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RESEARCH PAPER

The Intersection of Substance Use and Sex Work: The Usage of Heroin Among Female Sex Workers in Sri Lanka

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ABSTRACT

This study examines the patterns of heroin use among female sex workers in Sri Lanka and explores the associated social, economic, and cultural challenges. Substance use, particularly heroin, is a significant issue among female sex workers, increasing their vulnerability to health complications such as HIV/AIDS and Hepatitis C. The study, conducted from August to December 2023, involved thirty female prisoners from Welikada prison, who were selected using snowball sampling. The majority of the sample (62%) were aged between 30 and 40, and 48% had used heroin before entering sex work. Findings reveal that heroin addiction played a critical role in driving individuals into sex work or continuing to engage in sex for compensation. Additionally, 14% of the participants used other synthetic drugs like methamphetamine, and 5% were diagnosed with sexually transmitted diseases (STDs). The study suggests that economic frustration was a major contributing factor to their involvement in sex work. To address these issues, the study advocates for empowerment programs focused on vocational training and education, as well as expanding addiction treatment services tailored specifically to the needs of female sex workers.

Keywords: Drug Addiction, Heroin, Intoxication, Sex workers.

INTRODUCTION

Substance abuse remains a major public health problem worldwide, cutting across all demographics and leading to significant sociomedical issues. Substance abuse: A pattern of harmful use of any type of substance, including psychoactive substances (Alcohol and Illicit drugs). This involves a problematic pattern of usage that causes significant impairment as manifested clinically or pathologically as distress. According to reports by WHO (World Health Organization), substance abuse has been increasing worldwide, and it is considered one of the main causes of preventable morbidity and mortality, as alcohol and illicit drugs are major factors in leading causes of death and disabilities. Substance use is known to have different regional and demographic distribution patterns (Substance Abuse | WHO | Regional Office for Africa, 2024).

For instance, the National Center for Drug Abuse Statistics in the United States estimates that 21.5 million Americans from the group of people who are aged 12 and above suffer from substance use disorders. This figure comprises a broad category of substances and encompasses alcohol, Cannabis, cocaine, opioids, and other substances (Minkove, 2022).

The utilization of psychoactive substances has been a recognized phenomenon in Sri Lanka since ancient times. Traditionally, drugs were mostly utilized for medicinal purposes; however, current trends indicate an increase in their use for recreational purposes. A significant factor may be the introduction of synthetic and powerful substances such as heroin into the country. Although conventional narcotics such as Cannabis and opium continue to be utilized for therapeutic purposes within the ancient Ayurvedic medical system, the emergence of heroin usage among the youth began in the early 1980s. According to the statistics of the National Dangerous Drug Control Board, more than 1000 females have been arrested from 2020 to 2022 for crimes related to heroin. Most females have been imprisoned due to drug-related offences in Sri Lanka. According to the Department of Prison Statistics, more than 1000 female offenders were convicted of various crimes in Sri Lanka from 2022 to 2023. Among them, more than 500 offenders are narcotic drug offenders (Handbook NDDCB, 2023).

This study was conducted at Welikada prison in Sri Lanka, using a qualitative method, a semi-structured interview, and a questionnaire. The study population was thirty female offenders-based approaches to examine the factors of who was imprisoned due to various offences with sex workers (prostitutes). The sampling method was non-probability snowball sampling to test the hypothesis that various socioeconomic, personal, and familial factors significantly affect heroin use among sex workers. A structural study was conducted at Welikada prison mentioned above from August to December 2023 to assess the usage of heroin among sex workers in Sri Lanka— A close-ended questionnaire was used to collect data from the prisoners. According to the statistics of the prison department, various types of offenders are imprisoned at Welikada Prison in Sri Lanka. The sample for this study consists of thirty sex workers (prostitutes) arrested under the Vagrants Ordinance and Poisons, Opium, and Dangerous Drugs Ordinance chosen from the target population to participate in data collection and analysis.

