Submission No 10

INQUIRY INTO MANDATORY DISEASE TESTING BILL 2020

Organisation: Sex Workers Outreach Project

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SWOP Submission to

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SEX WORKERS OUTREACH PROJECT INC

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Thank you for the opportunity to provide feedback on the Mandatory Disease Testing Bill 2020. Please find below our detailed submission in response to the Bill,

About SWOP NSW

SWOP NSW thank the committee for the invitation to make a submission to this important health and social issue.

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 includes the impacts of HIV testing and which has therefore informed our decision to submit this submission.

"In addition to devastating the familial, social, and economic lives of individuals, H/A (HIV and AIDs) stigma is cited as a major barrier to accessing prevention, care, and treatment services"[1]

SWOP represents NSW sex workers, a section of the NSW population who are highly stigmatised due to their occupation and whose occupations are not well understood. It is an occupation where exposure to bodily fluids - including spit and saliva - are commonplace. Despite no cases of HIV transmission recorded during sex work in NSW, sex workers are still subject to high levels of discrimination across nearly all aspects of their lives. This fact makes sex workers keenly attuned to the stigma faced by people with HIV, and understandably fearful of experiencing what is in effect double stigma, should they ever find themselves in the situation where they could be subjected to mandatory testing for HIV. We are also keenly aware of the negative potential impacts of legislation dealing with HIV testing.

"For an already heavily stigmatised community such as people living with HIV, this will compound outdated perceptions on transmissions related to 30-year old notions of HIV and other blood-borne viruses"[2]

Sex workers do not mandatorily test their clients as part of their services, because it is far more effective to use proper PPE, or in unlikely cse they've been exposed to a possible viral transmission, they access emergency PEP. We hope our extensive expertise with STIs, BBVs and HIV is useful, and that our experience as workers in high-contact, person-to-person workplaces can demonstrate that much more effective solutions to the fear of viral transmission exist, and are both more cost effective and more easily implemented - without the use of unnecessary and harmful legislation.

[1] Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835402/

[2] *napwha/AFAO 2019*

Introduction

Sex Workers Outreach Project (SWOP) has for several years expressed grave concerns about proposals by governments to introduce laws that require the mandatory blood testing for blood borne viruses of persons who allegedly may have spat at or on police officers or other frontline emergency or health workers.

SWOP is adamantly opposed to the introduction of laws that require mandatory testing for blood borne viruses in any population.

SWOP opposition to this law is wide and broadly based. However, in this statement we intend to deal mainly with what we see as an appalling lack of evidence base in this policy proposal and an appalling lack of concern for the welfare of police officers or other frontline emergency workers. For a full and more detailed exposition of the basics of our objections we refer you to the statements made by other expert organizations in this area which we have listed at the end of this statement.

SWOP's opposition to these laws should in no way seen to be a lack of concern for the health and safety of police officers or other frontline emergency and health workers. In fact, we are appalled at the lack of proper concern that is being currently shown by both the NSW government, the NSW opposition and even the NSW Police Association itself for the welfare of individual police officers and other emergency workers regarding this matter.

Sex workers are entirely sympathetic to police officers and other emergency workers who experience even the slightest risk of exposure to blood borne viruses in their workplaces. As sex workers we to know all too well the personal trauma that may arise from an unwanted exposure to bodily fluids. When a condom breaks, or a client deliberately removes one without our permission, we may have many of the same initial fears and we know the angst of waiting through window periods for the results of testing and re-testing for the presence of a viral infections; especially that of HIV.

Regarding HIV infection, sex workers also know, due to the extensive evidence-based peer education programs that we run, the different levels of risk that arise from different types of exposure. So sex workers know that the risk of infection from blood borne viruses via saliva is xero and from the types of exposure that police officers and other emergency workers face is negligible.

