

CPT/Inf (2025) 07

## **Report**

**to the French Government  
on the visit to French Guiana and Guadeloupe  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)**

**from 28 November to 14 December 2023**

The Government of France has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2025) 08.

Strasbourg, 12 March 2025

\*Report originally transmitted to the French authorities in French  
Courtesy unofficial translation

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## EXECUTIVE SUMMARY

In November-December 2023, the CPT carried out an ad hoc visit to two French regional territories located overseas, namely French Guiana and Guadeloupe. It was the Committee's 16th visit to France, and more specifically, its fourth overseas visit (the second to French Guiana and the first to Guadeloupe).

The main objective was to examine the treatment and conditions of persons deprived of their liberty by the police, in prisons and psychiatric establishments. The delegation enjoyed excellent cooperation from both the central administration and the decentralised departments, as well as from the establishments visited.

### ***Law enforcement establishments***

The vast majority of people met by the delegation made no allegations of ill-treatment by law enforcement in French Guiana and Guadeloupe. In Guadeloupe, however, several persons, including a child, indicated that their arrests involved excessive use of force and the use of inappropriate techniques to restrain them.

Many people also reported being handcuffed in their backs during transfers in vehicles which often failed to meet basic security requirements. The CPT is concerned about the conditions of access to hospitals for persons deprived of their liberty, who are often handcuffed in full view of the public. The presence of officers during consultations remained a virtually systematic practice.

In addition, the delegation's findings call for effective measures to be taken to eradicate the practice of tying detained persons to fixed objects, including beds, day and night.

The exercise of certain fundamental safeguards against ill-treatment was particularly challenged in French Guiana, notably due to the difficulties of access to remote areas. In particular, the delegation noted that many interviews, including in some cases those involving children, took place without the presence of a lawyer. Furthermore, in both regional territories, law enforcement officers had not received specific training in the techniques to be used when interviewing children.

The material conditions of detention in law enforcement facilities remain a source of serious concern. Many multi-occupancy cells did not have beds for all occupants. As a result, detained persons sometimes had to sleep on the floor without a mattress or clean sheets. Sanitary facilities were often used in full view of other people. Urgent measures need to be taken in all custodial facilities to ensure dignified, hygienic and sanitary conditions, as well as acceptable working conditions for law enforcement officers.

Despite the CPT's repeated recommendations, including those specific to French Guiana, the use of detention facilities by the national gendarmerie without the constant presence of officers at night persists. In the CPT's view, the system of patrols does not guarantee adequate surveillance of detained persons, which would make it possible, in particular, to meet their needs and ensure rapid arrival on site in the event of an incident.

With regard to the treatment of persons transporting substances in corpore ("*bodypackers*"), the delegation noted that the arrangements for recovering drug capsules were often inadequate, and could amount to inhuman and degrading treatment.

### ***Situation in the prisons visited***

Prison overcrowding was widespread in the establishments visited. The situation was extremely worrying in the remand prisons, with occupancy rates in excess of 225%. At *Rémire-Montjoly* and *Baie-Mahault* prisons, a significant number of prisoners (around 20 to 30% in some quarters) were forced to sleep on mattresses on the floor, sometimes with their heads next to non-partitioned toilets, in front of the door or on a table, in cells with only 2 to 3 m<sup>2</sup> of living space per person.

Overall, the material conditions of the accommodation facilities were deplorable and dilapidated. Maintaining the buildings' condition proved especially challenging; a difficulty further exacerbated by the territories' specific climatic constraints. In addition, the regime offered to detained persons, particularly children, was largely inadequate.

The CPT recalls that the cumulative effect of overcrowding, lack of activities and inadequate and degraded material conditions of detention could amount to inhuman and degrading treatment, particularly when persons are held in such conditions for prolonged periods. Concrete measures are needed to ensure that children held in *Rémire-Montjoly* and *Baie-Mahault* prisons are detained in material conditions that respect their needs.

The CPT takes note of the cooperation efforts made by the judicial authorities and the prison administration to regulate incarceration, orientation and assignment flows in French Guiana and Guadeloupe. However, in view of the findings made during the previous visit to French Guiana, the above-mentioned figures and the delegation's observations, the CPT notes once again that these efforts are not reflected in the reality of prisoners, who continue to live in conditions which could amount to inhuman and degrading treatment, contrary to the undertaking given by each State party to the European Convention on Human Rights to respect the dignity of persons deprived of their liberty in prison establishments.

Urgent measures are needed to ensure acceptable conditions of detention, particularly in terms of living space, in the three prisons visited. The coordinated efforts of all actors in the penal system, along with any other national authorities responsible for remand and sentenced prisoners, must be reinforced.

On the whole, prisoners reported no ill-treatment by prison staff. However, the delegation noted a number of incidents of excessive use of force and professional negligence, which highlight the need for in-depth work on professional practices and intervention management. The delegation also received allegations of verbal abuse, including shouting and derogatory or racist language, in the three establishments visited.

Inter-prisoner violence, including attacks with improvised weapons causing serious injury, was a pervasive problem, particularly at *Rémire-Montjoly* penitentiary. The delegation received numerous allegations of violence and intimidation linked to trafficking, extortion and theft of personal belongings, particularly against vulnerable persons and children. Violence is exacerbated by understaffed prison teams and a lack of essential training to meet the needs of prisoners. The CPT welcomes the management's efforts to combat inter-prisoner violence. However, it is still premature to note any significant impact of these efforts to reduce violence.

The CPT is deeply concerned by the excessive number of prisoners with severe mental health disorders, who should not be held in the conditions observed at the establishments visited. It regrets the inadequacy of resources, in particular the lack of appropriate facilities and the absence of dedicated care and surveillance teams trained to manage such prisoners.

The conditions under which prisoners were placed in solitary confinement were particularly worrying. Isolation measures must be supplemented with activities that provide appropriate mental and physical stimulation, while the prison medical service must remain especially vigilant regarding the situation of isolated prisoners.

### ***Psychiatric establishments***

In the course of this ad hoc visit to French Guiana and Guadeloupe, the delegation visited:

- in French Guiana, the closed adult ward and the child psychiatry ward of the mental health department of the *Andrée Rosemon* hospital in Cayenne (CHC), and the emergency department located in the same hospital;
- in Guadeloupe, the closed adult and child psychiatry wards of the *Établissement public de santé mentale de la Guadeloupe (EPSM-G)* and its *Centre d'accueil et de crise (CAC)* at the *Centre hospitalier universitaire (CHU)* in Pointe-à-Pitre. The delegation also visited the emergency departments of the *Centre hospitalier de la Basse-Terre (CHBT)* and the *CHU*.

The delegation received no allegations of ill-treatment of patients by staff in any of the establishments visited. However, violence between patients was not uncommon. In such situations, staff intervened quickly and effectively. Furthermore, healthcare staff were regularly the targets of acts of violence by patients – insults, death threats, slaps and punches. In several closed adult wards, the feeling of insecurity among staff members was palpable. Resolute action is needed to enhance patient and staff safety.