According to the study, heroin use among female sex workers is influenced by multiple layers of their environment, including interactions with immediate social circles, limited access to healthcare, economic pressures, and the broader cultural and legal context in Sri Lanka that criminalizes drug use and sex work. Also, they learnt heroin use behaviours through reinforcement within their peer groups, where drug use is often normalized as a coping mechanism for stress and trauma associated with sex work. Additionally, the dual stigma associated with heroin use and sex work isolates these women from mainstream society, reducing their access to social and healthcare support systems. This social exclusion intensifies the psychological impact of marginalization, reinforcing heroin use as a coping strategy.

LITERATURE REVIEW

The 1975 study by Eldred and Washington indicates that 40% of the sample transitioned to sex work following drug usage (Eldred & Washington, 1975). Chambers, in 1970, noted that

studies on the correlation between sex workers and narcotics expose that nearly all female heroin users support their addiction through sex work (prostitution) (Chamber et al., 1970). The research indicates that sex workers have a significantly higher prevalence of substance use, particularly for drugs such as heroin, cocaine, and methamphetamine. A systematic review conducted by Friedman found that approximately 30% of female sex workers reported regular drug use (Friedman et al., 2010). This study underscores the critical need for targeted health interventions for this vulnerable group. The motivations for drug usage among sex workers are complex. Economic necessity frequently serves as a principal motivator; certain individuals may resort to drugs to manage the difficulties associated with their employment, such as extended hours, exposure to violence, and societal stigma (Patterson et al., 2016).

Usage guideline. In addition, many sex workers report using drugs to self-medicate existing mental illnesses such as anxiety, depression, or PTSD (Bourgois et al., 2004). Moreover, the woes of family structure lead women sex workers to have to loom on their heroin consumption. Sex workers' multiple exposures to violence from clients, police enforcement and peers can lead to increased substance use as a maladaptive coping mechanism. A study by Bourgois highlights the common link between violence and experiences that lead sex workers to be accustomed to a culture of drug usage (Bourgois et al., 2006). This stigma creates a vicious cycle of dependence due to the trauma resulting from such violence, which ultimately affects the process of sex work and their health behavior. This evasion not only heightens health risks but also leads sex employees to detach from necessary support ensign, which could help subdue drug use; a huge variety of individuals in this community forestall healthcare services due to fears of discrimination or imprisonment. This is performed with the aid of using the state Sex workers are also vulnerable to grave health impacts from drug use (Mäkelä et al., 2014).

Research suggests that substance use is associated with increased rates of sexually transmitted infections (S.T.I.s) and other health consequences. Rangamati et al. (2018) conducted a systematic study and found that drug-using sex workers are at a significantly increased risk of acquiring S.T.I.s. This risk is partially due to impaired discernment and hazardous sexual behaviors that are frequently associated with drug use. In the context of Sri Lanka, there are numerous female sex workers. According to the National Dangerous Drug Control Board (NDDCB), a significant number of drug users, including females, engage in hazardous activities that increase their vulnerability to health complications, including HIV/AIDS and hepatitis.

In addition, a cross-sectional study of imprisoned heroin users in Colombia revealed that numerous participants possessed minimal education and were unemployed, correlating with elevated rates of substance use and involvement in sex work for survival. The report highlights that 52% of people who inject drugs (PWID) reported unprotected sex with commercial sex partners, indicating a critical need for targeted interventions aimed at this population (Dissanayake & Areesantichai, 2018).

Furthermore, Sri Lanka prohibits the employment of sex workers (prostitution) despite the absence of a specific law against it. Sex laborers are subjected to the vagrant's ordinances. This legislation is primarily employed to target sex workers. Consequently, there is no specific law or legislation that prohibits prostitution; however, related activities, including soliciting, procuring,

and brothels, are prohibited. Additionally, it is unlawful to traffic individuals for prostitution, particularly juveniles.

CONCEPTUAL AND THEORETICAL FRAMEWORK

Comprehending the relationship between substance use and sex work, particularly heroin use among female sex workers in Sri Lanka necessitates a comprehensive examination of the conceptual and theoretical frameworks that inform research in this domain. It is crucial as it enables researchers to understand the intricate relationship between drug abuse and sex work, taking into account cultural, psychological, economic, and gender-related factors that affect this matter.

