



INCARCERATION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

This Policy Statement should be read in conjunction with the PHAA's Aboriginal and Torres Strait Islander Health Policy.

The Public Health Association of Australia recognises that:

1. Aboriginal and Torres Strait Islander persons comprise 2.4% of the Australian population, but makes up 22% of the Australian prisoner population. This is a rate of 1,561 per 100,000 of the Aboriginal and Torres Strait Islander adult population imprisoned at any time, compared with the overall Australian incarceration rate of 163 per 100,000 adult population.. Aboriginal and Torres Strait Islanders are twelve times more likely to be incarcerated than a non-Aboriginal and Torres Strait Islander citizen.¹
2. Three percent of the adult Aboriginal and Torres Strait Islander population are imprisoned in any one-year compared with 0.3% of the non-Aboriginal and Torres Strait Islander population..²
3. An Aboriginal or Torres Strait Islander youth is 19 times more likely than a non-Aboriginal and Torres Strait Islander person to be detained in a juvenile facility.³
4. Contact with the Juvenile Justice system is a strong indicator of incarceration as an adult. Eighty-six per cent of Aboriginal and Torres Strait Islander juvenile offenders enter the adult correction system compared with 75% of non-Aboriginal and Torres Strait Islander juvenile offenders, and 65% serving prison terms compared with 41% of non-Aboriginal and Torres Strait Islander juveniles. Further, 91% of juvenile offenders who had been subject to a care and protection order progressed to the adult prison system.³
5. About 25% of all incarcerated women in Australia are Aboriginal and Torres Strait Islander individuals.⁴ The rate of incarceration of Aboriginal and Torres Strait Islander women has doubled in the past ten years.⁴
6. In 2002, 14 Aboriginal and Torres Strait Islander people died while in custody in Australian correctional facilities.⁵
7. Community Controlled Aboriginal Health Services support mainstream health services in providing health care for Aboriginal and Torres Strait Islanders, both while in the community and in custody.

The Public Health Association of Australia notes that:

8. The effects of prison on the Aboriginal and Torres Strait Islander population exacerbate the already poor health of Aborigines and Torres Strait Islanders. Health statistics of Aboriginal and Torres Strait Islander prisoners are appalling – the rates of smoking, alcohol misuse and dependence, illicit drug use and dependence, and violence and abuse are higher than the national rates for the Aboriginal and Torres Strait Islander community in general. Similarly, the rates of infectious and chronic diseases, poor oral health and poor mental health are high. This is of particular concern with juveniles in custody.³
9. There is no national or uniform approach to assess or meet the health care needs of the Aboriginal and Torres Strait Islander prisoner population.³
10. Custodial requirements presently take precedence over health care and community contact needs of Aboriginal and Torres Strait Islander prisoners.⁶
11. Incarceration is an expensive process which further disadvantages socially isolated people. The cost of \$159 per day to house a prisoner, gives an indicative cost of imprisonment for Aboriginal and Torres Strait Islander prisoners of around \$300 million annually.³ This would suggest that investment on interventions to prevent imprisonment and could provide immense social and financial returns.

The Public Health Association of Australia makes the following recommendations:

12. The PHAA calls on all jurisdictions to make imprisonment the punishment of last resort for Aboriginal and Torres Strait Islander people. Jurisdictions must set specific annual reduction targets for the number of Aboriginal and Torres Strait Islander people incarcerated.
13. The PHAA calls for an increase in community health measures and funding of Community Controlled Aboriginal Health Services to address primary health, mental health and substance dependence problems in the community ensuring that those with mental health and/or substance dependence problems are offered effective treatment options including residential treatment, as an alternative to incarceration.
14. The PHAA calls on all jurisdictions including the Australian Government to adopt practices consistent with the United Nations 1990 General Assembly Resolution on the Basic Principles for the Treatment of Prisoners. (Article 9 states: “Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.”)⁷
15. PHAA calls for prisoners to have access to Medicare and the Pharmaceutical Benefits Scheme, including all safety-net entitlements.
16. When incarceration is mandated, Aboriginal and Torres Strait Islander prisoners should be housed as close to their family / community of residence as possible.
17. The PHAA calls on the Human Rights and Equal Opportunity Commission to monitor compliance of the Australian Government and subsidiary States and Territories with

the United Nations 1990 General Assembly Resolution on the Basic Principles for the Treatment of Prisoners.

The Public Health Association of Australia calls for:

18. The current rate of Aboriginal and Torres Strait Islander incarceration is deplorable and believes that the underlying social determinants, which contribute to this situation, must be addressed as a matter of urgency. The PHAA calls on all jurisdictions to develop:
 - early intervention programs, which identify and address social and health behaviours likely to lead to contact with the criminal justice system; this is particularly important in the areas of mental health, substance use and dependence, and violence;
 - evidence-based education and vocational programs targeting disaffected youth; and
 - culturally appropriate and effective alternatives to incarceration such as court diversion programs, Circle Sentencing, youth and adult drug courts and magistrates' referrals into treatment, must be actively implemented.
19. Aboriginal and Torres Strait Islander prisoners to be given the possibility of accessing Community Controlled Aboriginal Health Services. This is critical to a smooth transition of health care from within prisons to external health care services (and if the individual returns to custody).

The Public Health Association of Australia resolves to:

20. Develop and run a Prisoner Health Symposium in which Aboriginal and Torres Strait Islander incarceration issues will be one of the key themes.
21. Invite Aboriginal and Torres Strait Islander participation in the development of the Symposium.
22. Ensure significant and sustained decrease in Aboriginal and Torres Strait Islander incarceration as one of the outcomes of the Symposium.

ADOPTED 2006

Passed as Interim Policy by the Board of the PHAA at the Board Meeting held on 27 November 2006 and Passed as new Policy at the PHAA AGM 2007.

References:

1. Australian Bureau of Statistics, December 2005. Prisoners in Australia, Census June 2005.
2. Aboriginal and Torres Strait Islander Health, Australian Medical Association, May 2006.
3. Lynch M, Buckman J & Krenske L, 2003. Youth Justice: Criminal Trajectories.
4. Cameron M, 2000. Women Prisoners and Correctional Programs.

5. Jacqueline Joudo and Marissa Veld . Technical and background paper series No. 19: Deaths in custody in Australia: National Deaths in Custody Program annual report 2004. Australian Institute of Criminology, 2005
6. Wenitong M E, Daniels J, 2003. Aboriginal Primary Health Care: An Evidence Based Approach.
7. Basic Principles for the Treatment of Prisoners. Adopted and proclaimed by General Assembly resolution 45/111 of 14 December 1990.
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