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# NSW ELECTION 2023: **CANDIDATES QUESTIONNAIRE**

October 2022



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The organisations providing this survey recognise that Aboriginal people are the original inhabitants of NSW. We acknowledge the Traditional Custodians of country throughout NSW, and their continuous connections to land, sea and community. We pay our respect to their Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander people today.

## ABOUT THE ORGANISATIONS

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**ACON** is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.



**BlaQ** Aboriginal Corporation was established as a collective response to the identified need for a strengthened visibility of the Aboriginal and Torres Strait Islander LGBTQ+SB community. We aim to foster pathways that provide informed and authentic representation, which positively impacts the social and emotional wellbeing of our people. As a member of the NSW Coalition of Aboriginal Peak Organisations, we also strive to achieve equality for our community through innovation, inclusion and advocacy.



**Equality Australia** is a national LGBTQ+ organisation dedicated to achieving equality for LGBTQ+ people and their families. Born out of the campaign for marriage equality, Equality Australia brings together legal, policy and communications expertise, along with thousands of supporters, to address discrimination, disadvantage and distress experienced by LGBTQ+ people.



**The NSW Gay & Lesbian Rights Lobby** (GLRL) advocates for the equality of LGBTQ+ communities and their families. We lobby politicians, government, departments, policy makers and the media to redress discrimination. We also advocate for community leadership to ensure social equality is achieved - not just legislative equality. We represent and educate the community at the local, state and national level through statewide consultations. We work closely with bisexual, transgender and intersex organisations, and all Members of Parliament to advance the rights of our communities in NSW.



**Hepatitis NSW** is a statewide member-based, health promotion charity. Our vision is a *World free of viral hepatitis*. We provide information, support, referral and advocacy for people affected by viral hepatitis in NSW; as well as education, training and development to prevent the transmission of viral hepatitis and to improve services for those affected by it. We represent people affected by viral hepatitis and work actively with our affected communities in partnership with other organisations to bring about improvements in quality of life.



**The HIV/AIDS Legal Centre (HALC)** is the only not-for-profit, full-time specialist community legal centre of its kind in Australia. We provide free and comprehensive legal assistance to people in NSW and Queensland with HIV or hepatitis-related legal matters. We also undertake community legal education and law reform activity in areas relating to HIV and hepatitis.



**Positive Life NSW** is NSW's peer-led and run representative body of all people living with and affected by HIV, and the voice of all people living with HIV (PLHIV) since 1988. We empower all PLHIV in NSW with health promotion information, peer support, referrals and advice with the aim of ensuring optimum well-being, care and support.



**Sex Workers Outreach Project, New South Wales (SWOP NSW)** is the state's peer sex worker organisation and has been representing sex workers for over 35 years. SWOP NSW works with sex workers to ensure 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 in NSW.



**Twenty10** is Australia's leading LGBTQIA+ youth organisation providing a broad range of support services for young people since 1982. Twenty10 offers transitional housing, counselling, psychosocial support services, events and development programs to young people, and operates Qlife NSW – Australia's phone and web peer support service to people of all ages. Twenty10 also deliver specialist education and training packages in affirmative practice to organisations, government, services and schools and have a strategic focus on mental health care for young trans and gender diverse people across NSW, LGBTQIA+ young people from Greater Western Sydney.

# INTRODUCTION

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As we look toward the 2023 NSW State Election, we, a coalition of organisations dedicated to the health and human rights of our communities, outline our respective priorities with regard to making NSW an innovative leader in creating safe, healthy and empowering environments for all people in our communities.

## WHO ARE WE?

This document represents the respective priorities of:

- ACON
- BlaQ Aboriginal Corporation
- Equality Australia
- the Gay and Lesbian Rights Lobby
- Hepatitis NSW
- the HIV/AIDS Legal Centre (HALC)
- Positive Life NSW
- Sex Workers Outreach Project, New South Wales (SWOP NSW)
- Twenty10

Together, we serve many diverse and resilient communities that overlap, intersect, and diverge. Our organisations work for:

- members of sexuality and gender-diverse communities and lesbian, gay, bisexual, transgender, queer, intersex, and asexual communities (LGBTIQA+), and subsets of these populations
- Aboriginal and Torres Strait Islander members of these communities, including Sistergirls and Brotherboys
- young members of these communities
- people living with or affected by blood-borne viruses (BBVs) and sexually transmitted infections (STIs), including HIV, hepatitis B and hepatitis C, including subsets of these populations (such as sex workers, or gay and bisexual men who are living with or at risk of HIV).

