ASSESSMENT STUDY

Drug use and access to service provision among workers at non-sex licensed Thai massage salons in Amsterdam and The Hague

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26/10/2016
INTRODUCTION

Mainline is an independent organization working with substance users based on harm reduction principles. This low profile approach does not put any moral pressure on substance users. The organization’s main goal is to improve the health and living conditions of substance users, where clear information is provided, irrespective of their own choices and abilities, to lead the healthiest lives possible.

A previous Mainline study on drug and drug use among Thai sex workers in 2015 revealed that despite the fact that most of the workers having knowledge and understanding on drugs, drug use and its effects, they and their acquaintances are unaware of rehabilitation and institutional care services. Based on this 2015 study, Mainline has commissioned the current study to investigate the situation among Thai migrant workers, especially Thai working in a Thai massage salon without a sex license.

Based on the researcher’s previous contact with Thai women, it appears that many women came to The Netherlands on the basis of partnership or marriage. Many of them invested quite a lot of money into the dating process before moving to The Netherlands and obtaining a residence permit. Most women hope to realize a married status as it provides a basis for permanent stay in The Netherlands. Moreover, it reduces costs and insecurity related to keeping a guarantor. To settle in The Netherlands they have to overcome major barriers: 1) mastering the Dutch language; 2) competition in the labour market. Casual work in small enterprises (Thai restaurant, Thai massage salon) is the main option open to them, apart from being a housewife. The nature of the work – in-doors and home bound – narrows their access to the public sphere and limits their socializing circles to a small Thai community where they share many similarities. This Thai closed community can, on one hand give them a comfort zone where they feel safe, but on the other hand can put them in a disadvantaged position in the long run as it draws them away from orienting themselves towards the Dutch society and eventually integrate themselves.

AIM AND STRATEGY

The study aims to gain better understanding on the needs, knowledge and understanding of Thai sex workers in massage salons without a sex license, towards health and social governmental and non-governmental service providers.

The study was implemented with the use of key questions guiding the information gathering among 10 non-sex licensed and 3 sex licensed Thai massage salons. Out of the 10 salons, there are 5 in The Hague and 5 in Amsterdam, while the 3 sex licensed salons are in Amsterdam and Haarlem. The number of visits to a non-sex licensed and sex-licensed salon
was 2 and 1 visit per salon respectively. The total number of respondents was 42, of which 34 were workers and 8 were owners.

The study covered the period from May to October 2016. The study consisted of two phases namely the preparation and the implementation phase. Key activities under the preparation phase were development of the study and plan, development of simple educational material and key questions for field work. The implementation phase, had field work and report writing as the main activities, started at the beginning of July until the end of September. (See work plan)

A limitation of the study may be that some of the respondents were not fully open to an outside researcher even she is a Thai herself. Though two visits were planned, one introduction and one for doing the interview, it appeared still more difficult than expected to gain their trust. Therefore, a person trusted by them, helped by introducing the researcher to them, as well as assisting in building a relationship at various informal events. Nevertheless the level of openness varied among respondents from very open to rather reserved. Further developing a trustful relationship between sex workers in non sex-licensed massage salons and those who want to provide services to them will be a point of attention in the strategy proposed.

FINDINGS

A. General information on massage salon workers

In general, Thai people in The Netherlands form their own social network and support based on their connections or place of origin before coming to The Netherlands. Within a Thai massage salon community they seem to have their own small group. Unlike other Thai sex workers, workers in non-sex licensed massage salon appear to have more contact and socialization with other Thai groups, as well as participating at Thai official events and Buddhist ceremonies.

Despite the fact that key questions (semi-open question) were used to guide the discussion together with a Thai brochure (on drug use and service provision) to gather information, it was rather difficult to initiate the conversations. Initially, the salon owners and workers were cautious in responding to rather sensitive questions on drugs and drug use. They were politely responding to the interview, whereby “yes, no, and I don’t know” were their answers.
As the researcher did not have a personal contact within the workers and owners of non-sex licensed massage salons, a bridging person was needed to build a relationship. With the support from a sex worker, in The Hague, and a salon owner in Amsterdam, the interviews then went smoothly as per mid-August.