Ecological Systems Theory

Urie Bronfenbrenner's Ecological Systems Theory provides a thorough framework for examining the relationships among various environmental systems that affect behaviors and experiences, particularly regarding substance use and sex work. This theory clarifies the influence of individual contexts, including peer networks and family, alongside broader social systems, such as economic and regulatory structures, on the behaviors of female sex workers who utilize heroin (Bronfenbrenner, 1979).

In this situation, female sex workers engage with clients, prostitutes, and fellow sex workers. Environmental factors may influence substance use behaviors, as individuals may resort to heroin as a coping strategy for stress, trauma, or stigma (Jenness, 1993). The support offered to female sex workers may be affected by the interplay of several systems, including healthcare and social services. This demographic often resorts to alternate, sometimes harmful, coping mechanisms, such as substance addiction, due to the lack of an accessible healthcare system. Economic limitations, societal stigmas, and legal restrictions on drug use and sex work all influence the vulnerability and isolation that lead female sex workers in Sri Lanka to use drugs (Bronfenbrenner, 2005). The cycle of marginalization is intensified by restrictive laws and inadequate social support for those involved in substance use or sex work. This theory highlights the role of each system in the incidence of opiate use among female sex workers, who may face compound disadvantages at all environmental levels.

Social learning theory

According to Albert Bandura's Social Learning Theory, people learn behaviors through imitation, reinforcement, and observation. To comprehend how heroin use might evolve into a learnt behavior among female sex workers in Sri Lanka, especially within peer networks that normalize substance use as a typical coping strategy, it is crucial to examine this idea (Bandura, 1977).

Social learning theory suggests that female sex workers can observe peers utilizing heroin to mitigate emotional distress or enhance professional efficacy in contexts where heroin use is common. Moreover, incentive mechanisms are involved, as substance use can provide transient alleviation from physical or psychological discomfort, thus encouraging habitual usage. For instance, peers may unintentionally normalize heroin use as a coping strategy for exploitation or marginalization, especially when substance use seems to offer relief from daily stressors (Bandura,

1986). Research on substance use and sex work globally highlights a cyclical relationship, indicating that female sex workers may engage in this activity as a survival strategy when heroin is deemed acceptable in certain social circumstances (Ratnam & Jayasinghe, 2016). This cycle becomes self-perpetuating and deeply entrenched in Sri Lanka, where the societal stigma associated with drug use and sex work is significant, encouraging substance use as a conditioned behavior.

Marginalization and Stigmatization

Understanding the connection between opiate use and sex work requires an awareness of stigma and marginalization. Erving Goffman (1963) formulated stigma theory, which delineates the classification and prejudice faced by persons who diverge from societal standards. This hypothesis pertains to female sex workers in Sri Lanka, who face social shame and criminal marginalization as a result of the illegality of opiate use and sex work (Goffman, 1963). Stigmatization may result in social isolation, hence intensifying substance use. Female sex workers often face societal marginalization and adverse attitudes, hindering their access to vital services, including legal assistance, rehabilitation, and healthcare (Maheshika, 2020). Goffman's concept of "spoiled identity" hinders these women from escaping the cycle of substance abuse and sex work since societal standards and institutional barriers often marginalize them.

The stigma surrounding sex work and heroin use, coupled with gender-based discrimination, makes female sex workers susceptible to exploitation and sexual assault. Maheshika's research (2020) indicates that these women endure dual stigmatization, exacerbating psychological distress and establishing a feedback loop wherein heroin use serves as both a result and a coping strategy for marginalization.

Feminist Frameworks and Intersectionality

Intersectional feminism offers a framework for analyzing the interaction of several types of oppression, such as gender, social class, and criminalization, which intensifies the vulnerabilities of female sex workers who utilize opiates. Kimberlé Crenshaw's 1989 creation of intersectionality theory explains how marginalized identities often overlap, creating compounded disadvantages. In Sri Lanka, female sex workers who use heroin face distinct obstacles due to the compounding discrimination they experience. Patriarchal norms, economic marginalization, and criminalized identities maintain a cycle of dependency and vulnerability (Crenshaw, 1989). Intersectional analysis highlights the institutional barriers that hinder female sex workers from seeking alternative opportunities or accessing support services, acknowledging their intersecting identities. Based on the theories mentioned above and notions, female workers acquire skills through a learning process and are driven by their surrounding environment.