No single organisation purports to represent the interests of all people under this diverse cohort, but our respective work serves significant portions of these communities which significantly overlap.

Many of the people we work with and for are Aboriginal and Torres Strait Islander, from culturally, ethnically and linguistically diverse, migrant and refugee backgrounds, living with disability and chronic health conditions, and are of all ages.

The communities we serve are bound by some common experiences of stigma, discrimination, human rights violations, and a number of key health inequities and challenges. It is necessary to acknowledge that the experiences of people in our communities are not homogeneous, and many in our communities experience compounding and multiple forms of marginalisation that need to be addressed in targeted and intersectional ways.

Our communities, their families and friends live in every electorate in NSW.

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## WHY HAVE WE COME TOGETHER?

As a collective, we come together, based on our respective areas of expertise, to represent our communities' interests and seek commitments from those standing in the forthcoming election.

This document consolidates the various areas of priorities for our communities, to provide candidates a centralised opportunity to address how their election policy platforms will benefit our communities.

NSW, as Australia's most populous state, can and should be a leader in the health, human rights and safety of people in our communities.

The commitments we seek relate to the key pillars of current and future HIV, BBV and STI Strategies and the *NSW LGBTIQ+ Health Strategy*, as well as commitments to the future of community organisations in NSW, and law reform in a number of areas that disproportionately affect our communities.

We seek these commitments across the political landscape, and across portfolio areas, as these issues affect many ministerial areas and populations, including health, Aboriginal and Torres Strait Islander communities, multicultural communities, seniors, women, regional health, mental health, sexual, domestic and family violence, housing, justice, sport, and others.

Throughout this document, we refer to 'our communities' to broadly reflect the interests of the people we serve as a whole. Where we are referring to specific subpopulations within this cohort, it is because there is a particular priority that one, or a number of, our organisations advocate for with regard to that population.

Your responses to these questions will be communicated to our communities in the lead-up to the Election, to help inform them ahead of casting their vote. We will also be seeking meetings on these issues with relevant representatives.

We thank all who are standing for election in NSW for their commitment to making our state a better place, and we look forward to working with you to ensure that this commitment is upheld for all.

## QUESTIONS FOR CANDIDATES

### HIV, BBVS, AND STIS

The NSW HIV Strategy 2021-2025<sup>1</sup>, the NSW Hepatitis C Strategy 2022-2025,<sup>2</sup> the NSW Hepatitis B Strategy,<sup>3</sup> and the NSW Sexually Transmissible Infections Strategy 2022-2026<sup>4</sup> establish a strong foundation for NSW's role in achieving state, national, and global targets surrounding BBVs and STIs. The Strategies make strong commitments to continue NSW's position as a world leader in the response especially to HIV, hepatitis C and hepatitis B.

The Strategies contain firm targets around the elimination of HIV and hepatitis C transmission, addressing stigma, and improving quality of life in the latter half of this decade. These will require strong and ongoing commitments beyond the life of the current Strategies.

#### If elected, will you:

1. Maintain strong funding commitments and partnerships across government, health, community organisations, key affected populations and researchers, both to achieve the goals of the current NSW BBV and STI Strategies, and to build on this commitment in future Strategies?

NSW's response to HIV, BBVs and STIs has been extremely successful, especially among certain population demographics, however, more needs to be done to address HIV, BBV and STIs in priority populations. There is, for example, a divergent HIV epidemic occurring in gay and bisexual men from migrant and refugee backgrounds, Aboriginal and Torres Strait Islander people,<sup>5</sup> and other populations, and a higher prevalence of hepatitis C among people in carceral settings, and in rural and regional local health districts with less NSP coverage.<sup>6,7,8</sup> We require sustained commitments to existing programmatic responses that we know work while also supporting new, innovative and targeted action to reach those currently not benefiting from the advances being made.

#### If elected, will you:

2. Commit to additional funding for innovative programs that are targeted toward improving access to testing, treatment and prevention for priority populations across all HIV, BBV and STI Strategies?

