

# Perceived Hazards and Psychoactive Substance use among Sex Workers in Uyo, Nigeria

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## ABSTRACT

This article reports a qualitative interview study on perception of hazards as an explanation for psychoactive substance use among sex workers in Uyo, Nigeria. A purposive sampling method was used to recruit fifty-four (n = 54) commercial sex workers (aged 19-38) as participants for the study. The data was collected through in-depth individual interviews. Inductive and thematic analyses were undertaken on the interview transcripts. Participants reported frequent use of alcohol and other psychoactive substances such as cannabis and heroine, as these substances provided the mental state necessary for the demands and hazards of the business. Besides alcohol, cannabis was the second most widely used substance, consumed at least once daily as it combined important attributes, which include availability, effectiveness, and relative affordability for a “safe high” among the participants. They attributed any physical or psychological impairment observed in any cannabis user as a spiritual attack, as they indicate that cannabis consumed in “moderation” is harmless. Perceived hazards that necessitate being high include being able to defend against bullying coworkers who are out to prey on the weak; being mentally alert to flee law enforcement arrest; escaping suspected ritual-killer clients; and confronting physically violent clients, particularly those who are unwilling to pay for service. Increased frequency in the use of cannabis was shown to be closely related to the nature and severity of perceived threats. The use of psychoactive drugs as a coping strategy among sex workers has become a lived-in experience. Interventionist efforts should therefore be geared towards reducing real and perceived threats in an effort to decrease the use of psychoactive drugs among sex workers.

**Keywords:** Perceived hazards, psychoactive substances, cannabis use

## INTRODUCTION

According to Schifano et al. (2021) all medicines or medications that have the potential to alter a person's perception, mood, cognition, behaviour, or motor function are considered psychoactive substances. This covers booze, smoke, solvents, coffee, cannabis, cocaine, benzodiazepines, palm wine, marijuana or Indian hemp, caffeine (Kola), and ‘paraga’ (an alcoholic herbal mixture) (Bako, Atsaakaa, & Dane, 2020; Alti-Muazuand & Aliyu, 2008). No matter how these chemicals are classified, abusing them can have major negative effects like chronic depression, sexual dysfunction, and psychosis in addition to substantial health risks like disease, injury, and death (Martini et al., 2022; Reichert et al., 2021; Suleiman, Adeyemi & Adeponle, 2006). The abuse of these substances is on the rise worldwide, particularly among young people (Nawi et al., 2021; Pan et al., 2020; Gureje, Degenhardt & Olley, 2007). According to available data,

psychoactive substance use is prevalent throughout Nigeria, with high-risk groups being young people, commercial sex workers (CSW), commercial drivers, and motor park touts (Ugwu, 2023; Bako, Atsaakaa, & Dane, 2020; Gureje et al., 2007). Addicting and dangerous, tobacco (O'Brien et al., 2018). It has over 7000 different chemicals in it, at least 250 of which have been shown to be harmful. These include hydrogen cyanide, carbon monoxide, and ammonia. It also contains at least 69 agents that have been linked to various cancers, including those of the kidneys, lungs, larynx, bladder, oesophagus, pancreas, stomach, and colon, among many other organs (National toxicology program, 2014). According to Hatikami, Stead, and Gupta (2008), tobacco smoking continues to be a major preventable cause of mortality in the United States, accounting for about 430,000 deaths annually. Alcohol and drug use have been linked to an increased risk of traffic accidents (Pasnin & Gjerde, 2021; Schumann et al., 2021; Valen et al., 2019). Psychoactive substance use reduces one's ability to drive and is linked to a higher risk of crime, violence, and unsafe sexual behaviour (Erickson & Vorwerk, 2022; Bako, Atsaakaa & Dane, 2022; Proctor, 2012).

The majority of social policies regarding sex work have concentrated on controlling “immoral or loose women” and isolating social groups (Doezema, 2000; Nelson, 2012). These laws have typically been motivated by moral panics centred on a medical model that views sex workers as both women in need of obligatory rehabilitation and as potential sources of infection (Nelson, 2012). The 1980s saw the rise of HIV/AIDS, one of the most dangerous pandemics in modern history and unquestionably the most dangerous of those related to sexuality, which has had a profound impact on social policies around sex work (Evans, Jana & Lambert, 2010). The pandemic's huge impacts on population, health, and development led to widespread concern about the need to contain the outbreak (Meier & Sirleaf, 2023). Sex workers started to be the centre of attention when attempts to contain the pandemic focused on high-risk groups. This policy's unexpected result was to increase social stigma and the susceptibility of sex workers, which increased the risk of disease transmission.

