



Andrea Krusi, (left) senior doctoral trainee, BC-CfE Gender and Sexual Health Initiative (GSHI); and Dr. Kate Shannon, Director, GSHI

## New federal legislation will threaten health and safety of sex workers: research findings

### Study reveals continued policing of clients recreates the same harms as Canada's current criminalized model

**N**ew legislation introduced by the federal government earlier this month threatens the health and safety of sex workers, according to researchers at the BC Centre for Excellence in HIV/AIDS (BC-CfE).

Federal Justice Minister Peter MacKay tabled the Conservative government's new prostitution legislation, The Protection of Communities and Exploited Persons Act, which proposes criminalizing the purchase of sex, communicating for the purpose of selling sex, gaining material benefit from sex work, and advertising sexual services.

The proposed legislation was announced shortly after a new study was published by researchers of BC-CfE's Gender and Sexual Health Initiative (GSHI). The study, published in *BMJ Open*, one of the top peer-reviewed global health journals, found criminalizing clients endangers the health and safety of the most marginalized sex workers.

Sex workers were very clear, says Andrea Krusi, lead author of the *BMJ Open* paper and senior doctoral trainee.

"Where clients continue to be targets of police, sex workers' ability to protect themselves from violence and abuse or access police protections is severely limited," says Krusi

Researchers conducted in-depth interviews with 31 street-based sex workers in Vancouver between January and November 2013 to examine sex workers' experiences and negotiation of safety and health following the implementation of new Vancouver Police Department (VPD) enforcement guidelines introduced in January 2013. The new VPD policy prioritizes sex workers' safety over arrest, while continuing to focus enforcement on clients and third parties. The approach of criminalizing clients, but not sex workers, is often referred to as the "Swedish" or "Nordic" model, and is similar to the approach proposed in the new federal legislation.

"The findings clearly show that criminalization of clients in Canada risks recreating the same devastating harms to the health, safety and human rights of sex workers as the last two decades of missing and murdered women," says Dr. Kate Shannon, senior author of the *BMJ Open* report and GSHI director.

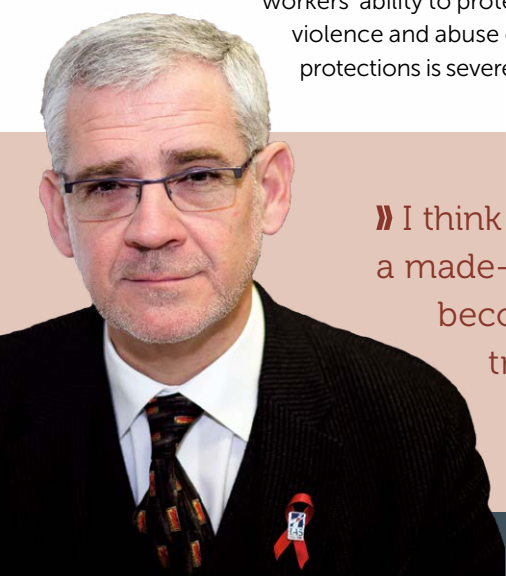
Following the new VPD enforcement policy, sex work-related arrests in Vancouver increased from 47 in 2012 to 71 in 2013. Despite the expressed commitment to sex workers' safety, the research suggests there was no decrease in rates of work-related physical or sexual violence after policy implementation, with 24% of 275 street-based sex workers in 2012 experiencing violence compared to 25% of 236 in 2013.

Despite the new VPD policy shift to clients, sex workers in the study describe how the continued policing of clients recreated the same harms as the current criminalized model in Canada by severely limiting sex workers' control over their health and safety.

"Harassing the clients is exactly the same as harassing the women," said Jasmine, a sex worker, in the *BMJ Open* report. "You harass the clients and you are in exactly the same spot you were before. I'm staying on the streets. I'm in jeopardy of getting raped, hurt."

