



Sex Work: Lessons from Australia

Dr Eric Chow, Senior Research Fellow

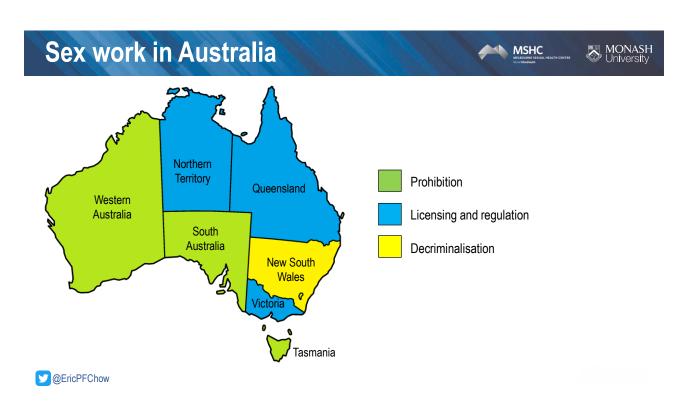
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- 2. Central Clinical School, Monash University, Melbourne, Victoria, Australia

IUSTI AP Sexual Health Congress 2018 | Auckland | 3 Nov 18









Prohibition





- Most common legislative response to prostitution
- Strong moral content
- Assumes prohibition will lead to disappearance of prostitution from society
- Violation of human dignity, or moral or religious arguments for prohibition
- Fosters corruption and crime
- Poor access to health care, contraceptives and condoms
- Low condom use
- High prevalence of HIV and STI





Source: Howard S. BMJ. 2018; 361 Harcourt et al. Sexual Health. 2005. 2; 121-128.

Prohibition (South Australia)









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Was an epidemic of gonorrhoea among heterosexuals attending an Adelaide sexual health services associated with variations in sex work policing policy?

Bin Li, ^{1,2} Peng Bi, ¹ Russell Waddell, ^{3,4,5} Eric PF Chow, ^{6,7} Basil Donovan, ^{8,9} Anna McNulty, ⁹ Glenda Fehler, ⁷ Bebe Loff, ¹⁰ Hana Shahkhan, ¹⁰ Christopher K Fairley^{6,7}

Li B, et al. Sex Transm Infect 2016;92:377-379. doi:10.1136/sextrans-2014-051918



Epidemiology

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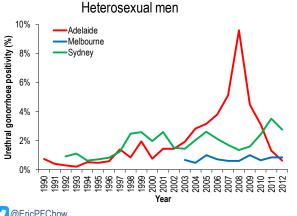
Prohibition (Adelaide)





- 2007-08, Adelaide expanded proceeds of crime activity
 - Resulted in 78 prostitution offences
 - Had significant impacts on STIs









Li B, et al. STI. 2016; 92: 377-379.

Licensing and regulation (Vic, Qld)





- **Excluding criminals**
- Adherence to public and SH guidelines
- Positive gains to SWs and clients





	Victoria	Queensland
Number of licensed brothels	91 in Melbourne (2017 data) ¹	22 (2015/16 data) ²
Number of unlicensed brothels	Up to 70 in Melbourne (2006 data) ³	?
Street workers	Illegal	Illegal
HIV/STI screening	Mandatory (with certificate)	Mandatory (with certificate)



^{1.} https://www.sbs.com.au/yourlanguage/thai/en/article/2017/10/05/majority-illegal-brothels-are-massage-shops-say-police

^{2.} https://www.brisbanetimes.com.au/national/queensland/legal-brothels-doing-it-tough-as-five-close-in-12-months-20161018-gs5649.html

^{3.} Chen M, et al. Aust N Z J Public Health. 2010; 34. 67-71.

^{4.} Harcourt et al. Sexual Health. 2005. 2; 121-128.

Brothels in Melbourne





- Currently brothels are limited to 6 rooms (Sex Work Act 1994).
- Sex workers have the right to refuse to see a client when they
 - o think the situation is unsafe, or
 - o think the client may be violent.









Source: Scarlet Alliance http://www.scarletalliance.org.au
Le Boudoir https://www.leboudoir.com.au

Mandatory HIV/STI screening in VIC





■ THE AGE

NATIONAL VICTORIA

Monthly sex worker tests are ridiculous, health experts say

Health Minister David Davis has backed down from a plan for Victorian sex workers to have fewer tests for sexually transmitted infections, prompting sharp criticism from public health experts who say the plan should go ahead.

