



**Public Health Association  
AUSTRALIA**

# **Conference Resolutions: Summary Version**

## **Justice Health in Australia: Beyond the Convict Era**

### **Meeting Challenges for the 21st Century**



***The attendees of the Public Health Association of Australia (PHAA) Justice Health Conference in Melbourne on the 6-7 April 2009 agreed for the need for immediate action to improve health across justice systems in Australia.***

***The following resolutions and recommendations provide a summary of those adopted by conference delegates, drawing together the key themes identified.***

***In the context of developing the resolutions and recommendations, the importance of engaging a range of perspectives in the development of justice health policies and programs was emphasised. The participation of affected communities, families, prisoners and ex-prisoners as well as those involved in service delivery is critical.***

***We now call on Governments, Non-Government Organisations and individuals to do all within their power to ensure effective implementation.***

## **Contents**

Advocacy and research .....	3
Issues for Indigenous Australians.....	3
Health services and planning .....	3
Blood borne viruses, tobacco, other drugs and lifestyle diseases .....	4
Mental health and co-morbidity issues .....	4

## Advocacy and research

1. Respect Australia's local, international and human rights obligations to prisoners
2. Improve advocacy taking into account the importance of:
  - (i) 'Selling a message' such as promoting the concept of "a fair go for prisoners"
  - (ii) Challenging inappropriate community perceptions and expectations regarding prisoners
  - (iii) Working with the media to challenge poor public perceptions especially the education of communities on key issues relevant to offender health
3. Promote the concept of nationally binding targets for the states and territories for reducing incarceration rates, with a particular emphasis on 'closing the gap' between Indigenous and non-Indigenous Australians in terms of incarceration, through increased resourcing of diversion programs and similar initiatives
4. Conduct a national audit of justice health research, reports and interventions to consolidate data and knowledge and facilitate the identification of gaps in current evidence and knowledge.

## Issues for Indigenous Australians

5. Adequately resource alternative options to incarceration outside prison including:
  - (i) Diversion and treatment options
  - (ii) A focus on strengthening family groups
  - (iii) Support for models such as the Victorian Koori Courts
  - (iv) Facilitating the transition from prison to the community
6. Promote a 'closing the gap' approach for Indigenous incarceration rates
7. Expand the role of Aboriginal Community-Controlled Health Services (ACCHS) in providing culturally appropriate health care to prisoners incorporating a focus on both health and community

## Health services and planning

8. Establish a National Justice Health Body, incorporating a strong Indigenous focus, with broad membership inclusive of a range of perspectives
9. Ensure equity of access for prisoners to education, prevention, treatment, care and aftercare programs. This means an equitable approach both within and across jurisdictions and equitable with the health care system available in the community. An equitable approach includes ensuring availability of the Pharmaceutical Benefits Scheme (PBS) and Medicare (MBS) to prisoners
10. Adopt a focus on 'keeping families together' including:
  - (i) The need to support families to facilitate transition to community
  - (ii) The use of new technologies such as video-conferencing to connect families in remote areas as a complementary approach to family visits
  - (iii) Trialling the use of private visits for prisoners and their families

## Blood borne viruses, tobacco, other drugs and lifestyle diseases

11. Adopt a national harm minimisation framework for prisons, consistent across all jurisdictions, which includes all harm minimisation strategies and programs available in the community with demonstrated efficacy. This includes:
  - (i) The use of opioid replacement therapies (including a pilot study of a heroin trial)
  - (ii) The adoption of needle and syringe programs (NSPs) in prisons to initially be trialled in a small number of prisons
  - (iii) A national forum on tobacco smoking in prisons which is at epidemic levels
  - (iv) National guidelines for blood-borne virus (BBV) screening with periodic follow up within the corrections system
  - (v) The ongoing national surveillance of BBVs and Sexually Transmissible Infections (STIs) including the introduction of a National Prison Entrants Blood-borne Virus Survey
  - (vi) Ensuring national availability of condoms, dams and lubricants in both adult and juvenile correctional facilities
  - (vii) The provision of counselling and support for victims of sexual assault and violence/bullying

## Mental health and co-morbidity issues

12. Develop a National Prisoner Mental Health approach including
  - (i) Best-practice National Standards on mental health and co-morbidity issues
  - (ii) Healthcare treatment guidelines in prisons for mental health and drug users
  - (iii) Best practice approach to prisoners with an intellectual disability
  - (iv) A National Prisoner Mental Health Act
13. Improve the transition from prison to the community for those with a mental illness including:
  - (i) Support networks in the post release period
  - (ii) Increase employment opportunities following release
  - (iii) Support access to appropriate and continuing health services
  - (iv) Assist with access to appropriate housing
  - (v) Fund specific transition programs