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Review Article

A Critical Review of Substance-Use Services for Individuals Engaged in the Sex Industry Through In-Person Work

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In the United Kingdom, drug use has been reported to be higher among individuals involved in the sex industry through in-person work compared with those not engaged in such work. In addition, those who engage in more visible forms of in-person work in the sex industry—such as street-based exchange—are more likely to have challenges with drug and alcohol use compared with individuals working in less visible, in-person settings. Services often struggle to adequately support people who participate in the sex industry, particularly those with intersecting health and social care needs, including problematic drug and alcohol use. It is, therefore, important to understand how services can better support the needs of individuals who engage in the sex industry and who have experienced challenges with their drug and alcohol use. This critical review examined available literature to assess how individuals who engage in the sex industry, particularly individuals participating in visible and in-person forms of sexual commerce, currently access support for drug and alcohol use and how this could be improved within the UK. Written contributions on the most important considerations in service provision for substance use treatment for individuals who participate in the sex industry were gathered from six experts—four academics and two practitioners—who work and conduct research in this field. These insights were thematically analysed alongside relevant literature they recommended. Findings suggest that individuals who engage in the sex industry would benefit from nonjudgmental and flexible care that considers their specific and intersecting needs both as someone who uses drugs and alcohol and as an individual engaged in sexual commerce. It is vital that individuals engaged in the sex industry have access to gender and trauma informed, sex industry specific services that provide support for intersectional health and social care needs. Multiagency working in this field is essential so that individuals have access to integrated support that prioritises relationships and builds trust between service providers and the individuals they support.

1. Introduction

People involved in the sex industry who have experienced challenges with drugs and alcohol often struggle to access appropriate support and frequently experience multiple and interdependent health and social problems [1–3]. Literature has described reports of sexual violence and verbal and physical abuse as well as poor mental, physical and sexual health [4, 5]. This includes difficulty accessing general healthcare, as well as challenges accessing support for housing, mental health or physical health needs [3, 6, 7]. The majority of individuals who participate in the sex industry are cis-women, yet there is a substantial minority of male and trans sex workers who are under-represented in research. Furthermore, there is very little research on effective health interventions for these groups [8].

It is important to acknowledge the distinction and debates around terms such as 'prostitution' and 'sex work.' The term 'sex work' implies a level of agency in an individual's decision to participate and can be understood as aligning with a view that selling sex should be recognised as a job like any other [1]. It has been suggested that the term 'prostitute' and similar terms are to be avoided because they define and label an individual rather than an activity they partake in. Holly and Lousley [1] suggest that this dichotomous approach can be too simplistic and unhelpful. They argue that the language is contested, and the two terms have tended to signify conflicting political, ideological or moral positions. For this paper, we have adopted the working definition developed by Matolcsi and team in their report on the current landscape of prostitution and sex work in England and Wales, which adopts a broad view of the sex industry and offers this definition: *'Sex work constitutes the provision of sexual or erotic acts or sexual intimacy in exchange for payment or other benefit or need'* [9]. For clarity and ease in this review, we use the term 'those engaged/who participate in the sex industry' in recognition that the term 'prostitute' is often used pejoratively and that the term 'sex work' may oversimplify diverse experiences. However, we acknowledge that some individuals choose to identify as 'prostitutes' or 'sex workers' and emphasise the importance of respecting individuals' autonomy in naming and defining their own forms of labour.

The sex industry includes both street-based and off-street forms of exchange, which may take place either in-person or digitally. Digital sex work has been defined as an internet-mediated exchange of sexual commodities and/or services [10]. This includes remote sexual services such as web camming and also refers to the use of the internet to market sex to physical, in-person spaces [11, 12]. Although there is a perception that individuals working within a digital sexual space may not face the same threat to their physical safety as street-based workers, there are nevertheless risks of harm to their wellbeing, including abuse from website regulators, burnout, isolation and doxing [13–15]. Access to healthcare for individuals' engaged in the sex industry in the UK is highly variable but studies show that primary care and mental health provision is inadequate, particularly for street-based workers [3]. This gap in healthcare provision is concerning when considering the high rates of substance use among individuals engaged in the sex industry, particularly in street-based contexts. Many individuals engaged in the sex industry face barriers to accessing substance use treatment, including stigma, criminalisation and lack of tailored support, which further exacerbates health inequalities and complicates their ability to receive comprehensive care [3, 16, 17].

