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Date: Thursday, November 28, 2018

Re: Section 6-7 of the Canadian Guidelines on Sexually Transmitted Infections (2010) "Specific Populations—Sex Workers"

Dear Dr. Tam and Expert Working Group for Canadian Guidelines on Sexually Transmitted Infections,

I am Andrew Sorfleet, and I am president of Triple-X Workers' Solidarity Association of British Columbia, founded in 2012. Triple-X is Canada's first registered Triple-X Workers' labour organization reserving membership exclusively for persons who have agreed to the direct exchange of sexual stimulation for financial compensation.

The board of Triple-X has directed me to contact you to address an egregious policy featured on the Government of Canada website (https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-44.html).

Specifically, Section 6-7 of the Canadian Guidelines on Sexually Transmitted Infections (2010) "Specific Populations—Sex Workers" (pp. 399-404) is deeply flawed.

The Canadian Guidelines on Sexually Transmitted Infections are written for primary health care providers. They are intended to assist in the prevention and appropriate management of STIs in Canada. Numerous false and unsubstantiated statements and assumptions in these guidelines with regard to sex workers—incorrectly categorized as "epidemiology"—are outright offensive.

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No evidence of higher rates of STIs in sex workers

- There is no evidence that sex workers in Canada have higher incidence or prevalence rates of STIs or HIV. This unsubstantiated assertion by Public Health Agency Canada ("Because of high rates of partner change, sex workers play an important role in the transmission of STIs.") is also reflected on page four of the Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Bloodborne Infections by 2030, which includes in a table of "Key Populations Disproportionately Affected by STBBI," which lists "People engaged in sale or the purchase of sex."

Definition of sex worker overbroad

- The ambiguities in the definition of "sex worker" are overbroad, and lump those who do not pursue sex work as work in with people who have a career in these industries. From the Canadian Guidelines:

  > "Sex workers are female, male or transgendered adults or young people who receive money, shelter or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating."

- Calling someone who does not define their activity as income-generating a "worker" defies logic and is neither valid nor credible. This outdated definition — drawn from a global program — has no place in a Canadian context.

Consequences of sex workers disclosing to primary care providers

- You don't catch sexually transmitted infections from money, so the extra recommended genital examinations listed truly should be offered to everyone who is sexually active.

- Encouraging care providers to ask patients to disclose possibly criminal activity is not only intrusive, it is irresponsible.

  > "you can go into a chemist and buy condoms and no one knows who you are, whereas with PrEP you've got to go to a doctor and get a prescription and you've got to get an HIV test all the results of which go to the government which has implications for criminal charges against people. … Sex workers who can lose their children, who can be charged with offences"
  > ~ Cheryl Overs, Michael Kirby Centre for Public Health and Human Rights, Australia in "#SWPrEP: PrEP in the Context of Sex Work" 2016 (https://vimeo.com/209825247)

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Key populations as stigma

- To suggest that sex workers are a population at higher risk for HIV infection and transmission, assumes that professional sexual services are not performed safely in an occupational setting. To focus the Canadian Guidelines for assessing risk on populations rather than activity is in its own way stigmatizing. To quote the 'Principles and Beliefs,' Maggie's Constitution, Toronto Prostitutes' Community Service Project, 1993:

  "There are no high risk groups, only high risk practices. AIDS and sexually transmitted diseases are not spread by sex work; they are spread by unsafe sex and needle sharing."

Condom use by B.C. sex workers exceeds 90%

- According to B.C. Centre for Disease Control, Estimation of Key Population Size: Final Report (2016):

  "In fact, a sex worker study conducted in Victoria (n=201 adult sex workers aged ≥ 18 years, including 160 female, 36 male and 5 transgender individuals) has shown that condom use with clients among sex workers exceeds 90%, indicating that professional sexual services are performed safely in an occupational setting. However, there are individuals engaging in survival sex work or transactional sex in informal settings who may not identify as sex workers. These individuals may be faced with other issues such as poverty, violence (including intimate partner violence) and drug addiction that increase their risk for HIV/HCV acquisition. Therefore, for the purpose of HIV/HCV programming, a clear definition of a priority population based on behaviour and context that impose risk, rather than a general identification with a group, is needed."

Sex work does not play a role in transmission

- However, in the following section of the same report, "Supplementary Information on Sex Work as a Potential Risk Factor for HIV Acquisition," there are sex work statistics gathered by the BCCDC on people who have tested positive for HIV. It states:

  "Historically, it has been assumed that sex work plays an important role in the heterosexual and same-sex transmission of HIV. …the project team requested the BCCDC Surveillance Team to perform an analysis on new HIV diagnoses among men and women in BC from 2006-2015 to determine what proportion of these cases reported sex work as a potential risk factor. We found

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that the number of women diagnosed with HIV and who reported sex work declined from 22 and 26 individuals in 2006 and 2007 to only 2 and 1 individual in 2014 and 2015. Injection drug use was also reported by 33% — 100% of these women [who also reported sex work] over the same period."

