

Special Commission of Inquiry into the Drug 'Ice'
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Submission to Special Commission of Inquiry into the Drug 'Ice'

Dear Commissioner,

The Sex Workers Outreach Project (SWOP) is a non-government organisation that exists to provide NSW sex workers with the same access to health, safety, human rights and workplace protections as other Australian workers. SWOP has the highest level of direct contact with sex workers of any agency, government or non-government, in Australia.

While we are primarily funded by NSW Health to sustain the low rates of sexually transmitted infections amongst sex workers; sustain the virtual elimination of HIV transmission within the sex industry; and reduce hepatitis infections in sex workers, we take a holistic view of health, which has informed our decision to submit to this particular Inquiry.

- **The nature, prevalence and impact of crystal methamphetamine ('ice') and other illicit amphetamine type stimulants ('ATS')**

Being part of wider Australian society, the cohort of NSW sex workers would undoubtedly include people who use the drug 'ice'. It is SWOP's view that the proportion of NSW sex workers who use 'ice' would likely be a similar proportion to that of people working in other careers, if it were not for a few intersecting factors, many of which are not unique to sex workers. We outline these factors below:

Overlapping marginalisation

NSW sex workers have a lot of overlap with marginalised communities where the evidence base indicates, for a number of reasons, prevalence of 'ice' use may be higher. The NSW sex industry has a disproportionately large share of LGBTQI people, and people living with HIV in our workforce, when compared to most other industries. The psychosocial impact of being marginalised for being gay, and/or having HIV, may contribute to increased prevalence of drug-seeking behavior. According to the Kirby Institute's *Gay Community Periodic Survey: Sydney 2018*, "HIV-positive men remain more likely to report drug use compared with HIV-negative men (78.4% vs 66.8% in 2018). HIV-positive men are disproportionately more likely to report using crystal methamphetamine compared with HIV-negative men (27.4% vs. 8.7% in 2018)". Drugs can also be an effective way of managing complex trauma.

Stigma and discrimination

Just like other marginalised communities where 'ice' use may be higher, when considered as a group, NSW sex workers experience considerable stigma and discrimination centered upon our

occupational choices. Living with stigma and discrimination can be correlated with drug-seeking behaviour.

Night-time industries

Along with other Australian workers who work in the night-time industries, including long-haul truck drivers, people who work on 24-hour news channels, and nightclub staff, sex workers often work 12-hour shifts late at night. Staying awake and functional as a night-shift worker, contrary to the body's circadian rhythms, can be hard, particularly if you want to participate in life outside of work during the same daylight hours as your friends and family. In our experience, some 'ice' use at work relates to the nature of working shift-work in a predominately night-time industry.

Demands of the job

Being largely one-on-one, sex work requires a high level of energy and engagement, working best when the worker is totally present and in the moment. Drugs like 'ice' can seem an attractive workplace aid to people in careers where there is a requirement for engaged, enthusiastic connection, especially on days you're not feeling it. Anecdotally, in our role as sex worker confidants to a wide variety of clients, we can report 'ice' has been used by barristers during difficult cases, merchant bankers in the fast-paced share market, and politicians across the long campaign period.

Demands of the client base

With sex work sitting within our entertainment industries, there is a public perception of the industry as being a non-stop, salacious, party industry. This can give clients a view that 'ice' use is acceptable in our workplaces, or that our workplaces are places where they can openly indulge in drug-taking. This can pressure sex workers into tolerating and/or participating in the client's use of the drug. If the sex worker is already a person who uses 'ice', this may impact upon their own decisions about when and how much to use, and move the drug from occasional to more frequent use.

The sheer number of contributing factors may add up to mean that, when considered by industry, there is a possibility that NSW sex workers are over-represented in the cohort of Australian people who use 'ice'. There is also the possibility that sex workers are over-studied, and that 'ice' use in our industry is actually comparative with other industries, but simply more likely to be disclosed. SWOP can anecdotally report we provide occasions of service to both dependent, and non-dependent, sex workers who use 'ice'.

