

PRESS RELEASE

For Immediate Release

Sex Workers Outreach Project (SWOP) has for several years expressed grave concerns with regard to proposals by governments to introduce laws that require the mandatory blood testing for blood borne viruses of persons who allegedly may have spat at or on police officers or other frontline emergency or health workers.

SWOP is adamantly opposed to the introduction of laws that require mandatory testing for blood borne viruses in any population, including the bill announced Wednesday 30 October 2019 on Mr. Ray Hadley's 2GB Radio program by the NSW Opposition Leader Ms. Jodi McKay.

SWOP opposition to this law is wide and broadly based. However, in this statement we intend to deal mainly with what we see as an appalling lack of evidence base in this policy proposal and an appalling lack of concern for the welfare of police officers or other frontline emergency workers. For a full and more detailed exposition of the basics of our objections we refer you to the statements made by other expert organizations in this area which we have listed at the end of this statement.

SWOP's opposition to these laws should in no way be seen to be a lack of concern for the health and safety of police officers or other frontline emergency and health workers. In fact, we are appalled at the lack of proper concern that is being currently shown by both the NSW government, the NSW opposition and even the NSW Police Association itself for the welfare of individual police officers and other emergency workers regarding this matter.

Sex workers are entirely sympathetic to police officers and other emergency workers who experience even the slightest risk of exposure to blood borne viruses in their workplaces. As sex workers we know all too well the personal trauma that may arise from an unwanted exposure to bodily fluids. When a condom breaks, or a client deliberately removes one without our permission, we may have many of the same initial fears and we know the angst of waiting through window periods for the results of testing and re-testing for the presence of a viral infections; especially that of HIV.

Regarding HIV infection; sex workers also know, due to the extensive evidence-based peer education programs that we run, the different levels of risk that arise from different types of exposure. So sex workers know that the risk of infection from blood borne viruses via saliva is zero and from the types of exposure that police officers and other emergency workers face is negligible.

Sex workers also have a basic knowledge of the current prevalence of HIV infection and also the proportion of those persons living with HIV who due to modern treatments are now unable to pass on the virus under any circumstances. From the latest NSW Ministry of Health figures that show approximately 95% of persons diagnosed as living with HIV in NSW cannot pass on the virus we know that in a population (NSW) now estimated at over 8 million persons the chance that a police officer or emergency worker is actually in contact with a person with transmissible HIV is also negligible.

Sex workers are also aware that with respect to a possible HIV infection, if there has been a genuine risk of transmission, that they can go immediately to any hospital emergency department and receive PEP (Post Exposure Prophylaxis); a 30-day 1 tablet a day treatment that will prevent an HIV infection then occurring. We are also aware that new methods of testing for HIV no longer require waiting periods of 3 to 6 months for definitive results.

As sex workers we work with a diverse range of clients and often with clients who are socially marginalised. This includes persons living with HIV and from our experience we strongly reject the implication contained in this proposal that persons living with HIV are socially irresponsible. From our experience persons living with HIV are often at pains to declare their status and to ensure that all necessary steps to prevent transmission are taken.

We therefore ask

1. Why are police and other emergency service workers being allowed to reportedly suffer extreme psychological stress unnecessarily?
2. Why are police and other emergency service workers not being properly educated on the occupational health and safety issues related to possible contact with blood borne viruses?
3. Why is it that police and other emergency service workers seem to be unaware of the ease of accessing (PEP) Post-exposure prophylaxis where there has been an exposure?
4. Why do police and other emergency service workers reportedly appear to be unaware of new HIV testing methods that do not require 3 to 6 month waits for definitive results?

Stigma and discrimination are now known to be the major drivers of blood borne virus infections as well as being strong barriers to the care and support of people living with those viruses,. Not only is mandatory testing completely unwarranted, unnecessary but it will also be counterproductive acting as a direct contributor to stigma and discrimination.

introduction of mandatory blood testing is completely unwarranted, unnecessary and counterproductive as it will act as a direct contributor to that stigma and discrimination, whilst providing a level of reassurance made redundant by comprehensive education.

For further comment;

MEDIA CONTACT:

Cameron Cox, CEO SWOP Mobile **0407709947** Email; ceo@swop.org.au

Please see next page for

**Further Papers and Statement on this Issue that are supported by SWOP
Who Sex Workers Outreach Project (SWOP) is and what we do**

Sex Workers Outreach Project supports the following papers and statements made on this matter by other organisations working in the blood borne virus sector;

[POSITION PAPER: Numerous Organisations](#)

Bambridge, C. Stardust, Z. (2018) Mandatory testing of people whose bodily fluids come into contact with police and/or emergency service personnel. Sydney. Sydney: ACON.