The conceptual and theoretical framework, enhanced by ecological systems theory, social learning theory, stigma and intersectional feminism, is comprehensive for analyzing illegal drug use among female sex workers in Sri Lanka. The ecological model illustrates the influence of several systems on heroin consumption, whereas social learning theory examines the persistence of this habit within social environments. Moreover, the structural obstacles and cumulative disadvantages that contribute to this phenomenon are highlighted by stigma and intersectionality.

This comprehensive methodology enables the analysis of heroin consumption among female sex workers while highlighting the requisite policy modifications and interventions to tackle the fundamental issues.

RESEARCH METHODOLOGY

The Previous research studies conducted across various countries, including Sri Lanka, have primarily examined the interrelationship between broad sociological factors for sex work. As a fulfillment of a research gap, the study was done. Accordingly, the research problem was to identify what are the motivations, consequences, and patterns of heroin use among female sex workers in Sri Lanka and what connections between their experiences of sex work and substance use. Besides that,

Q1: What are the rates and methods of heroin use among female sex workers in Sri Lanka?

Q2: What are the personal, social, and economic factors for sex work in Sri Lanka?

Q3: How physical and mental health consequences of heroin use for sex workers?

To acquisitive equitable answers for above mentioned research questions, the study followed, the snowball sampling method to identify the research sample. Accordingly, thirty female inmates have been interviewed using a structured interview at the Welikada prison complex in Sri Lanka. To identify recurring themes within the inmates, the research implements thematic analysis, an interpretive methodology that is particularly well-suited to qualitative data.

DATA AND RESULTS

Socio-demographics

Accordingly, a total of 30(n) female were interviewed using the close-ended questioner. According to the collected data, the age category of the sample (female sex workers) was between 20 and 45 years old. Accordingly, 63% of the samples were aged between 25 and 45. And, 23% were age between 25-29 and 13% were above 40. According to many of the samples, they were from Colombo city. It is 66% of the sample. Others were remote areas to Colombo city; Maharagama, Nugegoda, and Homagama.

According to the marital status of offenders 24 females were married. Among them 18 were separated or divorced. Additionally, among sex workers 80% (24) had children. Most of the children are living with the offender's parents or relatives. As well as some children are under the protection of Catholic church or Buddhist temple. And, majority of the sample were Sinhalese (85%), others were Muslims and Tamils.

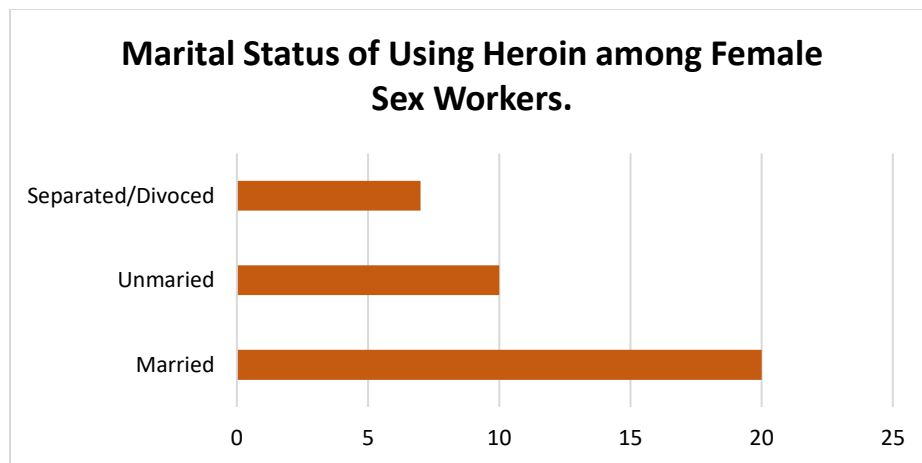**Marital Status of Using Heroin among Female Sex Workers.**

Figure 02: Marital status of using heroin among female sex workers. (Source; field study)