- **The adequacy of existing measures to target ice in NSW**

The increased prevalence of people who use 'ice' that seemed to peak for the general population in 2016, saw the NSW sex industry rapidly develop expertise in this area. For SWOP, that expertise has centred around supporting sex workers to better identify and control problematic 'ice' use, and to moderate problematic behaviours that people using 'ice' might bring into sex industry workplaces.

Some of the overlapping methodologies developed by sex workers, LGBTQI communities, and people living with HIV, may be of use to this Inquiry when developing plans to address problematic 'ice' use in wider Australian settings. In our communities we saw:

- All affected communities mobilise quickly to address the impact 'ice' use can have upon health-seeking behaviour. For example, we saw a rapid uptake of PrEP to prevent HIV transmission where gay men might have formerly used condoms. We saw the community

set its own standards for using the drug as a preventative, including dosing regimens that centred upon when you intended to use 'ice', rather than taking the drug daily as directed. For sex workers, this included reinforcing condom use and disseminating information about using condoms and PrEP side-by-side to prevent the widest number of sexually transmitted infections.

- Sex workers develop strategies to deal with the range of issues 'ice' can cause in sexual settings. This included managing or avoiding violence; managing psychological distress; handling sexual frustration generated from the drug effect of inhibiting orgasm without decreasing sexual desire; creating strategies for leaving jobs while the client was high and still wanting to party; and strategies for refusing use with clients wanting to use 'ice' while still retaining the job.
- As sex work is an occupation rather than an identity, one risk reduction strategy that works for some sex workers is separating workplace drug consumption from home drug consumption. Some sex workers might only use 'ice' at work opportunistically when the drug is provided (free of charge) by a client. Others might refuse a client offer to use, and keep drugs as a pleasure they only indulge on during their time off. Keeping a delineation between private use and work use appears to be a good harm reduction strategy to allow the person who uses 'ice' to manage their consumption.

With increased resourcing, services like SWOP, who see both dependent and non-dependent people who use 'ice', would be able to encompass more people who work in the NSW sex industry who do not perceive their 'ice' use as problematic, alongside the significant group of those with problematic use or comorbidities. We would add our support to Dr. Hester Wilson, GP and Chair of the RACGP Specific Interests Addiction Medicine Network, who said: "The approach for [dependency on] all of those drugs is the same, so the idea of limiting it to ice without having an overall strategy around limiting harm from drug and alcohol use is crazy to me"ⁱⁱ. Targeting 'ice' use is best served by having an overall strategy for drug and alcohol use, and all peer-based organisations should be properly resourced to do this.

Working with a range of different communities has shown SWOP that culturally sensitive approaches to drug use are vital. Working effectively with Aboriginal and Torres Strait Islander people who use drugs would not be possible without a nuanced understanding of intergenerational trauma. Working with migrant Chinese-speaking sex workers who use drugs requires one to understand socio-political factors and the catastrophic legacy of the Opium Wars in the mid-19th century. Experience has shown us that a one-size-fits-all approach to interventions and education about 'ice' is certain to fail.

- **Options to strengthen NSW's response to 'ice', including law enforcement, education, treatment and rehabilitation responses.**

Following what is now a well-worn pattern, the initial Government response to 'ice' was very similar to Government responses to the drugs that rose to popularity in Australia before it, including morphine, heroin, cocaine and ecstasy (MDMA). By running successive media scare campaigns that simultaneously demonise drug users, the net effect has been to disengage people who use drugs from messages about drug harm. By the time we got to 'ice', a drug that actually had real potential to be problematic for many users, nobody was listening.

By contrast, peer-led community responses to 'ice' have been much more successful at engaging people who use 'ice' by using lived experience to solve the problems drug use may be creating for the end user, without challenging their use, or stigmatising those who use. Unfortunately, confusion generated by rolling out the same Government fear campaign about 'ice' meant that the interventions pioneered by peer populations didn't come quite fast enough to assist some people using 'ice'. In the ensuing period there have been people who have died, committed suicide, and seroconverted, each being but one of a range of harmful physical and psychological impacts that have occurred while we have gotten up to speed realising that this particular drug genuinely has the capacity to seriously harm a good proportion of the people who choose to use it.