A second report and legal analysis of the *BMJ Open* research was also published by GSHI, Pivot Legal Society and Sex Workers United Against Violence (SWUAV). The report provides a legal analysis of the evidence from the *BMJ Open* research, as well as from Sweden and Norway, regarding the impacts of criminalization of clients on sex workers' safety.

The report concludes that given the harms created by this model of criminalization and the reasoning from court decision "Canada v. Bedford," there is a strong case to be made that a law prohibiting the purchase of sexual services would violate sex workers' constitutional right to security of the person and should be struck down.



» I think the public should get outraged that we have a made-in-Canada (HIV treatment as prevention) solution that has become the standard of care around the world but has failed to take traction in Canada because the government is paralyzed."

- Dr. Julio Montaner, in an interview with Yahoo News Canada



## High prevalence of street-involved youth linked to government care

» A BC-CfE study showing street-involved youth have a high likelihood of being in government care can help policymakers identify potential areas for redress.

The study compared the likelihood of street-involved youth being in government care (foster care, group home, or detention centre) to that of youth in the general population, and looked at what conditions and behaviours were related to having a history of being in government care.

From September 2005 to November 2012, data were collected from the At-Risk Youth Study (ARYS), a prospective cohort of street-involved youth aged between 14 and 26 who use illicit drugs. A sample of 937 street-involved youth was asked about their experiences with the child welfare system, as well as their drug use and other behaviours. Nearly half (455 or 49%) reported being in government care at some point in their childhood. This prevalence is 163 times greater than Canadian youth in general.

Youth with histories of being in care were more likely to be of Aboriginal ancestry, to use hard drugs at a younger age, to have experienced physical abuse, to have a parent who drank heavily or used drugs, and to not have finished high school.

The researchers acknowledge it is hard to determine whether the events in a youth's life preceding government intervention or the experiences during their tenure in care have the greatest impact on the risks of illicit substance use and becoming street-involved later

in life. However, researchers state it is evident that more interventions are necessary to support these children and youth in avoiding substance use and street involvement.

“Outcomes associated with the child welfare system have become a public health concern, and one that governments have failed to adequately address. These findings give policymakers potential areas for redress and demonstrate the need for interventions to support families and youth along the continuum of risk,” says Dr. Kora DeBeck, a Research Scientist with BC-CfE's Urban Health Research Initiative.

Action is needed on multiple fronts based on research findings, the researchers recommend. This includes increasing access to evidence-based addiction treatments, parenting supports and other relevant social services for at-risk families; enhanced services for Aboriginal children that connect them to their communities and culture; and independent living programs and extensions in care to better help youth complete high school and transition to independence.

The study, “High prevalence of exposure to the child welfare system among street-involved youth in a Canadian setting: implications for policy and practice,” was published in *BMC Public Health*.



Dr. Kora DeBeck

## New approach to improving demand and delivery of HIV treatment

» BC-CfE, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Association of Providers of AIDS Care (IAPAC) have outlined a new approach to leverage HIV treatment as prevention to end AIDS, curb new HIV infections and avert the costs associated with failing to mount a more aggressive response to the HIV pandemic.

The new approach, detailed in an editorial published in *Clinical Infectious Diseases*, was co-authored by Dr. Julio Montaner, Director of the BC-CfE; Michel Sidibé, UN undersecretary and executive director UNAIDS; and Dr. José M. Zuniga, President & CEO of IAPAC.

Currently, only a third of people eligible for HIV treatment have access to this life-saving and -enhancing intervention.

“With so much at stake, and with the tools at our disposal to envision the end of AIDS, there is no room for complacency,” said Dr. Julio Montaner. “We must leverage the full potential of HIV treatment to prevent not just AIDS-related morbidity

and mortality, but also HIV transmission, thus avoiding the inevitable cost of inaction. We must hold nothing back to transform the end of AIDS into reality.”

The co-authors outline a “re-conceptualized” and “redesigned” global strategy to significantly increase both demand for, and delivery of, HIV treatment. They highlight that a number of studies, coupled with mathematical modeling, confirm earlier initiation of antiretroviral therapy (ART) – within a robust continuum of care and prevention services – can curb overall disease burden and ultimately control the global HIV epidemic.