This article critically examines current UK substance use service provision for individuals engaged in in-person work within the sex industry who also experience challenges with substance use. We adopt a critical review methodology to explore limitations in existing services—such as their accessibility, appropriateness and responsiveness to the needs of this population. To inform this review, we drew on the insights of international experts—a mixture of practitioners and academics—who were invited to share their perspectives on priorities for improving health and social care for this group. This approach was chosen to integrate academic and practice-based knowledge and to identify gaps in provision that may not be apparent through empirical literature alone. This article includes reflections and recommendations related to consensual sex industry engagement as opposed to sexual exploitation and other forms of forced sexual labour (i.e., sex trafficking) and primarily considers the needs of individuals who participate in the sex industry and who engage in in-person forms of sexual commerce, such as street-based workers. This review includes recommendations for individuals of all genders engaged in the sex industry; however, some expert contributions focus specifically on women's experiences, reflecting the gendered dynamics that characterise this area of practise.

2. Critical Review Methodology

A critical review is one that draws upon specific literature identified as making particular contributions to the field [18] and does not normally assess or evaluate quality, deeming all literature to contribute to the scoped knowledge base, regardless of its credibility or merit [19]. In this review, the critical approach lies in interrogating the underlying assumptions, dominant narratives and theoretical frameworks that shape current understandings of substance use service provision for people participating in the sex industry within the literature. Rather than appraising the validity of individual studies, the review synthesises expert opinion and conceptual contributions to explore how knowledge has been constructed, whose perspectives are foregrounded or excluded, and what implications this has for future research and practice. Unlike systematic reviews, critical reviews typically do not report search strategies or inclusion/exclusion criteria, allowing for a more interpretive and discursive analysis of theoretical trends and power relations within the field [20].

In addition to a search of relevant literature, international experts and stakeholders with experience researching and working with people who participate in the sex industry and use drugs were contacted. We invited contributions from nine experts, with six experts agreeing to contribute. Experts were initially identified through a brief scoping of the literature and subsequently expanded using a snowball sampling approach, whereby initial contacts recommended additional contributors with relevant expertise. All those who contributed had been involved in research involving individuals who engage in the sex industry accessing health and substance use treatment services. Five contributors were from the UK, with the remaining contributor based in Australia and Kenya. For this reason, the review focuses primarily on UK policy and practice while also drawing on some international literature.

We asked experts to provide a brief biography as well up to 500 words demonstrating what they feel is the most important thing they would like people to know about service provision for substance-use treatment for individuals who participate in the sex industry. Table 1 outlines the

Table 1: Details on expert contributors.

Expert	Affiliation/Background	Suggested literature
Lucy Potter	Academic GP, University of Bristol	[3, 8, 21–26]
Jo Kesten	Public health researcher, University of Bristol	[17]
Rachel Stuart	Critical Criminologist, Brunel University	[4, 27–30]
Jennifer Riley	CEO, One25 (charity supporting women involved in street sex work)	[17, 31]
Denton Callendar	Sexual health and social life of drugs researcher, University of New South Wales	[32]
Julia Busfield	Director, beloved (charity supporting women in the indoor sex industry)	Did not suggest literature

affiliations and backgrounds of the experts, as well as the literature they suggested.

Experts were also asked to identify important literature to include in the review. Contributions were synthesised by the first author who coded the contributions into different themes of interest identified during the original literature review. Contributors also participated in an online meeting to discuss the review's aims and scope, during which key thematic elements were collectively identified and agreed upon for inclusion in the analysis.

The findings integrate the literature collected during the initial search and written contributions from the experts, as well as the literature suggested by the expert contributors. The headings below were formed by thematically analysing the experts' written contributions.

