

26 June 2015

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NSW Ministry of Health  
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Dear Dr Mitchell,

Re: Draft **NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2015-2020**

SWOP was established twenty five years ago and is Australia's largest and longest established community-based 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, and other key health, government and non-government organisations, advocating for a holistic approach to the health services provided to sex workers. SWOP has a dedicated peer-led Aboriginal and Torres Strait Islander project addressing the specific needs of Aboriginal and Torres Strait Islander people who use sex for favours (do sex work), in a culturally appropriate way.

We appreciate the opportunity to provide feedback on the draft **NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2015-2020**.

To strengthen this framework, SWOP recommends:

**The framework should acknowledge Aboriginal and Torres Strait Islander people as two separate and distinct First Nations peoples**

SWOP sees many service users who identify as part of two distinct First Nations peoples – Aboriginal people and Torres Strait Islander people. In recent years, we have seen an increase in Torres Strait Islander people living within NSW. We advocate that, in the first instance, starting with the title, this framework should not amalgamate these distinct First Nations identities, particularly if it wishes to speak to both groups. Erasure is already a significant issue for both of these communities, and this framework should set the tone for the sector in direct contact with them.

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## **The framework should list Aboriginal and Torres Strait Islander people who use sex for favours (do sex work) in 'priority groups'**

Many of SWOP's Aboriginal and Torres Strait Islander service users overlap with the framework's existing priority groups, but some do not. By adding a priority group of just those who use sex for favours (do sex work), the strategy is strengthened in terms of preventative health, extending to reach Aboriginal and Torres Strait Islander people who do sex work but who may not currently use drugs, or live with hepatitis B, C, or HIV, but are still at risk of contracting blood-borne viruses (BBVs) and sexually transmissible infections.

Adding Aboriginal and Torres Strait Islander people who use sex for favours as a priority group is also not inconsistent with overarching national and state strategies in this area. The *NSW STI Plan 2014-2020* (still in draft form) lists both sex workers, and Aboriginal and Torres Strait Islander people as priority populations, stating that: "Aboriginal people, gay and other homosexually active men, sex workers and young people under the aged of 30 years are priority populations for this Plan, as they either experience higher rates of STIs and/or engage in behaviours which may place them at greater risk."

Using sex for favours is an activity that places the Aboriginal and Torres Strait Islander people who do it at greater risk of BBVs. This is reflected in the overarching *Seventh National HIV Strategy 2014-2017* which states: "Sex workers remain a priority population because of the ongoing potential for an increase in HIV transmission due to occupational risks."

The framework correctly points to economic pressures as being a key factor in Aboriginal and Torres Strait Islander people having poorer health outcomes, however it currently ignores the role that this economic pressure plays in using sex for favours (doing sex work). SWOP is uniquely placed to identify, and work to minimise, some of the key BBV and sexually transmitted infection risks for Aboriginal and Torres Strait Islander people who do not fall neatly within the existing named populations, as well as work with our service users who are members of the framework's other named priority groups.

## **SWOP should be listed as a partner in the strategy, as Aboriginal and Torres Strait Islander people who use sex for favours (do sex work) have increased barriers to accessing services**

Aboriginal and Torres Strait Islander people who use sex for favours (do sex work) have unique and distinctive characteristics. They are particularly affected by stigma, both from mainstream health services they attempt to access, as well as by shame from their own community with respect to their sex work, leading to them being reluctant to disclose it even when they do access services. Subsections of this population, including sistergirls who do sex work, may in effect experience triple stigma, arising from them being Aboriginal or Torres Strait Islander, a sex worker and a sistergirl/transgender person. SWOP is uniquely

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placed to address these multiple, and intersecting barriers to service access through having one of the only NSW Health-funded Aboriginal peer educator positions – something even fellow organisations in this sector, including the NSW Users and AIDS Association (NUAA), do not.

To realise the framework's goals, a wide range of community partnerships that include organisations like SWOP would be desirable, reflecting the multiple ways in which those affected by stigma may choose to identify. Stigma is so powerful, that sometimes SWOP is the only service that an Aboriginal or Torres Strait Islander person from the existing priority groups tells about their sex work. If you wish to address the specific barriers an Aboriginal or Torres Strait Islander person who does sex work experiences when accessing health, you need partners that they trust to disclose their work to. The *Seventh National HIV Strategy 2014-2017*, which lists sex workers as a priority population, also refers to the sex work-specific barriers to accessing health: "Sex workers experience barriers to health service access, including stigma and discrimination."

Listing SWOP as a partner would not be inconsistent with the wider strategies which inform this framework, including the *NSW STI Plan 2014-2020* (still in draft form) which directly mentions the partnership with SWOP: "The Sex Workers Outreach Project (SWOP) will provide peer education and outreach services for sex workers to promote condom use, facilitate access to sexual health services, and support workplaces to provide safe and healthy work environments." SWOP is also listed as a key partnership in the *NSW HIV Strategy 2012-2015: A New Era by NSW Health* which states: "Peer education and outreach by the Sex Worker Outreach Project (SWOP) based at ACON, have played a central role in achieving these health outcomes." We believe by being listed as a partner in this framework, SWOP can help close the gap between the health outcomes experienced by Aboriginal and Torres Strait Islander sex workers, and the excellent health outcomes this strategy praises wider NSW sex workers for having more generally.