There are a number of laws in NSW that significantly contribute to stigma and/or criminalisation of BBV transmission and prevention efforts, such as section 79 of the *Public Health Act 2010* (NSW), and the new *Mandatory Disease Testing Act 2021* (NSW). These laws are not based in evidence, are contrary to NSW's otherwise world-leading responses, perpetuate stigmatising and false narratives around the transmission of BBVs, and, in many cases, represent a violation of human rights.

There are also concerns that, as part of the new affirmative consent legislation (that provides welcome changes to consent law in NSW), section 61HJ(k) of the *Crimes Act 1900* (NSW) may needlessly criminalise people who do not disclose to partners aspects of their health or gender experience.

Australia's national HIV, viral hepatitis and STI Strategies recognise the ways in which enabling legal environments allow for effective BBV and STI responses.<sup>9,10</sup> By responding to evidence, and creating a legal environment that does not seek to criminalise BBV transmission and/or prevention efforts and promotes human rights, good public health principles are enacted, and structural stigma is reduced.<sup>11</sup> NSW Strategies must contain similar provisions.

#### **If elected, will you:**

- 3.** In line with the National HIV, viral hepatitis and STI Strategies, recognise in current and future NSW HIV, viral hepatitis and STI Strategies the need to eliminate the negative impact of legal and human rights issues on people's health?
- 4.** Repeal the *Mandatory Disease Testing Act 2021*?
- 5.** Repeal s79 of the *Public Health Act 2010*, and if necessary, substitute it with non-stigmatising provisions that protect public health?
- 6.** Amend s61HJ(k)(3) of the *Crimes Act 1900* (NSW) to clarify that fraudulent inducement does not include a misrepresentation about a person's health or disability, gender history or identity?

## QUESTIONS FOR CANDIDATES CONTINUED

### COMMUNITY ORGANISATIONS, PARTNERSHIPS, AND RESEARCH

Community organisations are resilient, and consistently demonstrate their capacity to achieve outcomes for the communities they serve. The long histories of many of the organisations represented in this document is testament to the success of our work, and the strength of our partnerships with the NSW Government. However, community organisations are not immune from the pressure people in NSW experience as a result of the cost-of-living crisis in the wake of the COVID-19 pandemic.

#### If elected, will you:

7. Ensure that all funding agreements the NSW Government has with community organisations are indexed to appropriately match inflation and ensure community organisations do not incur a real loss of income?

The next NSW Government must recognise the way in which our communities intersect, and overlap. Current Government strategies and ministerial departments have a tendency to silo communities, for example, understanding LGBTIQ+ communities as distinct from Aboriginal and Torres Strait Islander communities, distinct again from culturally, linguistically and ethnically diverse, and migrant and refugee communities, and again from viral hepatitis communities. In reality, our communities intertwine, manifest their identities and cultures in uniquely intersectional ways, but may also experience marginalisation because of these intersections.

It is therefore critical that an intersectional approach is taken to ensure that people in our communities whose life experiences and health needs occupy multiple areas of Government policy and strategy are understood and able to thrive.

#### If elected, will you:

8. Bring together a senior level, cross portfolio standing committee, with community representation, that is tasked with coordination of efforts, enhanced investment in partnerships, and information sharing about programs and services that focus on key populations experiencing significant intersecting inequities?



Because we are part of the communities we serve, we are able to build trust and credibility with our communities. We consult deeply with our communities, embedding the voices of lived experience and the work of peers across all levels of our organisations. The peer workforce provides value for money and contributes significantly to higher satisfaction – the power of peers cannot be understated. This is true of specialist community services like ours, but also across the health and social services workforces more broadly.

**If elected, will you:**

- 9.** Increase the government investment in the peer workforce and specialist peer support services in all aspects of government health services, from planning and development to implementation and evaluation?
- 10.** Provide funding to expand the peer workforce across all aspects of health and community services, including and especially mental health, suicide prevention, ageing, alcohol and other drugs, sexual health, and service navigation?
- 11.** Provide long-term investments to Aboriginal Community Controlled Organisations (ACCOs) to achieve sustainable, culturally-informed outcomes for Aboriginal and Torres Strait Islander LGBTQ communities including Sistergirls and Brotherboys (LGBTQ+SB), and people affected by viral hepatitis?

Through a strong partnership network with researchers, government, health professionals and communities, community organisations were – and continue to be – uniquely placed to communicate important health messages in ways that are culturally appropriate and community-embedded.<sup>13</sup> Our commitment to an evidence-based approach is underscored by a growing body of qualitative and quantitative research that requires ongoing investment and attention.