Last week, a Department of Health project officer told a health and sex work conference the government had approved a move from monthly to three-monthly tests for sex workers in the regulated industry from September.



Section 20 of the Sex Work Act 1994 states, "A person must not work as a sex worker during any period in which he or she knows that he or she is infected with a sexually transmitted disease." Under the act, "sexually transmitted diseases" is defined as including HIV.



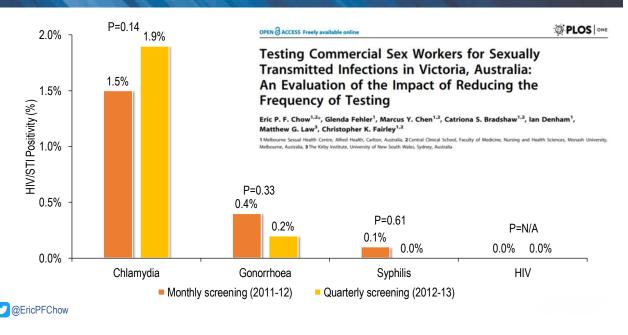
HIV/STI screening intervals in FSWs in Victoria

	Before October 2012	After October 2012
Chlamydia / Gonorrhoea	Every month	Every 3 months
HIV / Syphilis	Every 3 months	Every 3 months

Monthly vs quarterly screening





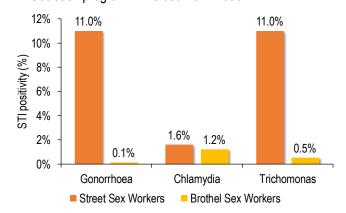


Street vs brothel FSWs





- Under the Licensing and regulation Model
 - Street sex workers are illegal → high STI positivity
- Outreach program in Melbourne in 1998





International Journal of STD & AIDS 1999; 10: 741-743

SHORT REPORT

An outreach programme for sexually transmitted infection screening in street sex workers using self-administered samples

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¹Melbourne Sexual Health Centre, Carlton, Melbourne, Australia, ²Department of Microbiology and Infectious Diseases, Royal Women's Hospital, Carlton, Melbourne, Australia and ³Department of Epidemiology and Precentive Melicine, Monash University, Alfred Hospital, Melbourne, Australia



Decriminalisation (NSW)





- The removal of most of the criminal penalties applying to adult prostitution
- In May 2016 the NSW government announced that they continue "to support decriminalisation of sex work as the best way of protecting sex workers and maintaining a more transparent sex work industry."



- Media statement welcoming this decision "WORLD RENOWNED, BEST PRACTICE MODEL OF SEX WORK DECRIMINALISATION TO REMAIN IN NSW"
- Decriminalisation was introduced because of corruption by police and by removing police as regulators has successfully addressed corruption.
- In other jurisdictions, and in NSW before the decriminalisation model was introduced, evidence has demonstrated police are inappropriate regulators of the sex industry.
- HIV/STI screening is not specified.



Source: Harcourt et al. Sexual Health. 2005. 2; 121-128.

HIV/STI testing rate among FSWs





Figure 3. Proportion of FSW patients attending sexual health clinics in NSW tested for HIV or STIs, by test, and year, 2007-2015

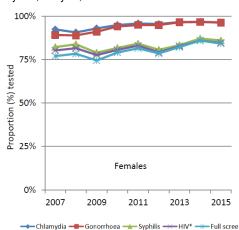
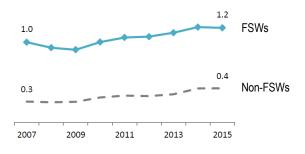


Figure 4. Mean number of 'full screens' annually among FSW patients attending sexual health clinics in NSW, by year, 2007-2015







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Callander D, et al. Sex Worker Health Surveillance: a Report to the New South Wales Ministry of Health. 2016.

HIV/STI testing rate among FSWs





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 Sexual Health, 2018, 15, 93-95

 https://doi.org/10.1071/SH16243

Private sex workers' engagement with sexual health services: an online survey

C. Thng^A, E. Blackledge^B, R. McIver^{A,E}, L. Watchirs Smith^D and A. McNulty^{A,C}

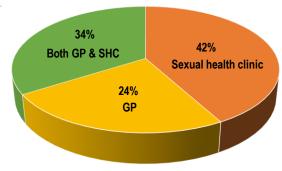
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^CSchool of Public Health and Community Medicine, UNSW, Kensington, NSW 2052, Australia. ^DKirby Institute, UNSW, Kensington, NSW 2052, Australia.