Due to the pharmacological characteristics of drugs that might impair sex workers' judgement, self-control, and capacity for safe sex, having sex while under the influence of drugs is always dangerous (Amogne, 2021). For instance, research carried out in the 1980s by Stall and his colleagues (Stall et al., 1986; Stall & Ostrow, 1989) revealed a high correlation between noncompliance with “safe sex” guidelines meant to reduce HIV/AIDS risk and alcohol and illicit drug use during sexual activity. Similarly, recent research has recorded the personal experiences of sex workers regarding the negative effects of drug usage (Stadler & Delany, 2006). The convergence of social and cultural patterns, particularly those pertaining to leisure and sociability, is responsible for many of the links that exist between alcohol, other drugs, and sexual activity (Nelson, 2012). According to research by Diura-Vere, Mokgatle, and Oguntibeju (2023), there is a direct link between abstaining from “safe sex” practices—which aim to reduce HIV/AIDS risk—and using alcohol or illegal drugs during sexual activity. It has been demonstrated that drug usage is a component of the prostitution culture, driven by the industry's economic incentive and sensitive to the interpersonal dynamics between sex workers and their clients.

Theoretically, the Self-Medication Hypothesis (SMH) is a relevant theory. This hypothesis suggests that individuals may use psychoactive substances as a way to cope with or alleviate stress, anxiety, or perceived hazards associated with their environment or occupation (Khantzian, 1985). In the context of sex workers, the stressful and hazardous nature of their work environment may lead them to use substances as a form of self-medication to manage the psychological and physical challenges they face (Mateu-Gelabert et al., 2015). The temporary relief these substances provide can make them seem like an effective solution to the stressors sex workers face. However, as the SMH suggests, this coping mechanism is unsustainable in the long term. Continued substance use can lead to addiction, which adds another layer of vulnerability to an already marginalized population. This can exacerbate the risks sex workers face, making it even harder for them to escape the cycle of substance use and the dangers associated with their work.

However, there is a lack of knowledge about the burden of substance use and people's perceptions of the

risks to their health and safety. The results of this research will furnish pertinent stakeholders, such as governmental agencies such as the NDLEA and non-governmental organisations, with proof about the inherent risk associated with the use of psychoactive substances. These stakeholders will be involved in the formulation of awareness and policy. The purpose of this study was to ascertain the prevalence of substance use, as well as the perception of substance use and its effects on safety and health among sex workers in Uyo, Akwa Ibom State, Nigeria.

## METHODS

Fieldwork for the study described here was conducted in Uyo, the capital of Akwa Ibom State, Nigeria. Uyo is considered the one of the commercialized Local Government Council in Nigeria, which many occupies many people from different states. The town lies between latitudes 5<sup>0</sup> 2 North and longitudes 7<sup>0</sup> 55<sup>0</sup> E, and has an estimated population of 427,873 persons (NPC, 2006). Uyo is geographically bounded on the East by Uruan Local Government Area, on the west by Abak Local Government Area, Ikono, Ibiono Ibom and Itu Local Government Areas on the North as well as Nsit Ibom, Etinan and Ibesikpo Asutan Local Government Areas on its southern axis. in Akwa Ibom State, and Aba and Calabar in Abia and Cross River State respectively. For over 3 months, the research team conducted in-depth interviews and Focus Group Discussions (FGDs) with 54 female sex workers operating in brothels around the community. The interviews and group discussions focused on drug use in sex work, the factors motivating sex workers to use drugs and the perceived effects of drug use on their lives, health and work. The participating sex workers were recruited through a systematic sampling procedure that involved the identification and enumeration of all brothels in the research community with the help of the brothel operators. Murphy and Venkatesh's (2006) definition of a brothel as 'an indoor location, often a house, in which women sell and commit sexual act for sale within the house' guided the identification and enumeration process. A sampling frame was constructed from the enumeration result, and every fifth brothel on the sampling frame was selected and the brothel managers were contacted and their permission sought to interview a pre-determined number of sex workers in their brothels. All interviews and group discussions were tape recorded and transcribed. A textual analysis was used to identify common themes running through the data. A few samples of the responses are quoted verbatim to support the discussion of findings.

