Meeting of professions

With the legalisation of prostitution on the RCN congress agenda, calls are growing louder for a more open approach from nurses

By Sarah Harrison

IT IS DIFFICULT to imagine that there are people who fear contact with a nurse. But prostitutes believe nurses will discriminate against them. They put their health in danger because they think nurses will not provide them with the care they need to cope with their general, mental and sexual health problems.

They work in an industry which means they live in fear that their activities will be reported and, even worse, that their children will be taken into care.

The reality is that many prostitutes do not seek help when they pick up a sexually transmitted infection (STI) and they have to cope with their drug problems alone. It is easy for them to end up in a downward spiral.

Members of the RCN believe the health problems of prostitutes could be helped if their profession was put on a clearer legal footing. Public health nurse Rod Thomson is leading the calls, and through the college's Liverpool branch has had a resolution that demands the legalisation of prostitution accepted on to the agenda of this year's RCN congress in April.

He has worked closely with a bid by Liverpool City Council to create legal, managed zones for prostitutes to work in. Last week the council voted to seek approval from the Home Office to create the UK's first official zone of tolerance. An earlier zone in Edinburgh, which has since closed, was technically illegal.

Zones find strong support

The council's decision followed research by academics at John Moores University in Liverpool based on more than 1,000 replies from residents, businesses and sex workers. It showed that 83 per cent of respondents were in favour of a managed zone. Similar zones are successfully running in the Netherlands, Germany and Australia, with positive health outcomes.

Mr Thomson says the health implications of decriminalising prostitution are clear. 'The evidence we have gathered is that 95 per cent of prostitutes are drug users. They prostitute themselves to fund their habit. If we are to break that circle, we need to provide access to the right treatment.'

If prostitution was decriminalised, the prostitutes would be able to access services to help their drug misuse. This would hopefully provide an exit from street sex work.'

Mr Thomson says prostitutes do not access health care because they have many demands on their life. 'Like everyone else they have to work to pay their rent. They have to get money to fund their drug habit and sometimes they just cannot get to the health services,' he says. This is why he believes that as well as legalising the profession there should be an increase of outreach teams that target sex workers.

Mr Thomson says better quality services would help develop trust between prostitutes and health professionals. 'Many prostitutes do not feel they can admit to nurses they are sex workers. Therefore, they do not receive the level of care that meets their needs.'
Someone who knows all too well about the health problems faced by sex workers is Jane Ayres, manager of the Praed Street Project in west London. The project is run by St Mary's Hospital, which provides an outreach, drop-in and sexual health clinic for prostitutes in the Paddington area. The project was set up 16 years ago to help prostitutes receive health care.

Ms Ayres says: 'Most women did not access services because they felt they would be judged or stereotyped. This was either through fear or experience.'

The project is now regarded as one of the best in the UK because of its holistic approach. Ms Ayres says she knows the prostitutes value it too, because they bring their friends along.

Ms Ayres helps men and women with a range of problems, from STIs to poor diet, but mostly women who need contraception or treatment for STIs. They gain their trust by being on first name terms and texting the prostitutes whenever they have not seen them for a while, or to check up on how treatment is going.

RCN congress has covered this territory before. In 1995 a resolution calling for the decriminalisation of prostitution was approved by a majority of activists.

RCN director of administration Robbi Robson, the officer responsible for trying to turn the 1995 congress resolution into government policy, recalls: 'At the time we were concerned that women and men who are prostitutes would be punished. They would be going into court and fined, and then having to go back out on the street to pay the fine.'

Moving the debate forward

Ms Robson says this year's resolution on whether to legalise prostitution will take the debate further. 'In 1995 we worked with many organisations, particularly the Women's Institute, and lobbied for the safety of men, women and children in this industry."

RCN sexual health adviser Steve Jamieson is leading on the 2005 resolution on behalf of the college. He says: 'Prostitutes fear their children will be taken into care if they access health services.' He adds that nurses have a professional responsibility not to be judgemental. And there should be no assumption that prostitutes are uncaring or irresponsible parents. Working as a prostitute, says Mr Jamieson, should not be a cause for automatic referral to social services.

Prostitutes believe they are at risk from judgemental nurses, according to Ana Lopes, founding member of the International Union of Sex Workers (IUSW). Ms Lopes says she would welcome the retraining of nurses so they could provide quality health care. 'Nurses are supposed to be nonjudgemental, but prostitutes say they come up against prejudice and it puts them off visiting that service again.'

She says the IUSW has worked with the police to introduce officers to real prostitutes who told them about the risks involved in their job. 'It would be good to do a similar thing with nurses,' says Ms Lopes.

### At the sharp end

New guidelines on needlestick safety are under fire for the slow progress on implementation and for not being legally enforceable

**By Christian Duffin**

IS THE NUMBER of nurses getting needlestick injuries increasing? Judging from statistics released by the Health Protection Agency (HPA) last week, the answer seems to be yes.

In the past 18 months seven healthcare workers have been infected with hepatitis C through occupational exposure as a result of needlestick injuries. The figure for the previous seven years was just two.

The statistics come from an eight-year project in which the agency asked 150 NHS organisations in England, Wales and Northern Ireland to report their injuries. Between 1996 and 2004, 2,140 incidents were reported. Nearly half of the injuries happened to nurses. A third of these were after procedures and during disposal of clinical waste.

Typically, nurses were injured while recap- ping a needle, disassembling the device or taking needles to the bin. Others were speared by needles left in bed linen, on a table or stick- ing over the top of crammed bins. The HPA concluded that one in three injuries could have been prevented by compliance with basic safety guidelines.

The HPA has a strategy for tackling sharps injuries, as does NHS Employers, an organisation affiliated to the Department of Health with a remit to improve NHS workers' safety. The debate in nursing is whether their ideas will really make a difference.

The HPA wants to develop a 'sentinel surveillance system' involving detailed recording of where, how and why needlestick injuries happen. The results would be used to shape better strategies for preventing and responding to injuries.

Fortune Ncube, a consultant epidemiologist at the HPA, says: 'It is vital healthcare workers are aware of the importance of immediately reporting an injury. Appropriate referral, testing and prompt treatment are also important.'

NHS Employers' guidelines on sharps injuries, issued two weeks ago, reminded nurses of common sense issues, such as double gloving and positioning sharps bins. There were also sections calling for better reporting of injuries and for using modern needle designs. The guidelines were informed by the views of campaign group the Safer Needles Network, an amalgam of nurses, other healthcare workers, unions and manufacturers pushing for improvements.

The network's chair, Paul Grime, says: 'The provision of staff training and safer technology will lead to a significant reduction in the incidence of blood-borne virus transmissions. However, it is imperative that trusts implement these measures immediately.'

Nurses are glad needlestick injuries are receiv- ing attention, but some are disillusioned at the slow progress. Janice Gabriel, consultant nurse in cancer at the Royal Hampshire Hospital, says compulsory reporting of injuries is a must, alongside a ditching of traditional needles. 'The only way is to make it mandatory to have safe sharps,' she says. 'Acute trusts in the UK just go for the cheapest option. I have seen the range of equipment they have in the United States. Most of it is not even heard of here.'

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