Generally speaking, patient living conditions were good in the closed wards of the *CHC's* mental health department in French Guiana and in *the EPSM-G in Guadeloupe*, as well as in the child psychiatry wards of both establishments. However, the humid climate in French Guiana and Guadeloupe calls for regular building maintenance to repair damage caused by water infiltration and to eliminate mould. At *the EPSM-G* site in Saint-Claude in particular, it became apparent that several patient rooms were almost always out of service for this reason.

In both French Guiana and Guadeloupe, patients experiencing an acute psychiatric crisis were placed for up to four days in a general emergency department before being admitted to a psychiatric unit. In these emergency departments, patients were frequently restrained to their beds or stretchers, using straps or, sometimes, makeshift restraints such as Jersey straps, as was the case at the CHU in Pointe-à-Pitre. Further, patients were often strapped in full view of other emergency patients. Patients suffering from acute psychiatric crises were not offered adequate treatment in these departments. These findings brought to light a situation that could constitute a violation under Article 3 of the European Convention on Human Rights (the Convention).

Both facilities admitted patients to their closed wards dedicated for acute cases, despite their chronic disorders and psychiatric or social needs not aligning with the care provided in the inpatient unit. However, no alternative options were available to them. In both facilities, management estimated that this group represented around 20% of patients. In view of the lack of beds available for acute care, initiatives had been taken in French Guiana and Guadeloupe to offer more suitable accommodation solutions.

The two facilities visited were understaffed at all levels. This situation prevented the staff present from providing a comprehensive therapeutic program tailored to the severity of the inpatients' health conditions, and from dedicating time in ongoing training, especially regarding patients' rights and recent reforms.

The CPT fully supports policies aimed at increasing patient autonomy and limiting the use of restraints. During its visit to the *CHC de Guyane* and *the EPSM-G*, the delegation noted that, in line with government policy, means of mechanical restraint were rarely used in the units visited. However, when such means were used, they could be applied for several days in a row.

Isolation, on the other hand, was frequently applied in both hospitals, in some cases for several months at a time. In this context, the CPT has repeatedly expressed its concerns about the conditions of hospitalisation of “difficult patients”, who were often held in isolation for long periods. At the time of the visit, the *EPSM-G* had already been housing two patients in isolation rooms for several months. Despite the care and commitment of healthcare staff, keeping patients in isolation for such long periods is a highly questionable practice, which could constitute inhuman and degrading treatment.

Judicial supervision of restraint and isolation measures, in accordance with article L. 3222-5-1 of the French Public Health Code (*Code de santé publique*, CSP), was not in place in any of the facilities visited. In French Guiana, in several patient files, the delegation found requests made to the judge, but not the related authorisations. In the absence of a response from the judge, the doctors had assumed that they had authorisation to extend the restraint measure.

In Guadeloupe, the judge on liberties and detention (*juge des libertés et de la détention*, JLD) played an active role in supervising the use of restraints, including through unannounced inspection visits. The reports from these visits highlighted the reluctance of *EPSM-G* medical staff to request extensions for the use of restraint measures from the JLD and to implement judicial decisions ordering the removal of such restraints. The delegation's findings are consistent with these reports.

This situation clearly violates the obligation of judicial supervision, a legal safeguard established by article L.3222-5-1 of the CSP and, in the CPT's opinion, raises serious questions as to the legitimacy of the renewal decisions taken. The French authorities should ensure that the law is correctly applied.

### ***Persons detained under the legislation for foreign nationals***

The delegation visited the Matoury administrative detention centre (*Centre de Rétention Administrative, CRA*) in Cayenne-Rochambeau, French Guiana, previously visited by the CPT in 2008, and the CRA "Les Abymes" in Guadeloupe. In addition, the delegation visited an administrative detention facility (*Local de Rétention Administrative, LRA*) in Saint-Laurent-du-Maroni, French Guiana.

The delegation received no allegations of ill-treatment by staff members of foreign nationals detained in any of the CRAs or the LRA.

At the CRA "Les Abymes" in Guadeloupe, the cohabitation of detained persons and staff was serene.

In the CRA of Matoury in French Guiana, relations between staff and foreign nationals were generally respectful, if not cordial. As regards violence between persons held, the CPT was concerned by two intrusions by two male detained persons into the female section of the facility in June and November 2023, and calls on the French authorities to take the necessary measures to prevent further incidents of this type.

In French Guiana, the cohabitation of persons leaving prison and irregular foreign nationals was a frequent source of tension. These tensions were exacerbated by the increasing length of administrative detention, which mainly concerned persons who had recently left prison of certain nationalities, and the lack of motivating activities, including sports. Staff tried to ease tensions before they got out of hand. While certain measures had helped to maintain calm and order, the CPT is concerned about the future, particularly if the length of detention for certain categories of foreign nationals is not reduced. In the CPT's view, the French authorities should keep a close eye on the situation at the CRA of Matoury.

The CPT considers living conditions in the two CRAs visited to be unsuitable for stays of more than 48 hours. First of all, in both centres, the living areas (bedrooms and recreation room) were dark, as the window shutters were closed to limit exposure to the sun. Nevertheless, the heat combined with the absence of air conditioning in the rooms of both CRAs prevented detained persons from sleeping. At the time of the visit, all persons detained in French Guiana and Guadeloupe had moved mattresses to the floor in the slightly cooler recreational and dining areas.

In this context, it is worrying to note that due to frequent water cuts in Guadeloupe, at the time of the visit, the CRA "Les Abymes" was without running water, resulting in the persons detained being unable to flush the toilets and take a shower.

Further, the outdoor yards in the two CRAs were too cramped to allow for proper exercise and, moreover, in "Les Abymes" in Guadeloupe, was not freely accessible during the day.

However, it was positive that in both CRAs foreign nationals were in a position to maintain contact with the outside world. In the CRA "Les Abymes", they were allowed to keep their mobile phones, including smartphones with internet access. In the view of the CPT, this is a good practice. At the CRA of Matoury, this was also allowed, under the condition that the phones were not equipped with a camera.

## I. INTRODUCTION

### A. The visit, the report and follow-up

1. In accordance with Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out an ad hoc visit to French Guiana and Guadeloupe from 28 November to 14 December 2023. These two French overseas territories are governed by Article 73 of the French Constitution and apply laws and regulations automatically.<sup>1</sup>

2. The Committee considered that this visit was "required in the circumstances" (see Article 7, paragraph 1, of the Convention). Its main objective was to examine the way in which persons deprived of their liberty are treated and cared for by the law enforcement and in prisons and psychiatric establishments in French Guiana and Guadeloupe. In this context, the Committee was also able to examine the measures taken by the French authorities to implement recommendations made in its previous reports. This was the Committee's 16th visit to France, its ninth ad hoc visit and, more specifically, its fourth visit to overseas France (the second to French Guiana and the first to Guadeloupe).<sup>2</sup>

3. The visit was carried out by six members of the CPT:

- Hans Wolff, 1st Vice-President of the CPT (Head of delegation)
- Vânia Costa Ramos
- Juan Carlos da Silva Ochoa
- Vanessa Durich Moulet
- Nico Hirsch
- Kristina Pardalos

They were supported by Marco Leidekker, Head of Division, and Kelly Sipp, Administrator, of the Committee Secretariat, and assisted by an expert, Didier Delessert, Head of the Department of Prison Medicine and Psychiatry at the Centre Hospitalier Universitaire Vaudois (Switzerland), and two interpreters, Chloé Chénétier (for the entire visit) and Alain Mijdt (in French Guiana).