ECorresponding author. Email: ruthy.mciver@health.nsw.gov.au

- August October 2015
- Anonymous online survey
- 53 sex workers





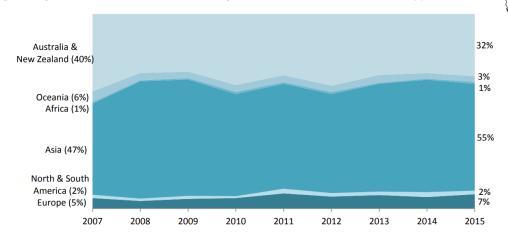


Sex workers demographics in NSW





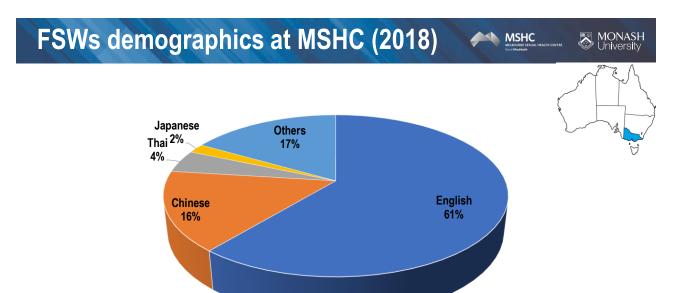




*Excludes patients for whom country of birth was not recorded



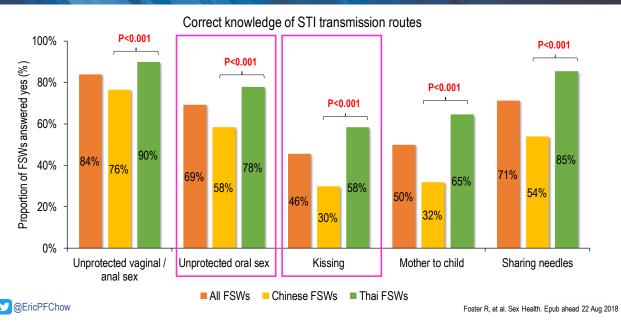
Callander D, et al. Sex Worker Health Surveillance: a Report to the New South Wales Ministry of Health. 2016.





HIV Knowledge among FSWs in Sydney MSHC MONASH University Correct knowledge of HIV transmission routes 100% P<0.001 Proportion of FSWs answered yes (%) P<0.001 80% P<0.001 60% 90% 40% Cross-sectional survey of Chinese-speaking and Thai-speaking 58% 53% female sex workers in Sydney, Australia: factors associated 20% with consistent condom use <mark>35%</mark> Rosalind Foster^A, Lynne McCormack^A, Caroline Thng^A, Handan Wand^B and Anna McNulty^A, C 0% Unprotected vaginal Mother to child Sharing needles / anal sex ■ All FSWs ■ Chinese FSWs ■ Thai FSWs @EricPFChow Foster R, et al. Sex Health. Epub ahead 22 Aug 2018

STI Knowledge among FSWs in Sydney MSHC WONASH University

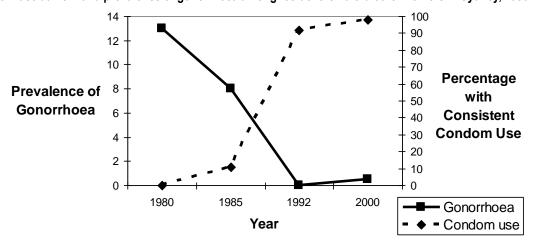


Condom





Condom use at work and prevalence of gonorrhoea among resident female brothel workers in Sydney, 1980 - 2000



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Slide courtesy of Kit Fairley

Sources: Donovan 1984, Jones 1984, Philpot et al 1991, O'Connor et al 1995, Sydney Sexual Health Centre data (unpublished). Gonorrhoea prevalences are based on cervical culture of women at first attendance. Consistent condom use is defined by self-report of using condoms for 100% of commercial sex acts (condom use was typically much lower for non-commercial sex).

Condom Laws



Sex workers must be provided with a free supply of condoms and lubricants at no charge in a brothel.



