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Street Business: The links between sex and drug markets

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Foreword

Sex and drugs markets have serious costs for the community, particularly in terms of public disorder, public health and the vulnerability of those involved, especially minors. An earlier PRG report found that a significant minority of those who bought drugs in open markets were engaged in sex work. This report builds on this by examining the links in more detail and the scope for, and value in, tackling drug markets through preventive strategies aimed at sex markets.

The report describes three areas where drugs markets co-exist with sex markets. It suggests that a properly co-ordinated strategic approach to the problem should combine enforcement with primary and secondary prevention aimed at preventing young people from becoming involved in sex work in the first place, and enabling those in it to leave. A particularly important recommendation is the need for the police to work together with other agencies, particularly health, to provide specialist services for drug-using sex workers. This report should be of great value to those developing strategies to tackle the social problems that emanate from and also those which fuel sex and drugs markets.

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Studies of this nature can only be made possible through the commitment of many individuals. To preserve the anonymity of the sites, however, the many agencies that gave us help have to remain nameless.

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Executive summary

In an earlier study we found that a significant minority of those who bought drugs in street drug markets were engaged in sex work. This study has examined in more detail the links between drug and sex markets, and the scope for, and value in, tackling drug markets through preventive strategies aimed at sex markets.

Case studies of drug and sex markets

The study involved three detailed case studies of areas in which open or semi-open drug markets co-existed with a street-based sex market. (Open markets are ones where there are no barriers to access; they usually operate in fixed sites at defined times. In closed markets, access is limited to known and trusted participants.) A picture of each area was built up using interviews with street workers themselves, those involved in off-street sex work, police officers, drug workers and those providing advice and outreach services for sex workers. Many of the interviews took place around the site, providing the researchers with extensive opportunity to get to know the area in depth. The names of the sites of these markets have been anonymised in this report by using fictitious place names.

The closeness of the links between the two sorts of market varied between sites. At the time of field work, Midtown's sex market made only a small contribution to the viability of the drug market. Sex workers comprised only a small proportion of Midtown's drug buyers; only a minority of sex workers used drugs with their clients or introduced their clients to sellers; and sex workers did not appear to be involved in the distribution of drugs. However, there were signs that a more open market in crack-cocaine (crack) was developing, and that the sex market was stimulating this development.

Oldport showed a closer degree of integration. Sex workers constituted a significant minority of drug market customers, and were amongst the biggest spenders. They tended to use drugs with clients, to sell them drugs or buy on their behalf. They often accepted drugs as payment for sex. They played a much more active role than in Midtown in introducing buyers to sellers. The drug market comprised a closed market in a static site, surrounded by semi-open street dealing. The sex market appeared to play a significant part in sustaining the semi-open market, but was less significant in ensuring the viability of the closed market.

In City Way the structure of the drug market was more complex. The drug market had different tiers: a visible open drug market selling poor quality drugs to buyers who were ill-informed, inexperienced or desperate; and a smaller, more closed, market staffed by the same people, selling better quality drugs to known buyers. Sex

workers played an important part in sustaining the closed market by virtue of their buying power; and they played an integral part in the operation of the open market. They bought for clients, and used with clients; they carried drugs for sellers; they played an important role in introducing buyers and sellers and often themselves sold drugs.

A theme emerging in all three sites was the linkages between sex markets and semi-open crack markets. Crack is a drug which facilitates sex work, and the ease with which sex workers can raise money means that they are ideal clients for crack markets. Even where the two market systems appear to be only loosely linked, the arrival of crack may provide a trigger for closer integration.

Preventive options

Whilst social policy towards sex work has always been heavily infused with moral arguments, three sets of more specific concerns have shaped the detail of legislation:

- public order;
- public health; and
- protection of the vulnerable, especially minors.

This study points clearly to the legitimacy of all three concerns. It suggests that sex markets can play a significant role in the development of drug markets (and vice versa). Where this occurs, the threats posed by drug markets to public order, public health and to vulnerable individuals intensify. We have interviewed a large number of young people who routinely sell sex for the price of a rock of crack. Half started sex work whilst still minors. Over half graduated to sex work from being 'looked after' by the local authority in residential homes or fostering. Their work routinely puts them at risk of rape, assault and robbery. There are health risks for drug dependent sex workers, their clients and in turn their partners. Their drug use supports a drug market that imposes serious costs on the community.

The levels of harm which can flow from integrated drug and sex markets are such as to demand a properly co-ordinated strategy which includes:

- primary prevention – designed to avoid the involvement of at-risk groups in sex work;
- secondary prevention – to help those engaged in sex work to 'retire early'; and,
- harm reduction – to ensure that sex markets take the least socially harmful shape.

All three elements of such a strategy make demands on the police – in identifying at-risk individuals, in facilitating access to appropriate treatment services, and to design enforcement strategies which reduce demand for, and supply of, sexual services in socially harmful settings.

Promising approaches include:

- early warning systems and intensive casework for those at risk of involvement in sex work;
- police liaison officers with responsibility for ensuring co-ordination with specialist support services for drug-dependent sex workers;
- arrest referral schemes tailored for this clientele;
- enhancing police powers against kerb-crawling;
- situational strategies to reduce the "user friendliness" of street sex markets for participants;
- enforcement strategies that tolerate "high risk" sex markets less than "safer" off-street ones;
- harm-reduction strategies for those who remain involved in sex work.

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1. Introduction

This report looks at links between drug and sex markets. It examines the scope for, and value in, tackling the former through preventive strategies aimed at the latter. In doing so, we have taken for granted that open drug markets constitute a social problem which demands attention. They form a significant part of the distribution process for illicit drugs, particularly drugs of dependence. Leaving aside the simple fact of the illegality of buying and selling controlled drugs, there are three main sorts of social harm associated with drug markets:

- the poor health, unemployment and other social problems associated with problem drug use;
- acquisitive crime committed to support purchases in drug markets; and
- the 'collateral damage' suffered by communities within which drug markets are located – the downward spiral of crime, fear of crime and disinvestment which markets can precipitate.

In the course of an earlier study (Edmunds et al., 1996) we noted that a significant minority of those who bought drugs in open markets were engaged in sex work. They also tended to be big spenders. The study reported here examines in more detail the extent to which this group can keep drug markets buoyant, and the scope for tackling drug markets through preventive action focused on sex markets.

Research methods [1]

The study involved three case studies of areas in which open drug markets co-existed with sex markets. Sites were selected to represent a range of market types and different styles of policing. The sites have been anonymised to avoid any risk that this report should consolidate their reputations as areas where drug and sex markets operate.

We interviewed a sample of 67 sex workers who had recent experience of Class A drug use, as well as drugs workers and police officers. We initially asked drug services and agencies providing support for sex workers to find suitable respondents, who then put us in touch with others. Interviews took place in agencies and various other settings including a prison, a hospital, a women's refuge, a mother and baby unit, a secure hostel, a primary health care unit and in semi-public locations. The interview schedules for each group combined structured and semi-structured questions. We supplemented the formal interviews with a focus group of ten sex workers conducted in one of the sites.

We carried out formal interviews with 30 police sergeants and constables and informal interviews with six senior officers. In-depth interviews were conducted with agency workers in all three sites. Prior to interviewing, guidelines were

[1] *Details of the methodology, including the survey instrument and the personal protection guidelines, are available on request from the authors at South Bank University.*

established to minimise personal risks to researchers. A formal site assessment was conducted in all areas. In one case this was conducted with an experienced sex worker. All fieldwork was carried out between August 1997 and January 1998. We assembled the following statistics for each area:

- drug agency statistics on number of individual contacts;
- professional best-guesses for number of workers and drug users in each area;
- police statistics for soliciting, drug offences and, where available, kerb-crawling; and,
- Regional Health Authority drug misuse database figures.

Terminology

We use the term 'sex work' to refer to prostitution, and 'sex worker' to refer to those engaged in prostitution. Some may regard this as mere political correctness. We think that it is worth using terms which are free of the – complex – connotations of 'prostitution' and thus help develop a fresh perspective on the issues[2]. We refer frequently to open, semi-open and closed drug markets. Open markets are ones where there are no barriers to access; they usually operate in fixed sites at defined times. In closed markets, access is limited to known and trusted participants. Semi-open markets occupy the middle ground between these extremes; for example, a buyer whose face was not known would be able to make a purchase only if he or she had the right appearance and personal style (see Edmunds et al., 1997, for a fuller discussion).

[2] *Those who cannot accept this argument should ask themselves why they feel more comfortable with a term which would certainly not have been regarded as plain English when it finally managed to displace its Anglo-Saxon predecessor, 'whoring', in the nineteenth century.*

Structure of the report

Section 2 discusses the organisation of street sex work, and presents a profile of our respondents, who were largely street workers. Section 3 presents the three case studies, and examines the links between drug and sex markets. Section 4 offers an analysis of preventive options.

2. The organisation of sex work

Sex work or prostitution is the performance of sexual acts solely for material gain. Sex work itself is legal in Britain (in contrast to most states in the US), but soliciting and procuring are not; and it is illegal to earn money by managing sex workers.

Types of sex market

Sex is sold in varying types of markets and in examining these it is worth focusing on three dimensions on which variation occurs. First, sex work is differentiated from other forms of sexual relationship by the degree to which the *contractual nature* of the activity is made explicit. Plenty of sexual partners have implicit expectations or contracts about obligations and rewards, and the latter may involve material reward. It is only when the contract becomes overt and specific that the activity is regarded by the law as 'prostitution'.

Secondly, there are different means by which buyer locates seller, which tend to define the geography of the market. The main methods are:

- meeting face-to-face on the street or kerb-crawling – usually in 'red light' areas;
- visiting brothels or working flats;
- responding to a card left in a public phone box or other such locations;
- responding to small-ads in local newspapers;
- calling an escort agency or visiting a hostess club; and,
- visiting massage parlours and saunas.

All except the first of these involves off-street trade. There is restricted mobility between types of sex market (c.f. Benson and Matthews, 1995). Ethnographic studies have tended to find that street workers value the flexibility of street markets, though it is equally likely that they lack the access to other safer and potentially more lucrative market systems. Those working off-street tend to regard themselves as better organised, more mature and reliable than those working from the street.

Finally, there are different ways in which sex work is organised and managed. Historically, concern about coercion and exploitation of women by pimps has been one of the factors underlying the legislation relating to sex work. The extent to which sex work is managed by pimps is unclear; indeed the nature of the relationship between pimp and sex worker can range from the coercive and exploitative to the supportive and co-operative. There is no evidence to suggest that it is the norm for street workers to be managed by pimps; if anything, the reverse is true for adult sex workers[3]. Off-street markets are managed in a variety of

[3] *At the time of writing, we are engaged in a further study to address this issue.*

ways: some sex workers are – to all intents and purposes – employees; others pay a rental or a percentage to those who provide premises or other means of meeting clients; others are self-employed and autonomous, themselves paying helpers such as maids and carders (who distribute cards in places such as phone kiosks).