## RESULTS

### Psychoactive Substance Use and the Realities of Sex Work

According to data, a lot of sex workers take alcohol and other drugs for relaxation and recreation when they are with clients. This finding is not new in a certain sense. Numerous investigations have revealed that female sex workers around the world utilise a range of psychoactive substances (e.g Nunes Bittencourt et al., 2023; Marik et al., 2022; Nelson, 2012; Malta et. al., 2008; Goodyear, 2009). However, the present study provides new and interesting dimensions to the phenomenon of drug use among female sex workers, particularly because a considerable amount of time was devoted to the exploration of the subject during personal interviews and group discussions with the participating sex workers. It is interesting to note that throughout the interviews, the sex workers spoke candidly and in-depth about their drug use. Eighty-five percent of the sex workers surveyed admitted to using psychoactive substances. A significant percentage of them (54%) reported eating more during the week before to the interview. This shows that there is a reasonable amount of substance use among sex workers, which is supported by earlier research. Alcoholic beverages of many kinds, including lager beer, stouts, spirits, and palm wine, are consumed by sex workers. In addition, they smoke cocaine, heroin, marijuana, and cigarettes. The most popular alcoholic drinks among prostitutes are stout and lager beers, and the most popular hard substance is cigarettes. Most of the time, clients cover the cost of the sex workers' drinks and cigarettes. Other times, these drugs are bought by

sex workers using their own money. Sex workers see this as a chance to maximise the amount of money they take from their clients when it comes at their expense, so they take as much as they can. During our interviews, many of the prostitutes revealed to us that when their clients are ready to pay, they typically order a lot of cigarettes and alcohol.

Thus, drug use stems in part from the availability of these substances at no cost to sex workers. This process often leads to drug dependence and harm. The use of alcoholic beverages and chemical substances among female sex workers in the study is predicated on a number of factors, which together constitute the socio-cultural determinants of drug use in sex work. A great deal of time was spent during interviews in teasing out sex workers' views of the factors encouraging the use of drugs among them. Sex workers generally observed that drug use was an integral part of their work, and that it was nearly impossible for a sex worker not to use alcohol and/or drugs. In the words of one of the sex workers, "we drink and smoke a lot... it is just part of it. If you do the kind of work we do, there is no way you will not drink or smoke". Other sex workers expressed similar views to the effect that alcohol and drug use is part of their occupational culture. It was also observed that new entrants into the occupation quickly learn to drink and smoke as a way of integrating into the culture. As an aspect of the culture of prostitution, substance abuse may be understood as a marker of group identity and solidarity. The participating sex workers observed that drinking and smoking is what makes one a 'real' sex worker. They noted that if you don't drink or smoke, clients will treat you as a novice and may attempt to take you for granted. But those who drink and smoke are often feared by clients, who will suppose that they are experienced, savvy and potentially dangerous. Sex workers told us that most clients like of sex workers who drink heavily and smoke as men. Clients are also carefully in dealing with sex workers who use drugs for fear that they can be violent. In the words of a sex worker, "when a man who wants to take you home sees you drinking and smoking, he will fear you... he will say 'I have to be careful with this one o!'" Thus, drug use becomes a way of stemming the risk of client violence against sex workers, including rape, refusal to pay for sex, extortion and physical abuse. The potential function of drug use in dealing with risk of violence, for instance by toughening sex workers against abuses and victimization, provides a strong motivation for drug abuse leading to drug dependence among sex workers. The following comment puts this point in proper perspective:

*"You must smoke, drink, and have common sense. You cannot be weak in this task and hope to get by. You have to be resilient. It is your responsibility to advocate for yourself, as no one else will do it on your behalf. Because most women lack natural strength, many of us need to drink a lot to get bravery so that we can defend ourselves when a male does anything humorous." (IDI/Respondents #19/UYO/2024).*

Data from interviews shows that coping mechanisms such as alcohol and drugs are used to deal with the stress of working in the sex industry. Most sex workers saw the industry as dangerous and stressful, with serious risks to their mental and emotional well-being. The sex workers listed several negative effects of commercial sex, such as persistent low self-esteem, lack of confidence, guilt and self-condemnation, frequent intimidation by male clients and law enforcement, and the possibility of rejection from friends and family if their status as sex workers is discovered. In fact, according to some sex workers (46%) emotional dangers can be much more harmful than other types of risks. One of the sex workers said during an interview, "If you get HIV now, you can just go on knowing that the worst that can happen is that you will die...but to lose your respect as a human being is terrible." The difficulty of hiding their true identity from their relationships, physical hazards like violence from clients, pimps, and police officers, and rejection and ostracism from friends and family are additional elements that make their employment emotionally draining.