4. The report on this visit was adopted by the CPT at its 114th meeting, held from 1 to 5 July 2024, and transmitted to the French authorities on 14 August 2024. The various recommendations and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the French authorities provide within four months a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report.

### B. Consultations held by the delegation and co-operation encountered

5. During the visit to French Guiana, the delegation held consultations with Cédric Debons, Deputy Prefect, Director General of Security, Regulations and Control of the Office of the Prefect of French Guiana, Béatrice Bugeon-Almendros, First President of the Court of Appeal of Cayenne, Joël Sollier, General Prosecutor of the Court of Appeal of Cayenne, and senior executives from the departments concerned.

6. During the visit to Guadeloupe, the delegation met with Xavier Lefort, Prefect of Guadeloupe, Philippe Cavalerie, First President of the Court of Appeal of Basse-Terre and Eric Maurel, General Prosecutor of the Court of Appeal of Basse-Terre, as well as senior executives from the departments concerned.

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1. According to the text, "they may be adapted to take account of the particular characteristics and constraints of these local authorities".

2. All CPT visit reports and French government responses have been published and are available on the Committee's website : <https://www.coe.int/fr/web/cpt/france> .



7. At the end of the visit, the delegation shared its preliminary observations with the French authorities at talks held in Paris, during which it met senior officials from the Ministry of Justice, the Ministry of the Interior and Overseas France and the Ministry of Health and Prevention. The official talks in Paris were attended by Dominique Simonnot, *Contrôleure générale des lieux de privation de liberté* (CGLPL), and members of her team.

The delegation also met Magali Lafourcade, Secretary General of the National Consultative Commission for Human Rights, and representatives of non-governmental organisations active in areas of interest to the CPT.

The list of national authorities, bodies and organisations met during the visit is provided in Appendix II of this report.

8. The delegation received excellent cooperation from both the central administration and the decentralised departments, as well as from the establishments visited, where it was given rapid access to the premises, to the persons of its choice and to the documents and registers needed to carry out its mandate, including those of a medical nature, even when the visit to these premises had not been notified in advance. The assistance provided by Karen Rochet, legal adviser to the Human Rights Sub-Directorate of the French Ministry for Europe and Foreign Affairs, is to be commended. The delegation would like to thank Laurent Delahousse, Diplomatic Adviser to the Prefect of French Guiana, and Franck Dorge, Deputy-Prefect, Director of the office of the Prefect of Guadeloupe, for their assistance.

However, the CPT reiterates that the principle of co-operation laid down in Article 3 of the Convention is not limited to the measures taken to facilitate the task of the visiting delegations. It also requires that resolute steps be taken in response to the Committee's recommendations. In this respect, the CPT is concerned to note that important recommendations, some of them longstanding, have still not been implemented. As stated in the past, the CPT very much hopes that the French authorities will take all necessary measures to bring about a lasting improvement in the situation of persons deprived of their liberty, and in respect for their rights, in the light of the recommendations made in this report.

### **C. Immediate observations under Article 8, paragraph 5, of the Convention**

9. At the end of the visit, the delegation made six immediate observations under Article 8, paragraph 5, of the Convention and asked the French authorities to take the necessary measures to:

1. guarantee minimum health and hygiene requirements in the common areas, including the playground, of the mother-and-child unit at *Rémire-Montjoly prison*, in French Guiana, and to provide the playground with toys suited to the age of the children in the unit;
2. remedy the material shortcomings and provide dignified conditions that respect the rules of hygiene, ventilation and sanitation to detained persons in police custody cells at the *Basse-Terre police station* in Guadeloupe;
3. provide a living space respecting the dignity of prisoners at *Baie-Mahault prison* in Guadeloupe, in particular cell 171 in the remand section 1 (south) and cell 36 in the remand section 2 (east);
4. remedy the material shortcomings identified in the disciplinary and isolation units of the *Baie-Mahault prison*, in particular to provide detained persons with access to a functional call system, and to ensure adequate ventilation and hygiene conditions;
5. protect the privacy of prisoners when they use the showers in the exercise yard dedicated to the minors' unit of the *Baie-Mahault prison*;

6. transfer a person held at *Rémire-Montjoly prison*, as well as two persons detained at *Baie-Mahault prison*, to an adequate therapeutic environment that can meet their specific needs.

In a letter dated 19 February 2024, the French authorities informed the CPT of the initiatives taken following the visit to address the situations highlighted by the delegation. In this connection, reference is made to paragraphs 41, 68, 105, 111, 130 and 155 of this report.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Law enforcement agencies (police and gendarmerie)

#### 1. Preliminary remarks

10. In **French Guiana**, the delegation visited five gendarmerie brigades (*Brigades Territoriales Autonomes de gendarmerie* - BTA) in Kourou, Mana, Saint-Georges-de-l'Oyapock, Saint-Laurent-du-Maroni and Régina, as well as custodial facilities at the Cayenne police station and the border police in Saint-Laurent-du-Maroni (at the border with Suriname), Saint-Georges-de-l'Oyapock (at the Eastern border with Brazil) and at Félix Éboué international airport. It also visited the Court of Appeal and the Judiciary Court in Cayenne.

11. In **Guadeloupe**, the delegation visited the BTAs in Saint-Claude and Morne-à-l'Eau, the police stations in Basse-Terre, Capesterre-Belle-Eau and Pointe-à-Pitre, and the holding facilities at the Pointe-à-Pitre courthouse.

12. The delegation also visited referral hospitals in French Guiana and Guadeloupe to observe the conditions under which people suspected of carrying substances *in corpore* ("bodypackers") are treated.<sup>3</sup>

#### 2. Ill-treatment

13. The vast majority of people met by the delegation who had recently been questioned by law enforcement officers, both in police stations and gendarmeries and in remand prisons, made no allegations of ill-treatment.

In Guadeloupe, however, the delegation received a few isolated allegations, including from a minor, of arrests involving excessive use of force and the use of inappropriate techniques to restrain people. It received allegations such as deliberate blows to the face, a person being thrown to the ground despite the person apprehended not being agitated, and of one person being grabbed by the throat. Many people also said that the handcuffs were too tight during transport.

**The CPT reiterates its recommendation that the French authorities, as well as management and command bodies, reiterate in the strongest possible terms that when carrying out an arrest, law enforcement officers should not use any more force than is strictly necessary.**

14. At Mana BTA in French Guiana, the delegation took note of a case involving a gendarme who had used a taser (*pistolet à impulsion électrique* - PIE) on a person armed with a machete on several occasions in both contact and remote firing modes in August 2023.<sup>4</sup> The gendarme stated that he had become frightened and that the person in question was threatening. On reading the file, the lack of knowledge of the local language seemed to have created misunderstandings and aggravated the situation. **The CPT would like to receive information about the follow-up to this investigation.**

15. According to the information presented by the authorities in French Guiana, very few complaints of ill-treatment involving gendarmes were lodged with the prosecutor. However, disciplinary sanctions against gendarmes were supposedly very frequent.

