



WOMEN & SEX WORK IN GREATER MANCHESTER: 2022 RESEARCH BRIEFING

In 2021, an independent research team undertook a small-scale research project looking at women and sex work in Greater Manchester. This included a review of existing academic and policy research, a survey and/or interviews with 151 women who sex work, and a survey of 56 professional stakeholders.

PREVALENCE

There are at least 3,000 sex workers in Greater Manchester (GM) and a reasonable estimate is 4,500. Women who sex work are resident and working in every GM borough. Most work in more than one location, and two thirds work in the city centre, travelling in from other parts of Manchester or GM boroughs. It is hard to get accurate figures about sex work because it is so often hidden and taboo. There are likely to be more people involved than we know.

HOW MANY WOMEN WHO SEX WORK EXPERIENCE PROBLEMS WITH DRUG AND ALCOHOL ADDICTION?

Our primary research showed that around 1-in-3 women who sex work in Greater Manchester need help with alcohol or substance use (30%). Almost 2-in-3 want help with needle exchange (64%). This suggests that around 2-in-3 women who sex work are using injectable drugs, and more may be using alcohol.

Help with drug or alcohol use is one of the top five needs that women themselves identified. Becoming and staying drug-free was also the third most important ambition expressed by the women who talked to us about their hopes for the future.

Some women reported that the pandemic and increased cost of living meant they were more likely to exchange sex for drugs and alcohol, so needs may be rising.

CONTEXT

Many previous studies into sex workers' experiences have highlighted widespread drug and alcohol addiction. Here are some key findings:

MANY WOMEN WHO SEX WORK HAVE PROBLEMS WITH DRUG OR ALCOHOL USE, ESPECIALLY THOSE INVOLVED IN SURVIVAL SEX WORK

Drug use sometimes drives the need to begin and/or continue with sex work.

“I got introduced to crack cocaine and the streets just followed after because I thought what am I going to do to feed my addiction?”

CONTEXT CONTINUED

THERE ARE OFTEN COMPLEX ISSUES UNDERLYING SUBSTANCE USE

Researchers and sex workers themselves often see drug and alcohol use as a response to trauma, abuse, physical pain or other serious problems. One study observed that drug use was often associated with living with past and ongoing trauma, *“(Women) talked about their dependence on using as a coping mechanism that allowed them to function and live with longstanding and on-going trauma, homelessness and violence”*

DRUG AND ALCOHOL USE OFTEN ALSO CAUSES ADDITIONAL ISSUES, MAKING WOMEN’S LIVES AND NEEDS MORE COMPLEX

Women’s needs are individual but may include:

- **Health issues directly related to drug use, including infections at injection sites and Hepatitis C;**
- **Other health concerns, including neglected health, malnutrition and poor dental health;**
- **Poverty, homelessness and/or unemployment;**
- **Losing care of their children;**
- **Challenges with accessing and keeping appointments.**

SERVICES & SUPPORT

WHAT HELP HAVE WOMEN WHO SEX WORK IN GM BEEN ABLE TO GET?

The figures from our primary research suggest that many women do not currently feel they can stop using drugs and alcohol. However, when women do want help, there are gaps in the support they are able to get. Although 30% said they needed help with drug or alcohol use, only 15% had been able to get it – just half of those who wanted it. Although 64% wanted help specifically with needle exchange, only 21% had been able to get it – less than a third of those who wanted it.

There are 27 organisations in Greater Manchester who were surveyed and said that they provide help for women with substance use issues. However, women experience a

variety of challenges and barriers accessing services, and some reported long waits for drug treatment. Women are further impacted by intersectionality such as race, gender identity, age or disability status. A person-centred, trauma-responsive approach is needed to address these, but currently, many local organisations provide services with a single focus, addressing only housing / homelessness or addiction or food poverty or mental health.

Women who have accessed MASH reported overwhelmingly positive experiences; some said that MASH had literally changed or saved their lives. However only 1-in-5 women surveyed (21%) had used MASH and those resident or working outside of Manchester city were less likely to have accessed MASH.