#SWPrEP Consultation, Toronto 2016

- Emerging treatment and prevention technologies such as HIV Pre-Exposure Prophylaxis (PrEP) offer opportunities to organize, consult and ensure that sex worker voices represent the interests of the sex industry. In October 2016, Triple-X partnered with University of Toronto Dalla Lana School of Public Health and led a national consultation called "PrEP in the Context of Sex Work" in Toronto.
- Results from the consultation were presented at the 2017 annual conference of the Canadian Association of HIV Researchers in Montreal.
- A poster entitled: "#SWPrEP Road Map: Community to Public Policy," was presented this July at the 2018 International Conference on AIDS, in Amsterdam. (http://programme.aids2018.org/Abstract/Abstract/2611)

2017 Canadian Guidelines for PrEP and PEP point to other risks

- According to the Canadian Guidelines on HIV Pre-exposure Prophylaxis and Non-Occupational Post Exposure Prophylaxis (published in Canadian Medical Association Journal, November 27, 2017):

  "National data on HIV incidence among sex workers and their clients are scarce, perhaps in part because sex work is criminalized in Canada; as such, this guideline should be applied to these individuals based on the presence of other risk factors."

Sex industry best practices and certification

- As of June 2018, the Triple-X certification mark was registered with Innovation, Science and Economic Development Canada. Section 4 of the Defined Standard for certified workers ensures:

  "… that they are qualified to: a) assess risks for sexually transmitted infections (STIs); and b) ensure best practices in STI prevention are followed appropriate for the service provided according to BC Centre for Disease Control guidelines."

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- On its website, the BCCDC endorses the Canadian Guidelines and provides the following direction to health professionals, along with a link:

  "... clinicians are encouraged to consult the full document (Canadian Guidelines on Sexually Transmitted Infections) for more details, including diagnostics."

- It's at this point that the general public, sex workers, clients, and clinicians are exposed to the false and unsubstantiated statements and assumptions regarding sex work in the Canadian Guidelines.

Safe sex professionals

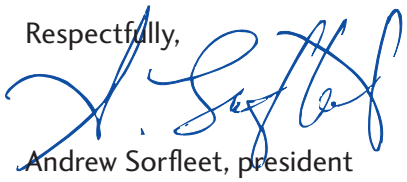
- Sex workers are safe sex professionals. This has been true in Canada since before Valerie Scott of the Canadian Organization for the Rights of Prostitutes declared at the International AIDS conference in Montreal in 1989:

  "Whores are safe sex pros. We're the ones who put the condoms on the guys. We're the ones who do the education." ~ Our Bodies, Our Business, 2016 (https://vimeo.com/195574653)

Dr. Tam, if the Public Health Agency of Canada is sincere about reducing the health impact of sexually transmitted infections, it would do best to centre sex workers as the sex professionals we are, and support our efforts to educate the public who are our clients. Perpetuating ancient prostitute pathology stereotypes among health care professionals who deliver frontline clinical services for sexually transmitted infections is both harmful to sex workers and their clients, and counterproductive to public health goals.

On behalf of the Triple-X board of Directors, I request that you remove Section 6-7 of the Canadian Guidelines on Sexually Transmitted Infections (2010) "Specific Populations—Sex Workers" from the Government of Canada website immediately, and that it be reviewed using a process that centres the voices of those working in the sex industry. I look forward to your response with regard to addressing our grievance in this matter.

Respectfully,



Andrew Sorfleet, president

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Sex Workers

Updated: January 2010

SEX WORKERS

Definition

Sex workers are female, male or transgendered adults or young people who receive money, shelter or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating.[1] There are no reliable verbal or visual clues as to whether a patient is a sex worker or not. Where appropriate, patients should be asked whether they ever receive money, shelter or goods in exchange for sexual services.

Epidemiology

Sex workers are vulnerable to sexually transmitted infections (STIs), including HIV, because of the following factors:

- Lack of control (e.g., condom use, refusing clients).
- Lifestyle risks, such as violence, substance use and mobility.[1]
- Stigmatization and marginalization.
- Limited economic options.
- Limited access to health, social and legal services.
- Limited access to information about and the means of prevention.
- Gender-related differences and inequalities.
- Sexual abuse and exploitation, including trafficking and child prostitution.
- Legislation and policies affecting the rights of sex workers.
- Mental health problems.
- Incarceration.
- Lack of family and social support.

Because of high rates of partner change, sex workers play an important role in the transmission of STIs. Studies from developed and developing countries have shown increased STI and HIV incidence and prevalence among sex workers.[2–10] Sex workers tend to use condoms less often with regular partners, even though these individuals are often at high risk for STIs and HIV themselves. Adolescents and children who work in the sex trade are especially vulnerable to STIs due to the cellular immaturity of the female vagina and cervix, as well as an inferior ability to negotiate for safer sex and higher risk of violence and abuse.[11]

Prevention and Control

Successful STI/HIV prevention focuses on the promotion of safer sexual behaviour through female and male condom availability and correct usage; improved negotiating skills; and supportive policies and laws.[1–3] Peer education, outreach work, accessible services, advocacy, community development, program coordination and sex worker involvement are all important prevention principles and strategies.[1–3,12–15]

Lubricants have been associated with a reduced risk for STIs.[16] Spermicides such as nonoxynol-9 have been linked to enhanced susceptibility to infection and have not been shown to enhance the protective effect of condoms.[17] Hepatitis B vaccination should be available to sex workers, since they are at increased risk for infection.[18] Hepatitis A vaccination should be available to sex workers at high risk, such as male sex workers who engage in oral-anal contact with male customers.

