PRISONER WELFARE

Principles for the operation of a prison in the Australian Capital Territory

by Bill Bush

Note regarding Aboriginal and Torres Strait Islander prisoners: These principles are intended to be consistent with the recommendations of the Royal Commission into Aboriginal Deaths in Custody. Even so special provisions will need to be made for those prisoners.

PRINCIPLES

I. Health delivery *

A. All people in custody should receive a standard of health care no lower than the standard available to the broader community *

B. Health care, including prison drug strategies, should have as their object the removal of impediments to the rehabilitation and social integration of prisoners as well as their individual health status *

C. All detainees should be promptly screened on admission for substance abuse, mental health and other health problems *

D. Those involved in primary health delivery should be qualified and experienced in the treatment of substance abuse and mental illness *

E. Responsibility for health in the prison should be separated from correctional aspects *

F. Health interventions must not be required or denied for disciplinary or other grounds unrelated to the health status of the prisoner *

G. There should be an emphasis on prevention of health problems *

H. Those in prison who are addicted should be treated as having a health problem and not punished because of that addiction *

I. The full range of drug therapies available in the community should be available in the prison *

J. Methadone treatment should be available for all who desire it *

K. New promising drug treatments should be introduced promptly *

L. Drug testing programme should be introduced only on a voluntary basis *

M. Testing for blood borne diseases like hepatitis C and HIV should be voluntary *

N. Facilities for drug administration that minimise the risk of transmission of blood borne diseases must be introduced *

O. Condoms should be provided to prevent blood borne diseases from sexual activity. *

P. Health delivery for inmates should be co-ordinated between service providers within and outside the prison and with prison administration *

Q. Prison placements and other changes of regime should take full account of the medical needs of prisoners *

R. Special care must be taken to ensure support bridging the prison and community at the time of release *

S. Health requirements should be attended to promptly *

T. Information on health services and treatments, including drug treatments, should be readily available to prisoners *

II. NON-HEALTH ISSUES *

A. It crucial to foster family contacts *

B. A conjugal visits should be permitted *

C. Sterile Tattooing equipment should be provided *

D. Programmes for prisoners should have as their principal object the development of life skills to facilitate their successful reintegration into the community *

E. Comprehensive post release support programmes should be in place *

F. There must be incentives for improvement *

G. A principal objective of prison programmes should be the minimisation of recidivism among prisoners *

III. ORGANISATIONAL AND STAFFING ISSUES *

A. Custodial staff should become involved in the welfare of inmates as well as custodial aspects *

B. Official Visitors *

C. There should be regular liaison between staff on welfare issues for each prisoner *

D. Community liaison forum in which issues affecting the welfare of inmates may be raised *

E. An organisation structure is needed that will enable the rapid implementation of changes in prison routine and management that experience shows are necessary to promote health and other welfare of prisoners *

IV. EVALUATION *

A. There should be regular evaluations on the extent to which prison improves the health status and psychosocial skills of prisoners *

B. The effectiveness of the prison regime should be regularly evaluated. *

I. Health delivery

A. *All people in custody should receive a standard of health care no lower than the standard available to the broader community*

In particular drug treatment, access to treatment and its quality should be at least up to the standard available in the community at large.

Because of the congregation in prison of people with substantially greater health problems than the community at large there is a need for a particularly high quality and concentrated level of health care to apply in prisons.

50% of intravenous drug users test positive for hepatitis C infection;

The rate of HIV and AIDS infection among prisoners is likely to be much greater than the general community because of the high proportion of intravenous drug users in the prison population.

The community at large has a major interest in effective health strategies for prisons to prevent the spread of such diseases through sexual partners and children of prisoners.

That prisoners should receive health care of the same standard as is available in the community reflects the key principles of the Australian Medical Association, the Royal Commission into Aboriginal Deaths in Custody, National HIV/AIDS Strategy and the approach already adopted for ACT correctional institutions.

B. ***Health care, including prison drug strategies, should have as their object the removal of impediments to the rehabilitation and social integration of prisoners as well as their individual health status***

Addiction is a chronic relapsing medical condition. Addicted users typically make many attempts before they achieve, if ever, long term abstinence.

Health delivery should be part of an holistic approach to rehabilitation.

It is recognised that health issues including drug addiction and mental illness need to be addressed as a matter of priority if other rehabilitative measures such as development of skills and family contacts are to be successful.

Health strategies need to recognise that experience has shown that it is virtually impossible to eliminate high levels of drug use in prisons.

C. ***All detainees should be promptly screened on admission for substance abuse, mental health and other health problems***

It is vital to prevent suicide and other self harm that psychiatric screening for addictive and psychiatric problems be carried out promptly.

Screenings must occur within 6 hours of admission. It seems that present arrangements in the ACT do not always comply with this standards.

D. ***Those involved in primary health delivery should be qualified and experienced in the treatment of substance abuse and mental illness***

Because a high proportion of prisoners require mental health care and have drug and alcohol problems those involved in primary health care should be qualified and have experience in these areas.