**If elected, will you:**

- 12.** Continue to invest in quality research about our communities (particularly Aboriginal and Torres Strait Islander and culturally, ethnically and linguistically diverse members of our communities), including new investments in peer-led clinical and academic research on sex workers?

## QUESTIONS FOR CANDIDATES CONTINUED

### INCLUSION IN GOVERNMENT DECISION-MAKING AND DELIVERY

Our communities are often ignored in government decision-making processes and data collection. While research shows that a number of health gaps between people in our communities and the general population persist, government departments do not systematically collect indicators that could inform the design and monitoring of policy interventions for our communities.

When Equality Australia surveyed LGBTIQ+ people in the lead up to the 2022 federal election, 94.8% of respondents indicated that ensuring the needs of LGBTIQ+ people are better reflected in government programs, services and decision-making was important to them.<sup>14</sup>

We applaud and welcome the *NSW LGBTIQ+ Health Strategy 2022-2027* and its commitments to improving the health of our communities, however, a whole-of-government approach is needed to address the human rights and the social determinants of health and wellbeing of these communities.

#### If elected, will you:

- 13. Have a dedicated Minister or spokesperson for LGBTIQ+ communities?
- 14. Establish an office, branch or unit of government dedicated to LGBTIQ+ issues?
- 15. Establish an LGBTIQ+ advisory council to allow for ongoing community consultation and engagement?
- 16. Develop a whole-of-government LGBTIQ+ inclusion strategy?

## HUMAN RIGHTS AND JUSTICE

As we look toward Sydney World Pride, which will occur in the weeks prior to the 2023 election, it's important to reflect on, and celebrate, our communities in NSW. Accordingly, we must also acknowledge that NSW has fallen behind other jurisdictions in human rights and justice reforms for our communities.

The *NSW Anti-Discrimination Act 1977* is the oldest and most out-of-date discrimination law in Australia. It does not protect all people in our communities from discrimination or vilification. It also contains provisions which are out-of-step with contemporary values, including broad exemptions for private educational institutions and religious organisations that employ, educate and provide services to hundreds of thousands of people.<sup>15</sup>

The Act needs to be replaced with a modern anti-discrimination law that protects all of us, equally.

### If elected, will you:

17. Commit to a review and comprehensive reforms of the *Anti-Discrimination Act 1977* (NSW), including to:
  - ensure all LGBTQ+ people and sex workers are protected from discrimination;
  - remove exceptions allowing discrimination by private educational authorities and religious organisations in employment and service delivery (including adoption)?
  - narrow exceptions allowing discrimination against trans and gender diverse people in sport?
  - remove exceptions allowing discrimination against trans and gender diverse people in superannuation?
18. Amend government procurement requirements to require service providers to provide non-discriminatory services?

## QUESTIONS FOR CANDIDATES CONTINUED

Recent research shows that conversion practices aimed at changing or suppressing one's sexuality or gender identity and expression are still prevalent in Australia, including among young people.

Harmful conversion practices have been met with a sophisticated legal response in Victoria, designed to not only prohibit conversion practices but embed education and research into a civil response scheme.<sup>17</sup> The ACT has similar legislation,<sup>18</sup> and Queensland has taken steps to prohibit conversion practices occurring in health settings.<sup>19</sup> Tasmania has also made commitments to outlaw the practices,<sup>20</sup> while Western Australia is currently inquiring into conversion practices.<sup>21</sup> NSW must commit to ending these practices that cause a great deal of mental distress, trauma, guilt, and shame,<sup>22-25</sup> in whatever settings they occur.

### **If elected, will you:**

- 19.** Introduce legislation to end conversion practices seeking to change or suppress a person's sexual orientation or gender identity?

Research consistently demonstrates that mental health and well-being outcomes for trans and gender diverse people (especially outcomes related to anxiety, depression, and suicide ideation) improves when they are recognised, supported, and affirmed for who they are.<sup>26-34</sup> The legal recognition of a person's gender via an update to their birth certificate or the issuing of a recognised details certificate is an example of such affirmation.

