

**Submission
No 160**

INQUIRY INTO THE REGULATION OF BROTHELS

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Submission to the Inquiry into the Regulation of Brothels.

Prepared by Kirketon Road Centre, South Eastern Sydney LHD

The Kirketon Road Centre (KRC) is a South Eastern Sydney Local Health District primary health care facility located in Kings Cross, which is involved in the prevention, treatment and care of HIV and other transmissible infections among sex workers, people who inject drugs and “at risk” young people.

KRC provides care to over 3000 individuals per year, a quarter of whom are involved in the sex industry. KRC provides clinical outreach services, until midnight, every day of the year to brothel and street-based sex workers in the local area. KRC was established in 1987 in light of the recommendations of the Select Committee of the Legislative Assembly on Prostitution, “The Rogan Report”, which advised the creation of a multi-purpose drop-in health centre in the Kings Cross area that would operate along principles of affordability, acceptability, and accessibility. Since then KRC has grown to be recognised internationally and by the World Health Organisation as a “best-practice” model for care of marginalised populations.

Having provided medical and social care to over ten thousand individual sex workers over the last 28 years, and having provided this care both before and after the impact of decriminalisation of the NSW sex industry KRC is in a unique position to provide an objective health and welfare focused contribution to this inquiry.

The following address particular aspects of the terms of reference of the Inquiry that relate to KRC’s work and expertise.

1. Options for reform including a scheme of registration or licencing for authorised brothels.

Sex work remains a highly stigmatised occupation. Many sex workers and brothel owners, particularly those operating at the fringes of the profession such as those attending KRC, will be unlikely to comply with a registration or licensing system, potentially driving them underground. This is likely to have a significant effect on the ability of health services such as KRC to access and engage with these sex workers. Given that these sex workers will arguably also be the most socially marginalised and therefore vulnerable to STIs and other harms, this is likely to negatively impact on both individual and public health outcomes.

There is a risk sex workers will neither present to health services nor reveal that they are engaged in sex work for fear of being reported as unlicensed or working in an unregistered brothel. This will reduce the level of meaningful engagement and the quality of health care that services can provide. It will also mean that opportunities to engage in dialogues in relation to responsibilities regarding public amenity and public health will be reduced. It is also well known that sex workers working outside the system are vulnerable to exploitation and lose power to negotiate with customers and brothel managements including for safer sex policies, which is likely to impact on their sexual health and that of their customers, as well as their personal safety.

Alternative systems in other states in Australia demonstrate the relative disadvantages of licencing or stricter regulation compared to NSW. In Queensland licensing has led to the creation of a two-tiered system with high levels of non-compliance and an increased involvement of police in

regulation. Indeed many academic reviews of this system have suggested a better approach would have been for Queensland to have replicated the NSW model.¹

A similar situation has arisen in Melbourne, where unlicensed brothels have been reluctant to engage with health or peer-based programs, and tend to open and close too quickly for regulation to intervene or be effective.²

The sex workers most at risk of HIV and sexually transmitted infections such as street-based, transgender, male, Aboriginal and culturally and linguistically diverse sex workers are the most unlikely to comply with licencing thus making them more vulnerable and hidden, and providing an additional barrier to them accessing services.

2. Options to maintain the high level of public health outcomes.

Sex workers in NSW have comparable rates of sexually transmissible infections and HIV with the population from which they come, such that female sex workers have levels of STIs that are similar to those of other sexually active women. This is because condom utilisation and safe sex practices by sex workers at work is extremely high. In NSW therefore, sex workers should not be considered vehicles of sexual infections or a public health risk. In fact they are at far more risk from their clients than they are to them, and are more likely to acquire or transmit an STI during their personal life than their work life. Sex workers at KRC report high rates of STI testing and that many brothels also encourage them to test regularly for STIs.

Based on modelling the costs of mandated STI testing³, and given low rates of STIs and the high existing rate of STI testing among sex workers, it is the opinion of KRC that NSW should not replace the voluntary STI testing recommendations that currently exist. Furthermore, the costs saved by not mandating regular testing are better spent in other areas of STI control.⁴

Kirketon Road Centre provides evening outreach to local brothels; often conducted in conjunction with the Sex Work Outreach Project (SWOP). The brothels are usually receptive to the public health messages promoted. These activities are facilitated by the current regulatory environment. It would be expected that a licencing structure would mean fewer of these services would admit that sex occurred in the premises, limiting access to public health interventions.

In summary, the generally excellent public health outcomes amongst sex workers in Sydney are because of the current regulatory framework, not in spite of it. It can be argued, and therefore, that mandatory testing or licencing is not required on public health grounds.

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3- Wilson P et al. Sex workers can be screened too often: a cost effectiveness analysis in Victoria, Australia. *Sexually Transmitted Infections*. 2009 86(2) 117-25

4- Chow E et al. Testing Commercial Sex Workers for Sexually Transmitted Infections in Victoria, Australia: An Evaluation of the Impact of Reducing the Frequency of Testing. *PLOS One* 2014 DOI: 10.1371/journal.pone.0103081