Some sex workers reported that they frequently drink extensively in an attempt to ignore their frustrations, concerns, and issues. The emotional trauma associated with sex work seems to stimulate the use of drugs among sex workers. The implication is that drugs and alcohol give them a way out of the ups and downs of their lives. As one of the sex workers put it, "you drink to forget your problems... you know it is trouble

that dragged most of us into this work. This work itself is full of problem, so you must find a way to cope.” Drug use, particularly alcohol consumption, also helps sex workers deal with the stigma associated with their identity as sex workers.

Most people view sex workers as promiscuous or loose women, carriers of infectious illnesses, and dangers to the welfare and health of the broader public. Other people in the community frequently regard them with disdain. Sex workers’ life is greatly negatively impacted by these stereotypes, especially their mental and emotional well-being. One reason why the majority of sex workers turn to alcohol and drugs as a coping mechanism is that, according to their own admission, they struggle with these negative societal perceptions in their daily lives. The momentary sense of invincibility that comes with being intoxicated offers sex workers a brief reprieve from these perceptions and public vilification, which further fuels their addiction to these substances. The following comment by one of the sex workers we interviewed captures this trajectory:

*“Most of our women,” in reference to sex workers, smoke and drink excessively. I understand that when others treat you like the worst sinner, you have to find a way to feel like you matter. I mean, I drink and smoke too. It’s common for your thoughts to criticise you harshly at times. however, you feel normal after drinking and getting high. We manage to survive in this line of business (IDI/Respondents #27/ UYO/2024).*

This statement, which is representative of the opinions held by the sex workers who were interviewed, also raises the possibility that alcohol and drugs are used by sex workers as a coping mechanism for negative self-image in addition to helping them manage unfavourable public perception. It gives them a brief reprieve from their consciences’ condemnation. Drugs and alcohol may also be used as an aphrodisiac in the sex industry, when sex workers utilise them to pique customers’ sexual desire before engaging in sexual activity. As a result, consuming drugs becomes a coping mechanism for threats encountered in both the internal and exterior worlds. The majority of sex workers who responded to our study (58%) said that smoking and alcohol both boost their libido. They also found that consuming large amounts of alcohol prior to engaging in sexual activity with customers prolongs the orgasm, causing the episode to linger longer than usual. This is a stark contrast to what their clientele appears to be interested in, as they typically desire long-lasting, really enjoyable sex. In this sense, drugs and alcohol turn into performance enhancers that assist prostitutes draw in and keep customers, deliver appealing sexual services, and optimise revenue from their profession.

### **Use of Psychoactive Substances and Sexual Health Hazards**

The problems associated with alcohol and drug misuse, particularly those linked to sexual health, were well known to the prostitutes. Their testimonies imply an understanding of the manner in which abusing drugs and alcohol exposes them to risks related to their sexual health. For treatments aimed at sex workers, these tales are crucial. They highlight entry sites for interventions aimed at minimising the harm caused by drug usage among sex workers, among other things. In this regard, the belief held by sex workers that drinking alcohol impairs their capacity to negotiate safer sex with their clients is particularly notable. According to the majority of sex workers (89%) wearing condoms during sex with clients is the most reliable way to avoid contracting STIs, including HIV/AIDS. They also maintained that, as a matter of policy, they typically require their clients to wear condoms before agreeing to have sex. They acknowledged that because they trust their frequent partners (or girlfriends), they occasionally have sex without using a condom, but they also stated that insisting on using condoms was usual procedure at work. “There are no two ways about it... if you don’t wear condom, I am not interested,” one of the sex workers observed. Another sex worker expounded on this idea as follows:

*“Any girl who sleeps with a man who is not wearing a condom is a fool,” the statement refers to sex workers. How many women has he slept with; do you know? Are you aware if he has a potentially fatal illness? Even if it’s HIV, he will still transfer it to you. This work does not involve taking chances. Before you consent to doing it (having sex with the man), you have to make sure he is using a condom. You should*

