

Justice Health

Policy Position Statement

Key messages:	Healthcare services in justice settings should be equivalent to those available in community settings. Currently, there are inequities in prison healthcare which, if addressed, would improve public health and potentially reduce reincarceration.
Key policy positions:	<p>The Australian Federal and State and Territory Governments should:</p> <ol style="list-style-type: none">1. Commit to the principles included in the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).2. Aim to reach Closing the Gap targets to reduce the over-representation of Aboriginal and Torres Strait Islander peoples, including young people, in contact with the criminal justice system or who are incarcerated.3. Raise the age of criminal responsibility to at least 14 years consistent with UN recommendations.4. Establish measurable national standards to protect, promote and improve the health and wellbeing of people who experience incarceration.5. End the exclusion of adults and young people in prison from Medicare and the Pharmaceutical Benefits Scheme (PBS) subsidies.6. Provide universal and timely access to comprehensive health services for all people in prisons through the relevant State or Territory health department.7. Adopt 'healthy prison' principles that ensure the safety, respect and dignity of people in contact with the justice system.8. Incorporate a harm minimisation approach into health policy, services and standards of care in correctional settings.9. Ensure that people in contact with the justice system are formally identified and treated as a priority population in all public health policy, planning, and funding decisions in Australia.10. Commit to the consistent use of positive, person-first language in all public health discourse, policy, and documentation regarding this population.
Audience:	Federal, State and Territory Governments, policymakers and program managers, PHAA members and media.
Responsibility:	PHAA Justice Health Special Interest Group
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PHAA affirms the following principles:

1. Justice health is anchored in universal human rights and social justice, recognising the inherent dignity of every person and the obligation to uphold international conventions.
2. Australia is a signatory to several United Nations' (UN) Conventions that protect the rights of prisoners, Indigenous people, people with disability, refugees, children and young people. By adopting these international legal frameworks, the Australian Government has committed to protect and fulfil the rights of these vulnerable groups to health and healthcare.
3. Commitment to social justice means addressing and reducing health inequities, with particular attention to Aboriginal and Torres Strait Islander peoples, young people, and other over-represented groups experiencing intersecting challenges.
4. The minimum age of criminal responsibility should be 14 years as evidence shows that early criminalisation can lead to life-course persistent offending.¹
5. The United Nations' *Standard Minimum Rules for the Treatment of Prisoners*² include healthcare provisions. All people in prison should have an equivalent standard of healthcare available in the community and be able to access appropriate and timely prevention, primary, secondary and tertiary healthcare free of charge without discrimination on the grounds of their legal status and receive continuity of care between custodial and community healthcare services (United Nations' Mandela Rule 24.2). Equity and the right to healthcare equivalence underpin all justice health policy: all people in justice settings are valued equally and are entitled to non-discriminatory, community-standard healthcare.
6. Every person in custody is entitled to dignity, respect, and the safeguarding of their safety and wellbeing in all health and custodial environments.³ Language matters: terms such as "justice-involved people" or "people with lived experience of incarceration" should be used in place of stigmatising labels like "offender" or "criminal," to promote dignity, reduce stigma, and support reintegration.
7. Recognition of the social determinants of health as fundamental to wellbeing, both during incarceration and after release.
8. A harm minimisation approach involving supply, demand and harm reduction strategies for alcohol, tobacco and other drugs aligned with the *National Drug Strategy 2017-2026*⁽³⁾ is affirmed. A preventive and harm minimisation ethos guides justice health, valuing evidence-based approaches that promote physical, mental, and social wellbeing, with continuity of care across the justice continuum.
9. Cultural safety, trauma-informed practice, and inclusion are central, ensuring responsiveness to the needs of Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse groups.
10. The participation of people in custody in shaping healthcare and services is an essential value.
11. Self-determination is fundamental: people in custody, especially Aboriginal and Torres Strait Islander peoples, have the right to agency and leadership in all matters affecting their health and wellbeing.
12. Justice health services are delivered by health authorities independent of correctional services, ensuring clinical autonomy.

13. Governments are accountable for upholding health standards, monitoring outcomes, and ensuring continuous improvement in justice health.