Trends in sex markets

An audit of sex work in Greater London (Matthews, 1997) established a number of trends that have shifted the nature and organisation of the sex industry. Matthews describes a steady reduction in street-level work, due to local community pressures, police activity and a growing consciousness of the dangers involved. He estimated that there were around 600 active street workers in London, with around 100 working the streets on any one night – a surprisingly low figure. A substantial percentage of all the workers are 'away day' women, who come to London because it may be harder to work in their home town. The study also points to an increase in off-street trade, arising independently from the changes stated above, with the total number of active workers in London approaching 5,000.

Becoming a sex worker – entry into the trade

Sex work can be highly lucrative; but there are also significant dangers and it can be heavily stigmatised. Not surprisingly, there are differing perspectives on sex workers – as rational 'operators', as victims of circumstances, and as victims enslaved by pimps or drug dependence.

Viewing sex workers as rational decision-makers in the face of poverty or other forms of social inequality is supported by various studies, especially concerning workers who operate from off-street locations (c.f. McLeod, 1982; O'Neill, 1997). Women have been known to enter sex working to earn money for mortgages, or to supplement low incomes, social security benefits or student grants. Women may thus choose to enter sex work as a response to limited conventional opportunities.

There is also plenty of evidence to suggest that for some, entry into sex work is a consequence of personal problems. O'Neill (1997) has established the links between disrupted and chaotic parenting and entry into sex work. She suggests that disproportionate numbers of sex workers had been in local authority care; and that the culture of 'care' institutions combined with lack of education, instability, low self-confidence and self-esteem placed children at risk. Faugier and Cranfield (1994) reported findings that many sex workers of both sexes had been sexually abused as children. Abuse took place within and outside the home and in care. Foster (1991) reached similar conclusions in relation to young male sex workers.

Some sex workers are undoubtedly coerced into the business, on occasion with considerable cruelty and brutality, and with tragic consequences (c.f. Ivison, 1996; Barnardos, 1998). The extent to which this occurs, however, is unknown. Hoigard and Finstad (1992) found that sex workers' relationships with men vary and often fail to fit into the stereotypical image of a violent, exploitative power relationship.

The co-existence of sex working and drug misuse has been well documented, even if the causal relationship is elusive and hard to demonstrate. Various studies have shown that problem drug users engage in sex work. Rhodes et al. (1993) found 14% of injecting drug users in London were involved in sex working and 22% in Glasgow. Plant (1997) in a review of sex work and drugs concluded that street sex markets were well suited to the needs of dependent drug users; the off-street sex trade was seen as less compatible with drug use.

Similarly, studies have shown many sex workers are problem drug users. In London, Ward et al. (1993) found 10% of their sample of women working in a variety of locations, were current or past injecting drug users. Benson and Matthews (1995) reported 20% of their sample of women were current drug users and 40% had injected drugs at some time. McKeganey and Barnard (1996) in the first year of their study in Glasgow, found 72% of sex workers were injecting drug users. This relatively high figure is in part due to their concentration on street sex work. Parker and Bottomley (1996) reported that 11 of their female sample (23) funded their drug use through sex work, and sex workers as a sub-group within the study tended to have the largest drug spend. The majority of studies report higher levels of injecting drug use at street level than in off-street locations (Scambler and Scambler, 1995).

Mandy: a case study

We interviewed Mandy in depth because she had a long sex working career and was familiar with all three sites. We have included this thumbnail sketch because it illustrates many features of the lifestyle of drug-dependent sex workers. We do not offer it as a typical life history, however.

At the time of interview, Mandy was a single woman of 33 who had been sex working for 18 years. She began her career at the age of 15, a year after she had been placed in local authority care. Her parents had just split up and her mother could not cope with four children. Mandy met and stayed with an older woman who introduced her to sex working. On her first night out she was arrested by the police, gave false details and lied about her age. She was cautioned and released. After discovering she had lied the vice squad turned up on Mandy's doorstep. No formal action was taken and she promised not to go out again. She returned to work that night.

In an attempt to avoid Social Services, Mandy moved city and started to work out of her area. She met an older man and, still aged 15, became the breadwinner for them both. She did not describe this man as a pimp. At the age of 16, Mandy's care order officially ceased. She returned to her home city. Her mother had been imprisoned, and her younger brother needed looking after. She managed to secure a council property. For three years Mandy worked the streets at night and cared for her brother – again evading Social Services; "I was just living as a prostitute – or as a person doing prostitution to live.... I was doing it to live a normal life".

At 19 Mandy met a man 13 years her senior and again moved city. She was still working the streets and again providing for her partner. A year later she moved again, split up with her partner and met a new man. It was this man who first introduced Mandy to cocaine. Soon after her introduction Mandy began to freebase, with her use becoming more and more frequent. She returned home after she admitted to herself that she was becoming dependent on the drug. She moved city again, intending to leave cocaine behind. But she soon met up with old friends and continued smoking. Mandy was spending £1,400 per week on crack and paying for her partner's habit. She worked throughout the day and night to pay off the previous night's debt, buying more crack on credit. Her crack use began to cause her extreme paranoia but she still continued. Mandy carried on working and using for another couple of years. She had, however, lost a lot of weight, her health had declined and she had become involved in a violent relationship. Her life consisted of sex working, crack, violence, and being arrested and raided. At the age of 32 Mandy decided that crack was killing her and that she had to stop.

At the time of interview, Mandy had found that stimulant services offering a specialist counsellor for sex working were few and far between. She had accessed two agencies but felt that the only thing they could do was chat. She believed that her use had (almost) ceased due to her own perseverance, but felt that if adequate services had been available she would have stopped much earlier.

Mandy had over 150 convictions for sex working. She had spent time in prison, and had experienced both physical and sexual abuse from clients and partners. She had had only very limited education and felt her job prospects were slim. Mandy intended to keep off crack but admitted it would be difficult at times.

Health risks

Historically, concern about sexually transmitted diseases (STDs) has underpinned legislation to regulate or reduce sex work from the late 16th century onwards, as syphilis became a significant risk. The risks were largely removed by effective medical treatment, but HIV/AIDS replaced syphilis as a more potent threat in the 1980s. McKeganey and Barnard's (1996) review concluded that the prevalence of HIV and AIDS amongst sex workers was relatively low, with the exception of intravenous drug users and those using crack-cocaine (crack). Rhodes et al. (1993) also concluded that sex working is only significantly linked to HIV transmission when drug use is involved.

Hepatitis B and C also pose significant health risks to drug users; the precise impact of Hepatitis C remains to be seen; 70% of problem users are estimated to be infected, but the proportion developing serious liver problems remains an unknown (c.f. Strang and Farrell, 1996). In the long term, it could impose a significant burden on both the drug using population and health services.

Most sex workers respond to the risks posed by HIV/AIDS. Ward et al. (1993) found 98 per cent of over 200 sex workers claimed to have used condoms with all clients. McKeganey and Barnard (1996) also found that condom use with clients was reportedly very high in developed countries. However, there is a resilient demand from clients for unprotected sex, and respondents may well have overstated their caution in these studies. Certainly condom use with partners has been shown to be much lower. Nor is condom use without risks; one half of Faugier and Cranfield's (1994) sample reported condom failure in the six months before interview, and a quarter of McKeganey and Barnard's (1996) sample reported condom failure in the month before interview.

Profile of our respondents

Sixty-seven workers were interviewed over three sites. Their ages ranged from 14 years to 45, the average age being 27. Sixty-three were women, and four men. Forty-six described themselves as white, 13 as black and 8 as mixed race or other. Twenty-four had left school before 16, and 37 had no educational or vocational qualifications.

Over half (40) were single, the remaining 27 were in a relationship. Almost three-quarters (47) had children, but only 17 lived with them at the time of interview. Just over half (34) had themselves spent time in a local authority children's home, with a foster family or in secure accommodation. The age of the first sexual encounter ranged from three to 23, with an average of 14. Over half (38) had

experienced at least one form of sexual, physical or emotional abuse during their childhood; half (33) said that they had been sexually abused and 11 reported all three forms.

Most of those we interviewed worked on the streets (see Table 1). This partly reflects the nature of the sites and the way we assembled our sample and partly the fact that those engaged in street work tend to be more heavily involved in drug use[4]. Whatever the case, our sample of off-street workers is very small, and any generalisations should be drawn from them with caution.

[4] *This is on the basis both of our structured interviews and of more anecdotal evidence. Those managing parlours would not tolerate chaotic drug use.*

Table 1. Primary work place

Primary Work Place	n = 67
Street	56
Home	6
Massage parlour	3
Brothel	1
Flat	1

Respondents offered a wide range of services; most offered vaginal and oral sex (only two female workers did not), and hand relief. These services provided most of the business for most of the workers. Table 2 summarises services and usual prices.

Table 2. Profile of services offered

Services offered	Numbers offering service	Usual price (£)
Hand relief	65	20
Vaginal sex	61	30
Oral sex	60	20
Spanking	43	30
Chatting	39	20
Strip	35	10 (extra)
Fetish services	30	50
Dominatrix	20	50
Oral reverse	14	20
Anal sex	13	50

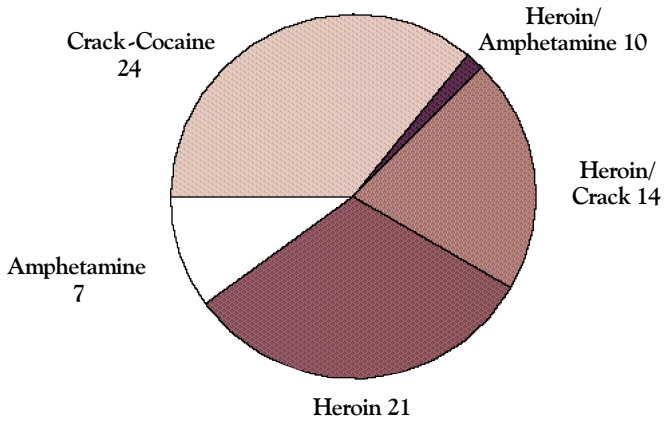
Note: Oral sex was the usual term used for fellatio, and oral reverse for cunnilingus. A few respondents offered other services that are not included in the table.

The sample tended to have moved around the country a great deal. Thirty-three had worked in other cities, and some had experience of several sex markets.

Drug use

The average age at which alcohol use became regular was 14. By 15 most respondents had tried their first illicit drug, which was usually cannabis. Figure 1 shows current drug of choice.

Figure 1. Drug(s) of choice (n = 67)



On average, respondents started using their drug of choice at 18. At the time of interview 30 were injectors; a further eight had injected in the past.

Table 3 presents findings on the temporal sequence of drug use and sex work. We asked respondents about any *causal* linkages. Forty-two of the 46 whose drug use pre-dated sex working said that the former had led to the latter. Thirty-eight of the 41 whose *dependency* on drugs predated sex work said that their drug use had led to sex work. Several of those who said there was a causal link mentioned that sex work was an easier and less heavily punished means of fund-raising than acquisitive crime. Of those who saw no causal link, most said that they did it for the money. A few mentioned pimps or partners as a factor, and two specifically mentioned that being in care had led to sex work.