Sex workers also have a basic knowledge of the current prevalence of HIV infection and also the proportion of those persons living with HIV who due to modern treatments are now unable to pass on the virus under any circumstances. From the latest NSW Ministry of Health figures that show approximately 95% of persons diagnosed as living with HIV in NSW cannot pass on the virus we know that in a population (NSW) now estimated at over 8 million persons the chance that a police officer or emergency worker is actually in contact with a person with transmissible HIV is also negligible.

Sex workers are also aware that with respect to a possible HIV infection, if there has been a genuine risk of transmission, that they can go immediately to any hospital emergency department and receive PEP (Post Exposure Prophylaxis); a 30-day 1 tablet a day treatment that will prevent an HIV infection then occurring. We are also aware that new methods of testing for HIV no longer require waiting periods of 3 to 6 months for definitive results.

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As sex workers we work with a diverse range of clients and often with clients who are socially marginalised. This includes persons living with HIV and from our experience we strongly reject the implication contained in this proposal that persons living with HIV are socially irresponsible. **From our experience persons living with HIV and other BBVs are often at pains to declare their status and to ensure that all necessary steps to prevent transmission are taken.**

Stigma and discrimination are now known to be the major drivers of blood borne virus infections as well as being strong barriers to the care and support for people living with those viruses, **Not only is mandatory testing completely unwarranted, unnecessary but it will also be counterproductive acting as a direct contributor to stigma and discrimination.**

The introduction of mandatory blood testing is completely unwarranted, unnecessary, and counterproductive as it will act as a direct contributor to that stigma and discrimination, whilst providing a level of reassurance made redundant by comprehensive education.

Mandatory testing of people whose bodily fluids come into contact with police and/or emergency service personnel as a potential option marks a fundamental shift in the rights of individuals to privacy, to the integrity of their own bodies, and a fundamental change to Australian policy which generally requires consent for HIV testing.

Mandatory testing of people whose bodily fluids may come into contact with emergency services personnel is neither an effective, necessary nor viable option.

We strongly believe in the importance of the wellbeing and safety of emergency service personnel, however, the premise of mandatory testing is based on outdated, 30-year-old notions of HIV (human immunodeficiency virus) and other BBV (blood-borne virus) transmission risk. This is no longer the context within which we operate.

The routes of transmission for BBVs is well established as outlined in table 1.0.[3]

International health organisation bodies such as UNAIDS and the World Health Organisation (WHO) oppose mandatory testing on the basis that it compromises public health initiatives and efforts to eliminate HIV and other BBV transmission.

Punitive laws based on outdated misconceptions and myths about how BBVs are transmitted, and which perpetuate stigma and discrimination need to be repealed, not introduced during a time where HIV in Australia is treatable, manageable, and on target to reaching national objectives. Australia's national response to HIV has been world-leading and is embedded in the principles of informed consent and voluntary testing; with a core focus on the active participation of affected communities, harm reduction and effective partnerships between governments, affected communities, researchers and health professionals.

Mandatory testing is not only a step backwards from the remarkable progress Australia has made in responding to BBVs, but is also unfounded in a medical evidence-base. Further, BBVs have a varied and at times extended window period for the detection of a transmission and as such, testing the source of exposure is not an effective method for gaining 'peace of mind' of one's own test result.

[3] Bambridge, C. Stardust, Z. (2018) Mandatory testing of people whose bodily fluids come into contact with police and/or emergency service personnel. Sydney. Sydney: ACON. SWOP