With regard to police officers in French Guiana, a dozen judicial investigations and seven administrative investigations relating to possible ill-treatment were underway following referrals in 2023.

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3. The delegation did not visit the *Centre Hospitalier de l'Ouest Guyanais (CHOG)*, where people suspected of transporting substances *in corpore* may also be placed.

4. The medical examination carried out at the CHOG concluded that the arrested person's state of health was compatible with police custody. According to the certificate, "recent traumatic injuries [are] visible".

**The Committee would like to receive updated statistics on the number of complaints of ill-treatment lodged against law enforcement officers (gendarmerie and police) in French Guiana and Guadeloupe, as well as the number and outcome of administrative and legal proceedings opened in 2022 and 2023 following these complaints.**

16. The Committee welcomes the introduction of measures to prevent ill-treatment during arrests, such as the use of pedestrian cameras at Cayenne police station and at the Kourou and Saint-Claude BTAs, for example. However, the delegation found that police officers' identification numbers were not always visible or legible on their uniforms, particularly for the officers at Cayenne police station.

**The CPT recommends that the French authorities reiterate that it is necessary for officers to systematically wear some form of visible identification on their uniforms, whether this be a name or a number.**

17. During the visit, the authorities reported difficulties encountered in recruiting and training law enforcement officers in overseas territories, and in particular in French Guiana, where there is a high turnover of officers. The CPT notes the desire expressed by the authorities to make posts in French Guiana more attractive.

Particular attention should be paid to training law enforcement officers on required behaviour with detained persons from the moment of arrest. Officers are often able to defuse situations that could lead to violence when they use interpersonal communication techniques enriched with knowledge of the specificities of the territory, such as the cultural and linguistic diversity in French Guiana and Guadeloupe.

**The CPT calls on the French authorities to ensure that law enforcement officers posted to French Guiana and Guadeloupe are adequately trained in techniques for de-escalating violence during arrests.**

### **3. Safeguards against ill-treatment**

#### a. introduction

18. The CPT pays particular attention to the recognition and effective exercise of the fundamental safeguards against ill-treatment which are: the right to notify a relative or a third party of their detention, to have access to a lawyer and a doctor, and to be informed of one's rights. In practice, the delegation noted that notification of a third party of placement in custody, implementation of the right of access to a doctor and information on rights generally did not pose any major problems. However, the exercise of some safeguards was particularly challenged in French Guiana, due in particular to the difficulties of accessing border areas and those far from Cayenne.

19. In the CPT's view, the exercise of safeguards must take place from the very outset of the deprivation of liberty by the police. The period of police custody begins from the moment a person is deprived of their freedom of movement by the police and the time in question must be indicated in the custody record drawn up by the police or gendarmerie, even if it was drawn up at a later date. This principle is reflected in French law.<sup>5</sup>

However, such as for offences relating to gold mining in French Guiana, when the "transfer of persons arrested within the legal time limit raises insurmountable material difficulties", the law allows the starting point of police custody or customs detention to be postponed exceptionally until arrival at the headquarters where the measure is to take place. This delay must not exceed twenty hours.<sup>6</sup>

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5. [Articles 63-III](#) and [64-II](#) of the Code of Criminal Procedure (CCP).

6. "It is authorised by the public prosecutor or the investigating court. A record of the insurmountable material circumstances in light of which this authorisation was given is entered in the official report", pursuant to the Mining Code, article [L.621-8](#).

The CPT is aware of the material difficulties that law enforcement officers may encounter in French Guiana, particularly when making arrests in remote areas. However, in most cases, it is possible to make satisfactory arrangements in advance for this type of situation. Law enforcement can ensure that a criminal investigation officer, a lawyer or an interpreter is present in the team carrying out the missions, or guarantee access to a lawyer or an interpreter by the exceptional use of a videoconferencing system or by telephone, when a network connection can be established (see also paragraph 24).

**The CPT would like to receive information on the measures taken to ensure the effective exercise of safeguards from the moment of apprehension in remote areas of French Guiana.**

20. The CPT takes note of the plan to set up a site of the Ministry of Justice in Saint-Laurent-du-Maroni in order to alleviate the difficulties encountered in respecting the rights of persons. **The CPT would like to receive detailed information on the progress of this project. The Committee further recommends that the French authorities take the necessary measures to ensure the attractiveness of new posts within the services concerned of the Ministry of Justice in Saint-Laurent-du-Maroni.**

b. information relating to rights

21. Information on rights was provided by a judicial police officer ("*officier de police judiciaire*"), orally at the time of arrest and in writing when the person was taken into custody. In the absence of a judicial police officer at the time of questioning, or for security reasons, detained persons may not be fully informed of their rights from the outset. They were given this information on arrival at the police station or brigade, at which point they signed the notification, exercise of rights and custody record.

However, the delegation noted that this information was not always given on arrival at the law enforcement facilities. On the premises of the *border police in Saint-Laurent-du-Maroni*, for example, persons in police custody stated that they had not been informed of their rights and that they had not been able to notify a third party of their detention, even though they had been arrested over an hour before the interview with the delegation.

22. Information leaflets were available in several languages, except Creole. Access to interpreters, including for the various variants of Creole, did not seem to pose any problems, and their presence was anticipated when operations were planned. However, following the interviews with people deprived of liberty, it became apparent to the delegation that they were often poorly informed, if at all, of their rights. Even when information leaflets were available, few people were given a copy to keep while in their custody cells. The document was generally left with personal effects seized.

The CPT considers that practical measures should be taken to ensure that persons deprived of their liberty are effectively able to understand their rights. Information should be provided in simple and accessible language, taking into account the particular needs of vulnerable persons.<sup>7</sup> This may include the use of alternative means of communication, if necessary.

**The CPT reiterates its recommendation that measures be taken to ensure that persons deprived of their liberty by law enforcement agencies are fully informed, in a language which they understand, of their rights and of the procedures applicable to them, from the very outset of their deprivation of liberty, that is, from the moment they are deprived of their liberty to come and go. This should be ensured in the first instance by clear information provided**

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7. In this context, reference is made to Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings, which clearly states that written information to be provided to persons in custody shall be drafted in "simple and non-technical language so as to be easily understood by a lay person without any knowledge of criminal procedural law". It also stipulates that the information must take "into account any particular needs of vulnerable suspects or accused" (see in particular article 38 of the preamble, as well as articles 3 and 4 of the directive).

orally, and supplemented as soon as possible (at the very moment of their arrival on law enforcement premises) by the distribution of a document specifying their rights, in simple and accessible language. People must be able to keep this document with them in the custody cell.

c. third party notification

23. The right of a person in police custody to notify a relative of their choice of their situation is guaranteed by law.<sup>8</sup> If the person in custody is of foreign nationality, they may request that their country's consular authorities be contacted. The documents consulted by the delegation during the visit (in particular information leaflets and notification of rights records) informed detained persons of their right to communicate with their consul or a person of their choice.