There are two target groups, firstly the owners and workers from the non-sex licensed salons and secondly those of sex-licensed massage salons. Within the non-sex licensed group, it can be categorized into three sub-groups based on the owner characteristic as follows: (owner’s views and opinions influence the worker answer and discussion)

a) **Co-operative type:** These are owners and workers of a Thai traditional massage salon (40%). They seem not to have much contact with others, apart from their neighbouring salons. Despite their limited connections, they think along as where to find drug users with difficulties that are in need of help. They also suggested places where to find drug users who they have seen or heard about.

b) **Denial type:** Some twenty percents (20%) of the respondents can be categorized as denial type within salons that have only a massage license but they might have a tendency\(^1\) of doing happy ending (erotic) services as well. They reject or condemn sex workers\(^2\) as being bad persons. They give the information of having no contact with sex workers\(^3\), not knowing or having any friends using drugs but have seen drug users.

c) **Neutral type:** Forty percent (40%) of the respondents from the non-sex licensed neither deny nor accept of doing more than massage services. They don’t reject sex workers. They think along where to find drug users, they know someone or have friends using drugs. Three respondents also shared information on home party\(^4\) organized on a regular basis in Amsterdam. *(see more under unexpected issue)*

For the massage salon with sex license, they appear to be always co-operative. They provide insightful information on a new generation transgender issue.\(^5\) In addition, they also help with verification of the gathered information from the non sex licensed salons, especially on the process for Thai women entering sex work in the Netherlands.

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\(^1\) Indicators of the tendency of providing erotic service is that they are too much condemning women working in a sex licensed salon as bad people- using drugs, gambling, doing sex work. Another reason for the suspicion that they provide erotic service is that they are over-stressing that they do Thai massage only.

\(^2\) With sex workers they mean those working in a massage salon with a sex license.

\(^3\) “We are good people, so we don’t interact with those working in the sex industry”

\(^4\) Home party is organized by a group of transgender and sex workers where drug use, gambling and arranging for sex for money takes place

\(^5\) They are two groups of transgender in The Netherlands, the old and new generation. The old one – dress like a woman but still have male appearance- came in the 90s and there are not many of them now. The new generation and came to The Netherlands in the recent years. This group might have a big number. They are young and most of them have sex change, feminine like women and no signs of a man.
B. Knowledge and understanding on drug and drug use

It is interesting that most of the people we talked to were talking about or referring to drug users in the third person (“we heard of, we know from a friend that, or we have seen but do not know personally”). Despite most of the respondents indicating that they do not have direct contact with drug users, they all have direct or indirect experience with drugs and drug users. For some, this could be a form of denial alike the denial of being a sex worker. So, the true extent of drugs use can’t be established, but considering the level of information and knowledge of respondents on drugs, as well as the work related stress they face (see below), drugs use may be more common than indicated by respondents.

One owner from Amsterdam refused to talk about drugs, due to having lost her brother who died from an overdose. Another owner, who knows only the name of drugs, is having a difficult time as one of her daughters undergoes treatment since May 2016.

XTC or E-Soey, Yaba (a mixture of Methamphetamine and caffeine) and Methamphetamine (Ice) are the three most known drugs among the respondents. A few mentioned Marihuana and Heroin. In addition to knowing the drugs, most of them also know how the drugs are administered (a few don’t know—one owner have limited knowledge on this – Only smoking for Marihuana). The reasons given for using drugs includes the following:

- **Having fun with friends:** Forty seven percent (47%) of the respondents indicated that people they have seen use drugs at a birthday party among friends, so that they enjoy dancing and stay up long at the party.
- **Partying:** The respondents (38%) elaborated that the users took E-soy before going to a concert or event with the reason that E-soy can maintain their “party mood” for long time with little money. It is cheaper taking “the pill” than drinking alcohol which is rather expensive at the concert or event.
- **Losing weight and keeping a good shape:** Twenty eight percent (28%) of the respondent shared that Yaba makes the users not hungry thus helps them lose weight.
- **Sexy appearance:** According to twenty eight percents (28%) of the respondent drugs is used for sexy appearance.
- **Competing for client:** Twenty nine percents (29%) of the respondents mentioned the reason for using drugs as to be able to compete for a certain group of client. Some

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6 With the owner refusal, this salon is not part of the study. However, it is mentioned in the report to share how sensitive the issue is, especially within this target group whom the researcher do not have any relationship.

7 She was working in catering before having this massage salon. She got to know about drug addiction of her younger daughter from her elder daughter. She is happy with the educational material.
clients require specific services, which sex workers only dare to provide with the use of
drugs, either before or after the services.

- **Coping with stress**: The most reason given by fifty seven percents (57%) of the
respondent for the users in using drugs is to cope with stress, drugs help them to relax.
According to the respondents, there are two types of stress namely work-related stress
and personal stress⁹.