Among sex workers 9 (30%) had studied between grade 1-6. 14 (46%) had studied between 6-10. 4 (13%) had completed G.C.E. Ordinary level. Among them three did not attend any education. When considering the economic status before engaging sex works of the offenders, majority of the sample had not any fixed income. Many of them have engaged in selling vegetables, fruits or retails. As well as they had engaged pickpocketing and selling heroin. Some workers were working as a shop attendant also. Also, majority of them have permanent places to find their clients and some were finding their clients on the street.
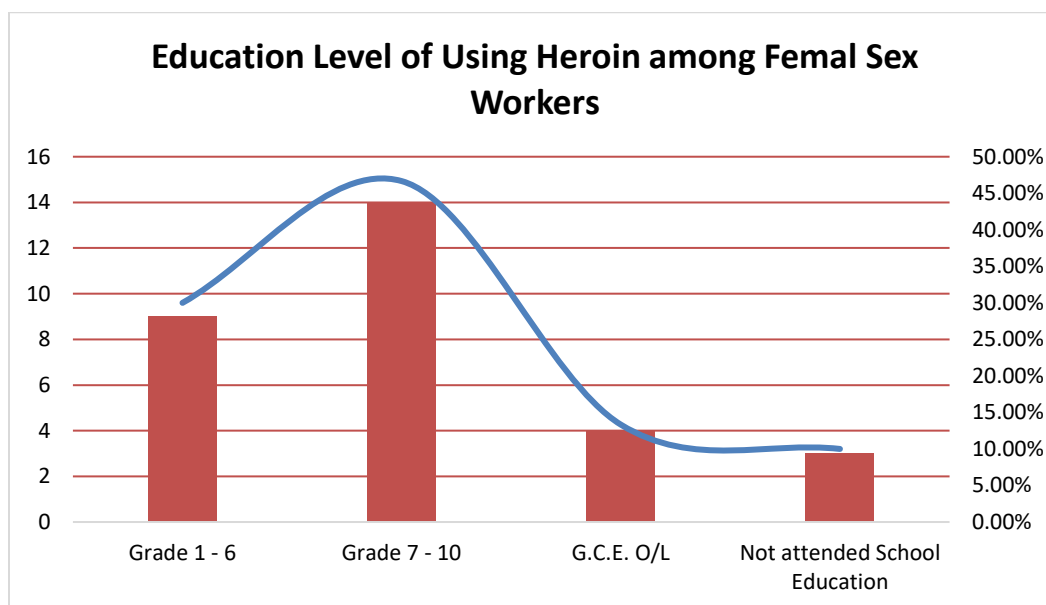
Education Level of Using Heroin among Femal Sex Workers

Figure 02**:** Education level of using heroin among female sex workers. (Source: field study)

Drug usage

According to the collected data, the heroin using female offenders were various types of drug users. Among them all the female sex workers were used heroin. 14 of the sample were used Cannabis while using heroin. 5 from the sample had been using Hashish and Methamphetamine.

Among the sample, 7 from the used to use tablets also. 21 of the samples were used to use alcohol and most of the sample had used cigarettes.

Drug usage of Female sex workers

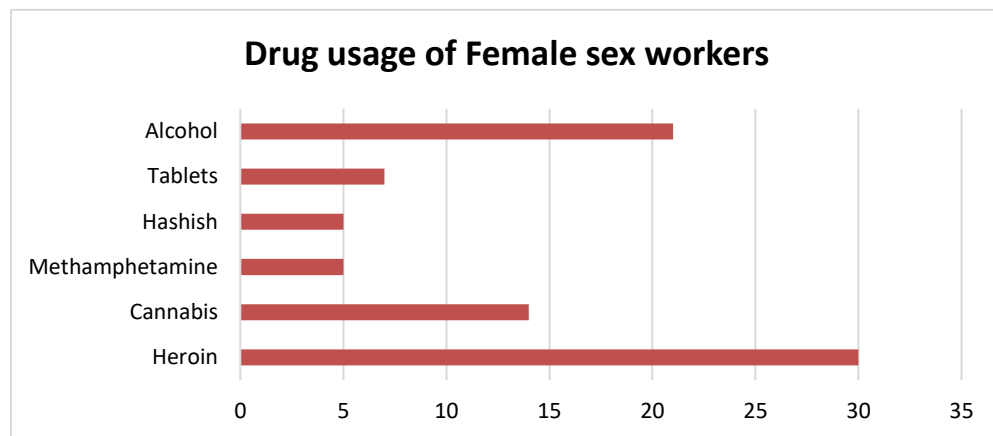| Drug	Value
Alcohol	21
Tablets	7
Hashish	5
Methamphetamine	5
Cannabis	14
Heroin	30

