



Restricted Access System Declaration

The context of health promotion and sex education

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Australian Federation of AIDS Organisations

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response in Australia. AFAO works to end HIV transmission and reduce its impact on communities in Australia, Asia and the Pacific. AFAO's members are the AIDS Councils in each state and territory; the National Association of People with HIV Australia (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); the Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO's affiliate member organisations – spanning community, research, public health and clinical workforce – share AFAO's values and support the work we do.

The Australian Federation of AIDS Organisations (AFAO) is pleased to comment on the development of the new Restricted Access System (RAS). We use this opportunity to voice our concerns about the unintended consequences of alternative RASs on health promotion programs delivered by HIV non-government organisations in Australia.

This submission will respond to the following questions within the discussion paper:

5. What factors should be considered when assessing the effectiveness and impacts of systems, methods and approaches to limiting access or exposure to age-inappropriate material?
6. What systems, methods and approaches do you consider effective, reasonable and proportionate for verifying the age of users prior to limiting access to age-inappropriate material?

Recommendations

AFAO recommends:

- that government-funded and approved health promotion and sex education delivered by non-government organisations be exempt from a RAS that incorporates age verification.
- the Commissioner to work with the HIV sector to develop guidelines that recognise sexual health promotion, including imagery and content.
- establishing an independent mechanism to appeal decisions made by the Commissioner.

Key Points

- Accessing sex education with anonymity is essential for marginalised populations such as LGBTIQ communities.
- Young people must have the same access to accurate and reliable health promotion as adults.
- We oppose a RAS that risks deterring access to information designed to build the capacity of individuals to make informed decisions about their health and wellbeing.
- Intensified aged verification mechanisms for access to sex education are inconsistent with public health efforts to increase awareness of HIV through targeted health promotion and should be avoided.

Policy Context

International

The United Nations *Political Declaration on HIV and AIDS* recognises comprehensive and evidence-based information and education interventions as critical to an effective HIV response.¹ The World Health Organization *Ottawa Charter* calls for health promotion in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.² At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.³ In addition, it directs policymakers to be aware of the health consequences of their decisions and identify obstacles to adopting healthy public policies in non-health sectors.⁴ Notably, the *Ottawa Charter* deems health promotion as supporting personal and social development through education for health.⁵ Notions of comprehensive sexuality education ('CSE') are further endorsed by the United Nations Population Fund, which recognises CSE in community-based settings and online platforms as effective means to reach marginalised young populations.⁶

¹ General Assembly, *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, 75th sess, 74th plen mtg, Agenda Item 10, UN Doc A/RES/75/284 (9 June 2021) para 36.

² World Health Organization, *Ottawa Charter for Health Promotion: First International Conference on Health Promotion*, WHO/HPR/HEP/95.1 (21 November 1986).

³ *Ibid.*, 3.

⁴ *Ibid.*, 2.

⁵ *Ibid.*, 3.

⁶ United Nations Population Fund, *International technical guidance on sexuality education. An evidence-informed approach* (Report, 2018) 19.

Domestic

The *Eight National HIV Strategy 2018-2022* ('*National HIV Strategy*') includes a priority area of action to "[m]aintain focus on health promotion, prevention and peer education to improve knowledge and awareness of HIV in priority populations⁷ and reduce risk behaviours associated with the transmission of HIV."⁸ State and territory HIV strategies underscore the delivery of education and targeted health promotion, including initiatives to support the uptake of prevention, testing and treatment with the support of innovative online technologies.⁹

Summary

Health promotion and Australia's HIV response

Our response is informed by the health promotion delivered by our two largest member organisations: ACON Health and Thorne Harbour Health. Both organisations are recognised for creating targeted and high impact health promotion campaigns to raise awareness on HIV and prevention. These organisations develop evidence-based and informed health promotion in response to the latest behavioural trends among priority populations.¹⁰ An independent evaluation of recent health promotion delivered by ACON found the campaign to be highly engaging and effectively communicated by over 90% of respondents.¹¹ The campaign received almost 200,000 website visits, and more than half of respondents acted after seeing the advertisements.¹² Most importantly, the campaign increased knowledge and awareness of HIV prevention¹³ which is entirely consistent with the priority actions in the *National HIV Strategy*.

The potential impact of restrictions on HIV health promotion activities

Health promotion campaigns are funded by state and territory health departments in line with advertising codes and regulations.¹⁴ In developing campaign collateral, members consult with consumers through focus groups to ensure appropriate messaging and imagery. Further, the health promotion content is reviewed by experts in public health, epidemiology, social research and HIV clinical science to ensure the messaging is consistent with evidence underpinning contemporary HIV science and technology. These methods are reasonable and proportionate in the context of health promotion and do not justify additional barriers to access. Additional regulation is overreach, and we are concerned this will disproportionately affect priority populations using the internet to build their knowledge and awareness of HIV transmission and risk. This is crucial for sexually active young people who may not receive adequate and appropriate HIV transmission knowledge in other settings.

The ability to access sex education with ease and anonymity is vital for marginalised communities such as LGBTIQ identifying people seeking to safely explore sex without disclosing their sexuality or gender identity.¹⁵ Studies show a severe need for increased LGBTIQ inclusivity in sex education.¹⁶ However, most LGBTIQ Australian students report LGBTIQ issues are never mentioned in a supportive or inclusive way.¹⁷ Research also shows almost half of students (47%) in years 10 to 12 are sexually active, and the overwhelming majority (79%) use the internet as a source of sex education.¹⁸ Young priority populations could be easily discouraged from seeking health information out of fears their privacy could be compromised. As such, we oppose age

⁷ Key populations in the context of HIV include people with HIV; gay, bisexual and other men who have sex with men; trans and gender diverse people; Aboriginal and Torres Strait Islander people; culturally and linguistically diverse people from high HIV prevalence countries, people who travel to these countries and their partners; sex workers; people who inject drugs and people in custodial settings.

⁸ Commonwealth Department of Health, *Eighth National HIV Strategy 2018 – 2022* (Strategy, 2018) 17.

⁹ NSW Ministry of Health, *NSW HIV Strategy 2021-2025* (Strategy, 2020) 20. See also Victoria Department of Health, *Victoria HIV Strategy 2017-2020* (Strategy, 2017) 9.

¹⁰ See, eg, Timothy Broady et al, 'Gay Community Periodic Survey: Sydney 2019' (Research Paper, Centre for Social Research in Health, UNSW Sydney, 2019).

¹¹ Aldo Spina, *Take Me Campaign Evaluation Report* (Final Report, June 2021) 3.

¹² *Ibid.*

¹³ *Ibid.*, 23.

¹⁴ ACON, *Ending HIV PrEP Options Campaign Approval Brief* (Campaign Approval, November 2020).

¹⁵ Heather Burns, '#SaveAnonymity: Together We Can Defend Anonymity', *Open Rights Group* (Web Page, 16 March 2021) < <https://www.openrightsgroup.org/blog/saveanonymity-together-we-can-defend-anonymity/> >.

¹⁶ Adam O. Hill et al, 'Writing Themselves In 4, The Health and Wellbeing of LGBTQ+ Young People in Australia' (National Report, Australian Research Centre in Sex, Health and Society, La Trobe University, 2021) 46.

¹⁷ *Ibid.*, 50.

¹⁸ Christopher Fisher et al, 'National Survey of Secondary Students and Sexual Health 2018' (National Report, Australian Research Centre in Sex, Health and Society, La Trobe University, 2019) 3-4.

verification barriers that compromise the reach of government-funded and approved health promotion and sex education for young people.