2.1. Understanding the Problem: Challenges With Drugs and Alcohol for Individuals With Visible Involvement in the Sex Industry. Individuals who work on the street and participate in the sex industry are frequently underserved by general health, mental health and physical health services. This gap in care reflects deep-rooted structural and social barriers—including stigma, discrimination and criminalisation—which often result in exclusion from mainstream support [4, 28]. As a result, many face unmet health needs and ongoing disenfranchisement within existing service systems. This is often made more difficult by the intersection of co-occurring adversities (including mental health problems, homelessness, sexual health status, incarceration history, etc.) they may experience [4, 8, 17, 33, 34]. These adversities often intersect with existing identities including gender, ethnicity, socioeconomic status and drug use. In addition, previous research conducted with individuals who work on the street and participate in the sex industry have included reports of poor physical health and attributed certain conditions directly to chronic drug use, such as hepatitis, abscesses and heart attacks [35]. Stigma connected to the sex industry and substance use often acts as a deterrent from engagement with substance use treatment services or as a reinforcement of continued use [36]. In addition, individuals who participate in the sex industry and who have challenges with drugs and/or alcohol experience greater personal stigma, which may act as a barrier to accessing appropriate services. Health organisations, interventions, policies and services often fail to contend with these complexities, instead applying homogenous solutions without meaningfully involving individuals who participate in the sex industry in the design of services [24, 31]. Repressive policing practices and the criminalisation of individuals who participate in the sex industry may also adversely affect funding for organisations established to support individuals engaging in the sex industry, limiting access to health and social care and affecting their health outcomes [23, 28].

It is difficult to measure the prevalence of drug use among people who participate in the sex industry, although a recent systematic review estimated global pooled prevalence of lifetime illicit drug use to be 35% compared with global general population estimates of approximately 3.65% [37, 38]. It is important to recognise that these figures reflect complex structural and social conditions rather than indicating any inherent link between drug use and involvement in the sex industry. This is further complicated by the fact that most published literature on drug use among people who participate in the sex industry focuses on the experiences of cisgender women involved in street-based work, often emphasising drug use as a motivating factor for their involvement. As a result, it is difficult to gain a comprehensive understanding of drug use across the wider and more diverse population of individuals engaged in the sex industry [39].

The East London Project, led by contributor Rachel Stuart, was one study that sought to explore the experiences of individuals involved in the sex industry who worked both on and off the street. Their open cohort study to examine legal and social determinants of violence and anxiety/depression among individuals who participate in the sex industry found that 41% of the off-street workers reported using recreational drugs in the past 4 weeks, while 91% of the street-based workers reported that they had used recreational drugs during the same time period [4]. Of those reporting street-based work, 71% reported daily heroin or crack use. In addition to substance use, the study found that levels of violence from clients and depression or anxiety were approximately twice as high in street-based workers than off street workers and that intimate partner violence was between three and four times higher among street-based workers than those working off-street.

The pattern of drug use among many street-based individuals who participate in the sex industry has been described as a 'work-score-use' cycle. This cycle, documented in research by Jeal and colleagues, involves working to earn money, using that income to purchase drugs, consuming substances, and then returning to work to repeat the process. For many, this continuous loop can dominate daily life, leaving little space for rest, recovery or access to support services. It also reflects the structural vulnerabilities—such as poverty, addiction and lack of stable housing—that

constrains autonomy and limits alternative income-generating opportunities [40]. Stuart and Grenfell reported similar findings during the East London project where the individuals engaged in street-based work reported that if they were not working to pay for drugs, they would either stop working or would opt to work indoors [35].

2.2. Inadequacies in Existing Substance-Use Treatment Care Models. Across the UK, there is a lack of consistent, accessible and equitable support for individuals who participate in the sex industry and use substances—raising serious concerns from a human rights perspective, particularly in relation of the right to health, nondiscrimination and access to social support and protection [39, 41]. Service provision varies widely by region, and many specialist services prioritise 'exiting' the sex industry as the primary goal. This can act as a barrier to access, particularly given that engagement in the sex industry is often nonlinear and shaped by a range of social and economic factors [35, 42]. In addition, most clinical services for individuals who participate in the sex industry are predominantly focused on sexual health, for example, providing free contraception and HIV testing [1, 3]. While sexual health and contraception are important aspects of healthcare, service provision for this population should not be confined to this alone [21, 25].