However, it appeared that in practice, as observed in the past,<sup>9</sup> the right to notify a relative was not always guaranteed for foreign nationals who had no contacts in French Guiana. In some cases, gendarmes exceptionally allowed people in custody to use their own telephone or that of an officer.

**The CPT reiterates its recommendation that the French authorities take the necessary measures to ensure that the right of all people placed in police custody to notify ~~(free of charge)~~ a person of their choice of their situation is fully effective in practice, including when that person resides abroad.**

d. access to a lawyer

24. Exercising the right of access to a lawyer was problematic in French Guiana, with the exception of Cayenne. Given the insufficient number of lawyers in the community and the fact that very few of them travel outside Cayenne, very few people had access to a lawyer when they were detained by the police outside the administrative centre of the region. On examining the files and registers, the delegation noted that many hearings, including some cases involving minors, took place without the presence of a lawyer, with the authorisation of the magistrate in charge of the case (see also paragraph 33).<sup>10</sup>

In Guadeloupe, the access to a lawyer was less problematic. However, the local authorities reported difficulties in accessing a lawyer within the first hour of police custody.

The Committee takes note of the reform containing various provisions adapting French law to European requirements regarding access to a lawyer.<sup>11</sup> The general principle is that the suspect may not be heard on the facts without the presence of a lawyer. However, the law allows, in exceptional circumstances, for the presence of the lawyer to be postponed for a maximum period of twelve hours, or even up to the twenty-fourth hour in certain specific circumstances of the investigation. There is a

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8. CCP, [article 63-2](#). The law of 22 April 2024 also allows persons in custody to notify a third person of their choice.

9. [CPT/Inf \(2009\) 32](#), paragraph 90.

10. Under article [63-4-2](#) of the CCP in its version before the law of 22 April 2024, if a person in custody requested that a lawyer assisted them during their hearings and confrontations, the first hearing, unless it relates to identity matters, could not begin without the lawyer's presence until two hours had elapsed. However, where the needs of the investigation required the person to be interviewed immediately, the public prosecutor could authorise, by written reasoned decision, at the request of the judicial police officer, the interview to begin without waiting for the two-hour period to expire. This provision has however been abolished by the April 2024 law.

11. See, in particular, [Directive 2013/48/EU](#) of 22 October 2013 "on the right of access to a lawyer in criminal proceedings and in proceedings relating to the European arrest warrant, on the right to inform a third party immediately upon deprivation of liberty and on the right of persons deprived of their liberty to communicate with third parties and with the consular authorities", and the [reasoned opinion](#) of the European Commission (September 2023).

risk that this exception will become the rule in French Guiana, where the physical presence of the lawyer at hearings and confrontations is often made difficult due to the geographical remoteness.<sup>12</sup>

The CPT points out that the prosecutor should only allow the person in custody to be interviewed without waiting for the lawyer to arrive on the basis of clearly defined exceptional circumstances, such as the prevention of imminent harm to persons. In the opinion of the CPT, geographical remoteness should not be considered an “exceptional imperative” justifying a systematic derogation from the right of access to a lawyer.

**The CPT recommends that urgent steps be taken, in coordination with the French Guiana Bar Association, to establish a system which takes account of the specific features of the territory and guarantees the effectiveness of the right of access to a lawyer for persons deprived of their liberty by law enforcement agencies.**

25. As noted in the past<sup>13</sup>, the delegation observed that minors were often interviewed alone without the presence of a trusted adult person and sometimes without the assistance of a lawyer. Under French law, when the minor or his or her legal representatives have not appointed a lawyer, the public prosecutor, the investigating judge or the judicial police officer must, from the start of the deprivation of liberty, inform the president of the bar association by any means and without delay so that he or she can appoint one.<sup>14</sup>

It is the opinion of the CPT that no minor should be able to waive his or her right to a lawyer during police questioning and confrontations. **The CPT again recommends to the French authorities that measures be taken to ensure that minors do not make any statements or sign any documents in connection with the offence of which they are suspected without the presence of a lawyer, and ideally of a trusted adult person, to provide them with assistance.**

**The CPT would like to receive statistical information regarding the proportion of hearings authorised without the presence of a lawyer in 2022 and 2023, in French Guiana and Guadeloupe, specifying when a minor was involved.**

e. access to a doctor

26. Exercising the right of access to a doctor did not generally pose any problems. The procedure was similar to that described during the CPT's periodic visit in 2019.<sup>15</sup> Persons were examined in hospital when they requested it or when the judicial police officers in charge considered it necessary, in accordance with their duty of care.<sup>16</sup>

It was rare for a doctor to carry out consultations on site, despite the existence of a consultation room in some premises (at the Pointe-à-Pitre police station, for example). Each transfer to a hospital mobilised officers for many hours, with often long journeys and waiting times, sometimes more than three hours. According to the comments gathered by the delegation, relations between the law enforcement and the administration of the hospitals concerned were sometimes complicated.

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12. Article 3(5) of [Directive 2013/48/EU](#) provides, in particular, that “in exceptional circumstances”, “in cases of geographical remoteness of a suspect or accused person”, the authorities “may temporarily derogate” from the right of access to a lawyer without undue delay after deprivation of liberty, as provided for in Article 3(2)(c). Provision 30 of the directive also states that “where immediate access to a lawyer is not possible because of the geographical remoteness of the suspect or accused person, Member States should arrange for communication via telephone or video conference unless this is impossible”. However, the derogation provided for in Article 3(5) of this directive does not allow for derogation from the right of access to a lawyer during questioning and investigative measures or evidence-gathering measures (identity parades; confrontations; crime scene reconstructions), as provided for in Article 3(3).

13. [CPT/Inf \(2009\) 32](#), paragraph 96.

14. See also [Directive \(EU\) 2016/800](#) of the European Parliament and of the Council of 11 May 2016 on procedural safeguards for children who are suspects or accused persons in criminal proceedings, of 21 May 2016, Article 6(2)(3)(a)(c) and (7).

15. See [CPT/Inf \(2021\) 14](#), paragraph 25.

16. CCP, [article 63-3](#). See also, *Code de la justice pénale des mineurs*, [article L413-4](#) (for minors detained) and [article L413-8](#) (for minors in police custody).

**The CPT recommends that the French authorities take appropriate measures to ensure prompt access to a doctor for persons deprived of their liberty by law enforcement agencies, in particular by facilitating dialogue between medical services, law enforcement agencies and prisons, where necessary.**

27. The delegation noted that there was no discreet pathway enabling people deprived of their liberty to be hospitalised out of sight although applicable law requires the authorities to take “all necessary measures [...], under conditions compatible with security requirements, to prevent a handcuffed or shackled person from being photographed or appearing in an audiovisual recording”.<sup>17</sup>

At the *CHC in French Guiana*, people deprived of liberty were examined in the forensic unit after being taken through a relatively discreet door without going through the general emergency room. However, outside the hours of presence of the forensic doctor (i.e. between 10:00 p.m. and 8:00 a.m.), certificates of compatibility with police custody were produced by emergency doctors. In this case, people could be required to wait under the supervision of law enforcement officers, either in the waiting room of the emergency services open to the public or in the corridor.