[Australian Federation of AIDS Organisations](#)

AFAO is dismayed by the news of moves to introduce mandatory #HIV testing in NSW. Mandatory testing is not evidence-based, is based on outdated notions of HIV transmission and only increases stigma and discrimination against people with HIV

[Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine](#)

All these laws share the fallacious premise that appropriate care and support to police or others can be meaningfully informed by the status of the alleged accused. These laws are not based in the science of BBV transmission risk, with spitting covered by the laws.

ACON Health

Mandatory testing is a confused and poorly regulated policy in some other jurisdictions, is not based on any evidence of occupational transmission of disease, is rejected by the NSW Australian Medical Association as ineffective, and it represents a broken election promise.

[The National Association for People with HIV Australia](#)

There is a lack of scientific evidence, or policy rationale, for the mandatory testing of people who spit or bite emergency services personnel (including police officers) when there is no risk of HIV acquisition from biting or spitting.

“There has not been a case of HIV transmission through occupational exposure in Australia in nearly twenty years and there has never been a recorded case of occupational HIV transmission to a police officer in Australia ever. Transmissions simply do not occur in this way,” asserts Aaron Cogle, the Executive Director of NAPWHA.

Cameron, S. [The System is Broken: Audit of Australia’s Mandatory Disease Testing Laws to Test for HIV](#). HIV Justice Network and the National Association of People with HIV Australia, 2019.

[The Australian Medical Association](#)

‘no evidence to suggest blood testing alleged offenders would improve the situation for frontline workers, and under a worst-case scenario could actually result in "tragic" consequences.’

[Positive Life NSW](#)

Positive Life strongly urges the Opposition Leader and NSW Labor to endorse policy and legislation based on sound medical evidence provided by the Australian Medical Association and supported by best-practice testing guidelines.

“Laws based on outdated misconceptions and myths about how HIV and other BBVs are transmitted, simply perpetuate stigma and discrimination, Evidence has demonstrated, there have never been any cases of blood borne viruses transferred by saliva.”

[The HIV AIDS Legal Centre \(HALC\)](#)

HALC strongly condemns the move by the NSW Opposition Leader to support legislation that would require mandatory testing of individuals whose bodily fluids come into contact with police and emergency service personnel.

Similar laws have been introduced in other states with the result that a person can be forcibly tested for conditions without any medical evidence of any risk of transmission , usually just with authorisation from a senior police officer, and with no judicial oversight. These laws also disregard the widely accepted evidence that testing without consent is contrary to public health outcomes and can lead to an increase in the spread of notifiable conditions

About SWOP

SWOP is Australia's largest and longest established community-based, peer education sex worker organisation focused on HIV, STI and hepatitis C prevention, education and health promotion for sex workers in NSW.

A key element in the success of SWOP's work is the building of strategic, collaborative and multidisciplinary working relationships with sex workers, other key health, government and non-government organisations, and advocating for an equitable and holistic approach to services provided to sex workers.

SWOP was established in 1990 after its predecessor, the Australia Prostitutes Collective, which had been established in 1983, ceased operation. Since 1990, SWOP has been funded by the NSW Ministry of Health (NSW Health) to provide sexual health information and support to sex workers in NSW, specifically in relation to HIV and other sexually transmissible infections. Throughout this period, governance had been managed by ACON, the peak NSW HIV/STI health promotion/prevention NGO.

On 01 July, 2014, SWOP began operating independently, as a stand-alone organisation with its own membership base of sex workers and sex worker governing board. SWOP Chief Executive Officer Kylie Tattersall said: "This is an exciting and historic moment for SWOP as an organisation, and indeed for sex workers all over the world, as it acknowledges the importance of peer education and the success of community-led responses to HIV. It marks the beginning of a new era. Sex workers in NSW can take great pride in the remarkable health outcomes they have achieved and sustained over the years, and I believe SWOP can feel some pride from participating in, contributing to, and continuing to maintain this outstanding outcome, too."

NSW can be proud of the virtual elimination of HIV transmission from sex worker to client, and lower rates of STIs among female sex workers compared to women in the non sex working population. This success has been made possible, in large part, through the decriminalisation of the NSW sex industry, allowing sex workers access to vital services and support, regulatory bodies access to sex workers and sex worker workplaces and sex workers to have access to those regulators.

Decriminalisation also enables SWOP to access the majority of sex services premises throughout NSW.

SWOP's Mission

SWOP's mission is to improve the health of all sex workers in NSW through innovative, holistic, and effective approaches to sexual health, and to improve the protection of their human rights.

SWOP's values

At SWOP we value and respect:

Self-determination for sex workers

The diversity of the sex industry and its workforce

Holistic approaches to health and wellbeing society