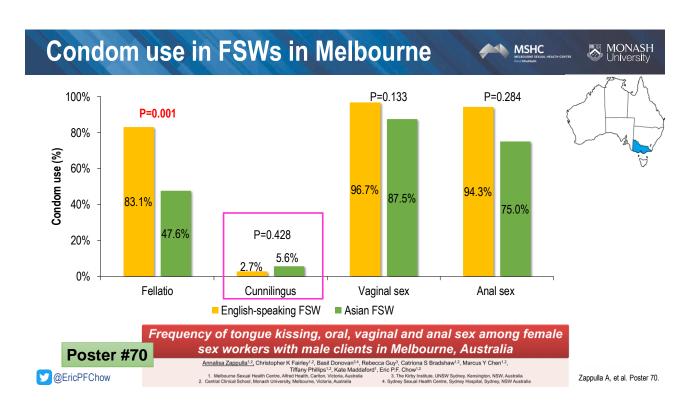
Section 18A of the sex work act also states that: (1) A person must not provide or receive sex work services unless he or she has taken all reasonable steps to ensure a condom or other appropriate barrier is used if that sex work involves vaginal, anal, or oral penetration or another activity with a similar or greater risk of acquiring or transmitting sexually transmissible infections.



Prophylactics (ie Condoms, Dams, gloves, etc) must be used by sex workers & clients during "sexual intercourse or oral sex". The description of sexual intercourse includes all penetration "by any part of another person" or "an object".

Anything which stops the Condom or Dam from being effective (such as the client ripping or moving it) is illegal. Management and Licensees of brothels must support the use of condoms and dams & must not discourage the use.



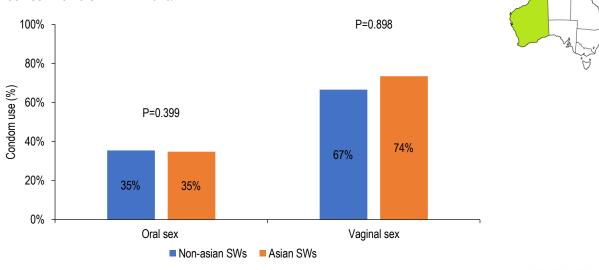


Condom use among FSWs in WA





354 sex workers in WA in 2016/17





STI from private non-paying partners





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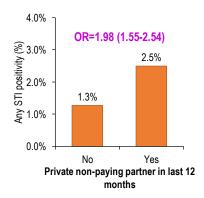
Sexual Health, 2013, 10, 142-145
http://dx.doi.org/10.1071/SH12114

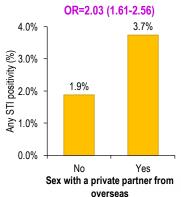
The prevalence of sexually transmissible infections among female sex workers from countries with low and high prevalences in Melbourne

Haiping Tang^{A,B}, Jane S. Hocking^A, Glenda Fehler^B, Hennriette Williams^{A,B}, Marcus Y. Chen^{A,B} and Christopher K. Fairley^{A,B,C}



2006 to 2011 in Melbourne







HIV/STI among male clients



P=0.008

16%



International Journal of STD & AIDS 2001; 12: 665-669

ORIGINAL ARTICLE

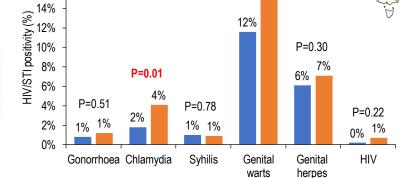
Male clients of female commercial sex workers: HIV, STDs and risk behaviour

E Coughlan MB ChB FACSHP¹, A Mindel MD FRCP² and C S Estcourt MD MRCP²

¹Sydney Sexual Health Centre and ²Academic Unit of Sexual Health Medicine, Sydney Hospital, Sydney, Australia

Summary: Social stigma and taboo limit current understanding of sexual behaviours and epidemiology of sexually transmitted infections (STIs) in clients of commercial sex own/erse/prostitutes. We designed a study to determine risk behaviours and prevalence of STIs in a group of sexual health clinic attending male clients of female commercial sex own/erse/GC-WB) in Sydney, and to compare these characteristics with men who denied any commercial sexual contact. Eight hundred and ninety cases and 20% controls were included. Clients of FC-WB were older, Clients of TSWs were older. Clients of TSB is set of the sexual partners but reported more condom usage than controls. Prevalence of STIs at presentation was lower in clients than controls but clients were more likely to report STIs in the past than controls. HIV prevalence ewas low in both groups.

