HIV and Sex Work:

How the 'Nordic model' will undermine the Scottish Government's 2030 goals to end new HIV transmissions

Briefing paper:
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The Scottish Government has committed to an ambitious, but achievable, goal: to end HIV transmission in Scotland by 2030. Scotland could be the first country in the world to achieve this. The HIV Transmission Elimination Delivery Plan, sets out a framework to end HIV transmission in Scotland by 2030, including through addressing stigma, increasing access to HIV PrEP[1] and expanding HIV testing. These are vital steps, but must be accompanied by a public health approach to HIV that prioritises the rights, leadership and priorities of key populations – those most affected by HIV – and avoids stigmatising, harmful or regressive actions that increase the risk of HIV transmission.

A Bill, introduced by Ash Regan MSP, proposes to implement the 'Nordic Model' in Scotland, and is to be debated in the Scottish Parliament in early February 2026. As a collaborative of experts in HIV and sex work, we are urging MSPs to oppose this Bill. The proposed changes will not reduce exploitation or prevent violence, instead both will increase as sex workers are forced into unsafe working environments with less agency to manage risks and seek services and support.

Legislation that seeks to criminalise any facet of consensual sex work – whether imposed on clients or on sex workers – will increase the risk of HIV transmission. This evidence-based position is upheld by UNAIDS[2], health experts and doctors, and HIV civil society organisations working globally[3] and in the UK[4] where HIV organisations including NAT have strongly opposed the Nordic Model when previously debated in the UK government.

Sex workers must be included and consulted on laws that affect their work and their health. Introducing the so-called 'Nordic Model' in Scotland would instead risk increasing HIV-related harms, pushing sex work further underground, and setting back progress towards ending new HIV transmissions.[5]

Five ways the Nordic Model undermines the HIV response

1. Detrimental impact on public health

1.1. The 'Nordic model' has been shown to negatively impact public health outcomes, particularly in relation to HIV transmission.[6] It also fails on its own intention - the approach has not resulted in ending the demand for sex work. [7]

1.2. Criminalising clients leads to increased vulnerability, violence and unsafe sex for sex workers that is likely to increase HIV transmission. [8]

1.3. The climate of fear that surrounds 'criminal activity' means that discussions between clients and sex workers are rushed and happen in unsafe spaces, where sex workers feel less able to reject more violent clients, and have less ability to discuss the use of condoms and safer sex.

1.4. The possession of condoms by sex workers and clients has been used to justify their arrest in 'Nordic model' countries.[9] This makes it harder for sex workers to have condoms available and negotiate their use.

2. Increased barriers to accessing HIV testing, treatment and care

2.1. Globally, higher prevalence of HIV amongst sex workers is linked to stigma against sex workers[10] and barriers to accessing HIV prevention, treatment and care[11]. The fear of judgement by healthcare workers, clients and wider community and the risks associated with confidentiality breaches reduce sex workers' incentives to test for HIV. [12]

2.2. When stigma and discrimination experienced by sex workers because of their work, and in relation to HIV, is compounded by the potential of criminal charges they, or their support networks and clients, face, they are more likely to avoid healthcare services and to work in unsafe spaces. Evidence shows that sex workers avoid healthcare services to protect their safety and anonymity when they fear that the police[13] or courts mean that sex workers are forced into choosing not to address their healthcare needs as it would impact their safety, anonymity, and financial stability.

2.3. HIV clinics and voluntary sector organisations also struggle to provide consistent health interventions when sex workers are in fear of arrest as sex workers may work in isolated areas or move frequently to avoid law enforcement. [14]

3. Reduced trust in police and support services

3.1. Support services are fundamental to improving the sexual health knowledge of sex workers and the wider Scottish population. If these organisations are prohibited from discussing safer sex practices and distributing condoms, sex workers will be placed at risk of exploitation and have a greater likelihood of acquiring HIV and other sexually transmitted infections.

3.2. Outreach services also play a vital role in connecting sex workers to HIV support - whether by linking those living with HIV to care and treatment (which when taken

prevents sexual transmission of HIV), or by supporting those who wish to start pre-exposure prophylaxis (PrEP), which prevents HIV acquisition.

3.3. The Nordic model, although criminalising clients, actually puts more power in the hands of clients and pushes sex workers further to the margins and unsafe locations, as well as meaning that sex workers are less likely to go to the police. [15]

3.4. A 2020 study commissioned by HIV Ireland found that sex workers who experienced violence at work were increasingly reluctant to report to the police. [16]

3.5. Many sex workers in Scotland say they would never contact the Police if they were in danger, and do not interact with support services who push the Nordic Model. [17]

4. Increased vulnerability to violence and harm

4.1. Rather than reducing demand, evidence from other settings where the Nordic Model has been implemented is clear, that it instead forces sex workers into more vulnerable settings and reduces their ability to manage risks. Crucially, criminalising clients, as a 2022 London School of Economics policy brief shows, is dangerous for sex workers because clients fearful of the police ask for sex away from locations in which sex workers could have more safety measures, such as the use of security guards and help with clients who refuse to use condoms. [18]

4.2. Decriminalisation increases sex workers' choice, agency, and ability to work safely, while fully preserving access to exit services for those who choose to leave sex work. Crucially, it enables sex worker-led, harm-reduction and support organisations to operate without fear of criminalisation, strengthening access to HIV prevention, healthcare, and safety resources identified by sex workers themselves as essential.