*just go if he won't cooperate. More valuable than any sum of money he could offer is your life (IDI/Participants #15/UYO/2024).*

The no-condom-no-sex policy is, however, undermined by the use of drugs. The use of drugs prevents sex workers from observing the rule of condom use consistently with their clients. In their different narratives, sex workers told us that whenever they come under the influence of alcohol and/or hard drugs, they lose control over their body. This allows their clients, most of whom prefer sex without condom, to have their way with them. Under the influence of alcohol or drugs, sex workers are at risk not only of unprotected sex with clients, but also of gang rape, abduction and ritual murder. But unprotected sex is the most common risk sex workers face when they abuse alcohol and/or drugs, and many of them narrated incidences where they were victims of unprotected sex when they got drunk or used drugs. The following is a typical example of such narratives:

*After I trailed this young man outside. He bought beverages for the two of us and led me to a drinking establishment. I drank a lot until I was inebriated. I was unable to even stroll to the vehicle. I'm not sure what he did with me after he carried me home. I asked him if he used a condom when I woke up the next day. He was sincere when he told me, "No." I was afraid that I had contracted a sexually transmitted infection. Later on, I discovered that nothing had occurred to me (IDI/Respondents #17/UYO/2024).*

Apart from the risk of unprotected sex with clients, and attendant risk of infection with STIs, the use of drugs also predisposes sex workers to violence with the attendant risk of bodily harm and physical injuries. Drug using sex workers are prone to fighting and physical violence. According to the sex workers, in some cases the fights involve the use of harmful instruments such as broken bottles, daggers and razor blades, which leads them to inflict bodily harms on each other. "Drinking causes a lot of fight between us", said one sex worker, who also pointed out that, "sometime the fights result in serious physical injuries that may make the police come to arrest us".

## DISCUSSION

Sex work has been a subject of academic research and policy debate for over three decades, beginning from the emergence of HIV/AIDS in the late 1980s. Both research findings and policy discussions acknowledge sex work as a major public health problem and a threat to human well-being and societal development. Sex work has also been blamed for the rapid spread of HIV/AIDS and other sexually transmitted infections in many African societies. Informed by this construction of sex work, public policy has often criminalized sex work and sex workers have been subjected to violence and harassment by law enforcement agents, and by their pimps and clients who, taking advantage of the illegal status of sex work, exploit sex workers. Where it receives a more humanitarian perception, the tendency has been to treat sex workers as morally debased persons who should be protected from the hazards of sex work.

Health and welfare programmes targeting sex workers have tended to focus on minimizing the likelihood of involvement in risky sexual practices among female sex workers. Such programmes have, however, been handicapped by the absence of the views and perspectives of sex workers on the socio-cultural realities that impacts negatively on their lives and work. In view of the relativity of health concepts, and in line with the need to involve grassroots perspectives in policy decisions, this study seeks to voice the perspectives of sex workers on the cultural realities of sex work and the factors that dispose them towards negative sexual health outcomes by focusing on their accounts of drug use in sex work.

Sex workers in this study spoke of the prevalence of drug use in their work. Drug use is a normative element in the social organization of sex work. It is a learned behaviour that sex workers are expected to assimilate as part of their socialization into the occupational culture. This underscores the cultural factor in drug use in the sex industry. As in other sociocultural contexts of drug use, the use of drugs among sex workers

responds to the socio-cultural realities of sex work, including normative expectations of relaxing with and/or entertaining clients and the construction of 'professional identity' of the sex worker. Drug use also serve the ritualized function of initiation into the occupational culture, defining social identity and establishing group boundaries. Studies have demonstrated the functional role of, for instance, alcohol use in many forms of sociability (Creswell, 2021; Amaro et al., 2021; Partanen, 1991 as cited in Nelson, 2012), and their social and ritualized functions in specific contexts (Grønkjær et al., 2020; Pawson & Kelly, 2022; Sulkuinen, 2002). The current study reveals that drug use forms part of the social organization of the sex industry.

Sex workers also commented on the motivation behind their use of drugs. Their accounts suggest a coalescence of both the motivation for and the functionality of drug use within the occupational culture. In the sex work culture, drugs serve two main (ritualized) functions; dealing with the negative effects of sex work and enhancing role performance. Drugs serve as cultural mechanisms enabling sex workers to cope with threats arising from the sociocultural context within which they work, and their location in the social structure. Their use of intoxication in combating societal stereotypes and safety threats buttresses the view that drinking comportment is not a result of the properties of drugs, but is socially produced through the imposition of meaning by human agents. It also enables them to deal with the risks in their work through a discourse that links drug use with toughness, invincibility and capacity for violence.