### **SWOP advocates for increased consistency, coverage and availability of free, voluntary Hepatitis B vaccinations to all Aboriginal and Torres Strait Islander people who do sex work**

Epidemiology points to the uneven distribution of Hepatitis B in NSW, with concentration in South Western Sydney, Western Sydney, Sydney, Northern Sydney and South Eastern Sydney. SWOP statistics show these areas often overlap with street-based workplaces. Far Western LHDs also overlap with high numbers of Aboriginal and Torres Strait Islander people who do sex for favours. SWOP suggests that this overlap provides an evidence-base to support Aboriginal and Torres Strait Islander people who perform sex work being listed as a priority population, particularly as the pathogen is contained in semen and vaginal fluids.

As with other priority groups, there is a need to improve coverage of hepatitis B vaccination amongst Aboriginal and Torres Strait Islander people who use sex for favours. While there is an overlap between Aboriginal and Torres Strait Islander people who do sex for favours and

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other priority groups, including Aboriginal and Torres Strait Islander people who inject drugs and gay and other homosexually active Aboriginal men, not all Aboriginal people who do sex work fit into these other populations. Including Aboriginal people who do sex work as a priority population group will only marginally increase the expense of this program, but the increased vaccination coverage, promoted through a peer-led approach by SWOP, will reduce costs of treatment into the future. It is also important to ensure that this proposed vaccination program for Aboriginal and Torres Strait Islander people who do sex work, like other populations, remains voluntary.

Adding the option of free Hepatitis B vaccinations for all Aboriginal and Torres Strait Islander people who do sex work is also consistent with the wider strategies which inform this framework, including the *NSW Hepatitis B Strategy 2014-2010*, which lists sex workers alongside people who inject drugs, people recently in custodial settings and Aboriginal people as priority population on page twelve. It also states: "In NSW, the hepatitis B vaccine is available at no cost to people in custodial settings, household and sexual contacts of people living with hepatitis B, immunosuppressed people, men who have sex with men, people with HIV or hepatitis C, people who inject drugs, people on an opioid treatment program, refugees, newly-arrived migrants attending intensive English centres, sex workers, clients of sexual health services, unvaccinated children and Aboriginal people of any age." Making SWOP's suggested adjustment to this framework would thus bring it into line with the *NSW Hepatitis B Strategy 2014-2010*.

**Aboriginal and Torres Strait Islander people who use sex for favours should be a priority population for free, voluntary uptake of new Hepatitis C treatment regimens.**

Due to the at times unpredictable, inconsistent and fluctuating nature of income in the sex industry, and the fact that Aboriginal and Torres Strait Islander people who use sex for favours are particularly unsupported by workplace protections like sick pay and holiday pay, this group should be considered as a priority population for new treatments. New treatments are shorter and can be less arduous on the body than existing treatment regimes. To increase the number of Aboriginal and Torres Strait Islander sex workers with Hepatitis C accessing treatment, they should have free and immediate access to the full range of treatment options, in the widest variety of settings, in order to decrease the number of barriers to access.

Using our peer-based Aboriginal and Torres Strait Islander project, SWOP is uniquely placed to be able to assist Aboriginal and Torres Strait Islander people who do sex work with their key concerns about Hepatitis C treatment. SWOP often receives requests for advice on how to plan for, and make it through, Hepatitis C treatment, while still performing sex work. Due to the shame and stigma about being an Aboriginal or Torres Strait Islander sex worker, these service users have mentioned being reluctant to bring up these concerns with other sector partners, including Hepatitis NSW, even if they are in contact with them about treatment. Without the ability to continue to negotiate sex work, many Aboriginal and Torres Strait Islander people would be unlikely to start, or to complete, their Hepatitis C

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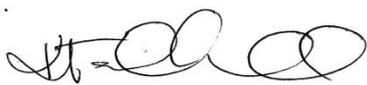
treatment. As the *NSW Hepatitis C Strategy 2014-2010* points out, the new interferon-free treatments have “simplified dosing schedules and reduced side effects” that would be particularly useful to those needing to keep doing sex work whilst being in treatment.

**SWOP is best placed to assist the NSW Ministry of Health with integrated and targeted campaigns about preventing STIs and BBVs amongst Aboriginal and Torres Strait Islander people who use sex for favours**

When sex is work, different considerations apply. Economic pressures can play a part in whether condoms are consistently used. Stigma, shame and policing practices can impact condom use. In order to promote a safe sex culture and implement prevention programs amongst Aboriginal and Torres Strait Islander people who use sex for favours, the differing types of sex they have, including sex as work, need to be acknowledged and targeted specifically. Prevention strategies that ignore different modes of sex will not be wholly successful with this group, as by not talking about using sex for favours, they may inadvertently reinforce that it doing sex work is something to be ashamed about. SWOP in particular should be named in the section entitled *Integrated Health Promotion* on page eight of the framework, acknowledging the leading role we already play in preventing BBVs and STIs and reducing stigma and discrimination for Aboriginal and Torres Strait Islander people who do sex work.

SWOP looks forward to working with you to improve the health outcomes for Aboriginal and Torres Strait Islander people who use sex for favours. Should you require any further information please contact me on (02) 9206 2166 or email [kyliet@acon.org.au](mailto:kyliet@acon.org.au)

Yours sincerely



Kylie Tattersall  
Chief Executive Officer

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