Table 3. Drug use and sex work: chicken or egg?	
Sex working before drug use	18
Sex work and drug use started together	3
Drug use before sex work	46
TOTAL	67

Off-street workers

Of the eleven off-street workers, four disclosed that their drug of choice was heroin, three crack, three amphetamine and one was a dual crack and heroin user. Only three of the eleven were current injectors. One ran her own brothel and worked occasionally, one had only recently started (injecting into the groin to mask her intravenous drug use) and one had been injecting for under a year.

Six stated that their drug use had led to their sex work. All six started work on the street with four now working at home and two in a parlour. Of the six, two had reduced their use. Table 4 lists some basic demographic differences between those who work primarily on the street and those who work off-street.

Table 4. Comparison of street and off-street workers		
Sex and drug demographics	**Street (56)**	**Off-Street (11)**
Average age at 1st sexual encounter	**14**	**15**
Average age at 1st drug	**14.5**	**15**
Average age at 1st heroin use	**(n = 37) 19**	**(n = 5) 16**
Average age when 1st injected	**(n = 33) 19**	**(n = 5) 16**
Average age at 1st crack use	**(n = 53) 21**	**(n = 7) 23**
Average age when starting sex work	**18**	**17**
Average age at interview	**25**	**32**
Average number of years worked	**7**	**15**
Average days worked per week	**7**	**5**
Average hours worked per shift	**6**	**7**
Average No: of clients per week	**20**	**13**
Average earnings per week	**£675**	**£400**
Average spend on drugs per week	**£525**	**£270**

Professional risks

Just over three-quarters of our sample said that clients had subjected them to physical, sexual or other forms of violence. Fifty had been assaulted whilst working and 32 had been raped or subjected to other forms of sexual violence. Fewer than half had reported these incidents to the police; and fewer than half of those who *had* reported the incident to the police described their treatment as satisfactory. Risk of violence is an everyday preoccupation: almost all (62) shared information about violent clients with other sex workers, partners or project workers in drug agencies; sometimes they also reported incidents to the police.

Only one of our respondents said that she was HIV positive. Half of the rest said that they would stop sex working if they became HIV positive; the rest said they would carry on (23) or were not sure (9). A majority of those who said they would definitely or possibly carry on said that they would not change their working practices; and would still offer a range of services including penetrative sex

It is hard to assess the extent to which drug users and sex workers actually expose themselves to risk of viral infections such as HIV and Hepatitis C. All respondents knew the socially desirable responses, and research has established that surveys asking direct questions under-estimate risky behaviour such as having unprotected sex or sharing injecting equipment (cf Rhodes et al., 1995; Cusick and Rhodes, 1998). We used vignettes to place respondents in realistic but hypothetical situations in which risky behaviour was an option. The responses obviously do not provide *conclusive* evidence of risky behaviour but probably give a better indication of potential risk-taking than direct questions.

Sixty-five respondents answered vignettes about safe sex. Only five workers said that they would always practise safe sex regardless of the situation. Fifteen said that they would be prepared to have unprotected sex with their partner, but with no-one else. A further 15 said that they would consider dispensing with a condom if the client paid enough. Thirty-nine workers stated that if they had practised unsafe sex (aside from their partner) they would stop work straight away and either seek the advice of someone they trusted or visit a health professional before returning to work.

The 39 injectors were asked if they would lend syringes to their partner, friend or acquaintance, and if they would borrow from them. Only three of the 39 said that there was no situation in which they would borrow or lend. People were more prepared to borrow from partners or close friends than acquaintances. A slightly

larger group was asked additional questions about sharing other equipment – spoons and filters (for intravenous use) and notes and straws (for snorting). This set of situations was put to 47 respondents, to include the views of those who did not inject, but who might put themselves at risk by sharing snorting equipment[5]. Of the 47 nearly one in four said that they would use equipment in ways which constitute a health risk.

[5] *Hepatitis has been shown to be transmitted through shared snorting equipment.*

Contact with the criminal justice system

The vast majority of our sample had had some contact with the criminal justice system. Five out of six had been arrested for soliciting, some a handful of times and others hundreds of times. Over half (42) had been to prison for theft, burglary, robbery, drug offences, and crimes of violence or fine default. Fourteen respondents had a backlog of fines ranging from £100 to £1,500. Nineteen said they committed offences other than soliciting, usually shoplifting[6].

[6] *Other offences that were reported were possession with intent to supply, robbery, vehicle offences and acquisitive offences.*

Treatment services

We asked respondents what treatment services they needed. Responses varied widely, and no consensus emerged. Almost a third (21) said that they would like to see more outreach services. Twelve thought that specialist crack services were needed, and twelve thought that 'safe havens' should be introduced (accommodation offered specifically to sex workers attempting to leave a violent partner, a pimp or other situation posing risks to them). Just under a quarter thought that a key worker who understood both drug and sex issues was important. Other suggestions included; agencies prescribing methadone, specialist sex and drug counselling, and evening drop-in centres – as a source of warmth and security during "working hours". On a more practical level, self defence classes were mentioned, illustrating many workers' fear of violence, and easier access to sexual and drug health services; both professionals and workers stated that the latters' chaotic lifestyle effectively excluded them from services offered in normal office hours.

Attitudes to sex work

We asked respondents both structured and open-ended questions about the way they saw their work. A minority (12) presented themselves as fairly happy with their work, and expressed satisfaction with having regular clients and a ready income:

> "It is the regular money, meeting new people and my regular punters that I like"

A large proportion (48) disliked the work intensely and its attendant risks, as the following quotes illustrate:

"It's degrading, being treated like a piece of meat. It's frightening to work. I've been attacked so many times I just want to get out."

"I'm out supporting my habit. I hate the punters."

"[I dislike] the sex, having to be nice to blokes that I don't want touching me, standing on the street, the police and the fear of getting into cars."

"I dislike sex with old men, the fear of rape, hassle and being robbed by punters."

"I don't like the violence or being robbed and some of the nasty little rashes you get."

Most felt trapped by the work, the fear that it produces, and the hassle from the police. Those who worked on the street commented that the area that they worked in generally felt unsafe. The only significant factor that workers commented upon as positive was the money (43), though six workers mentioned the safety that regular customers provided.

3. Three case studies

This section presents the findings of our three case studies. For each site, we first describe the area and offer a profile of respondents. Four sections follow this:

- a description of the drug market;
- a description of the sex market;
- an assessment of the links between the two; and,
- a description of the local strategies for policing the sex and drug markets.

In looking for links between the sex and drug markets in each site, we were interested mainly in testing the hypothesis that sex markets might prove important – or even essential – to a drug market's viability. There were several sorts of relationship to explore:

- sex workers may form the core of the drug market's clientele;
- sellers may take an active part in the management of the sex market;
- sex workers may draw in other clients to the drug market; and,
- the extent of geographical overlap between the two markets.

We aimed to establish the extent to which the sex market in each site *supported* the drug market – rather than simply *co-existed* with it.

Midtown – loosely integrated markets

Geographically this was the largest sex market we studied, situated in an ethnically and architecturally diverse area within a city of 280,000. There is a mix of privately owned Edwardian and Victorian houses and council estates, with small shops catering for daily needs. The site is just outside the city centre and has a reputation as a sex market stretching back thirty years.

Figure 2. Profile of respondents in Midtown

Sex	
Males	1
Females	21
Total	**22**

Place of work	
Street worker	15
Parlour	1
Home	4
Brothel/Rented Flat[7]	2

Weekly income generated from sex working

Median
£450

Weekly spend on drugs

Median[8]
£300

[7] *The rented flat has been placed alongside the brothel as more than one worker works from the flat, although not at any one time. It is rented from a private firm who are aware of the business that is run from the premises and take a substantial cut of the workers' earnings – they do, however, provide a maid with the flat, who is paid for by the worker.*

[8] *Average income and spend were skewed by a small number of very high earners. For this reason, we feel that the median – the mid-point score – rather than the mean is the appropriate measure of central tendency.*

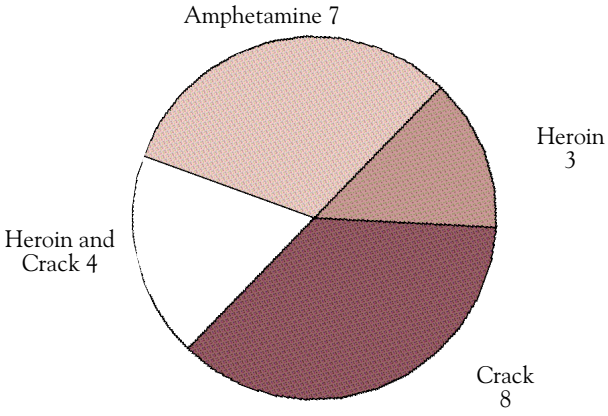
Figure 2. Profile of respondents in Midtown (continued)

Work sites used by the 15 street sex workers [9]

Work site	
Client's vehicle	14
Own home	10
Outdoors	11
Friend's house	0

Work site	
Hostel/hotel	12
Client's house	5

Drugs of choice (n = 22)



Average age at 1st heroin use (n = 8)	17 years
Average age 1st sex worked (mean used)	17 years
Average age at 1st crack use (n = 17)	20 years
Average length of time working	8 years
Current injectors	3
Average age at interview	27

[9] *A worker may use more than one site.*

Midtown's drug market

Traditionally the area has had a reputation for supplying base amphetamine and, in the last ten years, both crack and heroin. Drugs now sold in the market include crack, amphetamine sulphate and base amphetamine, heroin and cannabis. There was little evidence to suggest that an active pharmaceutical market was operating. Only one respondent said she bought methadone on the street, and two mentioned benzodiazepines. Unlike markets we have studied previously, users did not seem to use on site the drug they had just bought. All respondents answered questions regarding Midtown's drug market.

Ten of our respondents bought their drugs in the area where they worked. The other 12 bought a few streets away, in order to minimise the risk of arrest, as the site was regarded as being heavily policed. Most had regular sellers whom they had used for two to three years; three-quarters could buy on credit. The market was a semi-closed one at the time of fieldwork, but in a state of transition towards a more open style of operation. Sellers had in the past sold largely to acquaintances, requiring some form of introduction before they would sell to a new buyer. A 'new face' would have found it hard to find a seller prepared to deal on the street – until more recently.

Three-quarters of respondents believed that the drug market had changed. They saw the emergence of crack as the trigger for this change. Crack had slowly but progressively displaced amphetamine (sulphate and base) as the main drug. Some said that sellers now regularly drove around the sex work site handing out mobile phone numbers to sex workers. For example:

> "If you wanted crack you used to have to make a phone call at one time. You don't even have to move off the street corner now, they drive past you and throw it out of the window now ... it is just totally manic".

The majority of respondents said that the market was becoming far more open, with sellers and drugs 'swamping' the area. Several commented that the new, less established, crack sellers and the increase in crack use were eroding the trust in the market, with poorer quality and reliability.