NSW is one of the last remaining jurisdictions in Australia to require trans and gender diverse people to undergo surgery before they can have their gender legally recognised on state documentation, such as birth certificates. In August, Queensland confirmed an exposure draft of a Bill to enact such reform has been completed,<sup>35</sup> while every other jurisdiction except WA has made similar changes in recent years.<sup>36-42</sup> NSW should follow the lead of almost every state and territory in implementing a simple administrative mechanism allowing trans people to update their gender marker without cruel or intrusive barriers.

### **If elected, will you:**

- 20.** Reform the Births, Deaths and Marriages Registration Act to allow trans and gender diverse people to update their gender markers on birth certificates through a simple administrative mechanism, including without the need for surgical or medical interventions?

In partnership with intersex advocates and stakeholders, Equality Australia was recently commissioned to work on a legal proposal to end so-called ‘normalising’ medical interventions on intersex people without their personal consent, as called for in the [Darlington Statement](#).<sup>43</sup>

The need for reform has been recognised by the Australian Human Rights Commission,<sup>44</sup> and the Victorian and ACT governments, with the ACT already releasing exposure draft legislation.<sup>45,46,47</sup>

**If elected, will you:**

- 21.** Introduce legislation preventing so-called ‘normalising’ medical interventions on people with innate variations of sex characteristics without their personal consent?

Families come in all shapes and sizes, and rainbow families are no different. Yet not all children have the economic and emotional security that comes from the legal recognition of their parents, particularly where they are born through surrogacy arrangements or live in co-parenting arrangements. Reforms are necessary to ensure that no child is legally disadvantaged because of the circumstances of their conception or familial arrangements.

**If elected, will you:**

- 22.** Commit to a review and comprehensive reforms to parentage laws to ensure families created through surrogacy or with co-parenting arrangements are properly recognised?

In 2022, Equality Australia conducted a search across all current NSW laws to identify potential areas of legal discrimination against LGBTIQ+ people. That comprehensive review identified a number of areas where reform is needed, including laws authorising personal body searches and using binary gendered terms unnecessarily.

**If elected, will you:**

- 23.** Commit to an audit and comprehensive reforms of NSW laws that discriminate or disadvantage LGBTIQ+ people?

## QUESTIONS FOR CANDIDATES CONTINUED

### OUR COMMUNITIES' HEALTH AND ACCESS TO SERVICES

The current NSW Government has made some major progress toward improving the health of people in our communities, including the release of the *NSW LGBTIQ+ Health Strategy 2022-2027*, funding commitments for the ACON Health Centre, and funding for mental health initiatives for trans and gender diverse people across NSW. We warmly welcome these developments, and look forward to continuing to improve the health of our communities.

The launch of the *NSW LGBTIQ+ Strategy 2022-2027* was a major milestone in improving the health of LGBTIQ+ people, but it's critical to its success that the NSW Government continues to support its implementation throughout its five year lifespan. Implementing the Strategy requires both time and funding commitments, and must be a critical component of the Health, Regional Health and Mental Health portfolios.

#### If elected, will you:

**24.** Support and actively monitor implementation of the LGBTIQ+ Health Strategy for the entire term of government, including evaluation reporting, and embedding the goals of the Strategy across all other health Strategies? These goals include:

- Deliver high-quality, safe, inclusive and responsive healthcare, including:
  - Education and training
  - Mental health and suicide prevention
  - System responsiveness
- Respond to the health needs of transgender and gender diverse people in NSW
- Respond to the health needs of intersex people in NSW
- Capture data on sexuality, gender and intersex variations at the point of care and population level.

It is well established that gender affirming care improves mental health outcomes for trans people.<sup>48</sup> A recent study from a large sample of trans and gender diverse people in the US found that access to gender-affirming hormones, for those that desired this kind of care, greatly reduced suicidality and increased mental health. This was especially pronounced for those that were able to access gender-affirming hormones as adolescents.<sup>49</sup> NSW must allow a simplified process for young people to access life-saving care that does not require seeking court authorisation when the young person is mature enough to consent to treatment.

**If elected, will you:**

- 25.** Implement reforms to ensure transgender young people are allowed to legally consent to gender-affirming medical treatment with the consent of one parent or on their own when they have the maturity to do so?

NSW has always been a world leader in its epidemic responses, especially with regard to HIV and viral hepatitis. This must continue in our responses to current and future infectious diseases. At the height of the COVID-19 pandemic, NSW demonstrated its commitment to seeking out evidence and expert advice to inform its response, and the speed with which NSW was able to mobilise around MPXV (Monkeypox) similarly demonstrates NSW's commitment to evidence and strong partnerships, involving community organisations and researchers to deliver a strong public health response.

