



Please consider filling in our brief 5-10 minute survey on PrEP. Background information is below and a link to the survey is here: <https://www.surveymonkey.com/r/YH25RKL>

### **Introduction: Background of PrEP and Implications for Sex Workers**

#### **What is PrEP?**

PrEP stands for Pre-Exposure Prophylaxis. PrEP is the use of antiretroviral drugs by HIV negative people to greatly reduce the risk of getting HIV upon exposure. Unlike PEP (Post Exposure Prophylaxis), PrEP is taken *before* any potential exposure to HIV and must be taken on an ongoing basis. PrEP does not prevent pregnancy or the transmission of STIs.

A prescription is required to access PrEP in Australia. Anyone who is at a 'higher risk of HIV' will be eligible to get a script for PrEP from a doctor. ASHM has published [clinician guidelines](#) to assist clinicians in assessing a patient's eligibility for PrEP. Since 1 April 2018, PrEP has been available through the Pharmaceutical Benefits Scheme (PBS). This means the government will subsidise the cost of PrEP for Medicare holders. For people who are ineligible for Medicare and unable to access PrEP through the PBS, there are options for personal importation, but a prescription from a doctor is still required. The cost of personal importation per month is around the same as for a general patient PBS co-payment (approx. \$40 per month).

There were PrEP trials in a number of states and territories in Australia that provided the medication to people who were at risk of higher risk of HIV exposure. These trials mostly targeted gay and bisexual men and were testing the acceptability, feasibility and impact of PrEP on users. The trials are now closed.

The [2014 Scarlet Alliance consultation on PrEP and early treatment](#) showed that although sex workers welcome the availability of PrEP for sex workers who believe they have a higher risk of HIV exposure, sex workers are also critical of the perceived benefits:

- The survey highlighted that there is a real concern among sex workers that PrEP may be made compulsory for workers. For example, in some states in Australia, brothel owners are required to take 'all reasonable steps' to ensure that their workers are not working with HIV or an STI. This legislation would act as an incentive for owners/operators to, as a respondent of the survey stated, 'insist on sex workers taking PrEP' to protect their business. In states where sexual health screening and certificates are mandatory, it is not implausible that PrEP certificates could also become mandated.
- Sex workers also highlighted that PrEP may impact safer sex negotiations with clients. Sex workers reported that new HIV technologies are already impacting client negotiations, such as workers receiving more requests to bareback on the basis of undetectable viral load and sero-sorting. As PrEP is targeted towards gay men and men

who have sex with men (MSM) communities, there would be greater pressure on male, Trans and MSM sex workers to adopt this new technology.

- There were significant concerns among the sex work community that new biomedical HIV technologies like PrEP may eclipse strategies that address the holistic sexual and reproductive health needs of sex workers. These strategies, peer education and high uptake of condom use, have proven effective for sex workers for many decades. This shift to a medicalised approach to prevention, said one respondent, 'does not support the community mobilisation, engagement, community development, law reform and advocacy that has resulted in long term, sustained behaviour change outcomes amongst sex workers in Australia'.
- Sex workers were also concerned about the potential long-term and short-term side effects of taking daily PrEP medication.

As a community that is consistently identified as a priority population in HIV strategies and intersects with communities that are targeted for PrEP, sex workers will inadvertently be impacted by the availability of PrEP. To date, PrEP trials and research in Australia have largely focused on gay men and MSM. The outcomes of these trials are not applicable to the sex worker community.

The Scarlet Alliance survey on PrEP was part of a larger study by Network for Global Sex Worker Projects (NSWP) titled [Global Consultation: PrEP and Early Treatment as HIV Prevention Strategies](#).

### **Background of the Consultation**

At present there are no available resources around PrEP answering questions specific to the needs and concerns of sex workers in Australia. In collaboration with the Western Australian State Department of Health, Scarlet Alliance and Magenta WA are interested in producing a brief FAQ for sex workers around PrEP, to collect and answer any questions about PrEP that our community may have.

First we would like to gauge from the community if this resource would be of value to sex workers. While PrEP may not be applicable to every sex worker, sex workers have been at the forefront of HIV prevention since the early beginnings of the pandemic, and we want to ensure sex workers retain agency over every public health interventions that affect our bodies and work. It is important that we have the necessary information to make informed choices about the prevention tools that are right for us.

In order to produce a robust resource driven by our communities' needs and concerns, we need your help! Please consider filling out the brief survey at <https://www.surveymonkey.com/r/YH25RKL> and if you have any questions about PrEP, please let us know so we can consider them for our FAQ.

### **DISCLAIMER**

Scarlet Alliance and Magenta are **not** promoting PrEP. PrEP should never be made compulsory for sex workers. PrEP may not necessarily be an appropriate prevention strategy for many sex workers in Australia and the medication only reduces risk of HIV transmission and does not provide protection against other STI or pregnancy. Given that sex workers have sustained world renowned low rates of HIV, sex workers should be able to choose to access PrEP if we wish to and have access to comprehensive information to make informed decisions on our sexual and reproductive health.