

2. Decriminalisation and Public Health

SIDAC Information Sheet

This information sheet is part of a series prepared for the Sex Industry Decriminalisation Action Committee (SIDAC) to support the decriminalisation of sex work in South Australia in 2019.



Decriminalisation and Public Health

Prohibitionists often equate sex work with poor health and wellbeing for sex workers yet fail to see that all jobs need to be considered in terms of their health impact.

We do not ban certain types of work simply because they carry a risk. If we did, there would be no nurses or construction workers. Instead, we adopt a harm minimisation and risk management approach. We create laws that set and enforce acceptable work health and safety standards.

Sex workers are denied access to these protections. This is the sector's real "health" issue.

This information sheet highlights two sources of evidence to support a decriminalised sex industry: new and credible research published in the influential journal *PLoS Medicine* and expert evidence about local conditions presented to SA Parliament in 2016.



The Research Evidence

The new research explores the association of sex work laws with the wellbeing, health and safety of sex workers. The researchers identified "extensive harms associated with criminalisation of sex work" and that "removal of criminal and administrative sanctions for sex work is needed to improve sex workers' health and access to services and justice".

The authors conducted "a systematic review to synthesise evidence of the extent to which sex work laws and their enforcement affect sex workers' safety, health and access to services, and the processes and pathways through which these effects occur".

They conclude that there is "an urgent need to reform sex work related laws and institutional practices so as to reduce harms and barriers to the realisation of health" and that –

- the "**quantitative evidence** clearly shows the association between repressive policing within frameworks of full or partial sex work criminalisation ... and adverse health outcomes", and
- the "**qualitative evidence** demonstrates how repressive policing of sex workers, their clients, and/or sex work venues deprioritises sex workers' safety, health, and rights and hinders access to due process of law."

Their analysis examined the relationship between criminalisation and adverse health outcomes in relation to factors such as violence, emotional and sexual (including HIV and sexually transmitted infections) health, and access to health and social care services.

Platt L, Grenfell P, Meiksin R, Elmes J, Sherman SG, Sanders T, et al. (2018) *Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies*. *PLoS Med* 15(12).

Expert South Australian Evidence

Expert medical evidence about the health of local sex workers was provided to the Legislative Council Sex Work Decriminalisation Select Committee in 2016 by Dr Alison Ward, Consultant Sexual Health Physician at the RAH sexual health 'Clinic 275' and Russell Waddell, Senior Sexual Health Consultant for Communicable Disease Control in SA Health. Their evidence was compelling

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Dr Ward's expertise and the work of Clinic 275 includes STI screening and complex case management, HIV prevention, clinical guidelines, research, specialist sexual health professional training, and consultancy and expert advice in relation to STIs and HIV.

"I think there are other benefits of decriminalisation, including better access to health care, better access to education and safer sex peer-led education, that have been known to improve sexual health for sex workers and, therefore, the community as well."

- Dr Alison Ward

From a public health point of view, other groups are prioritised as higher-risk populations than sex workers for various reasons: notably young people, men who have sex with men, some culturally and linguistically diverse people (particularly migrants and travellers) and Aboriginal and Torres Strait Islander people.

Sex workers have an extremely low HIV rate, with Dr Ward noting that, in 2016, "no cases of HIV were detected amongst 3,559 female sex workers who were tested that year" and "there are no cases of HIV known to have been transmitted in the sex industry in South Australia to date or, in fact, in Australia to date" (as of May 2016).

In relation to STIs, Adelaide's Clinic 275 data from between 2000 and 2015 demonstrate that "sex workers have the same or much lower rates of STIs than non-sex workers".

An NHMRC-funded 2006-09 study also established that sex workers are more likely to contract STIs from non-paying partners in their personal lives than from sex with clients.

Criminalisation of clients under the so called Nordic or Swedish model was criticised from a public health point of view as "there are poorer health outcomes" for several reasons, including that sex workers feel compelled to rush client screening. Sex workers are also displaced to either remote outdoor locations or forced to work indoors in isolation, increasing the risk of violence and forced unprotected sex.

The Kirby Institute (UNSW) reported to a 2015 NSW parliamentary Inquiry that decriminalisation is considered, internationally, to be an 'unqualified success' in relation to its public health achievements. The inquiry subsequently recognised the benefits of decriminalisation to NSW, particularly in relation to public health.

There is considerable pressure to use condoms within the sex work sector, so police use of condoms as evidence to secure convictions is of particular concern.

