

Public Health Association of Australia Policy Position Statement: Prisoner Health

Key message: Health care services in criminal justice settings should be equivalent to those available in community settings. Currently there are inequities for prisoners which if addressed would improve prisoner health, public health and reduce offending behaviour.

Summary of policy positions: PHAA will advocate for:

1. Justice Targets to be added to the Closing the Gap Targets to reduce the over-representation of Aboriginal and Torres Strait Islander peoples' contact with the criminal justice system.
2. Health services for prisoners to be provided by the relevant State or Territory health department, and prisoners given the right to access Medicare and the PBS in those instances where certain health services are not provided by the State or Territory.
3. A harm minimisation approach to be incorporated into health policy, services and standards of care in correctional settings.
4. The Commonwealth Government to support a national approach to establish minimum standards to protect, promote and maintain the health and well-being of prisoners.

Audience: Australian, State and Territory Government, policy makers and program managers.

Responsibility: PHAA's Justice Health Special Interest Group (SIG)

Date position adopted: October 2017

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Prisoner health policy position statement

This position statement should be read in conjunction with the prisoner health background paper which provides evidence and justification for the public health policy positions in this position statement.

The Public Health Association of Australia affirms the following principles:

1. Incarceration should be used as a sanction of last resort.
2. There is a need for innovation in sentencing options that provide for effective diversion from custody, for example, for people with mental illness, drug dependence and intellectual disability.
3. The National Drug Strategy 2017-2026 affirms the harm minimisation approach involving supply, demand and harm reduction strategies. This Strategy applies equally in the community and in prison.
4. The United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 includes provisions for healthcare including Rule 24 that “1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status. 2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care”.¹
5. Health care for prisoners must be guided by evidence that supports effective, appropriate and confidential services.
6. State-funded health services for prisoner should be provided by the relevant State or Territory health department, and be independent of correctional authorities.
7. Health services for prisoners should accommodate the cultural needs of Aboriginal and Torres Strait Islander peoples, and other culturally and linguistically diverse groups.
8. Prisoners should be involved, as consumers, in the development and implementation of health-related policies and programs for prisoners.

The Public Health Association of Australia believes that the following steps should be undertaken:

9. Justice Targets should be added to the Closing the Gap Targets with quantifiable and measurable targets to reduce the over-representation of Aboriginal and Torres Strait Islander peoples' contact with the criminal justice system.
10. In all States and Territories, health services for prisoners should be provided by the relevant State or Territory health Department.
11. Prisoners should be given the right to access Medicare and the PBS in those instances where certain health services are not provided by the local health service.
12. The Commonwealth Government should support a national approach to establish minimum standards to protect, promote and maintain the health and well-being of prisoners.
13. A harm minimisation approach should be incorporated into health policy, services and standards of care in correctional settings. This includes:
 - a. Screening, vaccination and treatment for sexually transmissible infections and bloodborne viruses
 - b. Free access to condoms, dental dams and latex gloves
 - c. Free access to sterile injecting equipment through a needle and syringe exchange program
 - d. Provision of medication-assisted treatment for opioid dependence
 - e. Provision of naloxone on release from prison

The Public Health Association of Australia resolves to undertake the following action:

14. Advocate for the above steps to be taken based on the principles in this position statement.

ADOPTED 1999 REVISED AND RE-ENDORSED IN 2007, 2010, 2013 and 2017

First adopted at the 1999 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.

References

1. United Nations Office on Drugs and Crime. United Nations Standard Minimum Rules for the Treatment of Prisoners: The Nelson Mandela Rules. General Assembly resolution 70/175 annex, adopted 17 December 2015. United Nations 2015.