Asked about what they wanted of a drug market, most mentioned stability of supply; quality of drugs and trust were the reasons usually given for buying from a particular seller; a minority said that it was important for their seller to be close to their sex site. Asked about the negative aspects of the drug market, half referred to sellers. For example, some said that sellers were always hassling them to buy, others

mentioned their greed, and others the fact that there were too many, and that drugs were too easily available: "There is too much of it about, you can't get away from it". Respondents used various drugs in the month before interview. Crack predominated (17) with heroin and amphetamine having an equal number of respondents using daily (5). Intravenous use was much lower than in the other two sites: none of the heroin or crack users injected and only two of the amphetamine users did. Appendix 1 gives details for each site.

The sex market

The sex market is spread across a large residential area[10] which offers convenient outdoor sites and a small number of brothels. A dense network of roads creates easy access for potential clients and drug sellers. Professional best guesses at the total number of women working averaged from 50 to around 200. The market falls loosely into three sub-markets, though the distinctions are not hard-and-fast; for example, women who work to fund a habit are sometimes found in the area that is used by younger workers. In one area women work mainly to pay bills and earn extra money. Those who work mainly to support their drug use tend to use an adjacent area. Finally, the third sub-market tends to attract under-age workers or those in their late teens. This site was within walking distance of a local children's home; poor street lighting providing access to dark areas making the site 'user-friendly'. Male sex workers also operated in the city – although in smaller numbers and not within Midtown.

[10] *Until 30 years ago the city had two sex working areas. When one of the areas was re-developed all the workers moved to the site in this report. Agency staff whom we spoke to believe that this is one of the reasons for the size of Midtown.*

There was a substantial level of activity within the market. One measure is the volume of arrests made by the police. During fieldwork, a single (monthly) court hearing dealt with 31 women. Most transactions were initiated on the street; at the time of fieldwork there were no known massage parlours within the site, reflecting its residential nature.

Of our respondents, fifteen worked mainly on the street, four worked mainly from home, one worked from a rented flat, and one managed a brothel and worked when a client wanted two or more women at the same time. One worked in a massage parlour out of town, but bought her drugs in the market. On average, respondents worked six hours a day five days a week. The average number of clients seen by a worker in any one week was fifteen, equating to three clients per night. Client ages ranged from 16 to 75 with the average age of clients being reported as about 40.

All but one worker had regular clients. The worker who did not have 'regulars' commented that she did not like forming any sort of relationship with her clients. A stable income was the most cited reason for having regulars, with safety and trust

also being high priorities. Six workers mentioned that having regulars was one of the better aspects of sex work. Most of those we spoke to worked independently. Nine workers stated that they shared their earnings (this excludes with children). Six shared with partners, one with a friend, one with the parlour management and one with her maid and the rent collectors.

Some of the street workers conducted their business in clients' cars; over half (12) worked in hostels or hotels. Eight interviewees said that a client's decision and money would affect where they operated. Seven workers, however, commented that safety aspects would determine their work place. Only five workers stated that high police activity would affect their working environment, perhaps suggesting that being arrested is often accepted as a consequence of the job – which may in turn reflect the limited effectiveness of the power of arrest for soliciting.

Links between the drug and sex market

Midtown had the least integrated sex and drug markets of our three sites. It has an established reputation for sex working and more recently street drug selling. It is relatively easy to sex work, kerb-crawl and conduct street deals there, thus enabling the two markets to co-exist within the same locality. However, we found no clear evidence that the drug market was substantially dependent for its survival on the sex market. Professionals estimated that between two-thirds and three-quarters of street workers might be drug-dependent. For the much smaller number of off-street workers, they thought that the proportion was lower: around a third of those working from flats, and under 10% of those working in saunas and escort agencies. The numbers of drug-dependent sex workers using the drug market could be well under 100, and is unlikely to be substantially larger than this. Nor was there evidence that drug sellers were involved in the management of sex work, or that sex workers had a supporting role in introducing drug buyers to sellers. A minority used with clients and just under a quarter bought for clients. We were offered anecdotal evidence that a small minority of sex workers were encouraging clients to try out crack with them. Only two workers accepted drugs for payment.

The police view was consistent with this. Their assessment was that links between sex and drug markets were weak rather than significant; sex workers accounted for only a small proportion of problem drug users; and the semi-open drug market merely happened to share a location with the sex market.

Though sex workers were not central to the drug market at the time of fieldwork, agency workers believed that the emergence of crack had triggered a change in the

interaction between the sex and drug markets, pulling them closer together and creating a climate which fostered tighter integration. On one hand police targeting of dealing houses was thought to be pushing dealing on to the street. On the other hand, sex workers and professionals both spoke of the increase in the number of crack sellers, particularly in the last five years and a competitive atmosphere, which was tending to pull buyers to the street. Many of our respondents reported a shift in their drug use from amphetamines to crack.

In summary, therefore, the links between the two types of market were weak at the time of fieldwork. There was some indication that these links could strengthen. Possible developments include more aggressive on-street marketing of crack; greater levels of use by sex workers and their clients; brothels doubling up as crack houses; greater alignment of prices for sexual services and for drugs; and an emphasis in the sex market on services which are quick and easy to conduct in quiet street sites and vehicles.

Policing sex and drug markets

The police force covering Midtown operated separate specialist drug and vice squads. The drug squad operated on fairly conventional principles in line with the Broome report (ACPO, 1985) tackling middle level drug distribution. High level supply was left for the Regional Crime Squad (now placed on a national footing), and street selling was regarded primarily as a divisional responsibility.

Senior police managers had introduced a policy of positive enforcement action against street sex work and a reactive style of policing on massage parlours. One manager favoured decriminalisation for adult sex workers, with zones of tolerance and regulated massage parlours – though this view was not widely shared. The vice squad took the lead in taking action against street sex work. In 1997, they warned 514 individuals for cruising, made 130 arrests for kerb crawling, 11 for living off immoral earnings and 27 for managing disorderly houses. They made 1,046 arrests for soliciting – 55% of their overall arrest total. This enforcement strategy was counterbalanced by unusually close liaison between the vice squad and social services and care workers; the vice squad also provided on-going assistance with regards to inappropriate adults visiting children in care.

Senior managers did not see much interconnection between the drug and sex market and therefore felt that there was little need at present to change their organisational structure or enforcement strategies. However, they were currently reviewing the potential for greater communication between the two specialist squads.

Oldport – a degree of integration

Oldport is an ethnically diverse area within a large city. It is situated close to the arterial road into the city and adjacent to the city centre. There is a mix of council and private housing. Victorian properties have been converted into flats while more modern low built blocks of flats constitute the remaining private property. Since the mid-1960s the neighbourhood has had a reputation of supplying both class A drugs and cannabis alongside a sex working industry. Previously the area was known for fractious racial tension although this is slowly diminishing; rioting in the early 1980s signified the peak.

Oldport's drug markets

The main drug market in this site was a fairly stable closed one which has evolved over the last 30 years. Loosely linked to it was a smaller and less stable semi-open street market. The closed market operated from a static location at the hub of the site, with a city-wide reputation. Several sellers operated from it – perhaps ten at any one time – apparently paying rent for space in which to sell[11]. They were termed "dealers' Joeys", reflecting their status as low-level retail sellers or runners. Drugs sold include crack, heroin and cannabis. There was restricted access and buyers needed to be known or at least be accompanied by someone who was known and could vouch for them. Most of our respondents bought their drugs through the closed system, seeing it as the nerve centre of the drug market. The trust between buyer and seller, the quality of the drug purchased and the stability of supply were all considered to be good.

[11] *Respondents spoke of entry fees in the evening to the static selling site and sellers paying a certain price to be able to sell drugs from the location. This was not, however, verified by either professional agencies or the police. We have not encountered any similar arrangements elsewhere in the country.*

Most of our respondents had been buying from a regular seller in this market for between one and two years. They bought from others only in the rare situation when their seller was unavailable or if another supplier was offering better quality. Almost all (21) could get credit. They valued the stability of supply of the static market, its convenience and the social networks surrounding it.

Figure 3. Profile of respondents in Oldport

Sex	
Males	1
Females	24
Total	**25**

Place of work	
Street worker	20
Parlour	4
Home	1

Figure 3. Profile of respondents in Oldport (continued)

Weekly income generated from sex working

Median
£700

Weekly spend on drugs

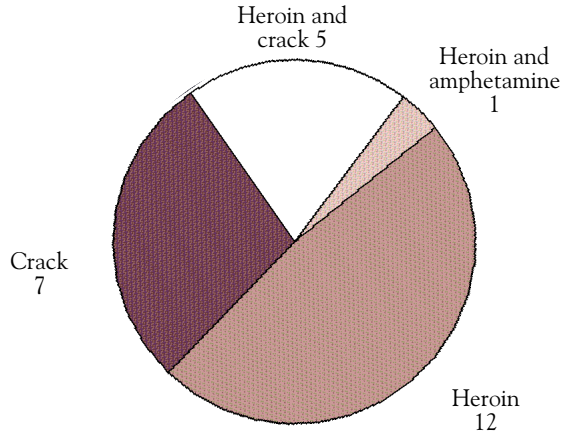
Median
£525

Work sites used by the 20 street sex workers

Work site	
Client's vehicle	21
Own home	10
Outdoors	7
Friend's house	7

Work site	
Hostel/hotel	5
Client's house	3

Drugs of choice (n = 25)



Average age at 1st heroin use (n = 19)	**18 years**
Average age 1st sex worked (mean used)	**19.5 years**
Average age at 1st crack use (n = 24)	**21 years**
Average length of time working	**5 years**
Current injectors	**15**
Average age at interview	**28**

The semi-open market operated on the street around the sex workers and the static selling site. The sellers were younger and less established than in the static site and some of our respondents suggested that their strategy was to intercept customers heading for the static site. They sold crack, heroin and cannabis in small amounts. Respondents spoke of the tension between the two market systems. Pharmaceutical drugs and powder cocaine were available but harder to locate; amphetamine and ecstasy were available but on the extreme peripheries of the market. There are very few using sites on the street but a large concentration of flats in and around the market that are known crack and heroin houses. All of the respondents in Oldport answered questions regarding the drug market.

Half of our respondents commented that the market had remained stable since they had been buying. The remainder thought things had changed, mentioning the increase in the number of street sellers and the greater ease of purchase. Some thought the market had become less stable, saying that there were more users, and that sellers were becoming 'greedy'. Half spoke of the aggressive nature of the market, nine cited robberies in the area. Five workers spoke of being 'hassled' by sellers, either on the street or within the static site.

Respondents used a variety of illicit drugs, prescribed pharmaceuticals and alcohol in the month preceding the interview. Heroin and crack predominated. Nineteen sex workers reported heroin use, 16 of them daily, 15 were intravenous users. The average daily amount was half a gram. Twenty-four workers used crack with 11 using it daily; only one worker was injecting. The average daily amount was 3.5 rocks. The average age for those starting heroin use was 18, and 21 for crack use.

The sex market

The sex market operated within a short walk from the closed drug market. Whilst most of our respondents were street sex workers, a thriving off-street market also existed. The consensus amongst drug workers and police was that more women worked in parlours and saunas or from home than on the street. At the time of research there were 12 parlours in the policing district of Oldport, although a much greater number exists in the city overall. Professional best guesses at the number of women working on the street (in this particular site) at any one time ranged from around 20 to 40.