Likewise, substance-use treatment services supporting individuals involved in the sex industry demonstrate comparable limitations. Substance-use treatment services tend to focus on street-based workers rather than indoor-based workers who are not thought to engage in the sex industry to fund drug and alcohol use [43]. Services for individuals who participate in the sex industry who use drugs increasingly have conflicting goals and disjointed provision that are often not able to provide care for more complex needs, for example, not considering physical health care needs during times of heavy drug use [44]. In addition, care is often dependent on where an individual is located. Although recent policy efforts have emphasised the importance of building trust and confidence between sex-industry communities and public services, this goal remains difficult to achieve without first ensuring equitable access to nonjudgmental, comprehensive care [24, 43, 45].

In its most simple form, this can be achieved by ensuring that services are designed by and meaningfully involve individuals with lived experience. In their interview-based study, Jeal et al. [2] found that staff who have lived experience of the sex industry/drug use are considered to have a better understanding of the issues faced by individuals they treat who participate in the sex industry, and that their advice and counsel have greater credibility for service users [2]. This has resulted in a call for services to be both designed and delivered by people with shared lived/living experience [28]. Services are required that meet the multiple and complex needs of people involved in the sex industry and in order to engage individuals in services, choice is crucial [43]. For drug and alcohol services, this means that at the absolute minimum they should have at least one member of staff trained to provide advice on harm reduction as it relates to the sex industry [2].

A 2009 study of the experiences of women who participated in the sex industry in South London found this to be particularly problematic as many of the doctors who ran mainstream treatment services lacked specialist knowledge of how to meet women's needs [46]. Five years later, Holly and Lousley reported similar findings in their interviews with London-based women involved in the sex industry, noting that many of the women they interviewed who accessed mainstream substance-use treatment services reported a lack of tailored support beyond prescribing opioid substitution therapy (OST) [1]. Women who took part in this study reported that treatment was narrowly focused on addressing their immediate substance-use needs rather than any other social care issues they may have been experiencing. Similar findings were reported by the more recent East London project where street-based workers who used drugs reported that they were not able to engage with available substance use treatment services because they were characterised as too "chaotic" to benefit from support [35]. Although specialist projects are thought to provide non-judgmental support to those involved in the sex industry, Mellor and Lovell [47] suggest they may not increase social inclusion and that they sometimes further accentuate differences between those who participate in the sex industry and others who attend substance-use treatment services.

2.3. Challenges and Disinvestment in Support Services for Individuals Who Participate in the Sex Industry. In recent years, services for individuals who participate in the sex industry in England and Wales have faced significant challenges due to the partial defunding of sex industry services and a shift towards approaches less rooted in lived experience [48]. For example, in East London, the Open Doors project (a comprehensive and advocacy-oriented service) recently saw its funding rescinded after it was unable to submit a competitive bid, with the resources being redirected to Hestia (a housing and sex industry exit-focused organisation). This reflects a broader trend in which funding is reduced or absorbed into larger, less specialised organisations that fail to offer the same tailored provisions for individuals who participate in the sex industry. The reduction in funding for such services is occurring against a backdrop of growing precarity, as public services face widespread cuts, further limiting the support available to vulnerable communities. Moreover, negative societal attitudes towards the sex industry often translate into a lack of political will or public support for services that cater to individuals who participate in the sex industry [49–51]. In additions, organisations such as the WHO and UNAIDS often categorise individuals engaged in the sex industry and drug-using groups as separate 'key populations,' resulting in siloed funding streams [52, 53]. This compartmentalised approach hampers the development of truly intersectional programmes that address the overlapping needs and realities of the communities they are meant to serve.

