

Issue 120 – June 2017

**Sexually transmissible infections (STIs)
amongst male sex workers**

Another study (Callander D, Read P, Prestage G, *et al. Sex Transm Infect* Published Online First: 2 September 2016) has challenged perceptions of sex workers as vectors of disease. The study involved 40 sexual health clinics across four Australian jurisdictions and included 27,469 men who have sex with men, of whom 443 reported recent sex work. Rates of diagnosis of STIs (at first consultation) were compared across these two groups.

6% of the sex workers and 5% of the non-sex workers had already been diagnosed with HIV. Of the remaining men, 0.6% of sex workers were diagnosed with HIV, compared to 0.2% of non-sex workers. 13% of sex workers were diagnosed with chlamydia, compared to 12% of non-sex workers. 15% of sex workers were diagnosed with gonorrhoea, compared to 13% of non-sex workers. 0.5% of sex workers were diagnosed with infectious syphilis, compared to 0.9% of non-sex workers. All up, 18% of sex workers were diagnosed with HIV or an STI, compared to 17% of non-sex workers.

According to the authors of the study:

Regardless of sex worker status, the prevalence of HIV and STIs at first consultation was similar

amongst gay, bisexual and other men who had sex with men testing at Australian sexual health clinics. The finding challenges broad assumptions of sex work as inherently risky to individual sexual health and highlights the need for a more nuanced understanding of risk and infection among this population. Our finding that sex work did not present an increased risk for an HIV or STI infection suggests a similar level of risk-taking amongst men regardless of sex work.

The results of this study are similar to findings in respect of female sex workers in Australia, which show that they have a comparable or superior level of sexual health to non-sex workers.

All of this underscores the vital importance of consistent use of prophylactics as a barrier to the acquisition and transmission of STIs. It is worth noting that, as a measure to protect the health of the community, under s. 77A of the *Prostitution Act 1999* it is unlawful to:

- provide prostitution involving sexual intercourse or oral sex unless a prophylactic is used
- offer to provide prostitution involving sexual intercourse or oral sex without a prophylactic being used
- ask for prostitution involving sexual intercourse or oral sex without the use of a prophylactic

- accept an offer of prostitution involving sexual intercourse or oral sex without the use of a prophylactic
- obtain prostitution involving sexual intercourse or oral sex unless a prophylactic is used.

These offences carry a maximum penalty of 100 penalty units (which is currently \$12,190).

**Decriminalisation of prostitution in
South Australia?**

Whilst the act of prostitution itself is not unlawful in the state of South Australia, most aspects of it are criminalised. For example, it is unlawful to:

- publicly solicit for prostitution
- manage or keep a brothel
- permit a premises to be used as a brothel
- receive payment in a brothel for sex work
- live partially or wholly off the earnings of the prostitution of another person
- employ or engage another person as a prostitute.

Despite these prohibitions, the Sex Industry Network (SIN) estimates that there are up to 2,000 sex workers in the state and the South Australian Police Licensing Enforcement Branch has estimated that there are about 180 brothels.

Numerous unsuccessful attempts have been made over the years to reform prostitution laws in South Australia. The latest is a legislative proposal, which if passed by the Parliament of South Australia, will decriminalise prostitution in the state. The *Statutes Amendment (Decriminalisation of Sex Work) Bill 2015* was considered by a Parliamentary Select Committee, which reported on 30 May 2017 and recommended that the Bill should be passed without amendment. The Bill will be subject to a conscience vote and it remains to be seen if it will be passed.

The report states that:

Submissions from sex workers argued that sex work was a personal choice and they resented the implication they were victims, drug dependant, mentally unstable, or threats to society because they worked in an illegal industry. This type of stigmatization prevented sex workers from seeking the assistance of medical professionals and the reporting of crime for fear of further criminalisation. (p. 19)

The report can be found at:

<https://www.parliament.sa.gov.au/Committees/Pages/Committees.aspx?CTId=3&CId=327>.

Sexual services not funded by the National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS), according to its website:

will provide about 460,000 Australians under the age of 65 with a permanent and significant disability with the reasonable and necessary supports they need to live an ordinary life.

The NDIS is being rolled out progressively over a three year period from 1 July 2016 and will help those with a disability to:

- access mainstream services and supports
- access community services and supports
- maintain informal support arrangements
- receive reasonable and necessary funded supports.

The National Disability Insurance Agency has recently confirmed that the NDIS will not cover sexual services, sexual therapy or sex workers in a participant's NDIS plan. According to the Agency:

A plan may include psychological counselling or physical therapy to help someone understand and overcome a physical impediment to intercourse, but does not fund sexual services.

Further information about the NDIS is available here: www.ndis.gov.au.

Sexual Health Ministerial Advisory Committee

The Queensland Government has established a new Sexual Health Ministerial Advisory Committee to support the implementation of the *Queensland Sexual Health Strategy 2016-2021*. The advisory committee will bring a range of knowledge and expertise and will provide policy advice to the Government on current and emerging sexual health issues. There are eight members appointed for three years and the advisory committee held its first meeting on 6 June 2017.

Whilst rates of STIs are low amongst sex workers, the Sexual Health Strategy specifically identifies that sex workers are at occupational risk for STIs due to their high numbers of sexual encounters. Ms Candi Forrest, Treasurer of the Queensland sex worker organisation, Respect Inc, has been appointed to the advisory committee in recognition of her expertise in issues facing people who engage in sex work.

2017 PLA meeting dates

To be advised.

Vacancies for approved manager positions

Luvasian: Gold Coast brothel is seeking full-time/part-time approved manager, preferably living on Gold Coast. Various shifts are available. Flexible with working hours, honest, friendly manner, and multi-tasking are preferable. Please call Cheryl on 0412174588 for details.

Please note that approved manager advertisements may be submitted at any time for inclusion in the next edition of the newsletter. They should be emailed to plaadmin@iprimus.com.au.