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HOW HEPATITIS AND HIV ARE TRANSMITTED — TABLE 1.0

BBV	FLUID TRANSMISSION	ROUTE OF TRANSMISSION	TREATMENT
Human Immunodeficiency Virus (HIV) Information Source: NSW Ministry of Health	Transmitted through: blood, semen, vaginal fluid or breast milk. HIV is not transmitted by saliva.	During anal or vaginal sex without protection of a condom, sharing drug injecting equipment, unsafe injections (e.g. tattoos and other procedures that involve unsterile cutting or piercing), to a baby during pregnancy, childbirth or breast-feeding.	Treatment available with antiretroviral drugs. If exposed you can access PEP (post exposure prophylaxis) if taken within 72 hours.
Hepatitis B (HBV) Information Source: SafeWork NSW	Transmitted through blood and sexual fluids. HBV is not transmitted by saliva, tears or sweat.	Needlestick injuries, injecting drugs with a contaminated needle, sexual contact, transferring infected blood on razors, toothbrushes and other personal items, splashes of blood and/or sexual fluids to mucous membranes (mouth, nose, eyes) or broken skin, mother to child during pregnancy or childbirth, any other blood-to-blood contact.	HBV can be prevented with a vaccine. If exposed and have not been immunised prior, you can access a shot of immunoglobulin within 72 hours (this reduces your chance of contracting HBV).
Hepatitis C (HCV) Information Source: SafeWork NSW	Transmitted through blood-to-blood contact only. HCV is not transmitted by saliva, tears or sweat.	Needlestick injuries, injecting drugs with shared needles, tattooing and body-piercing with contaminated equipment, sharing razors, toothbrushes and other personal hygiene items, from mother to child during pregnancy or childbirth, any other blood-to-blood contact.	HCV treatment effects a complete cure for over 95% of people with few or no side effects (Hepatitis C Virus Infection Consensus Statement Working Group, 2018).

While we agree emergency service personnel and police officers must be protected as much as is reasonably possible in a high-level occupational risk environment, the proposed policy is based in several unfounded assumptions.

The proposed mandatory testing regime assumes that a person who exposes bodily fluids to an emergency service personnel or police officer is likely to have a BBV, and that there is a clear route of transmission which will result in infection, that timely and effective treatment responses currently used for the exposed person will not be effective, and that all police and emergency service units across NSW will have a sound knowledge of how BBVs are transmitted and be able to competently complete a risk assessment (i.e. know when testing and treatment is required or not)

As aforementioned PANSW state 'a positive result would see the officer able to take immediate action to access medical advice, optimal treatment and counselling' (PANSW, 2016: 9).[4]

[4] Police Association of NSW. 2016. Police Association of NSW Submission to NSW Parliament Committee on Law and Safety, Inquiry into Violence against Emergency Services Personnel, available online at: https://www.parliament.nsw.gov.au/committees/DBAssets/InquirySubmission/Body/55607/Submission%20No.%2021%20-%20NSW%20Police%20

However, SafeWork NSW (the State's work health and safety regulator) already advise that standard procedure for exposure to hepatitis or HIV includes seeking immediate first aid advice, medical advice, counselling, testing of the exposed person and commencing prophylaxis treatment (SafeWork NSW, 2018).

Testing of a source after exposure to bodily fluids is not best practice or evidence-based given the window periods for BBVs, and as such will not provide police with conclusive answers as to their own status while awaiting their own test results.

The proposed mandatory testing laws further perpetuate the stigma, discrimination and myths associated with the transmission of HIV and other blood borne viruses (BBVs) by casting people living with HIV and other populations at increased risk of HIV as inherently dangerous and in need of control. In effect, mandatory HIV testing laws expose a tension between the use of public health objectives and the use of law and order to prevent HIV transmission.

There is a severe lack of any evidence in the formation of this proposed legislation. Viral transmission from BBV or HIV does not occur from spitting and/or biting, and most injuries, including bites, do not carry a any risk of transmission.5

"There does not appear to be any recorded case of an Australian police officer being infected with HIV in the course of their duties".6

No HIV transmission to emergency services personnel has ever been recorded in NSW. Therefore, the rationale for this legislation does not exist, the actual issue is a fear rooted in myths about HIV transmission. A more effective solution is to dispel these myths is to adequately train emergency services personnel around actual risks of HIV and BBV transmission.

This legislation is not a solution to the fears raised, as it is at odds with national and regional strategies for ending BBV and HIV transmissions. The 8th National HIV Strategy states that Australia will have virtually eliminated HIV transmission by 20227 – just two years away. These laws are an embarrassing contradiction to nationally recognised figures and evidence.