The disinvestment in these services, as highlighted in Dame Black's 2020 review of substance-use treatment infrastructure in the UK, has resulted in a reduction in staffing levels, limiting the ability of services to adequately meet the needs of this marginalised population [54]. Furthermore, the frequent retendering and reconfiguration of services disrupts the development of effective partnerships and hinders the delivery of collaborative, specialist care. This makes it increasingly difficult to provide integrated and person-centred treatment, which is crucial for addressing the complex needs of individuals who participate in the sex industry who may face multiple intersecting challenges.

In certain areas of the UK, gaps in service provision persist, with some regions lacking easy access to primary care including GP services, pharmacies and support groups [35, 55]. Access to mental health services has been found to be particularly poor [3]. In addition, street-based workers may face practical barriers, including unstable living conditions and challenges of maintaining regular appointments, further hindering their ability to engage with these services [3, 22, 24]. There is an additional barrier to care for individuals who participate in the sex industry who have co-occurring mental health and substance use challenges as there is currently a lack of a coordinated treatment that combines substance use and mental health support at the same time [17, 56].

2.4. The Need for Flexible and Accessible Substance-Use Treatment for Individuals Who Participate in the Sex Industry. Research has consistently found that mainstream substance-use treatment services are unable to offer appropriately flexible, well-resourced or trauma-informed care for people involved in the sex industry [1, 3, 28, 47]. By 'flexible,' we refer to low-threshold services that are adaptable to the diverse and often complex needs of individuals, offering care that responds to each person's unique circumstances without imposing rigid requirements or barriers to access. Health service treatment has been described as 'disciplinary, dismissive and conditional,' exacerbating the often-precarious living situations of individuals who participate in the sex industry, for example, failing to offer flexible appointments in line with late working hours [1, 28, 35, 47].

Techniques to encourage engagement include flexible appointments, sending reminders to participants to attend services and in some instances, providing transportation to help people who participate in the sex industry attend when needed [17]. In addition to the need for flexible appointment times, flexibility should be applied at all stages of the treatment process. For example, according to expert contributor Julia Busfield, women she works with have commented that some substance-use services they have tried to access offered them initial phone call appointments which if missed (due to work or other appointments), will result in having to be rereferred. The requirement for abstinence from all drug use before being offered a place in a residential rehabilitation service represents an additional barrier to support. This is particularly challenging for people who may be rough sleeping or suffering from mental and physical health problems and who may not have had prior access to substance-use treatment support [57, 58].

Women who participate in the sex industry require flexible and rapid pathways to residential rehabilitation services where they do not have to face multiple assessments, which may be potentially retraumatising. When they do enter residential rehab, it is important that they have access to group work with people with shared experiences. It is important too that service providers accept and work with uncertainty while supporting and assessing women who may be engaging in the sex industry. For instance, when a woman with young children seeks treatment, the availability of childcare services within both inpatient and outpatient substance-use treatment programmes has been shown to significantly enhance engagement [46].

In addition, any service provision for individuals who participate in the sex industry who use drugs must be prepared to embrace nuance. It is important that services are person-centred starting with asking and responding to an individual's priorities and not enforcing service or staff priorities. It is important that services are informed by the expertise of those with lived experiences including the holistic provision of multiagency services, including specific harm reduction, support strategies and outreach provision [59]. To better understand how to offer care for individuals who participate in the sex industry, it is essential to meaningfully involve them in the design of treatment and service delivery [22, 24]. It is imperative that services are offered in ways that are sympathetic to the lifestyles of people who use drugs.

Designing services for intersectional vulnerabilities is one of the most widely cited criticisms of substance-use treatment provision for individuals who participate in the sex industry, including the failure to address complex and overlapping adversities, including poverty, homelessness, violence, poor mental health and stigma. These intersecting needs—shaped by multiple, interconnected forms of vulnerability—often go unrecognised in mainstream treatment approaches. Importantly, it is not always possible to fully identify or predict all needs, as they vary across individuals and can change over time. In light of this, one of the most important facilitators of effective substance use treatment for individuals who participate in the sex industry is the availability of flexible, nonjudgmental services that are designed to respond to these diverse and intersecting challenges [2, 17, 43, 47].