Beyond coping with the hazards of their work, the use of drugs in enhancing role performance through substance abuse is also noteworthy. As a hard drug, tobacco is generally regarded as a stimulant (Abdel Rahman et al., 2022; Rahman et al., 2022; Obot, 2002 as cited in Nelson, 2012). Sex workers leverage on the stimulation which the smoking of tobacco provides to enhance sexual performance and to satisfy the desires of their clients. In this way, drugs serve aphrodisiac purposes enabling sex workers to serve more clients and to maximize financial gains from sexual services. This indicates that drug abuse is deeply embedded in the sexual economy, since sex workers rely on it to engage clients, enhance performance and optimize gains.

Drugs, however, occupy an ambiguous position in sex work. The ambiguity lies in the fact that while it is appropriated, both in discourse and practice, as modalities for coping with the vicissitudes of the occupation and for enhancing performance in the economy of sex work, abuse of drugs also foment risks in sex work, particularly the risk of infection with STIs such as HIV/AIDS (Mowlabocus et al., 2023; Nelson, 2012). There is also evidence of a significant level of awareness of the sexual health risks associated with drug use, including risks of unprotected sex, rape and violence, in the data presented above. But the most important insight arising from the findings is how sex workers themselves link drug use and negative sexual health outcomes; they recognize the capacity of drugs to compromise their ability to negotiate safer sex with their clients. Sex workers accounts buttress the fact that the pharmacological properties of drugs can (and does) handicap their judgment, undermine their self-control and predispose them to unprotected sex. Given the fact that unprotected sexual intercourse is the major route of transmission of HIV, sex workers in this situation are at grave risk of infection with HIV, as well as other STIs. As the sex workers reported having sex under the influence of drugs, it stands to reason that unprotected sex is a fact, despite their pretensions to the contrary. All these factors support the view that sex workers are a high risk group for STIs and HIV/AIDS (Llangarí-Arizo et al., 2021; Tounkara et al., 2020; Caldwell, 1995; Outwater et al., 2001; Perkins & Gary, 2003 inter alia), hence the need for laboratory tests to enable them ascertain their status and be guided in their efforts to guarantee their sexual health and well-being.

## CONCLUSION

This study examined the perception of hazards as an explanation for psychoactive substance use among sex workers in Uyo, Nigeria, shows that drug use is an integral part of the occupational lifestyle of sex work and occupies an ambiguous position in the lives of sex workers. On the one hand, it provides a means for dealing

with threats to their lives and work, enhancing role performance and maximizing benefits from the sexual economy. On the other hand, it increases the vulnerability of sex workers to negative sexual health outcomes. Drug use in sex work may, therefore, be understood as ‘ritual’, a practice that encodes the ambiguity of pain and pleasure which characterizes sex work. The discourse that recasts drugs as ‘functional’ is popular among sex workers because it enables them to impose control and meaning on their harried existence. Therefore, implementing comprehensive education and awareness campaigns that inform sex workers about the risks associated with psychoactive substance use, including the impact on their health and safety becomes very essential. These campaigns should emphasize harm reduction strategies and promote healthier coping mechanisms for managing work-related stress.

In addition, encouraging and supporting the development of alternative, non-substance-based coping mechanisms for sex workers is also necessary if this issue is to be alleviated. This can include providing access to mental health services, stress management workshops, and peer support groups that offer safe spaces for discussing work-related challenges.

Moreso, policies should address the underlying factors that contribute to substance use among sex workers, such as poverty, lack of access to healthcare, and social stigma. Efforts should be made to improve the socio-economic conditions of sex workers by providing vocational training, alternative employment opportunities, and ensuring access to basic healthcare and social services.

Social policy addressing the sexual health vulnerabilities of sex workers should make efforts to reduce alcohol and drug abuse, thereby alleviating the likelihood of dependence and harm. This may be achieved by focusing on the realities of the commercial sex occupation and the discourses and practices that encourage drug use among sex workers

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## CONFLICT OF INTEREST DECLARATION

The author (s) declared no conflict of the interest in the study.

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