Prisons should not be seen as just as training ground for newly qualified health workers to gain experience.

In particular the Registered Nurses and General Practitioners involved in triage or who have regular contact with inmates should meet these standards.

Every opportunity should be provided for medical staff to receiving specialist training on these subjects.

It appears that under present arrangements there is no requirement that those involved in primary health care to ACT correctional institutions have such qualifications.

E. ***Responsibility for health in the prison should be separated from correctional aspects***

Applications by inmates for medical consultations or other interventions should not be mediated through correctional staff.

Until recently custodial staff mediated request of inmates for medical treatment.

F. ***Health interventions must not be required or denied for disciplinary or other grounds unrelated to the health status of the prisoner***

Medical treatment should not be forced on prisoners or denied to them for disciplinary reasons.

The confidentiality of medical records should be maintained so that they are not used for custodial purposes.

G. ***There should be an emphasis on prevention of health problems***

Prevention should be regarded as an essential part of primary health care.

Custodial staff should receive training on infection control, universal precautions and identifying people at risk of self harm.

H. ***Those in prison who are addicted should be treated as having a health problem and not punished because of that addiction***

Treatment and psychosocial support should be provided for addicted prisoners in the same way as similar support is provided for other medical conditions.

Punitive measures should not be applied for illicit drug use to prisoners who are addicted.

I. ***The full range of drug therapies available in the community should be available in the prison***

Therapies should include abstinence based programmes including 12 step programmes of Narcotics Anonymous, relaxation techniques, herbal medicines and well as naltrexone & main stream medical pharmacotherapies.

Prison routine and organisation should be tailored to maximise effectiveness of drug treatment therapies, by, for example, providing drug free facilities for prisoners who opt for that approach.

It seems that treatments presently provided to ACT correctional institutions are inadequate.

J. ***Methadone treatment should be available for all who desire it***

Methadone treatment should be available on both a maintenance or a reducing basis having regard to the wishes and needs of the inmates.

Methadone treatment is presently available in ACT correctional institutions and in NSW.

K. ***New promising drug treatments should be introduced promptly***

A number of new promising pharmacotherapies are being trailed. They should be introduced into the prison system as soon as possible.

They include buprenorphine and Long Acting Methadone (LAAM)

L. ***Drug testing programme should be introduced only on a voluntary basis***

Although generally implemented in Australian prisons compulsory drug testing does not promote the welfare of the inmate and is an incentive to use less easily detectable but more dangerous drugs.

Drug testing becomes a cat and mouse game with little deterrent effect to illicit drug use. In contrast it is a forms a substantial impetus to higher risk activities.

M. ***Testing for blood borne diseases like hepatitis C and HIV should be voluntary***

Counseling must be provided before testing and on conveying results of tests.

The prison regime needs to take into account that any prisoner may carry blood borne diseases.

Testing for blood borne diseases is now voluntary in all but one Australian jurisdiction.

N. ***Facilities for drug administration that minimise the risk of transmission of blood borne diseases must be introduced***

Bleach and other facilities for sterilising syringes should be provided.

Sterile syringes should be provided for those who insist on intravenous drug use.

This might be done through one of other of:

Provision of dispensing machines requiring the return of a new syringe before a new one is issued. (This approach is followed in some European prisons);

Having supervised rooms which injection may occur but from which syringes may not be taken. This is similar to arrangements for medically supervised injecting rooms in the community and to arrangements by which inmates who are diabetics are presently administered their insulin.

Investigate the introduction of injectable legal drugs such as methadone.

Another alternative course is to tolerate smoking of drugs to discourage intravenous drug administration.

O. ***Condoms should be provided to prevent blood borne diseases from sexual activity.***

Note also need for conjugal visits (see below).

P. ***Health delivery for inmates should be co-ordinated between service providers within and outside the prison and with prison administration***

There should be prompt liaison between prison medical services and outside medical services to ensure that treatments for new prisoners are maintained without interruption.

Release and other changes involving inmates should take account of the medical needs.

Custodial staff need to be made aware of medical conditions of prisoners that may have a bearing on how they should be managed.

In the NSW there have been instances of the medical record of prisoners not being transferred with the prisoners and other lack of co-ordination between health providers.

Q. ***Prison placements and other changes of regime should take full account of the medical needs of prisoners***

Particularly in the case of mentally ill or drug dependent prisoners, harm and distress has been caused by prison moves that have taken place without regard to the medical needs of inmates.

Often in the NSW prisons inmates have been moved between prisons without provision being made for the uninterrupted continuation of medical services.

As far as possible changes of regime should not take place until prisoners have become stabilised on recently commenced treatments.

R. ***Special care must be taken to ensure support bridging the prison and community at the time of release***

With the readjustment to leaving prison inmates who have abstained in prison frequently use soon after prison when their tolerance level is very low. This is a common cause of fatal overdoses.