"All these laws share the fallacious premise that appropriate care and support to police or others can be meaningfully informed by the status of the alleged accused. These laws are not based in the science of BBV transmission risk, with spitting covered by the laws".8

We respectfully disagree with the Minister for Police and Emergency Services re the nature of the "gap" that he is of the opinion is to be filled by the Mandatory Disease Testing Bill 20209. The 'gap' that needs filling, is not a gap of protection, but a gap in knowledge. This bill does not offer protection against the transmission of disease, nor does it offer any definitive relief to any anxiety re infection.

Association.pdf

[5] Zero or negligible risks of HIV, HBV or HCV transmission by biting or spitting https://i-base.info/htb/34171

[6] https://theconversation.com/hiv-testing-people-who-spit-at-police-or-health-workers-wont-actually-protect-them-131553

[7] https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/%24File/HIV-Eight-Nat-Strategy-2018-22.pdf

[8] https://hivlegal.ashm.org.au/mandatory-testing-for-hiv/

[9] Legislative Assembly Hansard – 11 November 2020 Mandatory Disease Testing Bill 2020 Second Reading Speech

Knowledge of viral transmission is a simple and effective way to fill this gap, because biting and spitting does not transmit HIV or BBVs.

For example, of the blood-borne viruses, hepatitis B, the most transmissible of these viruses, is completely preventable through a vaccine all front-line workers receive. This knowledge would more effectively soothe the anxiety experienced by workers far more than waiting to receive someone else's HIV status.

It is essential that legislation is based on both evidence and best practice, in order to translate into the desired outcomes of the proposed legislation – namely the safety of our community members, incusing first responders, emergency workers, and the community members they interact with.

More effective (and more cost effective) solutions would include the implementation of training programs in key areas to address the fear and anxiety caused by this so-called 'gap'.

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Recommendations re the *Mandatory Disease Testing Bill 2020*

That that the bill defines "deliberate actions" in relation to the transfer of bodily fluids.

As a minimum s24 should clearly require that the Chief Health Officer will only make a mandatory testing order if satisfied that the contact by the worker with the bodily fluid of the third party was a result of a deliberate action of the third party.

s9(1) to require the evidence of eyewitnesses that the action of the third party was deliberate.

S10 should also require the senior officer to be satisfied that the action was deliberate.

The definition of "bodily fluids" be clarified.

The definition of bodily fluids in the bill is overly broad and includes fluids that have low (blood) and even non-existent (saliva) risk. The bill must be amended to require that a testing order can only be made when there has been a risk of actual transmission occurring.

The broad definition as it now stands will serve to perpetuate false information about actual BBV transmission risks and to further stigmatise.

The Bill should be amended to ensure mandatory testing orders are only allowed following an actual risk of transmission, and that these risks are specifically named and confirmed in the application for an order and the Bill be amended to provide clarity on the definition of bodily fluids in relation to transmission of disease.

Definition of "relevant medical practitioner"

Expertise in blood-borne diseases is a highly specialised area, and a medical practitioner without this specific experience may not be able to accurately assess transmission risk associated with a specific exposure to bodily fluids. Further, specialised qualifications are required for the prescription of HIV and hepatitis B treatment.

We would recommend that "section (b) in the definitions "if a medical practitioner with qualifications or experience in blood-borne diseases is not available at the time the worker requires a consultation under section 8—another medical practitioner" be removed and that the definition in sevctio (a) be amended to : "a medical practitioner with experience in and prescribing rights for treatment of blood-borne diseases"

Mandatory Testing of Persons under the Age of 18 years

The application of the proposed legislation to people aged under 18 years old, and as young as 14 years old is unnecessary and potentially harmful. Prevalence rates for HIV in people aged under 18 years old are negligible and the trauma associated with forcible testing a child is unconscionable.

Use of force in conducting testing

The current version of the Bill allows a law enforcement officer to "use reasonable force in relation to a third party" in order to assist a person to take blood as required by a mandatory testing order.