**If elected, will you:**

- 26.** Ensure that NSW continues its world-leading commitment to innovative, evidence-based responses to infectious diseases that are grounded in partnership with affected communities and researchers, in light of the evolving MPXV and COVID-19 climates?

## QUESTIONS FOR CANDIDATES CONTINUED

Aboriginal and Torres Strait Islander people of diverse genders and sexualities, including Sistergirls and Brotherboys (LGBTQ+SB), experience poor health outcomes when compared to the general population, especially with regard to social and emotional wellbeing. This is largely due to the compounding effects of racism and stigma related to gender and sexuality. A dedicated Aboriginal and Torres Strait Islander LGBTQ+SB peoples Health Strategy that is produced in consultation with community, will provide a framework for improving the health and wellbeing of LGBTQ+SB mob.

### **If elected, will you:**

- 27.** Commit to the development of an Aboriginal and Torres Strait Islander LGBTQ+SB Health Strategy to ensure there is a framework to improve the physical, social, and emotional wellbeing of First Nations people?
- 28.** Ensure that there is always a focus on, and consultation with, Aboriginal and Torres Strait Islander LGBTQ+SB peoples when developing government strategies, and evidence-based frameworks for health provision?

Older people in our communities face particular challenges, particularly in aged care. Due to histories of stigma and discrimination, our communities often fear disclosing their identities or their health conditions, such as living with HIV, which may lead to some of their needs being unaddressed and social isolation. Older people living with HIV (PLHIV) with a long history of anti-retroviral use may have co-morbidities associated with older or experimental HIV medications used in the past.<sup>50</sup>

The current *Ageing Well in NSW: Seniors Strategy 2021-2031*<sup>51</sup> does acknowledge LGBTIQ people and diversity but does not, and should, acknowledge the needs of PLHIV, and needs to do more to address social determinants of health such as housing. Safe, affordable and secure housing is associated with better health, yet people who are aged over 55 years are over-represented among those living in temporary and insecure housing, and are at greater risk of homelessness due to a chronic shortage of age-appropriate and affordable housing.



Housing insecurity disproportionately affects people in our communities across their lifespan.<sup>52,53,54</sup> People in our communities are also often disproportionately impacted by many of the drivers of homelessness, including sexual, domestic and family violence, substance use, mental distress, financial insecurity, stigma, discrimination, and chronic illness. Housing initiatives, including crisis accommodation, must be safe for all people in our communities across NSW.

**If elected, will you:**

- 29.** Provide support and services that recognise the unique needs of older people in our communities, including social isolation programs and social housing initiatives?
- 30.** Commit to safe and inclusive crisis accommodation and social and affordable housing across NSW?

The crisis in rural and regional health has had a major impact on people who in our communities living in these areas, who experience additional barriers to accessing health services such as discrimination, a lack of visibility, and privacy concerns.

LGBTIQ people from rural, regional and outer suburban areas are more likely to rate their health as poor or fair than LGBTIQ people from inner suburban areas, and experience poorer mental health outcomes. All LGBTIQ people rate their health more poorly and have poorer mental health than the general population.<sup>55</sup> In addition, 44% of people living with HIV in regional and rural areas report having to travel more than 50km to visit their HIV doctor.<sup>56</sup>

**If elected, will you:**

- 31.** In committing to the improvement of health services in rural, remote and regional NSW, will you commit to specific measures that target the needs of our communities in these areas as an important aspect of this work?

## QUESTIONS FOR CANDIDATES CONTINUED

### ALCOHOL AND OTHER DRUGS

Drug use must be considered a health and social issue, rather than a criminal one. Treating drug use as a health issue requires the review of laws and practices that criminalise personal use and possession of drugs. There is extensive evidence of the disproportionate harm that arises from a criminal conviction – and even unpaid fines – for personal possession or use of drugs.<sup>57,58,59</sup>

Many people in our communities report higher use of illicit substances, and in addition have a slowly improving relationship to policing in NSW that is historically associated with police targeting, violence, abuse, corruption, and neglect<sup>60,61</sup> and documented experiences of discrimination, and prejudice motivated violence in carceral settings.<sup>62</sup>

