INQUIRY INTO THE REGULATION OF BROTHELS

Organisation: Nepean Blue Mountains Local Health District
Name: Ms Kay Hyman
Position: Chief Executive
Date Received: 21/08/2015
13 August 2015

Mr Alister Henskens SC, MP
Chair, Committee on the Regulation of Brothels
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr Henskens

Re: Inquiry into the Regulation of Brothels

Thank you for your letter, dated 21 July 2015, inviting me to make a submission to this inquiry. After consultation with Public Health, Sexual Health and Health Promotion, I wish to provide the following comments:

- Evidence shows that decriminalisation of the sex industry results in a decrease in sexually transmissible infections (STIs) and better health outcomes, due to improved accessibility of health promotion and outreach programs for sex workers.
- Harm reduction programs (such as the early adoption of needle and syringe programs) have been successful in preventing HIV from entering the sex industry through injecting drug use (IDU). There is, however, the potential for this status of low HIV incidence to change due to changes in the demographics of sex workers in New South Wales. As the numbers of migrant sex workers from countries with higher prevalence of HIV increase, so does the potential of an increase in HIV transmission to clients. Continued outreach and education of staff in brothels will reduce this potential risk.
- Continued sexual health promotion activities, (such as the Sex Worker Outreach Program) which encourage ongoing contact and consultation with sex workers and collaboration with other health care services, have brought about a sustained improvement in the health of sex workers. The success of these programs is directly related to the decriminalised sex industry, meaning sex workers can disclose their occupation to health workers without fear of negative consequences.
• As a result of the above interventions, increased condom use in mainstream sex workers has reduced the rate of STIs to that of the rest of the population, and HIV in female workers remains rare.
• Despite these achievements, marginalised sex workers still remain at risk. Male, young and drug dependant sex workers, Aboriginal women and street sex workers are at higher risk of STIs.
• Street sex workers report higher rates of STIs, injecting drug use, mental health issues and violent attacks. This area of sex work has less regulation and monitoring, less outreach and education potential and therefore less opportunity for workers to take advantage of these benefits.
• New South Wales is world renowned for the decriminalisation of the sex industry and is supported by the United Nations for this stance.
• Decriminalisation improves sex worker safety and sexual health, reduces the opportunity for exploitation and coercion of sex workers by criminals, and encourages an improved attitude towards workers by clients.
• Sex workers in NSW are provided with equal rights in the workplace to that of any other industry, with access to taxation, work cover and occupational health education.
• Normalising the sex industry enables protection of sex workers humans rights and protects the health of the clients and ergo the health of the general population.

Given these points, and the terms of reference for this Inquiry, Nepean Blue Mountains LHD believes that the current system of decriminalisation is the best model to manage the sex industry in New South Wales, particularly to maintain the high level of health that sex workers generally enjoy. Further work should be commissioned to investigate how best to engage and work with marginalised sex workers, such as those on the street, males, Aboriginal women and drug dependent workers.

Yours sincerely

Kay Hyman
Chief Executive
Nepean Blue Mountains Local Health District