PHAA notes the following evidence:

14. On average, 44,316 persons were in custody in an Australian prison in the September quarter of 2024.⁴ Between July 2023 and June 2024, there were 67,859 releases, with 8,932 of these (13.2%) were women.⁴ Aboriginal and Torres Strait Islander peoples experience contact with the justice system, as both offenders and victims, at much higher rates than non-Indigenous Australians.⁵
15. Most young people under youth justice supervision are supervised in the community rather than in detention. In 2022–23, 4,542 children and adolescents aged 10 to 17 years were under youth justice supervision on average in Australia, with 3,743 (82%) supervised in the community (82%) and 828 (18%) in detention.⁶ Aboriginal and Torres Strait Islander young people aged 10 – 17 made up 55% of those under community-based supervision and 63% of those in detention.⁶ In 2022-23, there were 4,605 young people in total in detention, including 600 aged 10-13, 3,793 aged 14-17 and 212 aged 18 and over.⁶
16. The prison demographic is changing. The proportion of older adults in Australian prisons has surged. Currently, about one in four prisoners are considered older. They experience earlier and more complex health issues, such as chronic diseases and cognitive decline, than younger inmates or their community peers. This trend drives greater demand for age-appropriate care and infrastructure, with projected prison health costs rising 90% by 2030 and older prisoners costing up to four times more than younger ones.
17. People who spend time in prison have often experienced higher rates of homelessness, unemployment, mental health disorders, chronic physical health conditions, communicable and non-communicable diseases, tobacco smoking, and high-risk alcohol and illicit drug use than the general population making them vulnerable to adverse health outcomes.⁷
18. People in prison are a particularly vulnerable population. They are generally more disadvantaged, with higher healthcare needs than the wider Australian population.⁷ Exposure to the justice system often results from and contributes to ongoing disadvantage.⁸
19. People with neurodevelopmental disability, particularly Fetal Alcohol Spectrum Disorder (FASD), are over-represented in the justice system. Research from Western Australia identified that 89% of sentenced children (0-18 years) in detention had at least one severe neurodevelopmental impairment and 36% were diagnosed with FASD.⁹ Most had never had a neurodevelopmental assessment or a FASD diagnosis prior to incarceration.
20. Prison diversionary programs, including specialist solution-focused courts and programs, have been successfully implemented worldwide, including in Australia. They reduce overcrowding in prisons, provide appropriate treatment to address health and other needs and complement a harm minimisation approach. Diversion programs for children and young people are significantly cheaper than placing them in custody and reduce reoffending.^{10, 11} For example, The Yiriman Project, run by Elders in Western Australia, takes Aboriginal young people at risk of offending onto remote country to engage in culturally based activities, such as assisting Indigenous rangers to care for country.¹²
21. Removal from family, community and support networks is a negative consequence of imprisonment, particularly for Aboriginal and Torres Strait Islander people. Access to telecommunications reduces isolation, helps prisoners form healthy connections with people outside of the prison and promotes access to culture and development.¹³ Replacing short sentences with suitable, local, culturally appropriate, community-based sentencing options would help to alleviate the problems caused by the separation of families through imprisonment.

PHAA Position Statement on Justice Health

22. The Justice Reinvestment Program (a crime prevention program) redirects funding from justice systems to community services.¹⁴ The approach aligns with the *National Agreement on Closing the Gap Priority Reforms*.¹⁵ It has better outcomes by reducing crime and recidivism and is cheaper than prison, estimated at \$17 per day compared with \$650 per day for detention.¹⁶
23. Providing support for navigating the justice system, including assistance with language and literacy, is important, especially for marginalised young people and families.¹⁷
24. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – [Good Health and Wellbeing](#) and support Goals 5 - [Gender Equality](#) and 10 - [Reduced Inequalities](#).