At the *CHU in Guadeloupe* and the *CHBT*, detained persons (including those coming from prisons) did not have a dedicated waiting room either, forcing them to wait with the public.

Transfers and waiting in public spaces under such conditions can be considered humiliating and degrading.

**The CPT calls on the French authorities to take measures to ensure that the access of persons deprived of their liberty to ordinary hospital environments is not visible to the public.**

28. The interviews with persons deprived of their liberty also revealed that the presence of officers during consultations remained a virtually systematic practice, both for persons in police custody and for persons detained in prisons (see paragraph 134).

**The CPT recommends again that the French authorities take the necessary steps to ensure that medical consultations take place out of the hearing and – unless the health professional concerned expressly requests otherwise in a particular case – out of the sight of non-healthcare personnel. This should be seen as a shared responsibility between law enforcement officers and healthcare personnel.**

f. custody records

29. The delegation noted that the paper records were not always well kept and were often incomplete, particularly at *Capesterre-Belle-Eau* and *Cayenne* police stations and at the *Saint-Laurent-du-Maroni BTA*. The dates of releases from police custody, as well as medical extractions and returns to cells, were often missing. The information was scattered between paper registers, electronic registers<sup>18</sup> and electronically recorded minutes, which did not allow for proper monitoring. The computer software for the digitalisation of police custody management (“*informatisation de la gestion des gardes à vue*” – iGAV) had not been rolled out in the regions visited. The law enforcement officers met considered that it would be very useful to them.

30. The CPT takes note of the reminder issued by the French authorities to ensure that manual registers are kept properly, in response to the delegation's observations made at the end of the visit in December 2023. It also takes note of the frequency of visits by the Public Prosecutor to law enforcement custodial facilities to monitor police custody measures and check namely the registers.<sup>19</sup> However, at the time of the CPT's visit in 2023, this inspection requirement did not always seem to be followed up.

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17. See CCP, article [803](#).

18. Some sheets could be printed and pasted into the manual registers.

19. CCP, [article 41](#).



31. The CPT considers that the fundamental safeguards afforded to persons held in custody would be strengthened by keeping a single, comprehensive detention record for each person. This record would document all aspects of custody and all measures taken in this regard.

**The register should include the following information, among others:**

- the reason(s) and the time of the start of the deprivation of liberty measure;
- the time the person arrived at the law enforcement facilities;
- the presence of injuries on the person, physical or mental health problems, etc.;
- the use of restraint or force;
- the time at which they were informed of their rights;
- information relating to search (location, names of officers, etc.);
- the number(s) of the cell(s) in which they were placed;
- the time at which they were given food and water;
- the time at which they were interviewed (start and end time of the interview);
- the time at which they had contact with and/or visits from relatives, a lawyer, a doctor or a representative of the consular services;
- the time of transfer;
- the time of appearance before the public prosecutor or the competent judge;
- the time of placement in remand or releases, etc.

The CPT recommends that the French authorities take the necessary steps to ensure that all relevant information on the implementation of safeguards against ill-treatment is properly recorded in a single paper or digital register. The signing of such a register or a declaration by the person deprived of liberty attesting that they have been informed of their rights, have asserted them or have waived them should be required. Where applicable, any absence of a signature by the person concerned must be duly justified.

The CPT would like to receive information regarding the possible deployment of the iGAV computer software in French Guiana and Guadeloupe.

The CPT also encourages the French authorities to ensure that inspection visits are carried out and documented at the intervals prescribed by law.

g. conduct of interviews by law enforcement officers

32. During the visit, the delegation heard some allegations of strong psychological pressure to obtain confessions, including towards minors. In addition, the delegation noted the presence of a baseball bat and a motorbike helmet in the office used for interviews at Pointe-à-Pitre police station. These objects should not be found in an interview room.

**In order to avoid speculation about improper behaviour by police officers and to remove sources of potential danger for both staff and detained persons, the CPT recommends that non-regulated items that could be used to inflict ill-treatment (such as baseball bats) be immediately removed from all law enforcement premises where persons may be detained or questioned. If such objects are seized during criminal investigations, they must be listed in a separate register, labelled appropriately (with identification of the case concerned) and stored in a place specifically reserved for this purpose.**

33. In addition, law enforcement officers had not received specific training on techniques to be used when interviewing minors.

In a letter dated 19 February 2024, the French authorities stated that they had issued a reminder of the need for training in techniques for interviewing minors.

**The CPT recommends to the French authorities that measures be taken to ensure that judicial police officers are trained, during their initial and in-service training, to acquire the skills and knowledge necessary to conduct effective interviews.<sup>20</sup> The Committee invites the French authorities to ensure that the reminder of the need to train investigators in techniques for interviewing minors is followed up in French Guiana and Guadeloupe.**

34. The delegation also noted the frequent absence of dedicated rooms specially equipped and designed for investigative interviews. As a matter of fact, the hearings were often conducted in the offices of judicial police officers. It was not rare that two or three interviews were conducted simultaneously in the same office. Such potentially degrading conditions do not allow to guarantee the confidentiality of interviews with regard to the public or other people.

In some cases, the hearings could be filmed using cameras. However, the CPT regrets to note that interviews, including those involving minors, were not systematically audio-visually recorded.<sup>21</sup>

According to the CPT, the systematic recording of all interviews, including information on the rights of the person concerned, is in the interest of both persons who have been ill-treated and/or coerced by law enforcement officers and officers confronted with unsubstantiated allegations that they have inflicted physical ill-treatment or applied psychological pressure. Furthermore, such a practice would effectively help to preserve oral evidence in its original form, thus greatly facilitating the investigation.

**The Committee recommends that the French authorities provide rooms specially dedicated to investigative interviews. Such rooms must guarantee the confidentiality of hearings with regard to the public and other persons and allow for every interview by law enforcement officers to be audio-visually recorded.**

#### h. complaints procedures

35. During the visit, the delegation noted that very little information, if any, was given to persons deprived of their liberty by law enforcement officers about the possibility of lodging complaints regarding the conditions of detention and the treatment by law enforcement officers or challenging the decision of the competent judicial authorities to extend the period of police custody.

In the CPT's opinion, complaints mechanisms constitute a fundamental safeguard against ill-treatment of persons deprived of their liberty by law enforcement officers.<sup>22</sup>

**The CPT would like to receive statistical information on complaints and requests to challenge decisions to extend police custody.**

## 4. Detention conditions

### a. material conditions of detention facilities

36. The material conditions of detention in law enforcement facilities gave cause for serious concern. In most of the establishments visited, the delegation noted that the cells were dark, without natural light and often in a deplorable state of hygiene. The delegation has seen walls smeared with filth and stagnant water on the floor, which could attract insects. Some cells had no sanitary facilities or functioning washbasins. In most of the premises visited, the toilets were flushed from outside the

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20. In this respect, the proposed training should incorporate the considerations described in paragraphs 73 to 81 of the 28th General Report of the CPT, which concern the prevention of torture and other forms of ill-treatment inflicted by law enforcement agencies (including interview methods by law enforcement agencies), as well as the principles relating to effective interviews in the context of investigations and information gathering ([Méndez Principles](#)), in particular Principle 3 which concerns persons interviewed in vulnerable situations, including children. See also the [Council of Europe guide on investigative interviews](#) for professionals, October 2018.