Figure 02: Drug Use. (Source: field study)

Accordingly, many of them have used heroin because of a friend. It was 73% of the sample. 08% were introduced by their partner (Husband of Boyfriend). Among the sex workers, 4% had been used heroin because of some relatives were deal heroin. Additionally, many sex workers first turned to heroin hoping for a change. 8% of them stated that heroin was the drug they used for the first time in addition to cigarettes. In addition, many (78%) used heroin for the first time between the ages of 20-30. Only 3 (9%) of the research sample reported using heroin for the first time between the ages of 14-16. 13% of the sample had turned to heroin after age 31.

ANALYSIS AND DISCUSSION

The study reveals that most participants identified sex work as their primary source of income. They had been employed as sex workers in Colombia. Colombo serves as the country's administrative and economic center. The study indicates that as societies develop, human necessities escalate, prompting individuals to engage in illicit activities for financial gain. The study's findings are primarily relevant to female sex workers who use heroin in this specific area. In addition, it will be examined whether urban females use heroin more than rural females. When considering the economic status of female sex workers, most of them have no specific income. The majority of them had earned through prostitution and selling or delivering drugs.

It is evident from the research that the motivations for substance use among sex workers are multifaceted. Accordingly, the primary cause of substance use among female sex workers is economic necessity. Some individuals assert that they may resort to narcotics as a means of managing the obstacles they face in their profession. Occasionally, they must be subjected to violence, or they have to engage with several clients in one night. Furthermore, a significant number of sex workers report utilizing substances as a form of self-medication to alleviate their underlying emotional issues. As well as engaging in prostitution to make money for drug use. Accordingly, there is an interconnection between the female sex workers and heroin.

Among the females in the study, they had used 3–7 packets of drugs daily. Some of them had been spending more than $2,000–$3,000 daily for the drugs. The study explored another person who had introduced heroin to them. According to this paper, peer relations have been a motivational factor for the usage of drugs. The Different Association Theory also explains that criminal behavior is learned from society or people who associate with the person. It explains how a person leads to criminal behavior through the process of adapting to the influence of the environment. Accordingly, it seems that these women are also influenced by the society in which they live, and by the close association of the people they are associated with, they resort to the use of heroin. In addition, the study reveals that they could gain drugs in prison. According to the obtained data, the prisoners explored that they could take drugs in the prison, and this reveals the drugs are smuggled into the prison.

The health consequences of substance use among sex workers could be determined. Research has demonstrated that substance abuse is linked to elevated rates of sexually transmitted diseases (S.T.D.s) and other health complications. Additionally, mental health issues may be detected in this sample. A variety of mental health challenges, such as depression and anxiety disorders, can result from the combination of substance use and the stressors that are natural to sex work. Addressing both substance use, and mental health concurrently is essential, as this dual burden complicates the capacity to engage in harm reduction strategies effectively.

SUGGESTION

According to the findings, most of them do not have proper education. The study recommends the development of educational and empowerment programs. Education is essential in reducing drug consumption among sex workers. Programs that provide information on drug use prevention and control, S.T.D. prevention, and accessible support services empower individuals to make informed health choices. Moreover, empowerment projects that focus on vocational training and alternative income-generating options can aid sex workers in reducing their reliance on opioids as a coping strategy. Legal reform is essential to improve the health and safety of sex workers. The legalizing of sex work can reduce stigma and encourage people to get health care without fear of legal repercussions.

A comprehensive strategy is essential to tackle the significant public health issue of drug use among sex workers. Relevant institutions can devise more effective interventions by understanding the complex interplay of factors that affect substance use in this population. Addressing violence, stigma, and healthcare access, alongside implementing harm reduction measures and legislation reform, is essential for improving the health and well-being of sex workers.

