

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA
MEDIA RELEASE

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MEDICARE FOR PRISONERS: HEALTH BENEFITS FOR THE WHOLE COMMUNITY

The Public Health Association of Australia (PHAA) has asked the Australian Government to overturn the current policy that denies access to Medicare and the Pharmaceutical Benefits Scheme (PBS) to Australians who are in prison.

“Prisoners are one of the most marginalised groups in the community and endure a myriad of health problems including psychiatric illness, infectious diseases (hepatitis and HIV), sexually transmitted infections, poor dental health, and other chronic health conditions such as cardiovascular disease and diabetes. This group is also known to engage in risk behaviour likely to be detrimental to health including drug and alcohol use, violence, and tobacco smoking. Research in Australia has shown higher death rates among prisoners than their community equivalents,” said Michael Moore, Chief Executive Officer of the PHAA.

“Despite their health risks and disadvantage, prisoners lose their entitlement to Medicare and the PBS when they enter prison and responsibility for their health is transferred to the State and Territory in which they are incarcerated. The impact of this is that prisoners generally receive sub-optimal health care based on what is made available by the States and Territories.

“Aboriginal and Torres Strait Islander peoples are acknowledged to have some of the worst health outcomes in the Australian community and efforts are under way to address this through initiatives such as ‘Closing the Gap’. However, Australia also has one of the highest incarceration rates of Indigenous people in the world. Aboriginal and Torres Strait Islander peoples are 13 times more likely to be imprisoned than non-Aboriginal people (21 times more likely in Western Australia). Around 24% of Australia’s prisoners are Aboriginal or Torres Strait Islanders.

“Incarceration rates for Aboriginal and Torres Strait Islander peoples continue to worsen more than 20 years after the Royal Commission into Aboriginal Deaths in Custody began in October 1987. On release from prison the burden of health is transferred back to the community. Given their extraordinarily high rate of incarceration, Aboriginal and Torres Strait Islanders in particular are disproportionately impacted by their exclusion from Medicare and the PBS while in prison.

“The health of those in prison could be improved significantly were prison health services able to utilise Medicare and the PBS as occurs with other Australians. With around 25,000 individuals in Australian prisons at any one time, the cost would be very modest. We believe the benefits would be enormous at a time when the Australian Government is trying to minimise disadvantage attributable to cost-shifting.

“The community ultimately bears the cost of the poor health of prisoners in terms of the direct health costs on release back into the community and indirectly in terms of their wider impact on the health of others. Contact with the criminal justice system is an important, but underutilised opportunity to address the health needs of Indigenous and non-Indigenous people. Access to Medicare and the PBS could also assist in the transition from prison, with wide ranging benefits to the broader community,” said Mr Moore.

A copy of the full letter to the Australian Government Minister for Health and Ageing is available on the PHAA website at www.phaa.net.au.

For further information/comment:

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