21. With regard to minors in police custody or in administrative detention, the law requires that interviews be recorded, unless there is a "technical impossibility" which is mentioned in the minutes of the hearings and immediately notified to the competent judicial authority. See Criminal Justice Code for minors, article [L413-12](#).

22. Extract from the 27th General Report of the CPT on complaints mechanisms, [CPT/Inf\(2018\)4-part](#).

cells, which contributed to the spread of odours and to a poor state of cleanliness when the toilet was not flushed regularly. Showers were often non-existent or out of order. The lack of an adequate ventilation system in most of the premises made the atmosphere unbreathable.

37. The size of the cells examined by the delegation was theoretically acceptable. However, in practice, the official capacities were not respected and single cells were often shared by several persons in police custody, day and night.<sup>23</sup> Collective cells often did not have bunks for all occupants. These conditions sometimes meant that a person had to sleep on the floor without a mattress. Besides, most detention facilities had neither sufficient toiletries nor clean mattresses, blankets or sheets for people held in police custody.<sup>24</sup>

38. People's privacy was rarely respected when using the toilets, as these were often incompletely partitioned,<sup>25</sup> and they could be seen by other prisoners and officers through the eyepiece or on the video surveillance screen.

39. The vast majority of premises visited in both police stations and gendarmerie brigades had no call system, forcing detained persons to shout or bang loudly on doors to attract the attention of officers. None of the cells visited in the gendarmerie brigades, including recent constructions, were equipped with video surveillance cameras.

Despite the CPT's repeated recommendations, including those specific to French Guiana,<sup>26</sup> the Committee regrets the persistence of the use of detention facilities by the national gendarmerie without the constant presence of officers at night, surveillance being provided by a few night patrols. As indicated in the past, the CPT is of the opinion that the system of patrols does not guarantee adequate surveillance of detained persons, which would make it possible to respond in particular to their needs and ensure rapid arrival on the scene in the event of an incident. In the absence of a washbasin in the cells, for example, the detained persons had to ask the officers for water, even at night, because they were not allowed to keep bottles in their cells. Given the climatic conditions, and in particular the very hot weather in French Guiana and Guadeloupe, it is particularly problematic for people to have to wait for a possible night shift to drink water.

40. Access to outside space was very limited, or non-existent. None of the establishments visited had dedicated areas for walks, and most detained persons could leave their cell only rarely because of the risk of escape.

41. The delegation noted that the state of the two individual police custody cells at *Basse-Terre police station* was particularly deplorable and considered that the material conditions in these premises could undermine the dignity of the persons held there and amount to inhuman and degrading treatment. In particular, it made the following observations:

- ventilation was non-existent and the air was stifling;
- the lighting was inadequate;<sup>27</sup>
- there was no call system;
- the toilets inside the cells had no visual protection in the event of double occupancy and were not pixelated on the monitor screen;
- the two cells (each measuring 7.5 m<sup>2</sup>) could be occupied by two persons at a time. The cells had only one bench, sometimes forcing one of the two people to sleep on the floor. Detained persons were not provided with mattresses or blankets for the night.

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23. For example, the two individual cells at the *Saint-Laurent-du-Maroni border police station* measured 7 m<sup>2</sup> each. However, at the time of the visit, one of the cells was occupied by two people, who thus had approximately 3.5 m<sup>2</sup> each and had to share a toilet with a small partition and a concrete bench. At *Cayenne police station*, one of the two collective cells that measured almost 16 m<sup>2</sup>, could sometimes be occupied by six people, according to the officers. In this case, the detained persons had less than 3 m<sup>2</sup> each.

24. The *Saint-Laurent-du-Maroni BTA* had one mattress for six cells. At the *Kourou BTA*, although in 2023 nearly 400 people were held in police custody there, the unit had only three mattresses for five cells and 10 single-use blankets. The *Pointe-à-Pitre police station* had no mattresses at all.

25. For example, at the *Kourou* and *Saint-Laurent-du-Maroni BTAs* in French Guiana.

26. See in particular [CPT/Inf \(2007\) 44](#), paragraph 33; [CPT/Inf \(2009\) 32](#), paragraph 85; [CPT/Inf \(2012\) 13](#), paragraphs 29 and 31; [CPT/Inf \(2017\) 7](#), paragraph 28 and [CPT/Inf \(2021\) 7](#), paragraph 34.

27. A very powerful spotlight illuminated the cells, and there was no access to natural light.

In accordance with Article 8, paragraph 5, of the Convention, the delegation made an immediate observation and asked the French authorities to take urgent measures to remedy the material shortcomings mentioned above and to provide dignified conditions for persons held in custody at the *Basse-Terre police station*.

The delegation also called on the French authorities to take urgent measures in all law enforcement detention facilities to provide dignified conditions, respecting hygiene and sanitation rules, as well as acceptable working conditions for law enforcement officers.

42. Note should be taken of the authorities' undertaking, as set out in the letter dated 19 February 2024, to fund as soon as possible the structural modifications (in particular building work) needed to remedy the shortcomings referred to above. As regards the video-surveillance, the authorities informed the CPT that a company had been identified to carry out the pixelation of the toilet area. In addition, the authorities indicated that a new police station should be operational in Basse-Terre by 1 September 2024 and that the opening of a new police station in Cayenne was planned for 2025.

**The CPT would like to receive information on the progress of these renovation and construction projects, in particular as regards the shortcomings observed in the two individual cells at Basse-Terre police station.**

43. As regards material conditions in police detention facilities, in general terms, the **CPT reiterates its recommendation that firm instructions be given to ensure that cells are kept in a reasonable state of cleanliness. Persons obliged to spend the night in custody should be provided with mattresses with washable covers and clean sheets or blankets. The CPT also recommends that persons should be able to maintain decent personal hygiene, in particular by having access to a shower, to functional and clean sanitary facilities and washbasins, and to a hygiene kit adapted to the needs of the persons concerned.**

**In addition, all cells should have sufficient access to natural light and working ventilation systems. Further, the configuration of collective cells must preserve the privacy of detained persons, for example by installing a partition (preferably up to the ceiling) around the sanitary facilities.**

**Official capacities of establishments should be respected. The CPT reiterates that cells must offer reasonable space for the number of people they are supposed to accommodate<sup>28</sup>. Cells that do not have a bed for each detained person should never be used for deprivation of liberty for more than a few hours, and under no circumstances for overnight stays.**

**The CPT recommends that persons held in police custody for periods in excess of 24 hours should have access to the open air for at least one hour a day, in a suitable space of adequate size and with the essential equipment (in particular, means of rest on and a shelter to protect against inclement weather or the sun).**

**The CPT reiterates its recommendation that the necessary measures be taken to install call bell systems in detention facilities and to ensure that sufficient staff are present to carry out frequent visual and/or audio checks and to intervene promptly if necessary, particularly at night.**

**The CPT recommends that measures be taken to ensure that all persons held in police custody have access to drinking water at all times.**

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28. [CPT/Inf \(2021\) 14](#), paragraph 31.

b. conditions in court holding facilities

44. The material conditions of detention in the court holding facilities were adequate.

45. One building at the Cayenne Courthouse had three cells, separated from the entrance hall by wire fencing. The cells were well lit and air-conditioned, but they were not clean at the time of the visit. A toilet with a washbasin was installed in a separate room in front of the cells. A fourth cell was located in an adjoining part of the complex. It had a semi-partitioned toilet and washbasin, and a concrete bench to sit on. The Cayenne judicial court had two shipping containers (measuring approximately 14 m<sup>2</sup> ) repurposed as waiting rooms for detained persons. Each container was clean and air-conditioned.

