

**Submission
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INQUIRY INTO THE REGULATION OF BROTHELS

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Submission to the Inquiry into the regulation of Brothels
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Sydney Sexual Health Centre (SSHC) is the largest sexual health clinic in NSW situated in the CBD of Sydney. In the calendar year 2014, 1946 individual clients who identified as sex workers visited SSHC for a total of 5891 visits. SSHC has provided interpreter assisted language clinics for Thai and Chinese speaking sex workers since 1991 and 1994 respectively. Bilingual Health Promotion Officers (HPO) are employed as part of the Multicultural Health Promotion Project to provide initiatives such as outreach and personalised health education without the need for an interpreter. Previous studies from SSHC in 1993 and 2003 found changes in the demographics and safe sex practices of culturally and linguistically diverse (CALD) sex workers attending our service over time, for example, increased condom use, higher educational and English proficiency levels, and decreased contract work. In our most recent 2014 survey contract work has continued to decrease, whilst English language proficiency has decreased compared with 2003 and condom use continues to be high.

SSHC believes that the decriminalisation of sex work has largely served the interests of sex workers and the wider NSW population well, resulting in very low STI prevalence and incidence, high rates of access to health promotion and support services by sex workers, and increased capacity of sex workers to look after their health and welfare. The process of decriminalisation has succeeded in addressing the issue of police corruption and helped to reduce criminality associated with the industry prior to 1995. It is worth noting that Amnesty International recently endorsed the decriminalisation of sex work.

We believe that the regulatory system operating in NSW should be strengthened rather than abandoned. Legalisation of brothels such as in Queensland and Victoria has resulted in the development of unlicensed premises that are difficult for health services and peer based organisations to access. Whilst there has been significant publicity given to illegal brothels in NSW recently, strengthening of the regulatory framework as proposed in Option 1 of the *Better Regulation Office Issues Paper: Regulation of Brothels in NSW, October 2012*; would significantly address this issue.

Due to the high rates of condom use for vaginal sex, the rates of STIs amongst female sex workers in NSW are lower than that of other sexually active females in NSW and have remained consistently low for more than 10 years. A comparison of STI rates among NSW sex workers and Victorian workers (from licensed premises only) for the period 2004 – 2006 shows a similar rate of STIs except for chlamydia, which was present at an incident rate of 7.4 per 100 person years (py) among clients of Melbourne Sexual Health Clinic, compared to 2.3 per 100 py at SSHC over the same period. In NSW, approximately 83% of sex workers report being tested at regular intervals, of their own volition. Thus, the Victorian model involving enforced and frequent testing and the extra administrative burdens associated with this appeared unable to produce a better health outcome in Victoria than NSW's system of decriminalisation coupled with effective outreach, education and network of publicly funded sexual health clinics.

In summary the current system of decriminalisation of sex work and regulation of the brothel industry has worked well in NSW but could be strengthened. Sex workers have low rates of STIs and high rates of condom usage and this has been sustained through peer based organisation and health services providing health promotion and support services to sex workers.