The market was within walking distance both of the city centre and the drug market, centering on a square, originally residential but now mainly used for offices. The layout of the square and surrounding roads facilitated kerb-crawling; sexual

services were usually given in clients' cars, less often outdoors. The main services offered were hand relief, oral and vaginal sex – often oral and vaginal sex were combined for £40. Prices varied according to a client's means and gullibility. They also rose according to time or special requests (using differing positions). A quarter of workers stated that their prices never changed. Although only hand relief produced an average price of £20, four other services began their price range at £20, a price that directly mirrored that of a rock of crack.

In an average week, respondents worked six days for around seven hours. They saw 22 clients on average per week, averaging four clients a working day. Over three-quarters (21) had regular clients; workers commented this was mainly due to a greater feeling of safety and a regular stable income. Those without regulars attributed this to chaotic drug dependency, dislike of client intimacy, clipping[12], or not having worked long enough to establish a regular clientele.

[12] *Clipping is a form of deception in sex work where money is taken without delivery of the promised service. Robbery of, and theft from, clients are also commonplace (cf Parker and Bottomley, 1996).*

Fourteen workers stated they worked independently. The remaining 11 worked either for a pimp (3), alongside their own partner (4) (partners kept a watchful eye and took car registration numbers) or in parlours with other workers (4). Of the seven who worked for a pimp or with their partner, all shared their earnings. All but one of the parlour workers gave a percentage of their earnings to the owner of the parlour. The final parlour worker drew a wage from the parlour, as she was a manageress. Two of the parlour workers claimed that those whom they worked with neither used nor sold illicit substances.

The regular supply of clients and the close proximity of the drug market were appealing aspects for 12 workers. Other important factors included being close to home and within easy access of quiet places. Those that worked in the sauna preferred the safety it provided and felt that they were treated with more respect from clients. Eighteen workers spoke of the violence in their working environment, commenting that crimes such as robbery were frequent. Seven workers stated they felt unsafe working in the area, with six workers commenting on the hassle and verbal abuse they received.

Links between the drug and sex market

We found considerably more evidence of linkages between sex and drug markets in Oldport than in Midtown. First, drug-dependent sex workers constituted a significant proportion of those using the drug market. The Regional Drug Misuse Database covering the site maintained records of users' postcodes and their occupation. We estimated that just over 1,000 of the 2,500 notifications in 1997

had postcodes surrounding the drug market in Oldport. Drug markets elsewhere in the city would be more convenient for users living elsewhere. Of the 1,000 notified users with easy access to Oldport, 117 – or 11% – stated their occupation as sex work. The true proportion is likely to be higher, given that some of the remaining 89% will not have disclosed their involvement in sex work. It is a reasonable assumption that the same ratio between sex workers and others will hold for the *non-notified* drug using population using the market.

Eleven per cent may not seem a large proportion of the market. However, it should be remembered that drug dependent sex workers tend to have a much higher disposable income than most users – £525 a week amongst Oldport respondents, for example. They thus account for a larger (but unknown) proportion of sales. There are also less direct links. Over half our respondents said they used drugs with clients, and will often have bought on behalf of them. Thirteen sometimes accepted drugs for payment from their clients and anecdotally we were told that a significant minority of workers exchanged 'favours' for drugs from sellers.

One reason why respondents bought for clients was that the latter tended not to have the trust of sellers, partly because they were not known, and partly because they failed to fit the image that many sellers have of users. It may also be that clients have a fear of the market and its participants. This is consistent with Faugier et al. (1994) and Benson and Matthews (1995), who report that clients are often affluent, well-dressed and in their 30s or 40s. Such people would find it very hard to access the closed drug market in Oldport – not least because they could be taken for under-cover police.

There was a shared sense amongst our respondents that they played a significant part in sustaining the drug market. As one said:

> "I dislike being ripped off. Us sex working girls keep them [sellers] in business".

It is only fairly recently that the sex market has begun to play a significant role in supporting the drug market. Oldport has had a well-established reputation for selling drugs and sex for many years and the markets have certainly co-existed. However, before the arrival of crack it seems unlikely that sex workers accounted directly or indirectly for a significant minority of drug sales[13]. It is noteworthy that all but one of our respondents had used crack in the month before interview.

How the drug market evolves in Oldport depends on the success of the street sellers in intercepting business from the static location. If there continues to be a street sex market with a significant core of crack using workers, this is a strong possibility.

[13] *The first police crack seizure in Oldport was recorded in 1990/1991.*

Other things being equal, a street market could flourish in circumstances that combined a group of street-based drug users with high earning power with a drug with intense but short-lived effects encouraging 'bingeing'. Precisely what happens, of course, will depend both on policing strategies and on the provision of services for this group of drug users. The more success that the police have in dislodging the street sex market – as described below – the more the risk will be averted.

Policing the drug and sex market

The police had well-articulated strategies for dealing both with drugs and sex work. In relation to drugs, the focus was on the supply and use of crack and heroin. A 'trident'[14] strategy was employed, providing a proportionate response to different levels of involvement. The majority of those arrested for possession of cannabis were cautioned and given the contact details of local drug workers. (A high proportion of these was reported as taking up the option of a follow-up meeting at local drug agencies.) Those arrested for possession of Class A drugs or for minor drug-related acquisitive crimes tended to be cautioned under a 'caution plus' scheme in which they were encouraged to consult a drug worker on site in the police station once they had been cautioned. Those who were involved in more serious drug-related crime were identified as potential candidates for probation orders with conditions of treatment – a strategy involving joint working not only with the probation service but also with the Crown Prosecution Service.

[14] *The 'trident' strategy is a three tiered approach to arrestees in a police station who disclose issues relating to drugs. Tier one is a voluntary or advisory referral given to all arrestees. Tier two is a facilitated referral with a drug worker on-site offering advice. Tier three is a mandatory referral with arrested individuals having to attend treatment as part of a court order (1A6 probation order).*

The strategy for responding to sex work was one of diversion, comprising two stages. Diverting activity from street markets to off-street premises was certainly not discouraged, in view of the potential harm to local communities in acquiring a reputation as a 'red-light' district. This was pursued largely through "inconvenience policing" of the street sex market, with greater emphasis on "moving on" street workers than on arresting them. Secondly some effort was being put into diverting workers from sex work altogether.

The policing of sex work and drug issues was seen as integrated; the police and partner agencies were aiming to tackle the problems holistically. Local community opinion was regarded as an important factor, especially in the strategy of diverting street workers to off-street locations. The police were sensitive to the potential criticisms about complacency or inaction in relation to saunas and massage parlours; they thus made it clear to parlour workers and management that all complaints would prompt firm action. There were no convictions for saunas/parlours in the police division for 1997, perhaps suggesting that those owning/running parlours were adhering to the police message. Parlours were visited

regularly by a police officer and without appointment or notice to the owners or management. This was to check that there were no under-age sex workers, and to discourage drug selling or other serious arrestable offences.

One innovative element of the police strategy was to create a post with specific responsibilities for dealing with, and liaising with, sex workers. The role of the WPC liaison officer was to provide some continuity and consistency in prosecutions against sex workers, whilst offering them a degree of support. She carried out referral work to appropriate agencies; and alongside processing sex workers through the criminal justice system, she was the first point of police contact when workers had been the victims of assault or sexual offences, accompanying them to court if they needed support as witnesses. Not surprisingly, in view of the police strategy, arrest figures for soliciting, and prosecutions for kerb-crawling, in Oldport were the lowest of the three sites. Only 86 women were arrested for soliciting in 1997 alongside 43 males reported for summons for kerb-crawling; seven men were also cautioned for the offence.

Twelve of our 25 respondents spoke positively about the police. Workers tended to appreciate that the police had a law to enforce, and commented they were sometimes given a chance to move on before being arrested. They spoke of officers informing them of dangerous areas and clients: "they are good, they tell you about unsafe areas". However, they also spoke of officers hassling them and wanting them to become informants. Some felt that as sex workers they were given less protection by the law than other citizens.

More than half of our respondents thought the liaison officer post was a good idea, some speaking very positively. Eight remained suspicious, thinking, for example, that the move was guided mainly by a desire for intelligence. As one said, "It would take me a long time to trust her, it's still the police". At the time of fieldwork, the position was still relatively in its infancy and one that senior management was keen to see work.

City Way – closely integrated markets

City Way is situated in a poor, ethnically diverse, inner city location with numerous public transport facilities. The area is also well served by local minicabs and taxis with many small commercial businesses, fast-food outlets and pubs catering for local residents and office workers. The surrounding area has a high proportion of short-term housing, including hotels and hostels. There is a high transient population, many of whom face problems beyond homelessness. There are

also a large number of local authority housing estates nearby. The area can be volatile. There has been some racial tension; and the co-existence of well-known drug and sex markets adds to the potential for disorder.

City Way's drug markets

Drug selling has been well established in City Way at least since the 1970s. At the time of fieldwork, there were three geographically interlocking but discernibly separate markets – an open one, a semi-open one and a closed one. The open market has a reputation for working 24 hours a day throughout the year. It grew dramatically in the late 1980s, prompting an intensive preventive strategy relying on enforcement and inter-agency partnership (Lee, 1996). This initiative impacted upon the open market, which declined but failed to disappear.

We found a diminished open market, much smaller, less visible and more 'covert' than it had been in the early 1990s. The market was situated opposite a railway station and on adjacent roads. Drugs sold included crack, heroin, illicit pharmaceuticals (methadone, DF118 and benzodiazepines), amphetamine sulphate and cannabis. Sellers walked around the area but remained visible from the station concourse. They located themselves in particular meeting places, which also served as vantagepoints. They carried small amounts of drugs in their mouth or other body orifices[15]. Provided that buyers met basic criteria of physical appearance, dress and style, they could buy drugs. However, this level of the market usually provided poor quality drugs and often involved 'rip offs'.

Figure 4. Profile of respondents in City Way

Sex	
Males	2
Females	18
Total	**20**

Place of work	
Street	20

Weekly income generated from sex working

Median
£600

Weekly spend on drugs

Median
£600

[15] *Recently police have been aware that female sellers have inserted drugs internally into their vaginal passage – this has clear implications for enforcement with the reluctance to carry out internal searches without substantial evidence. A recent Home Office study (Bucke and Brown, 1997) found that only 17 out of 10,496 suspects underwent intimate searches.*

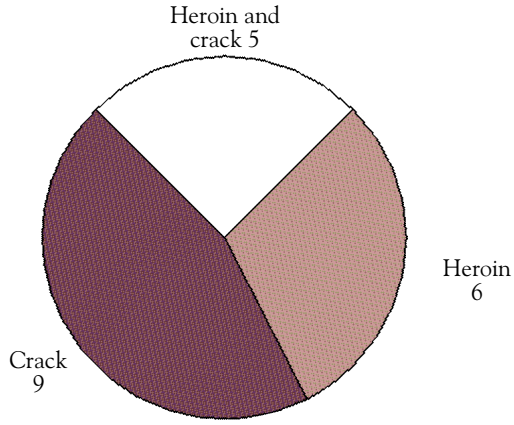
Figure 4. Profile of respondents in City Way (continued)

Work sites used by the 20 street sex workers

Work site	
Client's vehicle	17
Own home	4
Outdoors	16
Friend's house	1

Work Site	
Hostel/hotel	11
Squat	1
Client's house	8
Public toilet	1

Drugs of choice (n = 20)



Average age at 1st heroin use (n = 15)	**21 years**
Average age 1st sex worked (mean used)	**22 years**
Average age at 1st crack use (n = 19)	**21 years**
Average length of time working	**6 years**
Current injectors	**12**
Average age at interview	**29**

Some of these sellers also sold to regular buyers who were known to them and were aware of how the market operated. Sex workers who worked in front of the station (targeting clients on foot) frequently bought from the nearest sellers. What distinguished this market from the open one was the improved level of service that came with knowing the seller.