CONCLUSION

Accordingly, the study emphasizes a critical intersection with vulnerability, exploitation, and systemic neglect. As well as this highlights the socio-economic and psychological factors. Not only psycho-social factors but also vast implications of physical and mental health factors and social justice. This study brings to light an issue that is frequently stigmatized and often ignored by advocates. By exposing this reality, it confronts societal perceptions and calls for a greater sense

of empathy and increased awareness. It highlights the necessity of addressing the structural drivers of substance use and the stigmatization of sex work, which ultimately jeopardizes the well-being of the entire community.

Future research should focus on the long-term impacts of medical practices on the health and socio-economic status of sex workers, as well as the significance of harm reduction and rehabilitation programs in shaping their identities. Analyzing the cultural, legal, and economic factors affecting female sex workers' lives can yield essential insights for crafting sustainable, evidence-based interventions. Thus, this study serves as a foundational step toward transformative policies and practices that aim not only to protect but also to empower vulnerable populations.

REFERENCES

Bandura, A. (1977). Social Learning Theory. *Englewood Cliffs, NJ: Prentice-Hall*.

Bandura, A. (1986). Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice-Hall.

Bourgois, P., et al. (2006). "The role of violence in the lives of drug-using sex workers." *Social Science & Medicine*, 62(8), 1825-1837.

Bronfenbrenner, U. (1979). The Ecology of Human Development: Experiments by Nature and Design. *Harvard University Press*.

Bronfenbrenner, U. (2005). Making Human Beings Human: Bioecological Perspectives on Human Development. *SAGE Publications*.

Chambers, C. D., Hinesley, R. K., & Moldestad, M. (1970). Narcotic Addiction in Females: A Race Comparison. *International Journal of the Addictions*, 5(2), 257–278. https://doi.org/10.3109/10826087009056994

Crenshaw, K. (1989). "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics." *University of Chicago Legal Forum*, 1989(1), 139–167.

Dissanayake, N. T., & Areesantichai, C. (2018). Sexual risk behaviours and addiction levels of imprisonment heroin users in Colombo, Sri Lanka. *International Journal of Collaborative Research on Internal Medicine & Public Health, 12(2),* 991–996. https://www.iomcworld.org/articles/sexual-risk-behaviors-and-addiction-levels-of-imprisonment-heroin-users-in-colombo-sri-lanka.pdf

Eldred, C. A., & Washington, M. N. (1975). Female Heroin Addicts in a City Treatment Program: the Forgotten Minority. *Psychiatry, 38(1),* 75–85. https://doi.org/10.1080/00332747.1975.11023836

Friedman, S. R., et al. (2010). "The epidemiology of substance use among sex workers." *International Journal of Drug Policy, 21(3),* 231–233.

Goffman, E. (1963). Stigma: Notes on the Management of Spoiled Identity. *Simon and Schuster*.

Jenness, V. (1993). Making It Work: The Prostitutes' Rights Movement in Perspective. *De Gruyter*.

Maheshika, R. (2020). "The Impact of Stigmatization on Female Sex Workers in Sri Lanka." *Journal of South Asian Social Sciences, 5(2),* 45–58.

Mäkelä, K., et al. (2014). "Health risks associated with drug use among sex workers: A systematic review." *International Journal of S.T.D. & AIDS, 25(10),* 733-740.

Minkove, J. F. (2022). New Research and Insights into Substance Use Disorder. *Johns Hopkins Medicine.* https://www.hopkinsmedicine.org/news/articles/2022/06/new-research-and-insights-into-substance-use-disorder

NDDCB. Handbook of Drug Abuse Information Sri Lanka National Dangerous Drugs Control Board Publications, 2023.

Patterson, T. L., et al. (2016). "Drug use and sex work: A qualitative study of the experiences of female sex workers." *Substance Use & Misuse*, 51(2), 240–249.

Rangamati, R. R., et al. (2018). "Barriers to healthcare access for sex workers: A systematic review." *B.M.C. Public Health, 18*, 174.

Ratnam, P., & Jayasinghe, T. (2016). "Substance Use and Sex Work: Implications for Health and Policy in Sri Lanka." *Sri Lankan Journal of Social Sciences, 34(1),* 25-33.

Substance abuse | WHO | Regional Office for Africa. (2024, September 20). WHO | Regional Office for Africa. https://www.afro.who.int/health-topics/substance-abuse