One reason for the greater success of peer-led responses to 'ice' is that they acknowledge pleasure. No Government-led interventions on drugs have ever discussed pleasure, which remains the primary motivating factor for most people who use drugs. To speak about drugs only in the negative, instead of helping to construct ways for people to negotiate a life that includes pleasure-seeking behaviour in the least harmful way for both the individual and wider society, is to lose the attention of most people who use drugs. This same analysis of pleasure-seeking human behaviour is usually missing from discussions of sex work, that erroneously view our occupation as either social deviation or nuisance that must be tolerated or managed, rather than a healthy part of a functioning human society. As Dr. Kane Race points out: "We need a new approach to drug use policy, one that acknowledges the legitimacy of pleasure, and works with it."ⁱⁱⁱ

The key element in reducing the negative impact that 'ice' use has on individuals and communities is reducing the stigma attached to drug use, and the resulting discrimination experienced by those that use drugs. "Stigma has been shown to worsen stress, reinforce differences in socio-economic status, delay or impede help-seeking and lead to premature termination of treatment."^{iv} To reduce stigma, we need to reframe 'ice' as a health issue, rather than a law enforcement issue. By properly resourcing health and community-led organisations who centre the experiences of people who use drugs – the affected communities - Australia will be on the right track to make a real impact in this area.

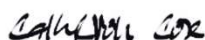
It would be remiss of us not to also mention the role of policing in the rise of 'ice', particularly as so much of the existing funding spent in this area has gone to a law enforcement approach to the social problem. As a longer-lasting drug, 'ice' use increased rapidly during the build-up towards lockout laws being implemented in Sydney. In the lead up to these laws, there was an oversupply of police targeting end drug users in Sydney's entertainment districts, zones also cohabited by many sex services premises. By making drug users fearful of carrying drugs like marijuana, ecstasy (MDMA), ketamine and cocaine, all which all need to be dosed more frequently to maintain the feeling of euphoria, police pushed drug users to seek out alternative highs. The policing of drugs needs to use the same principles of harm minimisation as peer-led organisations. The most successful response to people using 'ice' will come when Government, police and health practitioners all work in tandem, using the same harm minimisation principles, with peer-led organisations helping to bridge community distrust.

SWOP RECOMMENDATIONS:

- Reframe 'ice' as a health issue, rather than a law enforcement issue.
- Properly resource peer-led programs and evidence-based, harm reduction approaches to improve the health outcomes for people who use 'ice'.
- Fund and develop culturally sensitive, peer-led programs and services that pay special attention to non-dependent users.
- Consult with, and centre the experience and needs of the affected community: people who use 'ice'.
- Create an enabling legal environment for law enforcement to move to a harm reduction approach to people who use drugs, including training police to recognise and understand the effectiveness of harm reduction principles.

SWOP thanks the Commissioner for the opportunity to submit to this Inquiry. We would be happy to attest further to any of the issues outlined in this submission by phone (02) 9206 2166 or email ceo@swop.org.au.

Yours Sincerely,



Cameron Cox
Chief Executive Officer
Sex Workers Outreach Project Inc. (SWOP)

ⁱ Broady, T., Mao, L., Lee, E., Bavington, B., Keen, P., Bambridge, C., Mackie, B., Duck, T., Cooper, C., Prestage, G. and Holt, M., (2018). *Gay Community Periodic Survey: Sydney 2018*, Centre for Social Research in Health, UNSW Sydney, 5.

ⁱⁱ Lyons, Amanda, *GP questions usefulness of NSW ice inquiry*, News GP, 13 November, 2018, accessed online 07 May, 2019 at <https://www1.racgp.org.au/newsgp/clinical/gp-questions-usefulness-of-nsw-ice-inquiry>.

ⁱⁱⁱ Race, K. *The Pleasure Principle*, Sydney Alumni Magazine (SAM) Summer 09/10, 23 accessed online 07 May, 2019 at https://secureau.imodules.com/s/965/images/editor_documents/alumni-magazine/09-summer/SAM_cover-story_sum09.pdf.

^{iv} Lancaster, K., Seear, K. & Ritter, A. (2018) *Monograph No. 26: Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre. 13.