A further closed market also operated within the site. This involved sellers delivering to regular customers. The most regular of these appeared to be sex workers with high levels of dependency especially with crack. Mobile phones allowed drugs to be delivered to pre-arranged locations or alternatively, sellers waited for sex workers to 'service' a client then exchanged money and drugs. Some sellers performed a 'dual role' acting as drug seller and '*pimp*' – drugs became the currency (c.f. Scambler and Scambler, 1997).

All 20 sex workers we spoke to obtained their drugs from the semi-open or closed markets. Many of them said it was "easy, quick and convenient". They also regarded purity and quantity as good. Regular sellers who delivered to workers were seen as reliable, safe and trustworthy, with low prices and credit facilities.

All but one of our respondents had used crack in the month before interview; 13 used it on a daily basis and seven injected. They used four rocks a day on average. They also used a wide range of other drugs, usually including heroin. The average weekly expenditure was £600.

Respondents had purchased their drugs in this market for an average of three years. Twelve could obtain credit. Eighteen interviewees believed the market had changed since their involvement. Roughly half described the market as in decline, the others in more positive terms.

> "I know the area, there are people to look after me, my dealer is close by and there is a regular supply of punters".

Ten attributed the change to police activity. A further six reported an escalation in 'rip-offs' and seven reported fewer sellers, a reduction in quality of drugs and increased competition. Nine respondents described the market as buoyant, with the increased number of sellers, consistent availability and the adoption of new technology. They also spoke of an increase in users and the quick replacement of sellers.

Our respondents described a clear shift in the market: intensive policing had led to the decline of the open market, and the simultaneous development of a closed market system, in which sex workers were central participants, both as buyers and as ancillary workers.

All workers mentioned the importance of market operating times. Almost all considered stable supply, days of operation and the closeness of sex work sites as significant factors. Two-thirds cited social networks as important, and around a half

thought the quality of drugs and credit as favourable. Security and safety, choice of drugs, and using sites were marginal considerations. Treatment services, transport links and anonymity were also less intrinsic to the market. Seven workers described the market as tense, with others describing their preoccupation with their fears of danger and violence perhaps indicating a decline in the market's popularity.

The sex market

City Way's sex market in this location dates back at least 150 years. It is currently characterised by its diversity. A street sex market co-existed with a thriving 'off street' sex industry. The latter is dependent on advertisements placed in local phone boxes, with workers operating in private flats or hotel rooms.

The sex market was the most high profile site we examined. It had a high fluctuating seasonal population. The street scene comprised 'regulars', 'temporaries' and 'occasionals'. Regular workers worked solely in this market, and tended to live locally. The police thought that around 50 of the 180 street sex workers known to them were regulars. The temporary workers travelled from across the country, many being established workers from other areas. They worked in City Way in peak months, or else relocated when police activity in their regular market became intense. There were also temporaries who worked infrequently in times of need, according to both sex workers and outreach workers.

Two distinct sex areas operated. The station front served as a meeting place for clients arriving on foot or by public transport. The back of the station provided a more extended outdoor site for clients using vehicles. The transaction often took place outdoors or in vehicles – imposing no additional costs on client or worker. The physical amenity of the immediate environment lent itself to this form of sex work: alleyways, poorly lit roads, squats, public toilets and a variety of commercial and non-residential buildings doubled as outdoor sex and drug using sites. However, several of our respondents worked from hostels or hotels, and a few went to clients' homes.

Respondents in City Way reported high-risk behaviour – in relation to both drugs and sex – with close links between the level of drug use and sexual risk-taking. Workers tended to be more chaotic in their drug use than in the other sites, with two-thirds injecting. Six workers disclosed anal sex, the highest proportion of any site. Workers in this site also revealed the smallest gap between income from sex work and expenditure on drugs.

Respondents worked an average five and a half days, with almost half working daily. All worked at night and five during the day. They worked six and a half hours per day on average, but with wide variations; and they saw an average of thirty clients per week. Eighteen workers had regular clients, whom they valued because they offered both minimal risk and regular cash.

Respondents said that the location was a good one, because of its established reputation; it was busy and thus lucrative. A significant dislike was the level of violence, the sense of danger and feeling of vulnerability. As one put it, "There is a fear of violence here – it's the place that no one really wants to end up". However, a minority said that their familiarity with the area and with the people in it made them feel safe. Nine commented on the high level of police activity in the site.

Fourteen workers reported they worked independently. Four worked with their partner and two with other sex workers. No one said they worked for a pimp, although some were clearly closely connected.[16] Five of the six who worked with others also added they knew they also sold drugs. Almost half reported sharing their earnings with someone else.

[16] *Some respondents we approached were accompanied by males who were known to the police as pimps, and whom researchers had observed initiating transactions with clients and taking money from clients.*

Links between the drug and sex market

In City Way the complex structure of the drug market made it hard to assess precise linkages. As we have seen, there were different tiers to the market: a visible open drug market selling poor quality drugs to buyers who were ill-informed, inexperienced or desperate; and a smaller, more closed, market staffed by the same people, selling better quality drugs to known buyers. Sex workers played an important part in sustaining the closed market, which in turn supported the open market. Our reasons for thinking this are threefold. The buying power of the sex workers ensured that they constituted an important client group of the semi-open and closed markets, though we have less confidence in our estimates of numbers than for the other sites. Drug sellers were also involved in the management of sex workers as pimps; and they were often clients. Finally, we were told that sex workers were increasingly playing an integral part in the operation of the open market, involving selling, running and 'holding' drugs. Most of our respondents bought for clients, and used with clients; they carried drugs for sellers; they played an important role in introducing buyers and sellers and often themselves sold drugs.

Of the three sites, this one also exhibited most obviously the impact of crack on the sex market. The work process seemed a treadmill in which workers found a client, 'turned a trick', and got paid, bought crack, smoked it and then started the

cycle afresh. The fact that crack use itself can make contact with clients less intolerable also helps tie workers to the treadmill (c.f. Parker and Bottomley, 1996).

Policing the drug and sex markets

The area falls at the intersection of three police divisions, and is covered by two local authorities. The organisational solution to this recipe for confusion has been to establish a single vice squad permanently assigned to the area, headed by an inspector. This squad has been engaged in a long-running and well-regarded multi-agency initiative to tackle both drug dealing and sex work in the area.

One element of the strategy is to disrupt both forms of market through high visibility policing. In the case of the drug markets, this has been supplemented by covert operations. In 1997 there were 519 arrests for soliciting, 113 were reported for kerb-crawling, with a further 305 'letters of advice' sent to vehicle owners. Forty-eight arrests were made for supplying drugs and 104 for possession. However, situational prevention has also featured significantly, with multi-agency work designed both to facilitate enforcement and to reduce the markets' amenities (c.f. Edmunds et al., 1997). Until recently, treatment services for buyers did not figure significantly in the police strategy; at the time of fieldwork, however, plans were in hand to establish an arrest referral scheme targeted at street sex workers and problematic drug users.

Links between drug markets and sex markets – an assessment

This section 'compares and contrasts' the links – or lack of links – between drug and sex markets in our three sites. In assessing the extent to which sex markets sustain drug markets, there are three key sets of issues:

- Do sex workers in each site form a core of the drug buying population?
- To what extent do sex workers perform retail functions within the drug market?
- Do drug sellers take an active part in the management of sex work?

Our answers to these questions are summarised in Table 5. The table combines quantitative and qualitative evidence from our interviews with sex workers and professionals.

Table 5: Key links between the sex and drug markets			
Links	Midtown	Oldport	City Way
Sex workers make a significant proportion of sales	✓	✓✓	✓✓
Sex workers buy for clients	✓	✓✓	✓✓✓
Sex workers use with clients	✓	✓✓	✓✓✓
Sex workers accept drugs as payment	✓	✓✓	✓
Sex workers sell drugs	✓	✓✓	✓✓✓
Sex workers transport/deliver drugs	✘	✓✓	✓✓✓
Sex workers acting as bridge between sellers and clients	✘	✓✓✓	✓✓✓
Drugs for sex with sellers	✘	✓✓	✓✓
Sex prices in multiples of drug prices	✓	✓✓✓	✓✓✓
✘ No link ✓ Weak link ✓✓ Moderate link ✓✓✓ Strong link			

Sex workers as the core of the market?

The most obvious way in which a sex market can support a drug market is by providing a sufficient core of drug buyers to ensure that the drug market reaches a threshold of viability (c.f. Edmunds et al., 1997). The view amongst sex workers and professionals interviewed in this study was that there were clear links of this sort. For example:

> "Wherever you find a prostitute you will find a drug seller looking for quick money. Wherever you find a drug seller standing selling his drugs you'll find a prostitute looking for the drugs". (Sex worker)

> "It is about time that all professionals realised the impact sex workers can have on a drug market, especially once crack infiltrates and takes a hold". (Agency worker)

Our research indicates, however, that the situation is not quite so clear-cut. Each market operated on more than one level, and combined more than one mode of operation. In the other sites open street selling of drugs was secondary to more closed markets. In City Way, the visible open drug market masked more closed – and more limited – drug markets. Sex workers had different degrees of impact on different levels of market.

In relation to Midtown, we did *not* conclude that sex workers provided an essential core of either open or closed market – though we have noted the potential for increased crack use to draw the sex market and the nascent street drug market

together. Oldport had two drug markets, the open one surrounding the closed. The impact of sex workers within the open street market was considerable, but less so in the static site location, which had a diverse clientele. As with Midtown, there is a clear risk that crack could serve to draw the two markets together. The relationship between sex workers and sellers in City Way is a complex one. They form an important purchasing core of the closed market. As discussed below, however, they also played a significant part in the *operation* of the open market, introducing clients, buying for clients and carrying for sellers. The buoyancy of the closed market, and its ability to provide an effective 'workforce' for the open market are significant factors underlying the survival of the latter.

Sex workers serving retail functions in drug market

Sex workers can support drug markets not only as buyers, but also as retail workers in the drug market. First they can introduce new buyers, either indirectly or directly. Indirect introductions occurred in all three sites: three-quarters (15) of workers from City Way bought and used drugs with clients, over half did so in Oldport, and just under a third in Midtown. In City Way, they also played a more active part including:

- holding drugs for sellers (often hiding drugs in body cavities);
- delivering drugs for sellers; and,
- selling drugs either to their clients or others.