Allowing the use of force during a sensitive medical procedure such as taking blood, may place the person whose blood is being taken in danger. The use of force in this setting also places the health worker carrying out the blood test at risk of injury and possibly also the law enforcement officer.

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The timeline for consultation with a relevant medical practitioner

In relation to this we note section 8(1) of the Bill where a prescribed worker must consult a relevant medical practitioner within 24 hours after the incident, as a course of post-exposure prophylaxis for HIV (PEP) must be started within a maximum of 72 hours following possible exposure to be effective15. However, as 72 hours is the maximum time limit for starting PEP we recommend s8(2) be removed.

Determining an application

A "senior officer" is not an appropriate person for determining an application for a mandatory testing order. Only a person with specialised knowledge about BBVs, including transmission risks, can make a determination relating to the criteria outlined in 10(7)(b), that: "testing a sample of the third party's blood for relevant diseases is necessary in the circumstances". This determination must be made by the Chief Health Officer.

Appealing a testing order

section 22(4) of the Bill provides that a person subject to a mandatory testing order only has one business day to make an application for review. This is clearly insufficient time, particularly given the appeal must be made in writing, which may disadvantage those with limited literacy skills, or without fluency in written English.

Medical Opinion as Determining Factor

The legislation must make clear that the medical advice from a practitioner is required and must be considered in making the determination regarding the order. Currently, the Bill is ambiguous on whether the advice of the medical practitioner must be sought by the determining senior officer, and whether the senior officer must take the advice of the GP into consideration.

The Bill must clearly state that the determining senior officer must seek out and consider the advice of the medical practitioner in making their decision.

15 AHSM 2020, Post-Exposure Prophylaxis after Non-Occupational and Occupations exposure to HIV: Australian National Guidelines (Second edition), [Online], Accessed 17/12/2020: http://www.pep.guidelines.org.au/

General Comments on Mandatory Disease Testing Bill 2020

The Mandatory Disease Testing Bill NSW has the potential to cause more stress, anxiety, and harm than it proposes to mitigate – to emergency services personnel

The vast majority of those living with the virus described in the Bill – HIV and BBVs – are not able to transmit the virus because of the medical care they receive, maintaining suppressed viral loads, and posing no risk of transmission in the extremely rare event their blood is somehow transmitted through spitting or biting. To assess the alleged offender's HIV status when they have a supressed viral load is to cause further stress and anxiety to a worker, when in fact no risk would be present.[16]

Concerningly, the rationale for testing is to alleviate any distress police or other emergency service personnel may experience following an incident, even though tests results will likely be misleading and cause additional anxiety, such as where the accused returns a positive result even though there was no risk of BBV transmission. Alternatively, it could provide a false sense of security; for example, where an accused returns a negative result, in a context in which there was an actual transmission risk, such as when blood to blood contact occurred, but won't show on a test due to it being during the window period.[17]

- **We recommend training in the provision of trauma informed care for all emergency workers.**
- **We recommend health care training and basic blood borne virus transmission training for all emergency workers.**
- **We recommend that there are mechanisms to ensure the order is used with integrity and not as a punitive measure in and of itself, including that Mandatory Testing Orders are approved by the Chief Health Officer of NSW before proceeding**

The Mandatory Disease Testing Bill NSW has the potential to cause more stress, anxiety, and harm than it proposes to mitigate – to community members

Mandatory testing places an undue burden on vulnerable populations, including sex workers, but this is a burden which is not based on a high risk of transmission.[18] The proposed legislation will increase the discrimination, profiling and stigma experienced by vulnerable people living with HIV, BBV or other viruses and STIs, and act as a further barrier to accessing health or emergency settings.

Policing is not an appropriate response to public health. The proposed legislation stigmatises people[19] living with blood-borne viruses[20], incorrectly depicting them as dangerous, creating unnecessary fear, leading to discrimination.[21]

In a year which the world has experienced a global pandemic – to proliferate recklessly misinformation on the transmission of blood borne viruses is to show a dangerous disregard for public health, parliamentary sanctioned information and sets an extremely low bar in responding to workplace health and safety issues.

