



**RACP**  
**Specialists. Together**  
EDUCATE ADVOCATE INNOVATE

## From the President

20 July 2017

Mr Edward Santow  
Human Rights Commissioner  
Australian Human Rights Commission  
GPO Box 5218  
SYDNEY NSW 2001

Via Email: [humanrights.commissioner@humanrights.gov.au](mailto:humanrights.commissioner@humanrights.gov.au)

Dear Commissioner Santow

### **RACP submission to OPCAT in Australia consultation**

Thank you for inviting The Royal Australasian College of Physicians (RACP) to contribute to the consultation being undertaken by the Australian Human Rights Commission's (AHRC) on the Australian government's implementation of the Optional Protocol to the Convention against Torture (OPCAT). Associate Professor Karen Zwi was very pleased to represent the RACP at the Sydney roundtable discussion on 8 June 2017.

The RACP welcomes the government's commitment to ratify the OPCAT by the end of 2017. The need for greater oversight of places of detention, in order to minimise and prevent any harmful physical and mental health impacts associated with these settings, has been a long-standing matter of concern for RACP members.

The evidence presented in RACP position statements on [The Health and Wellbeing of Incarcerated Adolescents](#) and [Refugee and Asylum Seeker Health](#) have informed the RACP's support for Australia's ratification of the OPCAT. However, the RACP also recognises the numerous other settings in which people deprived of their liberty will benefit from the protections offered by the OPCAT.

The RACP supports the principle that detention, particularly of children, should be a measure of last resort when alternatives are not appropriate. Recognising that detention can impact people's physical and mental health, the RACP believes that the OPCAT will be a valuable mechanism to facilitate effective monitoring of places of detention, and support ongoing improvements within detention settings to continually reduce the likelihood of harm to detainees.

For RACP Fellows who see patients in places of detention, it is imperative that detention conditions do not compromise the ethical and professional obligations of medical professionals to ensure their patients are not at risk of harm, and that the provision of timely and quality care is not obstructed in any way.

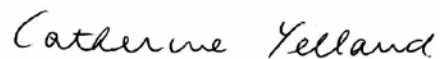
The implementation of OPCAT is an opportunity to improve transparency and accountability within a range of systems. For example it is not currently possible to know how many Aboriginal and Torres Strait Islander children are in custody. This data would enable place-based trends and needs to be identified, such as the need for adolescent and culturally appropriate health services to be available.

It is important that consideration be given to how the findings and recommendations of the National Preventive Mechanism (NPM) and the Subcommittee on Prevention of Torture (SPT) will be addressed and enforced. This is vital if the OPCAT is to achieve its aims, and will require multijurisdictional commitment, cooperation, and clear areas of responsibility.

As consultation proceeds on the design, coordination and implementation of an NPM, the RACP calls for the health impacts of detention and detention practices to be given thorough consideration at every stage. The RACP would welcome additional opportunities to provide input and to facilitate contact between the AHRC and expert Fellows as required.

If you would like further information or to be put in touch with RACP Fellows with relevant expertise please do not hesitate to contact Clare Hodgson, Advocacy Officer, via [Clare.Hodgson@racp.edu.au](mailto:Clare.Hodgson@racp.edu.au) or on 02 8076 6343.

Yours sincerely

A handwritten signature in cursive script that reads "Catherine Yelland".

Dr Catherine Yelland PSM