When sex workers play a significant part in the retail operation of the drug market in this way, it seems plausible, to say the least, that they are helping to sustain it.

Male drug sellers as sex managers?

Men had a variety of roles in the markets: as drug sellers, pimps, users, and partners and – less usually – as sex workers. People conforming to the stereotypical image of pimp as exploiter turned out to be rarer than we had expected. Two-thirds of the sex workers we interviewed said that they operated independently. Oldport workers reported the least independence, and City Way the most. Responses need careful interpretation. Especially in City Way the roles of seller, partner and pimp had become interwoven. During site visits and assessments it was obvious to us that our respondents had well established and close relationships with sellers; we also observed sellers acting as pimps on several occasions, setting up transactions between sex workers and clients. In locations such as City Way, therefore, where sex and drug markets are closely integrated, the formal independence of sex worker masks a close dependence on the sellers who provide drugs for them.

Crack-cocaine

One factor which clearly seems to pull sex and drug markets together is crack. The single most significant factor in the development of all three sites studied appears to have been the increased use and availability of crack. Crack was widely used by nearly all of our respondents in the month before interview (see Table 6) and accounted for over two-thirds of their drug expenditure.

Table 6: Crack use by site

	Midtown (n = 22)	Oldport (n = 25)	City Way (n = 20)	Total (n = 67)
Total number of individuals using crack	17	24	19	60
No: using crack daily	7	11	13	31
Average level of use (in rocks) per day	5	3.5	4	4
Average cost of use per day	£80	£67	£80	£80
No: injecting crack	0	1	7	8
Average age at 1st use	20	21	21	21
Average duration of use (in years)	6	4.5	6	6

Where crack was most firmly established – in City Way – the links between the two markets were closest. This is consistent with the work of Ward et al. (1997), who found that crack use and the organisation of distribution within drug markets were closely linked with the sex industry; they also found signs of increasing crack use, and the growing centrality of crack in drug markets. American research (Feucht, 1993) has also highlighted sex workers' role within 'marketplace economics' of crack distribution in terms of: carrying drugs, exchanging information, selling and bartering goods and services including sex for drugs exchanges.

Crack is a drug ideally suited for a market that is used and staffed by sex workers:
- it is a good palliative for the risks and pressures inherent in sex work;
- in contrast to opiate use, the short acting nature of drug encourages binge use;
- sex workers can potentially raise sufficient cash to binge; and,
- they can bring additional custom to the market, both directly and indirectly.

It strikes us as more than coincidental that street language for crack often has sexual female connotations (c.f. Inciardi et al. 1993) such as 'licking the pipe,' 'the seducer', 'white lady' and 'girl'.

Our case studies do not demonstrate the *inevitable* presence of links between drug and sex markets. They show that there can be varying degrees of linkage; they strongly suggest that the arrival of crack in places where drug and sex markets are established can result in integrated markets where sex workers simultaneously use and staff the drug market. We conclude that where there is a risk of the two types of market converging, preventive action is urgently needed; and where this has already occurred – as in City Way – a more elaborate strategy is needed to tackle the problem. The nature of preventive strategies is considered in the final chapter.

4. Conclusion and discussion

This section considers the preventive implications of our findings. Traditionally, social policy towards sex work has been driven by three sets of concerns:

- public order;
- public health; and,
- the protection of the vulnerable, and in particular minors.

Our study points clearly to the legitimacy of all three concerns. It suggests that sex markets can play a significant part in the development of drug markets (and vice versa). Where this occurs, the threats posed by drug markets to public order, public health and to vulnerable individuals intensify.

Stated at this level of abstraction, the urgency for preventive action may not seem pressing. However, put in more concrete terms, we have interviewed a large number of young people who routinely sell sex for the price of a rock of crack. Half started sex work whilst still minors. Over half graduated to sex work from being 'looked after' by the local authority in residential homes or fostering. Their work routinely puts them at risk of rape, assault and robbery. There are health risks for drug-dependent sex workers, their clients and their partners, which represent a possible transmission route of viral infection to the general population. Their drug use supports a drug market that imposes serious costs on the community.

In examining more viable options for intervention, we have first considered the scope for primary prevention to limit the supply of people who are prepared to meet the demand for paid sex. We then consider the scope for secondary prevention – finding creative ways of prompting 'early retirement' from sex work. Finally, we examine the scope for minimising the social harms associated with drug-related sex work. These harm reduction strategies are intended to manage both supply and demand for paid sex in ways that channel people to the least socially harmful forms of sex market.

Primary prevention

A state that outlawed or obstructed any form of sexual contract involving material reward would probably be unacceptably intrusive. Ensuring that *no one* got involved in sex work would be a near-impossible task with daunting social and financial costs. Undoubtedly some make an informed and rational choice about selling sex for money. Provided that they go about their business in a way that avoids imposing costs on the community, it is questionable whether the state should try to stop them.

The sex markets that we have examined however were not, in the main, staffed by "happy hookers". Most of them disliked the work intensely, and felt coerced into it by drug dependence, poverty or pimps. The case is strong for some forms of more focused primary prevention targeting this group. Our research suggests that some children are disproportionately at risk of involvement in forms of sex work which pose significant dangers: those in 'residential homes' care, those who are fostered and those whose mothers, fathers or older siblings have been involved in sex work.

Consistent with other work (Boyle, 1994; Benson and Matthews, 1995; Barnardos, 1998) over half our respondents had spent time in 'residential' or foster care. The links between this and their involvement in sex work are obviously complex: the factors which led to them being in care in the first place may have shaped their lives as much as the experience of 'care' itself. Nevertheless several respondents' accounts of how they started sex work suggested that 'care culture' facilitated this. Sex work provided an immediate income for a group often faced with limited life opportunities; it offered a way out of care; and there were others who were in a position to 'show them the ropes'.

Twenty-two respondents reported some form of abuse, some from carers in institutions or foster parents. The impact of this on the development of sex work careers is unknown. Most local authorities have implemented the Warner Report's recommendations on staff recruitment, and Utting's (1997) report "People Like Us" encourages all care agencies to follow its guidelines. Close and co-operative working relationships between the police and welfare agencies, as in Midtown, provide a good model for other areas with sex working sites. Midtown has been particularly successful both in identifying young people who may be at risk from pimps and those who are in danger of entering sex work via other routes. Although there are clear limits to the extent to which care workers can control young people in their care, the partnership work currently operating in Midtown – between the police and social services – seems to have provided solutions to more effective protection for the children in their care.

Children of sex workers are also at risk of becoming involved in sex work. The example provided by a parent or older sibling can potentially off-set the perceived risks of sex work. Sharpe (1998) found that 13 of the 40 female sex workers she interviewed had other family members involved in sex work; ten had actually been directly introduced to sex work by female relatives.

More work is needed in developing primary preventative strategies, but extrapolating from our own work and that of Utting (1997) and Barnardos (1998),

the main elements must include:

- better planning in siting (or re-siting) institutions out of easy reach of sex and drug markets;
- better screening of workers in institutions and of foster parents;
- the establishment of better early warning systems enabling police and others to notify local authorities about children at risk; and,
- intensive casework for those identified as at risk.

Secondary prevention

There are several possible strategies for encouraging those who are already involved in sex work to stop. Traditionally, emphasis has been placed on enforcement: arresting and fining for soliciting; and imprisoning when fines go unpaid. It is clear that this strategy can displace sex work geographically; and it is probable that displacement to other modes of operation also occurs. There is little evidence that it actually deters arrestees from involvement in sex work.

Amongst competing policy options the most attractive in relation to *drug dependent* sex workers is to provide appropriate treatment services. There is quite good evidence, largely North American, about the effectiveness of treatment services for problem drug users (reviewed by Hough, 1996), and British work is beginning to replicate these findings (Department of Health, 1997). Moreover, research also suggests that legally coerced treatment can have outcomes no worse than for those who enter treatment of their own accord.

This body of research points to the scope for more outreach work to draw dependent sex workers into treatment, and for referral mechanisms which allow the criminal justice system to push them towards treatment. Arrest referral schemes look promising for offenders who commit acquisitive crime – provided that the schemes are properly resourced and are able to refer to appropriate and responsive services (see Edmunds et al., 1998, for an evaluation). Drawing sex workers into treatment may provide particular problems, however. The 'sticks' that can be deployed are not very onerous, as many sex workers have little difficulty in paying fines imposed on them, and have little fear of imprisonment. Conversely, the 'carrots' of responsive, client-centred treatment services may overstretch the current operating philosophies of many treatment agencies. There are particular problems relating to sex workers with children, who are often hesitant to disclose dependency for fear that the child will be taken into 'care'. Identifying such clients can only be done in an atmosphere of trust, which may be difficult to engender. Sex workers are a hard-to-reach group for treatment agencies. Their needs are often

complex and many will not acknowledge their involvement in sex work due to the sense of stigmatisation they feel and the awkwardness of discussing their work in a service without a specialist worker. Certainly the referral schemes evaluated by Edmunds et al. (1998) succeeded in identifying very few sex workers – even though they covered a number of active sex markets. One strategy for encouraging workers to access treatment services is to set up more responsive prescribing tailored to chaotic sex workers' needs, coupled with tight monitoring and regulation to avoid leakage to the illicit market. This has a two-fold benefit of drawing individuals into treatment and retaining them.

There is scope within known sex working areas to set up specialist agencies to provide support and advice to sex workers both with and without drug problems, and for effective collaborative work between separate agencies whose aim is to provide assistance to sex workers.

All three of our sites were experimenting with forms of referral mechanism. At the time of fieldwork the police in both Sites 1 and 3 were developing arrest referral schemes targeted in whole or in part at sex workers. In both sites there was considerable political will to make the schemes work. As described above, Oldport had developed an innovative liaison post, designed to improve links and understanding between sex workers, the police and agencies providing support and services for sex workers. Arrest referral schemes and liaison arrangements will bring added benefits in the shape of informal training they can provide to police officers. Many users have commented to us that police constables have 'no idea' about the realities of drug misuse. Without forgetting that the users may have equally little idea of the costs their drug misuse imposes on others, we suspect that there is some truth in the statement. Edmunds et al. (1998) have also documented similar views from drug users.

A limiting factor in the likely payoff from referral and treatment is that available drug services are currently not well tailored to the needs of dependent sex workers. The bias in drug services towards services for opiate use has been widely recognised, for example by the Effectiveness Review (Task Force, 1996). Drug workers spoke to us of the need for fast-tracking sex workers into treatment, especially those using crack. For this to be feasible there must be services appropriate to stimulant users (cf Klee, 1995; Department of Health, 1996).