### Reasons given for using drugs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having fun with friends</td>
<td>60</td>
</tr>
<tr>
<td>Partying</td>
<td>50</td>
</tr>
<tr>
<td>Losing weight</td>
<td>40</td>
</tr>
<tr>
<td>Sexy appearance</td>
<td>30</td>
</tr>
<tr>
<td>Competing for clients</td>
<td>20</td>
</tr>
<tr>
<td>Coping with stress</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: field research 2016

Workers in both non-sex licensed and sex-licensed massage salons have a basic knowledge
on drugs and drugs use. They describe drugs and its possible effect as: it is addictive, it
damages a person’s brain, a person becomes not lively instead more like a robot, aggressive,
drug users don’t keep their words, and they are not reliable.
Some examples given on brain damage they have seen among drug users includes talking
meaningless (in a circle) all the time, illusion seeing or hearing things that others don’t.¹⁰

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⁸ Client offers more money when providing variation of services. So they needs to take drug in order to compete and to do these services
⁹ Personal stress mentioned is in the process of a divorce and with renewal of their residence permit.
¹⁰ They describe one woman (whom I also know) of talking nonsense repeatedly (something in her life which others don’t know about). This woman has many illusions and becomes aggressive towards clients. Resulting in a situation where the owner asked her to stop working.

*Anong Boonchuey*  
*October 2016*
C. Service provision

From this study most massage salon workers and/or owners shared that they have indirect experience with drugs and drug users. There are only two massage salons where they shared of having had direct experience with drugs and drug users. One worker from a sex-licensed salon told that she was using E-soy and coke, but stopped using when she wanted. “I am clean and I never used it again after I stopped about 5 years ago” Another salon in The Hague (owner/mother and two daughters) has one daughter, who had been using drugs (E-soy and Yaba) for a few years, while another daughter is currently on a treatment programme11.

As most respondents have indirect contact with drug users, they do not know any one that needs treatment at present besides the daughter of one owner who undergoes treatment. All the respondents indicated having a health insurance, but are not sure those who use drugs have it.

Regarding service provision, all respondents do not know most of the listed organizations mentioned in Mainline’s Thai community resources leaflet (appendix), except The Municipal Health Services (GGD), the only organization known by all. However, there are two salons in The Hague where three additional services are known to them: Het Juridisch Loket, SoaAids Netherlands and SHOP. They further indicated that their friends are happy with legal support from social legal services (Het Juridisch Loket) and emergency shelter provided by SHOP.

D. Needs and views on services and constraints in accessing services

About fifty percent (50%) of the respondents do not know what the needs of the drug users and their experiences with accessing services are. Approximately half of the people who don’t know, further clarify that “we are the young generation12, we don’t associate much with others, especially drug users and those working in massage salons with a sex license” Another half of the respondents has given the main bottleneck for drug users in accessing service as being the drug users themselves. “They don’t seek treatment because of their denial, as most of them think that they are not yet addicted.” Other said drug users are enjoying or having reason using drugs and do not see the needs for treatment while other might not know where to get help. Having seen relapse among

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11 According to the sister, who keeps an eye on the younger sister, the treatment is handled by a specialist but it is unclear whether it takes place at a hospital or at a treatment center. The referral was made by their GP.
12 Young generation refers to workers that came to The Netherlands not more than 5 years ago. They are young with a certain level of education unlike the old generation. With their educational background, the young generation manages to learn Dutch quite well.
other drug users, who undergone treatment in Thailand or abroad, sets an example for drug users not going for treatment.

Two owners shared their experience on service providers, indicating they were happy with the rehabilitation programme as well as emergency home provided by a social support organization.

E. What happens to those having to leave the work due to addiction problem and how we can find and help them?

All respondents have seen and/or heard about drug users with addiction problems like homelessness, indebtedness to a Chinese money lender, divorce of their Dutch husbands. The users referred to by the respondents can be divided into three groups as follows:

- Massage salon and/or sex workers (50%),
- Housewife\(^\text{13}\) (16%), and
- Unknown: someone whom they have seen at a party or elsewhere (34%)

There is a case of one transgender ex-sex worker\(^\text{14}\) whom most of the respondents in Amsterdam mentioned of having seen him/her begging at various locations like in front of a Chinese Toko and at many train and metro stations in and around Amsterdam. Little to non-saving is a common practice among Thai (sex) workers in the Netherlands. They usually send a remittance back home on a monthly basis. The money send back home is either meant for supporting the family members or, for their old age, usually kept in the form of assets.

In addition to the beggar transgender, the respondents mentioned of seven (7) middle aged women and two (2) young women in The Hague who had to leave the job. Some said that the seven (7) middle aged workers of which four (4) went back to Thailand and two died from unknown causes.\(^\text{15}\) Another three (3) women have moved in with a group of transgender in Amsterdam. As for the two young workers, one has found a new place to work, while the other worked at another salon in Rotterdam and later on in Hazerwoude-Rijndijk before she had to leave her job.\(^\text{16}\) I met these two workers and the latest news I got about the latter, is that no one know her whereabouts.