Overall, the editorial urges action to streamline and achieve efficiencies in service delivery; to generate treatment demand (e.g. increase HIV testing and linkage to care); to make smart investments and demand return on those investments; to set ambitious HIV treatment targets; and to measure progress against goals such as knowledge of HIV status, linkage to care, and long-term retention in care.

## Weathering climate-change a challenge for implementation of global strategy

» Addressing climate change may be the “wild card” in the successful global implementation of the HIV Treatment as Prevention strategy, says a *Lancet* commentary.

“We must urgently and optimally deploy the 2013 World Health Organization (WHO) guidelines and continue to work to expand free access to HIV testing and care services, as well as immediately offering free antiretroviral therapy to all people with HIV worldwide,” say the co-authors, who include BC-CfE's Director Dr. Julio Montaner and Drug Treatment Program Director Dr. Robert Hogg.

Climate change is a wild card, say the co-authors of the commentary, titled “HIV treatment strategies that can weather future challenges.” UNAIDS emphasizes the need to consider the effects of climate change on HIV

and to actively prevent and mitigate the effects of climate-related food insecurity, infectious diseases, and population displacement as part of a comprehensive HIV strategy. Food insecurity has been associated with delayed access to ART, compromised drug absorption and efficacy, suboptimal adherence to ART, poor virological and immunological responses to treatment, and reduced survival.

The co-authors warn the potential for mass migration—especially in regions hardest hit by HIV—poses numerous challenges to adherence and the continuum of care. Most displaced people will be women and children, who have a high biological and behavioural risk of HIV infection and are likely to concentrate in urban areas where both prevalence of HIV infection and risk of transmission are high.

## AWARDS

### Parashar receives Dean's Convocation Medal

Surita Parashar was awarded the Dean of Graduate Studies Convocation Medal as one of Simon Fraser University's most outstanding graduate students from the Faculty of Health Sciences.

Dr. Parashar's PhD dissertation, “The way I see it: Towards a Community-informed understanding of the relationship between housing and health among people living with HIV in Vancouver, BC,” highlights the stories of people living with HIV in Vancouver and investigates the impact of housing on their health and quality of life.

Dr. Parashar continues to work at the BC-CfE where she leads the Longitudinal Investigations into Supportive and Ancillary Health Services (LISA) prospective cohort study, investigating the impact of a supportive housing complex on the health of individuals and families affected by HIV.

### Werb wins National Magazine Award

The BC-CfE's Dan Werb has won a National Magazine Award for “The Fix,” published in the September 2013 issue of *The Walrus*.

Dr. Werb is the research coordinator for the International Centre for Science in Drug Policy at the BC-CfE and a Trudeau Scholar at the University of British Columbia. His article was based on his research on transitions into and out of injection drug use, illicit drug markets, and the effect of drug law enforcement on public health. Dr. Werb's article won in the “society” category.

The National Magazine Awards Foundation (NMAF) announced the winners of the 37th annual Magazine Awards on June 6.

## LECTURES & EVENTS

### AIDS 2014

#### International AIDS Society Conference

Melbourne, Australia

July 20 – July 25

BC-CfE is at AIDS 2014, the 20th International AIDS Conference in Melbourne, Australia. This year's theme is “Stepping Up the Pace.” Follow all the conference news at [www.cfenet.ubc.ca](http://www.cfenet.ubc.ca) and on Twitter @BCCFE. Registration is free at [www4.gotomeeting.com/register/414328607](http://www4.gotomeeting.com/register/414328607)

### BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

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1.800.665.7677

St. Paul's Hospital Pharmacy Hotline  
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Website  
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E-mail  
[info@cfenet.ubc.ca](mailto:info@cfenet.ubc.ca)

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the BC Ministry of Health through PharmaCare and the Provincial Health Services Authority.