Even where the immediate issue faced by sex workers is the need to fund their drug use, it should not be assumed that this is the *only* issue that needs addressing. Often there is a complex web of mutually sustaining problems. For example, housing

emerged as a significant issue for our respondents. Partnerships between treatment services and housing agencies could prove beneficial in assisting workers. Relocation was mentioned by many sex workers as a prerequisite for discontinuing drug use and sex work. Childcare is also likely to be an issue for many sex workers. Clearly neither police nor drug agencies can be expected to take the lead here, and social services departments will obviously have an important part to play.

Key issues identified by sex workers and professionals in providing effective secondary prevention for drug dependent sex workers can be summarised as:

- fostering a greater understanding amongst the police of the problems facing sex workers – especially those who are drug-dependent;
- increasing the awareness of drug agencies about the needs of dependent sex workers;
- encouraging specialist agencies providing support for sex workers to be more aware of their clientele's drug problems;
- ensuring that the police, drug agencies and specialist agencies are all able to refer to appropriate and responsive services;
- improving the range of provision for stimulant users; and,
- taking care not to over-focus on clients' dependence at the expense of other underlying issues.

Harm reduction

Harm reduction strategies are premised on the view that *some* level of sex work is inevitable, and that policy should aim to ensure that this takes the least harmful form. It involves a perspective which regards 'grudging toleration' (c.f. Kleiman, 1992) as a more pragmatic response than attempts at eradication. Whilst the term is associated with drug policy, harm reduction strategies in the context of drug-related sex markets would aim to reduce two sorts of harm, the risks run by those involved in the markets and the harm imposed by the markets on communities.

Reducing harm to those buying and selling sex

Our analysis suggests that drug dependent sex workers expose themselves to significant risks of sexual and violent crime, as well as risks of HIV/AIDS and Hepatitis B and C. Clients impose some of these risks whilst other risks are shared by them. It is important to know what forms of sex market allow greatest policy control over these risks. Our respondents tended to regard risks as being greatest in street sex markets, both workers and professionals expressed the view that off-street settings – if managed responsibly – allowed workers and managers more control over clients. Toleration of off-street sex markets – whether informal as at present

(e.g. Oldport), or more formally through legalisation – allows for a greater degree of control over workers and managers by the police, local authority and health agencies. It allows for the establishment of ground-rules, for example that toleration will be extended only so long as there are no under-age workers, no reports of drug use on the premises or no legitimate complaints from neighbours. A regular inspection of contact magazines will also provide access to working flats so that these too can be subjected to the same regulation as parlours (unless operated by only one sex worker). There are also growing concerns about the placement of trafficked women into off-street settings. It will clearly be important to monitor whether this form of organised crime increases its presence in this sector of the sex industry, and whether it succeeds in subverting any attempts at regulation. If, however, regulation is both thorough and effective, trafficked women will be picked up in a similar way to young people.

Whether or not the police follow strategies to encourage the survival of the least harmful forms of market, there is a great deal which can be done to reduce harms to market users. As with secondary prevention, harm reduction can be promoted through effective liaison work and through the development of suitable referral mechanisms to ensure that dependent sex workers receive specialist education and advice about reducing the risks they run. Oldport's liaison officer provides an example of good practice in relation to the former; and a more detailed discussion of referral systems is to be found in Edmunds *et al.*, (1998).

Harm reduction strategies pose particular dilemmas in relation to under-age sex workers. Clearly the priority for this highly vulnerable group must be to extract them from sex markets as rapidly and as effectively as possible. In some cases, however, the reality may be unavoidable – if unpalatable – that harm reduction is the only achievable short-term goal. The most effective work is likely to involve joint working by police, social services and other relevant agencies (c.f. Taylor-Browne, in press).

Reducing harm to communities

The main option here is to pursue the sorts of strategy described in Oldport, which involves a conscious attempt to move street sex markets to off-street locations. Tactics include action to reduce the *demand*, which sustains street markets and differential policing of street markets to move the *supply* off-street.

Demand reduction could prove quite effective, especially if the law were changed to create a power of arrest for kerb-crawlers. As Benson and Matthews (1995:410) put it,

> "It is becoming increasingly evident that kerb-crawlers are more susceptible to regulation than women who work as prostitutes, and are the weak link in the relationship. In terms of controlling the nuisance aspect of street prostitution, it seems preferable to increase police powers in relation to kerb-crawlers."

Benson and Matthews recommended removing the word 'persistent' from the kerb-crawling legislation, and we agree. A further option, and one which has widespread police support, is to create a power of arrest for kerb-crawling. At present, proceeding against those soliciting for the purchase of sex can be taken only by way of summons, whilst those soliciting to sell sex can be arrested. We can see no obvious reason for this asymmetry. A power of arrest would be a considerable disincentive to kerb-crawlers. There are other ways of offering disincentives, which involve 'naming and shaming'. For example, the police in Oldport sent letters to the registered owners of cars observed kerb-crawling, providing 'advice' about the problems caused by kerb-crawlers. Similar schemes aimed at drug markets in the United States have used *postcards* rather than letters, increasing the risk of exposure to spouses, employers and others (Kleiman, 1992). Although effective, these schemes may raise questions about due process.

Another option is to try to educate or inform those who buy sex in street markets – programmes which in the US are called "Schools for Johns". At the time of writing, one such scheme, the 'Kerbcrawlers Re-education Programme', was due to start in West Yorkshire. Whilst it would be demanding to evaluate precisely what impact such schemes have on visible sex markets, the principle of confronting people with the consequences of their behaviour seems a good one.

Situational prevention is an option that has some application to street sex markets, as in City Way. It comprises measures directed at specific forms of behaviour which involve the management, design or manipulation of the immediate environment in which the behaviour occurs (c.f. Clarke, 1992). Edmunds et al. (1997) discuss its application to drug markets. Suitable measures may include:

- improving street lighting round outdoor working and using sites;
- secure disused buildings and those with poor place management;
- installation of CCTV in meeting places and identified using and sex sites; and,
- notice boards to advertise discreetly sex services, therefore removing cards from phone boxes.

Differential policing may also succeed in reducing costs associated with street sex markets. If there is less tolerance of street markets than off-street provision, it should be possible to exploit the possibilities for greater control afforded by the

latter. Tolerance of off-street sites can be made conditional – providing 'levers' for discouraging drug use and, in particular, discouraging the involvement of minors. There are, however, limitations to the strategy. On the one hand, those who work on the streets may have neither the inclination nor the resources to operate from a flat or massage parlour. They may simply be displaced to other street locations – possibly to ones that are more dangerous for participants. And on the other, public tolerance for off-street sex sites may be limited.

Legislative changes

This review of preventive options for tackling problems associated with drug-related sex markets suggests the needs to re-examine some of the legislation governing sex markets.

There are some changes for which a strong case can be made. As we have discussed, making kerb-crawling an arrestable offence comes at the top of our list. Removing the requirement of persistence from the kerb-crawling legislation is another. Associated recommendations would be to avoid the use of the term "*common prostitute*" in any future legislation (Street Offences Act, 1959 Sec. 1), and to make it gender-blind, so that men can be prosecuted for soliciting (c.f. Benson and Matthews, 1995).

There are quite attractive arguments for legalising and regulating off-street sex markets through a licensing system. Benefits could include safer working environments, constraints on drug use, regular contact with health services, and reduction to the harm suffered by the communities. However, there are also risks and possible costs in legalisation and regulation:

- there is the possibility of rapid market growth;
- a profitable licit market sector might be vulnerable to infiltration by organised crime;
- regulated markets might succeed in side-stepping controls to reduce harms to participants;
- risks to vulnerable people might remain hard to contain; and,
- a proportion of the market for street-based sex might resist diversion to off-street sites.

Diversion from street to off-street sites raises complex issues. Clearly the strategy does not necessarily *demand* the legalisation and regulation of off-street sites, because some police forces are already pursuing the policy, as in Oldport. Costs and benefits, however, need to be balanced against each other.

One option that deserves closer examination is to increase the weight of the legal response towards those who exploit or coerce vulnerable people into sex work, and to remove other forms of 'sex market management' from the criminal law. This would involve changes to the legislation as it relates to:

- pimping (e.g. s.30 of the Sexual Offences Act, 1956 and s.5 of the Sexual Offences Act 1967);
- brothel keeping (e.g. s.31, s.33-36 of Sexual Offences Act 1956); and,
- procuration (e.g. s.13, s.22, s.23 of Sexual Offences Act 1956, s.4 of Sexual Offences Act 1967).

The key issue here is the feasibility of framing legislation in a way which deploys the criminal law against coercive and negligent forms of sex market management but applies civil law regulation to less objectionable forms. At the time of writing we were engaged in a further study designed to examine this question further.

Conclusion

It is not surprising that the policing of drug markets and sex markets should be complicated and challenging. The profits to be made in both forms of market are very large, and – at least on the face of it – participants enter into both types of market transactions voluntarily. To suggest that either form of market involves "victimless crime" is clearly a mistake, however. Participation for many is coerced – by drug dependency or by violence. Both types of market involve significant risks to participants. This study has suggested that various forces can operate to draw drug and sex markets together. In particular, when crack markets are co-located with street sex markets, the two can develop a tight interdependency that fuels both. When this occurs, the risks run by participants become very high. The damage done to the 'host' community can also be serious. What we have argued for here is the need for a strategic approach, which addresses not just the illegality of the markets, but the extreme social exclusion faced by participants. What is required is a mix of strategies that combines enforcement with both primary and secondary prevention.

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Appendix 1. Profile of respondents' drug use

Appendix 1 provides a profile by site of respondents' drug use. Only the drugs that are used daily by at least one individual have been included.

Midtown (n = 22)						
Drug	No: using drug	No: using daily	Average cost per week (£)	Route of administration	Average age of first use (years)	Average duration of episode (years)
Alcohol	14	6	49	14 oral	15	12
Heroin	8	5	227.50	8 smoke/chase	17	3.5
Prescribed Methadone	2	2	-	2 oral	31	3
Prescribed Benzodiazepines	1	1	Prescription	1 oral	13	32
Crack-cocaine	17	7	560	17 smoke	20	6
Amphetamine Sulphate Base Amphetamine	8	5	119	5 oral 1 snort 2 inject	17	7

Oldport (n = 25)						
Drug	No: using drug	No: using daily	Average cost per week (£) per person	Route of administration	Average age of first use (years)	Average duration of episode (years)
Alcohol	14	4	21	14 Oral	13	17
Heroin	19	16	245	4 Smoke/Chase 15 Inject	18	5
Prescribed Methadone	4	3	Prescription	4 Oral	24	3
Street Methadone	5	1	52.50	4 Oral 1 Inject	17	3
Crack-cocaine	24	11	472.50	23 Smoke 1 Inject	21	4.5
Amphetamine Sulphate Base Amphetamine	3	1	70	1 Oral 2 Inject	22	14

City Way (n = 20)						
Drug	No: using drug	No: using daily	Average cost per week (£) per person	Route of administration	Average age of first use (years)	Average duration of episode (years)
Alcohol	13	7	21	13 oral	15	13
Heroin	15	12	280	12 inject 3 smoke/chase	21	7
Prescribed Methadone	4	3	Prescription	4 oral	25	3.5
Crack-cocaine	19	13	560	12 smoke 7 inject	21	6

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