\(^{13}\) There is a number of housewife that drinks a lot and have drinking problem

\(^{14}\) About half of Amsterdam respondents gave money to this person. The story I got is that s/he used drug when working as sex worker. S/he became a beggar immediately after becoming jobless. With no house, it is unclear where s/he stays.

\(^{15}\) Most sex workers are going back to Thailand when they are in a very poor health- return home to die.

\(^{16}\) I know these two workers and was asked by the owner to help with treatment. It is unfortunate that the owner could not keep her any longer as she became aggressive at work. The remaining worker has problem with accommodation and is looking for a place to stay.
F. Unexpected issues

1. Home party

When talking on the issue of workers, who had to leave working in a massage salon due to drug addiction, respondents from two massage salons in Amsterdam- one owner and two workers from Amsterdam shared that a few sex workers (previously working in a massage salon and window in Amsterdam) had nowhere (*no work no place to stay*) to go and did not want to go back to Thailand, like some of the others. They were welcomed to move in and share a house with a group of transgender (3 or 4 transgender) and joined hands in organizing home parties. One of the workers attended such a party a few times.\(^{17}\)

Three (3) respondents\(^ {18}\) from Amsterdam shared that the home party organizer (the transgender and ex- sex workers and drug users) rotate hosting of their home parties, which takes place on a more or less monthly basis.

At the party, the host prepares food and drink for sale, while party go-ers enjoy playing cards for money. In addition to food and drinks, the organizer has drugs available on request as well. The worker who attended this home party noticed that it is a place where casual sex work took place as well.\(^ {19}\) The respondent further explained that most of the party go-ers are ordinary housewives and women working in a hotel, massage salons, and restaurant workers (both male and female). The home party on the one hand gives the opportunity for Thai women (few men) to meet and socialize, but on the other hand it makes the party go-ers susceptible to drugs use and casual sex work in the short term and entering sex work in the long run.

According to the respondents, people using drugs at this home party can be categorized as follows:

- **Trying out:** These people are invited to the party via friends and via friends of friends. After enjoying Thai food, out of curiosity, they try out drugs and continue enjoying music at the party. The usual tried out drug is E-soy.

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\(^{17}\) The owner informed me that this worker was invited to a home party more often as she can find a client when she in need of money. Another worker happened to visit a friend who hosted the party without knowing about the party prior to visiting the friend.

\(^{18}\) One owner and two workers- one each from non- sex licensed and sex licensed salon.

\(^{19}\) The worker didn’t tell me that she can get a client at the party. However, she said that it is not difficult to find someone that needs companionship. She did want to further discuss whether it is sex for money or a one night stand.
• **Coping with stress**
  There are two type of stress, namely stress before coming to the home party and stress as a result of coming to the party. The first group of people has stress from home and comes to the party to relax. The cause of stress includes disagreement with their husbands, in the process of divorcing, and encountering with renewal of their residence permit. With such problems using drugs “*help them to forget all the problems*” said a respondent.

The second stress occurs among the gamblers, especially the losers. Card game is one of the socialization activities at this home party and the card gambling puts the losers on a wrong footing, when they start borrowing money. Without money and means for repaying the loan they start to use drug. With the financial situation they are in, they start to socialize with “*non-Thai guests*” who appear to look for companionship in exchange for money.

• **Non-Thai guests:** According to the respondent, these non-Thai guests are invited to the party by the organizer, who acts as the intermediary person introducing the women with financial problem to a man. Men then come to “*pick*” the women at this home party. There is no information both on the sex for money and the intermediary process.

2. **Transgender community**

It is unclear how big or how many Thai transgender\(^{20}\) are in The Netherlands. According to a few respondents and my personal observation, there can be quite a number of them. However, the number of transgender that interact with massage salon and sex workers might not be high. The group of transgender, who supports sex workers who had to quit the job due to drug problems, has a very strong relationship. They support each other and are key actors in organizing of the home party.

In addition to the above mentioned transgender, there is also a group of a rather young, good looking new generation transgender. Some of the new generation had a complete sex change and it is difficult to distinguish that they are not a woman by birth. The majority of them work in restaurant and a few works in the sex work industry.\(^{21}\)

\(^{20}\) Based on my observation, a number of transgender in 3 cities of Amsterdam Rotterdam and The Hague could be around 100 of which all are not in sex works related.

