Public Health Association of Australia:

Policy-at-a-glance – Prisoner Health Policy

Key message: 1. PHAA recommends that:

   a) The Council of Australian Governments take measurable steps to reduce the over-representation of Aboriginal and Torres Strait Islander peoples’ contact with the criminal justice system.

   b) Health services for prisoners by provided by the relevant State or Territory health department, and prisoners be given the right to access Medicare and the PBS in those instances where certain health services are not provided by the State or Territory.

   c) A harm minimisation approach be incorporated into health policy, services and standards of care in correctional settings.

   d) The Commonwealth Government support a national approach to establish minimum standards to protect, promote and maintain the health and well-being of people deprived of their liberty by the criminal justice system.

Summary: Standards of health care service delivery in criminal justice settings should be comparable to those in community settings. This policy seeks to outline a series of principles and tangible actions designed to address current inequity in health service provision for prisoners, and ultimately achieve improved prisoner health, improved public health and a reduction in offending behaviour.

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

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

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The Public Health Association of Australia notes:

1. That prisoners disproportionately come from and return to disadvantaged communities.
2. That a significant proportion of prisoners in Australia is convicted of drug-related crimes.
3. The increasing rate of female incarceration in Australia.
4. The lack of progress in reducing the over-representation of Aboriginal and Torres Strait Islanders in both adult and juvenile custodial settings across all Australian jurisdictions.
5. The high prevalence of complex health needs among prisoners including mental illness and substance dependence, cognitive disability, acquired brain injury, communicable and non-communicable diseases.
6. That prisoners disproportionately engage in health risk behaviours including risky alcohol use, tobacco smoking, illicit and injecting drug use, and unsafe sex.
7. The high prevalence of infectious diseases in prison settings and the associated risk of transmission to the prisoner population, custodial and prison health staff, and the general community;
8. That coverage of evidence-based harm reduction services for prisoners (notably including opiate substitution treatment, access to bleach and condoms) varies considerably between jurisdictions and is lacking in some.
9. That the health of prisoners in Australia is currently the responsibility of State and Territory governments, and in most cases responsibility for prison health services rests with State and Territory health departments.
10. That prisoners are effectively excluded from Medicare and the Pharmaceutical Benefits Scheme (PBS).
11. The need for a co-ordinated, national approach to addressing prisoner health involving Commonwealth, State and Territory governments.
12. The lack of Commonwealth and State and Territory cooperation to establish and thereafter enforce national standards to protect, promote and maintain the health and well-being of people held in custody.
13. The establishment of a system for monitoring the health of prisoners in Australia, involving all states and territories and published by the Australian Institute of Health and Welfare (AIHW).
14. The importance of continued collection and reporting of indicators on prisoner health and prisoner health services at national level.
15. That prisoners tend to under-utilise health services in the community, both before and after custody.

16. The high rates of preventable morbidity and mortality among recently released prisoners in Australia.

17. The lack of evidence-based programs to facilitate successful integration of ex-prisoners after release from custody.

18. That incarceration adversely impacts the children and families of prisoners.

19. That the economic costs of incarceration in Australia, both direct and indirect, are large and growing.

20. That the incarcerated population in Australia also includes those in secure forensic psychiatric facilities, immigration detention centres and police cells; and young people in juvenile detention centres.

21. The valuable contribution of the community sector in an all of government approach to providing health and welfare services for prisoners and ex-prisoners.

The Public Health Association of Australia affirms the following principles:

22. That incarceration should be used as a sanction of last resort.

23. The 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.

24. That Australia’s National Drug Strategy affirms harm minimisation approach that involves supply, demand and harm reduction strategies; and that this Strategy applies equally in the community and in prison.

25. The United Nations Basic Principles for the Treatment of Prisoners, notably including Principle 9 that “prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation”.

26. That health care for people deprived of their liberty must be guided by evidence that supports effective, appropriate and confidential services.

27. That state-funded health services for prisoners should be provided by the State or Territory health department, and be independent of correctional authorities.

28. That health services for prisoners should accommodate the cultural needs of Indigenous Australians, and of other culturally and linguistically diverse groups.

29. The importance and benefits of consumer involvement in the development and implementation of health-related policies and programs for prisoners.
The Public Health Association of Australia recommends that:

30. The Council of Australian Governments take measurable steps to reduce the over-representation of Aboriginal and Torres Strait Islander peoples’ contact with the criminal justice system, and set quantifiable targets for this reduction.

31. In all Australian States and Territories, health services for prisoners should be provided by the State or Territory health department.

32. 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.

33. The Commonwealth Government support a national approach to establish minimum standards to protect, promote and maintain the health and well-being of people deprived of their liberty by the criminal justice system.

34. A harm minimisation approach be incorporated into health policy, services and standards of care in correctional settings.

35. The findings of the pilot study of a needle and syringe program in the ACT be used to inform policy in all States and Territories.

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

36. PHAA will develop and promote model public health standards for use in Australian corrections and juvenile detention institutions.

37. PHAA will develop and promote guidelines for creating healthy prison environments.

For further information on PHAA’s key policy directions and advocacy messages in relation to Justice Health, refer to the 2009 Justice Health in Australia Conference Resolutions paper, available on the PHAA website at: http://www.phaa.net.au/documents/JUSTICEHEALTHCONFERENCE.RESOLUTIONS.pdf


The original Prison Health: Minimum National Standards for Correctional Services Policy was adopted at the 1999 Annual General Meeting of PHAA. This policy was revised in June 2007 and passed at the PHAA AGM with the name changed to Prison Health: Minimum National Standards for Correctional Services and Juvenile Detention Policy. The policy was then revised and re-endorsed as part of the 2010 and 2013 policy review processes.