Keywords: Female commercial sex worker (prostitute), male client, sexually transmitted diseases risk behaviours



■ Male clients ■ Non male clients



Men have paid for sex

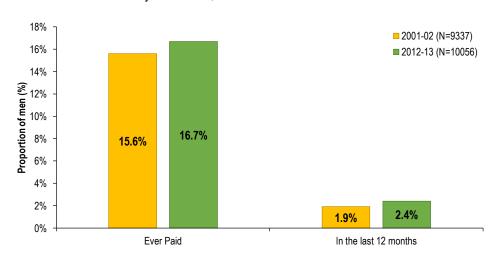




Australian Study of

Health and Relationships

Australia national survey in 2001-02, 2012-13



18%

16%

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- 1. Rissel C, et al. Aust N Z J Public Health. 2003;27:191-7.
- 2. Richters J, et al. Sex Health. 2014; 11: 461-471.

















Uber for Sex – Rendevu



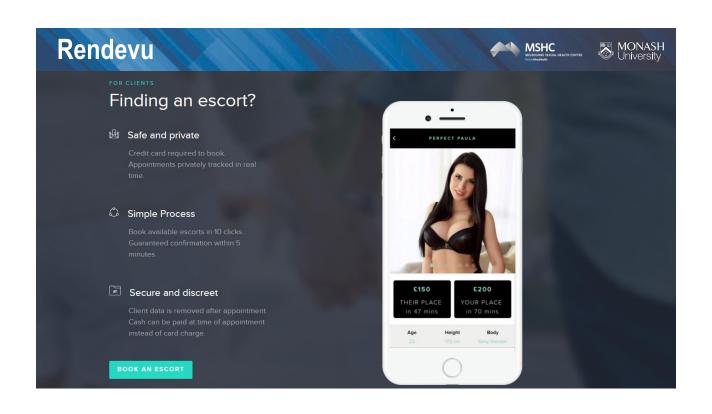


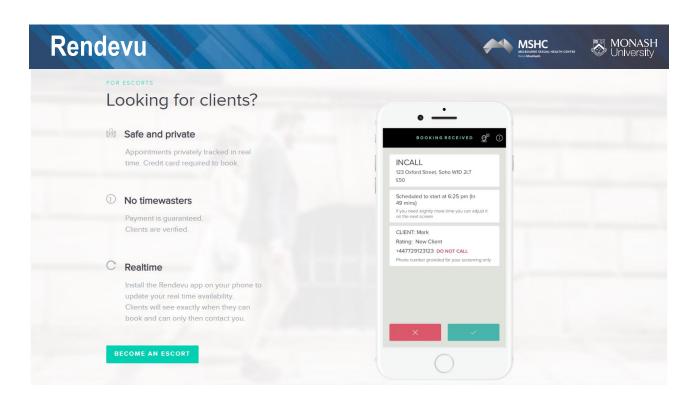


R RENDEVU



♥ @EricPFChow





Conclusions





- 3 different sex work models in Australia
- HIV/STI positivity among FSWs are low, compared to the general population non-FSWs
- HIV/STI positivity among male clients are low
- FSWs mainly acquired STI from private partners
- Differences in sexual behaviours and HIV/STI knowledge between Asian and non-Asian FSWs
 - Reasons are not clear
- Peer-education and harm reduction program in their languages
 - New strategies e.g. apps





Acknowledgment





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Basil Donovan

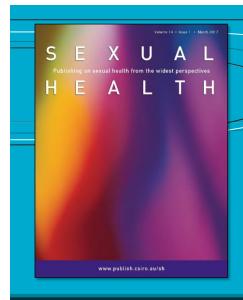


Rebecca Guy



Denton Callander





Call for Papers

Gonorrhoea: tackling the global epidemic in the era of rising antimicrobial resistance

Guest Editors: Eric Chow (Australia), Jason Ong (UK), Deborah Williamson (Australia), Philippe Mayaud (UK), Gwenda Hughes (UK), Teodora Wi (Switzerland)

A CSIRO PUBLISHING JOURNAL

Submission deadline: 1 December 2018 Contact Jason Ong: jong@mshc.org.au