The importance of accessing a range of social and psychological support services cannot be overstated and drug and alcohol services are often the places where such services are available. In their 2022 cross-sectional survey of frontline health services (including mainstream drug and alcohol services), Potter and colleagues reported that drugs and alcohol services are only 'fairly accessible' to individuals who participate in the sex industry [3]. They also described how this could be improved by the provision of flexible and 'drop in' care, as well as access to a wider range of health and social support services [1, 3]. The study also revealed significant regional disparities in service provision in the UK. While some areas, such as Bristol and Leeds, offer specialised

outreach clinics for individuals who participate in the sex industry, these are exceptions rather than the norm. In most regions, access to specialised care (particularly for street-based workers) remains highly limited and mainstream services often lack the adaptability required to meet their complex needs. Other studies identified that services which offer one-to-one appointments and facilitate trusting relationships with practitioners have been highlighted as helpful [46].

Designing effective services for individuals involved in the sex industry requires careful attention to the unique forms of stigma they experience. Stigma related to the sex industry has been described as a type of 'courtesy stigma' that not only impacts the individual but also 'contaminates' associates, children, parents and partners, meaning that individuals who participate in the sex industry often become isolated from their loved ones, which may exacerbate any drug use [27, 60]. Benoit and Unsworth have argued that this courtesy stigma extends to organisations that support those involved in the sex industry and has limited the ability of sex industry organisations to secure adequate funds to meet the needs of individuals in their communities [61]. Such stigma presents a key challenge for service design and delivery, as it can restrict both access to resources and the visibility of supportive care. Participating in the sex industry is often seen as an 'oppressive master status' [62, 63], implying that an individual's identity as someone involved in the sex industry takes precedence over all other aspects of their identity and experience, and has permanence across social space. This stigma has the effect of obscuring the material practice of participating in the sex industry, i.e., that working within the sex industry is what someone does rather than who they are. Like any social phenomenon, stigma is socially constructed and reproduced, often as a means of controlling a population who do not fit into preexisting normative stereotypes [64, 65]. In the case of women who use drugs, this is viewed through the lens of a failure to perform normative femininity, and the political function of this stigma is then used as a means of state coercion and control [66, 67]. For individuals who participate in the sex industry, this is not only experienced through criminalisation and surveillance but also through the marginalisation of their needs in mainstream service design [4, 28]. To design responsive and inclusive services, it is, therefore, essential to understand and actively counteract these intersecting stigmas that shape access, trust and care.

This points to the necessity for specific, sex industry specific services or at the very least for drug and alcohol services to offer designated services that are free from judgement or shame for this population [17, 34]. This includes making drug services more accessible to individuals who participate in the sex industry by providing harm reduction support (including safer sex supplies), needle and syringe provision and fast-tracked substance-use treatment [68]. Cusick et al. [43] also argue that low-threshold, community-based drug-treatment services should be available within specialist sex industry support projects.

2.5. The Need for Multiagency, Integrated Working With Practical Support Elements. To effectively address the needs of individuals who participate in the sex industry, it is essential to recognise them as multifaceted people—individuals who may have experienced pain and trauma, but whose identities extend far beyond their involvement in the sex industry. To ensure that services can meet multiple and intersectional needs, studies suggest the need for multiagency, multidisciplinary working, including trauma-informed, gender-sensitive health services with specialist knowledge of substance use, mental health, domestic violence and homelessness [3, 17, 69]. In addition, services should have the knowledge and ability to refer clients to or invite representatives to services that can provide advice on legal rights, welfare and social support [28].

Provision of substance-use treatment may be best delivered alongside other interventions to support individuals who participate in the sex industry and there is promising evidence for the effectiveness of multicomponent interventions that address their intersectional needs. Indeed, evidence suggests that specialist sexual health, drug/alcohol services and homeless health services models are often adept at collaborative, interagency working [3].