People who inject drugs (PWID) in particular experience high levels of stigma and discrimination,<sup>63</sup> in part due to a stigmatising legal framework that seeks to criminalise them.<sup>64</sup> Experiences of stigma are associated with poorer mental health outcomes, higher rates of psychological distress,<sup>65</sup> receptive needle and syringe use, less frequent visits to healthcare providers, and lower adherence to treatment regimes.<sup>67</sup>

Reforms that remove criminal punishments and fines where a health intervention is more appropriate are needed. Diversion into appropriate health interventions is not only a more useful response for the individual but has benefits across a range of health; family and community services; and criminal justice indicators. It is also far more cost effective.<sup>67</sup>

#### If elected, will you:

- 32.** Commit to reforms that ensure drug use is seen as a health and social issue, rather than a criminal one, such as the reforms contained within the Report of the Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants?
- 33.** Develop an evidence-based whole-of-government Alcohol and Other Drugs Strategy that prioritises health initiatives, commits funding to harm reduction and early intervention programs for priority populations, and is produced in co-design with people with lived experience of drug use?

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People in sexuality and gender diverse communities consistently demonstrate higher levels of drug use and tobacco smoking than the general population and are more likely to drink at rates associated with lifetime risk.<sup>68</sup>

**If elected, will you:**

**34.** Provide funding for tailored, community-led programs for people of diverse genders and sexualities that:

- provide early interventions into alcohol and other drug use
- respond to chronic and long-term use of alcohol and other drug use; and
- seek to address the modifiable risk factors for cancer, such as alcohol and tobacco use?

## QUESTIONS FOR CANDIDATES CONTINUED

### SAFETY

Every person in

NSW has the right to live free from violence, including people in our communities. Cisgenderism and heteronormativity\* are significant drivers of violence.<sup>69</sup> People in our communities experience high rates of intimate partner violence, family violence, and sexual assault.<sup>70</sup>

People in our communities also face unique experiences of violence, such as threats to out or disclose a person's sexuality, gender, HIV status, or sex work experience and other forms of identity-based abuse, including conversion practices. These unique experiences require specific regulation in order to protect our communities from harm.

#### If elected, will you:

- 35.** Ensure that NSW based responses to sexual, domestic and family violence be inclusive of the needs and experiences of people in our communities, by:
  - building the knowledge base, capacity and capability of specialist SDFV and community organisations to provide services and support to people in our communities experiencing and using violence
  - commit to primary prevention initiatives that address the cisgenderism and heteronormativity that drive violence against people in our communities
  - invest in community-led service delivery, research, policy and legal change, and improvements in data collection
- 36.** Commit to a whole-of-government approach to developing and implementing intersectional and inclusive sexual, domestic and family violence policy in NSW, in line with the Seven Calls to Action to End Gendered Violence?
- 37.** Amend the *Crimes (Domestic and Personal Violence) Act 2007* (NSW) to improve *protections for sexuality and gender diverse people and sex workers; and recognise conversion practices and threats to out, disclose or publish a person's sexuality, gender experience, HIV status or sex work as a form of family or personal violence?*

\* Heteronormativity is the perspective that sees heterosexuality as the only, preferred or 'normal' sexuality, and cisgenderism is a form of prejudice that denies, denigrates and/or pathologises non-cisgender identities and expressions.

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While NSW was a world leader in the partial decriminalisation of sex work in 1995, there are necessary adjustments that need to be made to continue to decriminalise all forms of sex work and ensure the safety of sex workers.

**If elected, will you:**

- 38.** Repeal the entirety of 'Part 3 Prostitution' of the *Summary Offences Act 1988* (NSW)?

ACON and other organisations have been working with the NSW Parliament over many years to achieve truth and justice for victims of historical gay and transgender hate crimes. This process, which is now a Special Commission of Inquiry, seeks to bring long overdue answers to families affected by gay and transgender hate crimes, and the historical bias of the NSW police in its investigations of such crimes.

This process will also make progress toward improving contemporary relationships between sexuality and gender diverse communities and police, and creating a safer environment where our communities feel comfortable to report hate crimes, which still happen at an unacceptable frequency today.

**If elected, will you:**

- 39.** Commit to a transparent process and timely government response to the Special Commission of Inquiry into LGBTIQ hate crimes that reflects the importance of this historical redress?

# REFERENCES

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