Successful HIV/AIDS Prevention Strategies in Australia;
The Role of Sex Worker Organizations

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Introduction: **General approaches to HIV prevention**

Australia's response to HIV/AIDS has been described as 'proactive and effective' (Steven, 1994: 237). The rate of HIV transmission has, so far, declined to a steady state level and treatment and care programs work in conjunction with a system of cost-free, or low cost, universal health care. Overall, HIV/AIDS prevention and treatment programs have been successful because of the adoption of a 'partnership approach' which has linked federal government strategies to the activities and perspectives of community based organisations. In particular, the recognition that the design and delivery of prevention and education programs are most effectively carried out at the community level, by members of the groups most effected, has guided the creation of a series of three National HIV/AIDS Strategies.

The Strategies have constituted a framework for an integrated response to planning, policy and funding-the current National HIV/AIDS Strategy, entitled 'Partnerships in Practice', has been in effect since 1996. The partnership approach, therefore, has also been linked to a core funding arrangement between the Federal Government, States and community organisations. Each Australian State has developed its own community based response to HIV prevention, primarily through the development of the 'AIDS councils' which are linked to a national networking and policy body known as AFAO, the Australian Federation of AIDS Organisations. Other communities, including intravenous drug users, sex workers, indigenous peoples, etc, have also formed local and national organisations and networks at times in collaboration with AFAO and the state based AIDS organisations.

HIV, STDs and Australian sex workers

Even though sex workers are frequently thought of as a 'high risk' group for HIV transmission, in the Australian context no case of transmission of HIV from a sex worker to client or a client to sex worker has been documented (Harcourt, 1997). Since 1992 information provided by metropolitan sexual health clinics has indicated that HIV prevalence has remained low among women identifying as sex workers, at around 0.1% with no evidence of any trends in HIV prevalence over this time (Annual Surveillance Report, 1997: 20). In general, sexual health terms Australian sex workers also perform well often reporting lower rates of sexually transmitted diseases (STDs) than the general population. For example, a 1989 study at the Brisbane Special Clinic in Queensland

concluded that relative risk for female sex workers of developing acute bacterial STDs was half that of other female clinic attendees (Harcourt, 1994: 217). During the 1995 and 1996, the period that I was director of the Sex Industry Network program, Clinic 275, Adelaide's primary STD treatment clinic, reported that sex workers tested lower on all STDs than the general South Australian population.

Sex worker organisations and HIV prevention

However, sex workers in Australia have not always enjoyed such high standards of sexual health. For example, one study, carried out prior to the emergence of HIV/AIDS in the 1980s, found a weekly incidence of 10% of gonorrhea in Sydney brothel workers (Harcourt, 1994: 218). The spread of STDs was linked to relatively low use of condoms in certain sectors of the sex industry (1).

However, once HIV/AIDS emerged as a concern, sex workers quickly formed their own organisations to promote safe sex, self determination for sex industry workers and progressive law reform. The Australian Prostitutes' Collective in Sydney, founded in 1983, was soon distributing information to sex workers in the form of newsletters and outreach programs conducted by sex workers and their supporters. In my own state of South Australia a grassroots organisation, initially named the Scarlet Alliance (2), emerged for similar purposes, carrying out innovative health and peer education efforts, such as The Traveling Parlor Show, which were run by sex workers for sex workers.

Similar organisations were established in all Australian states and many of them eventually received funding to carry out HIV prevention. Primarily this occurred in the form of peer education, outreach work, needle exchange and the provision of safe sex equipment for free or at low cost. The effects of peer education strategies have been dramatic. For example, between 1985 and 1988 condom use by the clients of female sex workers in NSW increased from 5% to 88%, and another study which included brothel, escort workers, 'independents' and street workers, in 1991 found that 98% of participants reported using condoms for all commercial sexual interactions (Harcourt, 1994: 221). Currently, all Australian states have government funded sex worker health projects, many of which have expanded their areas of action to encompass far more than HIV prevention to include sexual health programs, sex worker pride/culture initiatives, legal services, career advisory centers, and so forth. Other kinds of sex worker rights groups also exist in many states and they frequently act in tandem with sex worker health organisations (3). All of these sex worker organisations are members of the national network, known as the Scarlet Alliance.

Law reform and HIV prevention

While peer education strategies have been incredibly successful

in and of themselves, these results probably could not have been achieved without liberal attitudes towards 'harm reduction' and changes to the enforcement of prostitution law in many Australian States. For example, Christine Harcourt, Senior Researcher at Sydney Sexual Health Centre and the Deputy Mayor of South Sydney, commented recently that "scientific literature on the public health outcomes of prostitution indicates that the best results are achieved within a non-coercive environment in which sex workers have a large measure of control over their own work conditions... from a public health perspective the decriminalisation of brothel prostitution was an essential step in the process of harm minimisation and the maintenance of health improvements within the sex industry (Harcourt, 1997)." Whatever one's opinions about the sex industry, the Australian experience indicates that the repealing of anti-prostitution laws creates a climate in which the overwhelming majority of sex workers access health and welfare services, network about health concerns, and create safer working environments for themselves in consultation with business owners and managers.

Unfortunately, some sex workers and 'sex barterers' continue to work in marginalised and unsafe conditions in Australia. The South Australia State Legislature continues to debate the 'possibility' of law reform thus allowing the South Australian Police to arrest sex workers, confiscate condoms and other safe sex materials, and use them as evidence in the courts. Street sex work remains illegal in the state of Victoria and the Prostitute's Collective of Victoria (PCV) contends that decriminalisation would allow specialist agencies and workers greater access to street prostitutes in order to provide them with services and strategies such as drug detoxification centers, exit and retraining programs, and housing programs (PCV, 1997). Young people who work in the sex industry or who find themselves homeless and swap sex for 'favours' but do not necessarily consider themselves 'sex workers', also constitute a highly marginalised group at risk of HIV infection and numerous other health problems (Tschirren et al, 1996). Sex workers from non-English speaking backgrounds, some of whom have entered Australia on short term visas and/or work illegally, may be marginalised from mainstream services and sex worker organisations (Harcourt, 1994: 222-23). Currently, many sex worker organisations are developing new strategies, including interagency training, research, and networking with other community health providers (such as migrant health services and youth agencies) in order to address the needs of these groups.

Concluding comments

To conclude, creative strategies are being developed in the Australian context to ensure that our 'success story' in terms of HIV prevention and education continues. A network of funded sex worker health projects, linked together via a national organisation, deliver services, carry out research and advise on HIV and sex work policy, has proved remarkably adept at meeting the majority of Australian sex workers HIV prevention needs. Additionally, the Australian government's bipartisan commitment

to HIV/AIDS issues has fostered a relatively open environment for the development of 'harm reduction' strategies and consultation with the communities most affected by HIV. Steady advancements in terms of prostitution law reform have greatly facilitated the adoption of these strategies and the reduction of sex workers occupational risk.

Footnotes

(1) Harcourt (1994) notes that prior to 1986 it was generally accepted that 'independent' sex workers, including street workers, were better able to negotiate with condom use with their clients than brothel workers.

(2) In the second half of the 1980s the South Australian Scarlet Alliance became the Prostitutes' Association of South Australia (PASA). In 1996 became the Sex Worker Action Group (SWAG).

(3) For example, in South Australia the Sex Industry Network (SIN) and the Sex Worker Action Group (SWAG) view themselves as 'sister' organisations with different but linked areas of action.

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