While women-only substance-use treatment groups are important, findings support the need for drug treatment groups that are specific to the needs of individuals who participate in the sex industry, particularly those that work on the street [2, 16, 33]. In the Drug Use in Street Sex worKer (DUSSK) feasibility study of an intervention combining substance use treatment with therapy for post-traumatic stress disorder (PTSD) for street-based workers, service providers reflected that attending mainstream drug services would make women involved in street-based work vulnerable to exploitation in mixed groups [17]. The study found that it is important that the lived experiences of individuals are considered in the design of substance use and PTSD treatment. Frequency and timing of sessions as well as the length of sessions and group sizes were all considered when designing this service which was found to be acceptable by most participants and service providers. Staff who ran these groups reported benefiting from collaborative working with other specialist services including regular case-review meetings to assess the needs of participants and enhance communication channels.

Providing trauma-informed care requires services to build trust and support people to feel safe and empowered with their choices while acknowledging and understanding the impact of trauma across settings, services and populations. It can be challenging for some individuals to maintain treatment, as they may move address frequently. If they are homeless or fleeing abuse, they may not have access to a phone or transport or they may face difficulties with their health. Practical support such as transportation and staff providing encouragement and emotional support to attend treatment sessions is also seen as beneficial [17]. In addition, it is important that service providers working with traumatised groups have access to adequate support and training as this enables them to respond sensitively and effectively to the complex needs of the people they support.

Without appropriate preparation and emotional support, practitioners may experience secondary trauma or burnout, which can compromise the quality and continuity of care. Ongoing training also helps ensure that services are grounded in trauma-informed principles, promoting safety, trust and empowerment for service users. Prioritising relationships and building trust with individuals in need of support should take precedence over immediate disclosure of their involvement in the sex industry or related risks; by taking this approach, practitioners are more likely to gain an accurate picture over time of an individual's experiences and the level of risk.

3. Discussion

Individuals who participate in the sex industry and use drugs have specific needs that may differ from other populations of people who use drugs. It is important that services consider these needs when designing treatment options. This critical review of the literature and expert opinion demonstrates the need for gender-informed, sex industry–specific services that prioritise flexible, accessible and nonjudgmental care for those individuals who participate in the sex industry and who need support with drug use. It is essential that service development is informed by the lived experience of those who participate in the sex industry and that their intersectional needs are also considered. This includes providing a wide range of accessible health and social support services. It is also important that staff providing treatment are sufficiently trained and supported in trauma informed practice, with an emphasis on providing nonjudgmental, flexible and individualised care.

Research has demonstrated that low-threshold, sex industry–specific, peer-led approaches have been shown to increase access to many healthcare and other support services and that it is possible to scale this up within mainstream substance use treatment programmes [69–71]. Crucially, sex industry support projects need to be well funded to provide best practice. National strategies should support the development of holistic needs-based services; prioritising individualised and nonjudgmental support for both individuals who are interested in leaving the sex industry as well as those who are not interested or able to leave. Intersectionality goes beyond individual-level factors to explore social and structural elements of health and social issues (e.g., gender-based violence) and should be applied to approaches to support individuals who participate in the sex industry and who have experienced challenges with drug use [34].

This literature review with expert contributions provides insight into the kind of services that are beneficial for individuals who participate in the sex industry and who have challenges with drugs and or alcohol. Although results from the DUSSK study are promising, more interventional studies are needed to test the effectiveness of treatment approaches within this underserved population. Additional research should test the effectiveness of interventions to support individuals who participate in the sex industry and who use drugs. It is additionally important that future research seeks to increase the use of objectively assessed outcome measures and increase the length of follow-up, considering the often-remitting nature of drug use and/or participation in the sex industry [33].

4. Conclusion

Interventions and treatment approaches for individuals who participate in the sex industry and use drugs should be grounded in the lived experiences of those they aim to support. Care must be flexible, nonjudgmental, trauma informed and responsive to the complex, intersecting needs of this population. This includes access to gender-sensitive, sex industry–specific services that reflect the diversity of roles and experiences within the industry. A coordinated, multiagency approach is essential to address the wide range of health and social care needs, including substance use, housing and mental health. Crucially, individuals with lived experience should be actively involved in the design and development of services to ensure they are relevant, effective and empowering.

Data Availability Statement

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

Conflicts of Interest

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