4.3. France introduced the Nordic Model in 2016, two years later 42% of sex workers said they were more exposed to violence.[19] In Ireland research by Ugly Mugs reported no decrease in the number of sex workers but a 92% increase in violent crime against sex workers reported to them in the two years after the purchase ban. [20]

5. Increased marginalisation of sex workers

5.1. Sex workers are marginalised and do not have access to formal economic, employment or legal protections. Many sex workers already experience intersecting forms of structural discrimination related to gender, race, ability, sexuality, migration and economic status, and housing insecurity. The Nordic Model intensifies these inequalities by increasing stigma and isolation rather than addressing their root causes.

5.2. Criminalising clients has been shown to increase violence for the most marginalised workers, the same workers who are often conflated with trafficking victims. Sex workers are often living with multiple forms of marginalisation: over-represented groups in sex work include women, single mothers, migrants, people of colour, disabled people, LGBT people, and people who have experienced poverty and homelessness

5.3. Sex work-related stigma interrelates with additional discrimination associated with HIV stigma and feeds into stereotypes and behaviours that isolate sex workers. [21]

"As a sex worker, HIV prevention is a core part of how I keep myself safe, from my negotiating condom use, to accessing regular testing and being able to speak honestly with healthcare providers.

The Nordic Model would push me into rushed and more secretive working conditions that make setting boundaries, condom negotiation, and sexual health checks harder for me. It also breaks my trust in healthcare systems, as I would fear judgement, data-sharing, or being outed as a sex worker when seeking care, risks that are even greater for migrant, LGBTQ, disabled, and racialised workers.

This doesn't improve safety for me. It actively undermines effective HIV prevention and creates a wider public health risk."

- Scarlett, who is currently selling sex in Scotland

We are calling on MSPs to vote against this Bill. Ending new HIV transmissions depends on enabling sex workers' expertise in policy and service design. The evidence is clear: criminalisation undermines trust in services, access to prevention and support, and the agency and rights of sex workers. A public health response that sidelines community-led knowledge cannot succeed; the decriminalisation of sex work is essential to ending HIV transmission.

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Appendix: Supporting evidence

Sex workers are one of the population groups most affected by HIV and are recognised as a key population by UNAIDS. As of 2022, sex workers were nine times more likely to acquire HIV than the general population globally[22]. This is exacerbated by criminalisation and discrimination.

Introducing the 'Nordic Model' in Scotland would harm sex workers, and set back the HIV response. The evidence is clear – criminalisation is counter-productive, causes harm to sex workers and increases HIV-related risks. Instead, "empowering sex workers to have greater control over their working conditions, rather than 'end-demand' approaches, should be the focus of HIV prevention efforts." UNAIDS (2019)[23].

According to the Department for HIV, Tuberculosis, Hepatitis and Sexually Transmitted Infections of the WHO (World Health Organisation), "modelling studies indicate that decriminalizing sex work could lead to a 46% reduction in new HIV infections in sex workers over 10 years, while eliminating sexual violence against sex workers could lead to a 20% reduction in new HIV infections[24].

In this vein, the proposed law would also run counter to the priorities outlined in the progress report of the Scottish Health Protection Network (SHPN) Sexual Health and Blood Borne Virus (SHBBV) HIV Transmission Elimination Delivery Plan Implementation (HIV TEDI) group, hosted by Public Health Scotland.[25] Despite not addressing sex work and HIV explicitly, the report strongly argues against stigmatisation as a means of enhancing HIV prevention, testing, and care. Increased stigma against sex workers associated with criminalisation would undermine efforts to lift barriers posed by stigma that limit the offer of testing from healthcare professionals and the uptake of testing from patients in the case of indicator condition testing, as well as the willingness of people with HIV to engage or re-engage with safe, holistic, cost-effective long-term treatment and care.

A meeting of representatives of the HIV sector, sex workers' rights activists, and researchers from various countries, including Scotland, in December 2025, endorsed the decriminalisation of sex work as a public health imperative.[26]

Our policy goal of decriminalisation does not include minors or anyone who has been trafficked or otherwise coerced into the sex industry. However, the Nordic Model rests on a problematic assumption: It mischaracterises sex work as inherently exploitative and all sex workers as victims of "trafficking". By contrast, research in the arts and humanities has shown that such a blanket victimisation of sex workers ignores their voices and agency, and risks exacerbating their precarity[27]. It also sidelines the important contribution of sex workers to HIV prevention campaigns[28].

Photo by Adam Marikar via Unsplash

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