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[16] [16] https://hivlegal.ashm.org.au/mandatory-testing-for-hiv/
[17] https://hivlegal.ashm.org.au/mandatory-testing-for-hiv/
[18] https://scarletalliance.org.au/library/briefingpaper_mandtest/file_view
[19] https://theconversation.com/hiv-testing-people-who-spit-at-police-or-health-workers-wont-actually-protect-them-131553
[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835402/
[21] https://hivlawcommission.org/supplement/

- **We recommend extensive anti-stigma and anti-discrimination training provided to all emergency health personnel.**
- **We recommend that no possible GBH charge come from a forced testing order**
- **We recommend that anyone subjected to forced blood testing be given every information possible how to refuse or apply for a review of such an order, before any such order takes place.**
- **We recommend that anyone subjected to a Mandatory Testing Order not be held in custody while waiting on results.**

The MANDATORY DISEASE TESTING Bill NSW places undue burden and cost on the health sector and increases anxiety, stress and harm to health workers asked to undertake an activity that violates best practise healthcare and workplace values

The proposed legislation violates informed consent practices and basic human rights. Furthermore, mandatory testing is expensive, especially when medical, pathology, infrastructure and administration costs are considered. Frequent testing places a burden on existing, already stretched, health resources. The anxiety of any emergency services personnel is best soothed by ensuring proper PPE is used during work activities, and that Post Exposure Prophylaxis is taken in the unlikely event any bodily fluids, in particular blood exchanges, are experienced.[22]

It is understood that some health professionals who have been involved in testing, attempt to get consent prior to any testing, and if the accused refuses this and physically resists testing, they desist from doing the tests, rather than use force (which is permitted under most of the legislative regimes).[23]

Under the National HIV Testing Policy (HIV Testing Policy), testing should only be conducted with consent, unless it is an emergency or a legal order for mandatory testing is made. These mandatory testing regimes are inconsistent with the spirit of the HIV Testing Policy or best practice healthcare delivery.[24]

numerous healthcare practitioners were clear that they would not agree to test a person who refuses to consent, particularly where use of force is involved, given restraining a person to undertake a blood test is not necessarily possible or safe, may not be for the benefit of the patient, and goes against ethical codes of medical practice. Concerns remain, however, that by the time a person is being tested, processes of coercion relating to mandatory testing orders may not be transparent to the person taking the blood sample.[25]

- **We recommend that proper PPE is used during work activities for health care workers and emergency workers.**
- **We recommend that that emergency services personnel are educated as to the availability and use of Post Exposure Prophylaxis.**

[22] https://scarletalliance.org.au/library/briefingpaper_mandtest/file_view
[23] https://hivlegal.ashm.org.au/mandatory-testing-for-hiv/
[24] https://testingportal.ashm.org.au/national-hiv-testing-policy/hiv-erc/
[25] https://napwha.org.au/wp-content/uploads/2019/09/2019_NAPWHA_TheSystemIsBroken.pdf

We hope to see evidence based legislation implemented, legislation that doesn't cause harm to our emergency services personnel, our communities or our health workers. We're deeply concerned that this legislation would cause harm to all three of these social groups.

With proper training, correct information and the use of proper PPE and workplace protocols, we can keep every community member safe.

However, legislation that misinforms the public and our workforces, that is not aligned with national strategies, international protocols or basic knowledge of viral transmission, show a reckless disregard for the health and safety of every community member, including emergency personnel.

If emergency services personnel were simply able to achieve the same level of knowledge or training as everyday sex workers, they will not fear biting, saliva or spitting as potential transmission routes for HIV or other Blood Borne Viruses. Proper training, use of PPE and disseminating evidence based information are more elegant solutions to the so-called gap raised by the Mandatory Disease Testing Bill 2020 – a gap that does not, in reality, exist.

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