\(^{21}\) According to one owner-sex licensed – we will have one transgender that just operated coming to work at her place the day after my visit. S/he is young and came to the Netherlands as a child with her/his mother who married to a Dutch man.
3. Process entering sex work in The Netherlands

It is observed that Thai women entering sex work in The Netherlands, often start by working in a restaurant or hotel\textsuperscript{22} and subsequently move to work in a massage salon (non sex licensed), then in a sex licensed massage salon. Another entry way is instead of moving to work in a non licensed massage salon, to work as an escort or at a window and finally ending at the sex-licensed massage salon.

CONCLUSION

Based on the findings it can be concluded that workers in non-sex and sex licensed Thai massage salons have knowledge and understanding on drugs, drugs use and their effects. Although workers indicated having limited direct experience with drug users, they mentioned coping with stress and having fun among friends as key reasons for using drugs. So, the real extent of drug use among workers in non-sex and sex-licensed Thai massage salons might be higher than appears in the study as some respondents might not have been fully open or are in denial of their drugs use.

Expansion of information services towards workers of Thai restaurants was suggested by owners and workers at the non licensed Thai massage salons. Discrimination towards sex workers is very strong, so workers in non-sex licensed massage salons prefer talking to drug users including those working in a sex licensed massage salon in the third person. Most of the workers and owners highly portray their non-sex licensed massage of not providing any sex-related services. Some to the level that it becomes suspicious of covering up that erotic service is taken place.

Denial of being addicted by the users is also key factor hindering users from accessing services available. However, it also appears that service organizations and available services are not known by workers in both non-sex licensed and sex-licensed massage salons. Even though information services are available (e.g. on how to use drugs safely), Thai workers are not aware of / do not use these services, as indications are that many of them might perceive these services and their organizations as rehab related, which appears still to have a stigma. Moreover, the perception on drugs use among Thai workers might play a key

\textsuperscript{22} Most massage salon owners have connection with restaurant owners while working in a hotel provides opportunity for direct contact with potential client.
role towards discrimination against drug users. Despite having mentioned sexy appearance, reduced stress, having fun, as reasons for using drug, they seem to emphasize more on the negative effects of the drugs. Thus they might only consider the users and effect from using drugs when a person is addicted.

It seems that workers with heavy drugs use problems who had to leave their job remain staying in The Netherlands and only will go back to Thailand when their health condition is bad. While staying in The Netherlands, they encounter problems such as homelessness, indebtedness to Chinese money lenders, and divorcing their Dutch husbands. As discrimination against sex workers and drug users is very high in the Thai community, those using drugs avoid stigma by not looking for help. Looking for help would imply not only that they are labelled as a drug user but also as a sex worker; while otherwise they can pretend to be only a massage salon worker.

It is an interesting finding on home parties, which can on the one hand be a good socialization event, but on the other hand could lead or be a starting point of a journey towards drugs use and/or sex work. The transgender community seems to be key organizer of home parties and supporter to some of the workers affected by drug addiction. Another interesting findings touched upon in this study is on the process how some of the Thai women enter sex work in The Netherlands, which appears to generally be a gradual process.

**RECOMMENDATIONS**

Based on the findings, further action is recommended in the following two main areas:

1. **Increase understanding of the target group** by implementing the below activities:

   **Educational campaign** on using drugs safely and reducing discrimination against sex workers: The education activity on drugs should focus on users, so that they can use drugs in a less harmful manner. Another target group is those that interact with sex workers and massage salon workers like the owners and clients. As clients might also use drugs in the act or require services which massage salon workers are only willing to provide when on drugs.

   With good understanding and safe drugs use by workers, owners and/or clients will enable workers to work in a safer manner. For instance, workers are able to negotiate and suggest their clients, with the owner’s support, on the type of drugs use (combination) and service provision.
In depth study on stigma and discrimination against drug users and sex workers: better understanding of stigma and discrimination will provide the basis for an effective intervention strategy in working with drug users and sex workers. Furthermore, understanding the causes of discrimination induced stress may contribute to more effective harm reduction strategies. It might also prevent those who enter sex work from drugs use as discrimination related stress would be reduced.

2. Roles of Mainline on harm reduction among migrant and Thai (sex) workers community

A strategic action for Mainline is to go beyond information provision only, by working on harm Reduction among the Thai (sex) workers community. Based on both studies and contact with the Thai community it can be concluded that distribution of information on drugs and harm reduction for drug users via outreach visits might not be sufficient in supporting drug users both on care and treatment and minimizing the harmfulness from drugs use. Promotion of harm reduction might need to be extended to preparing the users for treatment and care as well. It is suggested for Mainline to seek a collaborating partner that can provide hand on services to the target group on both using drug safely and with treatment and care related activities.

26 October 2016