WHAT SUPPORT DO WOMEN RECEIVE FROM MASH?

MASH provides one-to-one support for women who are experiencing addictions; from providing a needle exchange service, supporting them to engage with local drug and alcohol agencies, to supporting them with their wider needs to increase their chances of maintaining a script or staying abstinent. Last year 149 women were provided support with substance use by MASH and 79 women accessed our needle exchange. We also offer counselling and alternative therapies to women recovering from addictions, recognising that using substances is often a way of coping with and suppressing past and current trauma. MASH’s night-time outreach to ‘beat’ areas is a critical service, enabling us to offer a





needle exchange service to women with addictions where they are living and working. Women tell us they value our support:

“I don’t need any other support because MASH helps with everything... I would rather just work with one person instead of lots of different agencies... I don’t know where I’d be without them.”

Many women have achieved a great deal with MASH’s support:

“Because of the ongoing help I now have my baby full time. No drugs, no alcohol, no sex work!”

MASH is part of multi-agency health partnerships in Greater Manchester. We work hard to ensure our addiction services complement national and local strategies, including the **GM Drug and Alcohol Strategy**.

WHAT ARE THE BARRIERS TO ACCESSING SERVICES?

Women report that concerns around confidentiality is the most significant barrier to accessing services (21%). Other barriers include services not being available locally (16%) or being inaccessible due to transport (9%); and women not knowing how to access services (15%) or what is available (12%). Some women also talked about language/cultural barriers, which compounded issues around stigma and lack of trust in services.

WHAT WORKS FOR WOMEN WHO SEX WORK?

Approaches that take account of, and seek to address, trauma and stigma are vital. We also have robust new insight about what types and patterns of delivery work best. Most women who sex work specifically want face-to-face support via drop-ins (57%), outreach services (48%) or regular (weekly) sessions (38%).

Overwhelmingly, women want services that are available all days of the week including the weekend and evenings. 34% of women also said they needed practical help like transport to appointments. Trusted relationships are very important. Women who sex work want female support staff, and someone they know who will not judge them.

Very often, how support is provided is at least as important as what is offered: *“Sex workers report needing non-judgmental, sex worker friendly services. Some services that aim to support workers can add to the stigma they experience, and respondents requested that they ‘Stop shaming us’, citing the difficulties in discussing issues with support services that hold strong ideological positions against sex work”*

RECOMMENDATIONS

HOW COMMISSIONERS CAN USE THIS INSIGHT

The majority of organisational stakeholders surveyed (67%) believe that there are gaps in services for women who sex work in GM. They suggest:

- **Comprehensive, multidisciplinary services like MASH across Greater Manchester**



RECOMMENDATIONS CONTINUED

● **Women-only drop-in services for sex workers across Greater Manchester**

In addition, we believe that hosting a dual diagnosis worker at MASH would significantly improve our ability to support women with both addiction and mental ill health. We also believe that ensuring that the experiences of women who sex work and experience addiction are shared with leaders and policy makers, will improve systems and services for women.

If we can secure adequate resources to expand our services to Greater Manchester and host a dual diagnosis worker, we will be able to contribute further to the priorities in the GM Drug and Alcohol Strategy (see page 5). Particularly helping to reduce drug and alcohol related harm, managing availability and accessibility of support, and making the Greater Manchester night-time economies safer.

We would also like our insights about sex workers' needs to influence the Greater Manchester Health and Social Care Partnership's priority to develop a set of shared principles for substance misuse commissioning (see page 4).

▶ **To discuss this briefing in more detail, and partnership opportunities, please contact Annie Emery, CEO: annie@mash.org.uk**

Notes: The independent researchers were [Kerry Swain](#), [Julie Wrigley](#) and [Fiona Weir](#). These briefings have been prepared by Fiona Weir and MASH. Throughout these briefings, we define women as anyone identifying as a woman. You can find further information, including sources for all the points in this briefing, in the research report.

To read the full report including sources please visit www.mash.org.uk