PHAA seeks the following actions:

25. The Australian Government should implement UN Conventions to which they are a signatory, including taking a more systematic approach to achieve the goals of the Conventions. This should include the establishment of clear accountability arrangements to monitor and report on its progress in responding to recommendations made by the UN Committees and others. Commonwealth, State and Territory Governments should uphold their commitments to the Optional Protocol to the Convention against Torture (OPCAT), including unrestricted access to Australia's prisons and youth detention centres. This would improve the wellbeing of all incarcerated people.
26. Governments must achieve the Closing the Gap targets to reduce the over-representation of Aboriginal and Torres Strait Islander peoples, including for young people, in contact with the justice system.
27. Governments must increase the minimum age of criminal responsibility to at least 14 years in all states and territories, in line with UN recommendations¹⁸ and invest in evidence-based diversion programs as alternatives to incarceration.¹⁹ Children and young people in custody should be separated from adults in custody and protected from cruel, inhumane or degrading treatment.
28. Incarceration should be used only as a sanction of last resort. Effective diversionary options and community-based alternatives must be available, particularly for children, young people, and individuals with mental illness, drug dependence, cognitive impairment, or disability.
29. The Australian Government should establish and routinely report on measurable, national minimum standards to protect, promote and maintain the health and wellbeing of people in prison through the Productivity Commission reports. Governments, in consultation with inmate development committees, need to audit and evaluate specified outcomes to ensure that healthcare is being provided in a manner consistent with these standards.
30. Governments must ensure that prisons and places of detention are resilient to infectious disease transmission, including those that are airborne. This requires adequate ventilation, spatial density (m² of floor space per person) of communal areas, dormitories, cell units, and cells, strengthening prison health systems, and decarceration strategies with links to care, social and economic supports after release.²⁰⁻²²
31. Governments must invest in addressing the social determinants of health for all Australians to reduce inequalities, better support disadvantaged people and decrease their contact with the justice system.
32. Prisons must provide access to healthcare, including for physical health, mental health and wellbeing. Assessments should be available to identify disability, including neurodevelopmental impairments, at the earliest possible opportunity so that people can receive appropriate support to negotiate the court system and prevent reoffending or incarceration where possible.^{23, 24} Healthy prison principles should be adopted, safeguarding prisoners' feelings of safety, respect and dignity.³

PHAA Position Statement on Justice Health

33. State or Territory Health Departments should provide health services for people in prison that are equivalent to those available in the general community, noting that equivalence does not mean 'the same'. People in prison should be given access to community-based health services via telehealth. People in prison also need access to Medicare and the PBS for health services that are not provided by the local State or Territory health service.
34. The holistic wellbeing of prisoners must be promoted. Relieving boredom and hopelessness via illicit drug demand reduction programs and having access to telecommunications for counselling and education.
35. Health services should take a holistic, strengths-based approach and prioritise marginalised groups in service delivery. Culturally safe information and services and competent professionals are required, including trauma-informed practice and care and appropriate services for Aboriginal and Torres Strait Islander people.
36. A harm minimisation approach should be adopted in health and correctional policies, services and standards of prison healthcare to encourage safer behaviours and reduce preventable risk factors. This includes screening, vaccination and treatment for infectious diseases; free access to condoms, latex gloves and sterile injecting equipment; and access to opioid substitution therapies, including ready access to naloxone in prisons and the provision of naloxone on release from prison.
37. Prisons should use a comprehensive referral and communication process to connect people who are leaving custody with community-based support to improve post-release health, welfare and justice outcomes.
38. Governments should provide long-term investment in Aboriginal community-controlled organisations to support Aboriginal people and families and in novel approaches such as the NSW Youth Koori Court (and interstate equivalents) for those involved in the justice system.
39. To prevent people from entering prisons, governments must ensure adequate resourcing of child protection, domestic and family violence services and health, mental health, alcohol and other drug and maternal services, housing and welfare supports.
40. Australia should build a sustainable health workforce skilled in providing evidence-based and appropriate prevention, promotion and care to people in prisons.²⁵ Training to improve understanding of mental ill-health and neurodevelopmental disability is required for all staff working in the justice system.
41. People in custody should be actively involved, both as consumers and through representative committees, in the development, implementation, and evaluation of health-related policies and programs.

PHAA resolves to:

42. Advocate for implementation of the above evidence-based recommendations in the context of the principles outlined in this position statement.

First Adopted 1999 Revised in 2007, 2010, 2013, 2017 and 2025

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PHAA Position Statement on Justice Health

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