Evaluation

Sex workers presenting for STI care or a routine medical examination should have an STI/HIV history taken and undergo a physical examination focusing on the genital area, including a speculum exam for women and a throat and rectal exam if indicated.[19] Privacy and confidentiality must be assured. STI/HIV evaluation of sex workers cannot always be performed in ideal clinic conditions; it may need to be adapted to less structured settings, such as mobile clinics. In addition to the standard STI/HIV evaluation, it is important to ask about current or past drug use, whether there is a regular partner and whether there is condom use with both customers and partners.[19]

Specimen Collection and Laboratory Diagnosis

History, examination and setting should determine specimen collection. With counselling and informed consent, sex workers should receive regular laboratory screening for syphilis, HIV infection (unless known to be HIV-positive), gonorrhea, chlamydia, vaginitis/vaginosis and HPV infection (if available).[19] Regular cervical screening for dysplasia and/or HPV infection is important. Persons at risk for hepatitis C should be counselled and tested.

Because of the nature of sex work and the social situation of many sex workers, urine-based laboratory testing, rapid point-of-care testing and self-collected specimens are especially relevant.

Management and Treatment

Sex workers should be able to access standard STI and HIV/AIDS management and treatment recommendations.[20] Curing a single sex worker of gonorrhea can result in fewer secondary cases and reduce the risk of HIV, thereby saving 120 disability-adjusted life years (DALYs) at a cost below US$1 per DALY.[21] Single-dose, oral therapies for STIs should be available to sex workers who are unable to complete a longer course of treatment. Epidemiological or syndromic treatment without a full evaluation or laboratory testing may sometimes be necessary.[1,19]

Education and counselling is a vital component of STI/HIV management for sex workers, as well as for other patients.[1,19] It is especially important that sex workers know how to use condoms, how to negotiate for safer-sex and why they should use condoms with regular partners. Clinicians need to understand the specific circumstances of risk for each patient and develop an individualized risk reduction plan for him/her.

Reporting and Partner Notification

STI/HIV surveillance is important, and accurate and prompt reporting is the basis of effective STI surveillance and case management. Sex workers and other marginalized populations often rely on publicly funded STI/HIV services, so to facilitate case management and cooperation with patient reporting, trust, respect and confidentiality should be emphasized in these situations.

Sex worker partners (both regular and commercial) need to be notified in a confidential manner and offered treatment in the same manner as non–sex workers. The possibility that partner notification may result in violence toward the index sex worker should be explored and mitigated where possible. In this instance, notification by the health department or a health care worker (keeping the identity of the sex worker anonymous) is often preferable.

Follow-up

Sex workers should be encouraged to have a regular monthly STI evaluation.[19]
Children and youth who may have been exploited should be reported to the relevant youth protection agency (see *Sexual Abuse in Peripubertal and Prepubertal Children* chapter). Sex workers with mental health, social service, housing or legal issues need to be referred to appropriate agencies or practitioners.

CANADIAN GUIDELINES ON SEXUALLY TRANSMITTED INFECTIONS (2008 UPDATE)

VI – SPECIFIC POPULATIONS

SEX WORKERS (January 2008)

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AN APPROACH TO ADDRESS STBBI IN CANADA

A Shared Responsibility

The success of the Pan-Canadian STBBI Framework for Action depends on the commitment of all partners and stakeholders working within their respective roles (Annex A). No one sector or government can reduce the health impact of STBBI alone—it will require collaboration to succeed. It is expected that partners across Canada, in various sectors, can identify how and where they can best contribute to these collective efforts, based on local epidemiology and context. Key partners include (among others)people living with HIV and viral hepatitis, **key populations**, governments, communities, civil society, academia and research sectors, the private sector, and health and front-line providers.

KEY POPULATIONS DISPROPORTIONATELY AFFECTED BY STBBI:

- People living with HIV or hepatitis C and related conditions
- Indigenous Peoples
- Gay and bisexual men
- People who use drugs
- Transgender persons
- People with experience in the prison environment
- People from countries where HIV, HBV, and HCV are endemic
- People engaged in the sale, or the purchase of sex

Note: A sex and gender-based lens should be applied to these populations

An Integrated Approach

To reduce the health impact of STBBI in Canada, it is critical to deliver the most effective interventions, tailored to the needs of people at greatest risk for infection in communities where STBBI are most concentrated. STBBI share common risk factors, behaviours for transmission, and common transmission routes; as such, an integrated approach to prevention and control is most effective. At the same time, it is recognized that infection-specific approaches are still appropriate in certain circumstances or communities.