in some places in Canada, gay men's health associations are increasingly actively promoting PrEP without fully addressing the range of potentially negative consequences
 - a. When treatment failure in in some Canadian cities came out, some said not to worry
- vi. In Canada, some PrEP policy or approvals may be national (via Health Canada for example) but access is often provincial/territorial based on the structure of provincial/territorial health care
- vii. "French method" of PrEP application or "disco dosing": timing PrEP instead of taking it daily
 - a. pay out of their own pocket, and this makes PrEP more feasible for some
- viii. In some ways, the US has some advantages, in some of the uniformity — recognizing of course people in the U.S. often do not have access to health care in the same way that people in Canada do
- ix. People who are most passionate about PrEP are currently doing the talking
- x. Potential to make other STI testing more accessible and less stigmatizing
- xi. Gilead, makers of Truvada, put it forward as an accessible prevention technology, they proposed it to the Canadian government, complete with impact statements
- xii. Most of the PrEP discussion is about MSM and all of the marketing is towards gay men

8c. PEP

- i. In some regions, you have to access PEP by identifying as a victim of sexual assault. Forces individuals to unjustly relive experiences
- ii. At St. Paul's in Vancouver, you can identify as a sex worker or a drug user

8d. Shifting behaviour

- i. In the 1990s, condoms were being used all the time, it was a common thing to want to use condoms
- ii. GFE (girl friend experience), now means condomless in Vancouver, it is really bad, and hard for people to admit

- iii. Not a problem insisting on a condom years ago — however today they get paid more for condomless sex
- iv. Timeframe for shift: 12 years ago, never had problem insisting condoms, last 5 or 6 years it has started to shift
- v. Example: A madame ordered rapid home-based HIV tests for clients, so that clients can have access to the women in the service, all women were to go condomless — based on ineffective home-based testing!
- vi. GFE — moving towards meaning condomless sex work
- vii. Example: Escort agency, always used condoms in the late 90s, early 00s
- viii. After 2003-2004, all johns asking for no condoms or most of them
- ix. In desperate situations, individuals are under pressure to forgo condom use
- x. Not just in the context of their work, but intimate contact with partners
 - a. Organizations in the U.S. are having trouble reworking HIV prevention in a sex positive way — means there is no longer shame

8e. Winnipeg/Manitoba

- i. Locally, Winnipeg lacks sex worker-led rights-based organizations — many are exploitation-based
- ii. People in Winnipeg do not necessarily know what PrEP is
- iii. In Winnipeg people enter sex work with different resources, from different places and some learn everything from being a sex worker
- iv. Winnipeg is a closed environment
- v. Only support is the van, van stops for 5 minutes, little education component
- vi. Winnipeg Health authority runs the van — may just become PrEP-positive without providing women and others with an adequate understanding of the drug
- vii. In Winnipeg must pay out of pocket for PrEP, individuals have to pay out of pocket, and occupational PEP is only covered for 5 days
- viii. Shift for condomless sex hasn't been large in Winnipeg, but it may become prominent and may shift over time
- ix. In Manitoba context: Sex workers are not as organized
 - a. Many in Manitoba view sex work as survival sex and exploitation
 - b. Manitoba: There is general HIV education in the province, but narrative in Manitoba based on the idea of exploitation
- x. The dynamics are very different in Manitoba, the mentality has not changed in 20 years

8f. Canada

- i. Some AIDS Service Organizations in Canada have male sex-worker programs, but these are rarely sex worker-led or address sex worker-specific issues only
- ii. Trans people in some places in Canada about 80% involved in sex work
- iii. Elsewhere in Canada examples of missing education components; confusion about how HIV is transmitted, confusion about AIDS with HIV — lack of knowledge even with access to resources
- iv. Some websites available to male sex workers in Canada provide HIV-positive friendly spaces to connect for hookups
 - a. In these contexts the language of PrEP being used to shed HIV stigma
 - b. Has permeated the MSM sex-worker community

- v. Specific to Canada: nationally, rates of HIV infection are highest among MSM, break it down nationally and internationally — this is different
- vi. What would it mean if we get decriminalization?

8g. International

- i. Africa — a lot of countries getting input from other countries, about PrEP programs that NGOs bring into these countries
- ii. Example: Some countries in Asia and Africa using sex worker empowerment programs, go out and advocate for PrEP — PrEP ambassadors program
- iii. MSM in Africa — what about criminalization?
- iv. Hard to direct PrEP initiatives to gay communities as they are often highly criminalized in these countries
- v. This is a parallel to sex workers who are also criminalized