



SEXUAL HEALTH SOCIETY POSITION STATEMENT - DECRIMINALISATION OF SEX WORK IN QUEENSLAND

SHSQ supports the decriminalisation of sex work in Queensland as an important component of removing structural barriers to sex workers accessing health promotion programs, sexual health testing and support.

Research in the last two decades has demonstrated consistently low rates of sexually transmissible infections (STIs) and HIV among sex workers in Australia¹.

Australia's 'strong and sustained health promotion programs among sex workers mean that rates of STI in this group continue to be among the lowest in the world' is identified as an achievement in its Third National STI Strategy.

Strong and sustained health promotion programs including high levels of condom use, regular testing and sex workers uptake of safer sex practices, has been achieved through a combination of strong peer led community health promotion programs, primary prevention strategies, access to voluntary testing and early treatment.

However, it is also widely recognised that laws and policing practices continue to create significant barriers to sex workers implementing safer sex practices, accessing health promotion and discussing their work openly with health professionals.

The Queensland Sexual Health Strategy recognises that sex workers working outside of the legal framework and cultural and linguistically diverse (CALD) sex workers experience barriers to health care. Respect Inc, Queensland's peer-based sex workers' organisation, states that more than 80% of the sex industry and sex workers operate outside of the legal framework currently.

Sex work takes place in a range of workplaces in Queensland with working within the twenty licensed brothels or operating as a private sex worker the only legal forms of sex work in Queensland. However, private sex workers are criminalised if working in pairs, sharing overheads, texting another sex worker when their client leaves, hiring a receptionist or a driver another sex worker uses.

Education (not criminalisation) results in condom use and regular testing

SHSQ supports education as the most effective approach to achieve high levels of condom use and regular testing amongst sex workers.

Safer sex behaviours, including the use of condoms and lubricants, remains the primary tool for preventing transmission of STIs and HIV for sex workers in Australia. Peer based health promotion has supported exceptional results and it is this education approach that has resulted in the uptake of condoms and testing by sex workers not the use of criminal approaches. It is not appropriate for police to play the role of the safe sex police in Queensland and practices including pretending to be a client and requesting unprotected services are in opposition to public health approaches.

Decriminalisation is best practice regulation

SHSQ supports decriminalisation as a best practice model of sex industry regulation.





A significant body of research has demonstrated the value of enabling legal environments, and more specifically decriminalisation, as a best practice model of sex industry regulation. Regulation frameworks that are based on basic human rights approaches support sex workers ability to negotiate safer sex and reduce barriers to accessing services.

The Kirby Institute 'Law and sex worker health' research project compared the sexual health of sex workers working in different models of regulation and identified decriminalisation as resulting in 'a healthy sex industry', without the unnecessary cost of over-regulation and mandatory testing.² In other research decriminalisation improved access to sexual health clinics including for sex workers from Asian backgrounds and their uptake of condom use.³

The Lancet series on sex workers and HIV found that decriminalisation was essential to an effective HIV response. Importantly, the enablers and barriers to preventing and treating HIV infection were consistent across high, middle and low income countries and across varying rates of HIV among sex workers. Researchers found that the 'decriminalisation of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33–46% of HIV infections in the next decade'. The evidence also finds that without the support of enabling environments, through the full decriminalisation of sex work, barriers will remain far too substantial for biomedical prevention alone to succeed.

Where decriminalisation has been introduced there is no evidence of an increase in the size of the industry⁴ however there have been improved Occupational Health and Safety outcomes, low rates of STIs among sex workers and voluntary attendance at sexual health clinics above 95%.

Voluntary testing

SHSQ supports voluntary testing services for sex workers in Queensland.

Australia's national testing guidelines support voluntary testing and this country national epidemiology does not demonstrate either a need for, or benefit from, mandatory testing of sex workers.

New South Wales, the jurisdiction in Australia with the highest number of sex workers, has a voluntary testing approach and data demonstrating high levels of testing and low rates of HIV and STIs amongst sex workers.

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine recommends: 'situations deemed necessary to impose mandatory or compulsory screening should be closely scrutinised from an evidence-based perspective on a regular basis to ensure that decision-making guidelines are adequate, and that the breach of the principle that testing be voluntary is still warranted.' The Joint United Nations Programme on HIV/AIDS recommends 'Whatever the legal regime, states should ensure that sex workers are not subjected to *mandatory* HIV testing or restrictions on their civil liberties.'

² Donovan B, Harcourt C, Egger S & Fairley C (2010). 'Improving the health of sex workers in NSW: Maintaining success', NSW Public Health Bulletin 21(3–4), 2010, pp. 74–77.

³ Pell C, Dabhadatta J, Harcourt C, Tribe K, O'Connor C (2006). 'Demographic, migration status and work-related changes in Asian sex workers surveyed in Sydney: 1993 and 2003'. Australian and New Zealand Journal of Public Health;30: 157–162.

⁴ Abel G (2014). "A decade of decriminalization: Sex work 'down under' but not underground." *Criminology & Criminal Justice* 14 (5): 580–92. <https://doi.org/10.1177/1748895814523024>.