In particular arrangements should made before release for the continuation of drug treatment of prisoners after release.

S. ***Health requirements should be attended to promptly***

Inmates should have access on a timely basis to medical services.

In the NSW system at present there is often an unconscionable delay in providing services such as access to dentists, fulfilling prescriptions for glasses and in receiving medications. This is often a cause of distress.

T. ***Information on health services and treatments, including drug treatments, should be readily available to prisoners***

From the time of their detention, special attention should be given to the dissemination to prisoners of information on health services including options for drug treatment.

Communication of these matters is important because:

Many prisoners are in detention for only a few days, weeks or months;

Many prisoners have difficulty understanding English.

It should not be assumed that other prisoners will inform newcomers of health services.

II. NON-HEALTH ISSUES

A. *It crucial to foster family contacts*

Families generally constitute the best bridge between inmates and the community. This link needs to be maintained and, in the case of dysfunctional families, developed.

The prison should be child friendly and there should be welcoming accommodation for family visits.

There should be frequent family contact, particularly with children

Counseling should be available for inmates and for spouse marriage counseling.

There should be adequate transport facilities for family visits.

Day and weekend release should be available for good conduct prisoners

B. ***A conjugal visits should be permitted***

As well as being an important aspect of maintaining family contacts, conjugal visits would reduce high risk homosexual activity and rapes within the gaols. Permitting such visits should be seen as an important primary and public health measure to combat blood borne diseases as well as conducive to improved social integration of offenders.

C. ***Sterile Tattooing equipment should be provided***

Like unsafe sex and drug injection, tattooing is one of the major pathways for the spread of blood borne diseases.

D. ***Programmes for prisoners should have as their principal object the development of life skills to facilitate their successful reintegration into the community***

Programmes should include develop living and work skills that were lacking and which lack may have contributed to incarceration. Programmes would include those on:

Anger management;

Fostering of family relationships (see above);

Literacy and numeracy skills.

It is important that prison routines maintain and foster independence required for community living and not contribute to deskilling and a dependence mentality.

Thus male as well as female prisoners should be responsible for routines issues such as their own meal preparation.

E. ***Comprehensive post release support programmes should be in place***

The first days after release are particularly stressful.

The programme should include:

Establishment of bridging support before release;

Support in access social security services;

A halfway house.

F. ***There must be incentives for improvement***

Prisoners need to have something to aim for.

Rewards need to be built into the system.

In the drug area this means that choices should be available for prisoners to cope with their drug problem and support available to sustain those choices.

Truth in sentencing practices should not be introduced because this undermines the incentive for prisoners to improve.

G. ***A principal objective of prison programmes should be the minimisation of recidivism among prisoners***

III. ORGANISATIONAL AND STAFFING ISSUES

A. *Custodial staff should become involved in the welfare of inmates as well as custodial aspects*

There are substantial managerial dividends in terms of less violence in encouraging custodial staff to be involved in prisoner welfare.

B. ***Official Visitors***

Those occupying this office need to be independent of the system.

They should have a thorough grounding in drug issues.

C. ***There should be regular liaison between staff on welfare issues for each prisoner***

At least an hour a week should be built into the duties of staff to exchange information regarding inmates.

There should also be monthly meetings of all service providers to strengthen links.

This should be provided for in the duty statement of staff.

At present in NSW because of pressure of work and regular "emergencies" there is inadequate liaison between the various Inmate Development Staff (psychologists, Drug & Alcohol counsellors, educators) who have contact with an inmate and between these and the inmate's Case Officer (a custodial officer)

Such liaison is necessary to support an effective holistic prison programme.

D. ***Community liaison forum in which issues affecting the welfare of inmates may be raised***

Such a forum should include those with direct links to families and others closely associated with inmates.

Prison staff as well as prison management should be represented on this forum.

E. ***An organisation structure is needed that will enable the rapid implementation of changes in prison routine and management that experience shows are necessary to promote health and other welfare of prisoners***

It is important that arrangements for the new prison are flexible enough to facilitate the introduction of changes that experience indicates are desirable.

To provide assurance that this takes place, there needs to be a co-ordinating structure involving prison administration and those involved in the welfare of prisoners.

IV. EVALUATION

A. *There should be regular evaluations on the extent to which prison improves the health status and psychosocial skills of prisoners*

Evaluations can be done by a system of audits and inspections. This should be independent of the prison administration.

Those carrying out the audits and inspections should have authority necessary to have access to relevant personnel, inmates and records.

B. *The effectiveness of the prison regime should be regularly evaluated.*

Recidivism rate should be regularly compared with similar prisons and most effective practices applied in other prisons should be introduced into the ACT prison.

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Principles for the operation of a prison in the Australian Capital Territory

put forward by

Families and Friends for Drug Law Reform

for adoption in relation to a new prison proposed for the Australian Capital Territory