46. The courthouse in Pointe-à-Pitre had 10 individual cells and two collective cells.<sup>29</sup> The individual cells had a concrete bench and a semi-partitioned toilet with washbasin. Access to natural and artificial light and ventilation were adequate. There was no call bell system or video surveillance. Half of the cells were out of order due to a lack of funds to repair the toilets.

c. material conditions of means of transport

47. During the visit to the Cayenne judicial court, the delegation was able to examine a mobile gendarmerie transport van in French Guiana. The vehicle had five individual cells. Each cell offered extremely limited space for the detained person (namely 0.35 m<sup>2</sup> ) and had no windows to the outside. The seats in the vehicle were not padded and did not have seat belts, while the detained persons were handcuffed during transport. Under these conditions, this type of vehicle is inadequate and does not ensure the safety of detained persons during transfers.

The CPT takes note of the plan to replace certain national gendarmerie vehicles in French Guiana, as indicated in the French authorities' letter of 19 February 2024.

The Committee believes that when vehicles are fitted with secure compartments, individual cabins smaller than 0.6 m<sup>2</sup> should not be used to carry people, even on short journeys. Individual cabins of around 0.6 m<sup>2</sup> can be used for short distances, but much larger cabins are required for longer journeys.<sup>30</sup> The CPT has no objection to the use of ordinary vehicles for transferring detained persons.

**48. The CPT recommends that the French authorities take the necessary measures to ensure that all means of transport used to transfer detained persons comply with basic safety requirements, provide adequate space for each detained person and have access to natural light, where appropriate. The vehicles must also be equipped with a means of communication between the detained persons and the escort personnel.**

**The CPT would like to receive further information on the progress of the project to replace the inadequate vehicles in French Guiana.**

## 5. Other questions

a. safety measures

49. In French Guiana and Guadeloupe, the delegation noted that many persons deprived of their liberty had their hands cuffed behind their backs during transport or were even handcuffed to the stretcher in an ambulance,<sup>31</sup> leading to dangerous situations in the event of an accident. It should also be noted that in French Guiana, people arrested were sometimes handcuffed to a canoe (“*pirogue*”).

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29. According to the information gathered by the delegation, minors are not placed in these cells but are brought directly before the judge for minors.

30. See the CPT's thematic sheet, *Transport of persons in detention*, [CPT/Inf \(2018\) 24](#).

31. During the visit to *Cayenne police station*, the delegation witnessed the extraction of an agitated person with purportedly psychological problems. The person was being held in the firefighters' vehicle with a strap around the shins and one hand handcuffed to the stretcher, and was accompanied by two police officers.

The CPT takes note of a communication from the French authorities, dated 19 February 2024, in which it is stated that a reminder had been issued about the need to cuff people's hands in front during transport.

The CPT is of the opinion that the use of restraints on persons deprived of their liberty during transport is dangerous and that their systematic use should be discontinued. **The CPT recommends that the French authorities ensure that any use of restraints during a transfer is based on an individual risk assessment, and that there is no risk of injury to the detained person.**

**Given the discomfort for detained persons and the risk of an injury in the event of an accident, handcuffing behind the back should be prohibited during transfers in vehicles that are fitted with secure compartments.**

50. The delegation also heard numerous accounts of people being transferred in the care units with handcuffs fitted, in some cases, with a chain.<sup>32</sup> Local instructions, such as those applicable to the management of detained persons at the *CHC in French Guiana*, required persons to be handcuffed during transfers outside the secure area of the hospital; the removal of the restraints was to take place only at the express request of the nursing staff.<sup>33</sup>

**The CPT recommends that persons deprived of their liberty should not be systematically handcuffed or shackled when they are transferred within a care unit and that any use of restraints should be based on an individual risk assessment.**

51. In addition, persons deprived of their liberty could also be handcuffed to a bed during a hospital stay, including during the night. At the *Guadeloupe CHU*, the delegation noted the presence of chains installed under the beds (see also paragraph 61 on the treatment of persons carrying substances *in corpore*). The delegation was also informed that persons could be handcuffed during medical examinations, in the presence of police officers (see also paragraph 28).

52. In several police and gendarmerie establishments in French Guiana and Guadeloupe, people deprived of their liberty, including minors, could be tied to an object or fixed element for long periods, sometimes for a day, according to the interviews.<sup>34</sup>

For example, benches were equipped with "ready-to-use" handcuffs at the *Cayenne* and *Basse-Terre police stations*. At the *Kourou BTA*, a ring on the wall of the rear car park was used to handcuff detained persons when they were taken outside for a short time.

The delegation also noted that the offices used for interviews were equipped with floor-mounted restraints (*Basse-Terre* and *Pointe-à-Pitre police stations*), a ring on the wall (*Cayenne police station*) or concrete blocks with a ring (*Kourou BTA*), *Morne-à-l'Eau*, *Régina*, *Saint-Claude*, *Saint-Georges-de-l'Oyapock* and *Saint-Laurent-du-Maroni*). The collective cell at *Pointe-à-Pitre police station* also had floor-mounted chains fitted with handcuffs.

The Committee also regrets that, according to information gathered during interviews with officers from the *Basse-Terre police station*, there are plans to install floor restraints in all interview rooms in the new facility currently under construction.

53. The use of these facilities to restrain detained persons varied greatly in terms of both frequency and purpose. All of the people interviewed on the ground agreed that they could only be used for people "who would behave in a very violent or self-destructive manner, or who were obviously trying to escape", as the French authorities had stated in their response to the previous periodic visit report.<sup>35</sup> It was also common practice, particularly at the *Basse-Terre* and *Capesterre-Belle-Eau police stations*, to keep agitated persons handcuffed behind their backs, even during interviews.

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32. Regarding the use of restraints during transport, see paragraph 47 et seq.

33. Memo concerning the surveillance and protection of persons detained in secure rooms at the CHC in French Guiana, 9 February 2022.

34. During the delegation's visit to the *Cayenne judicial court*, the three people in the holding cells were handcuffed to chairs.

35. See [CPT/Inf \(2021\) 14](#), paragraphs 318 to 322.

The CPT takes note of the legal framework concerning the use of handcuffs or shackles<sup>36</sup> and of the possibility of referring the matter to the National Commission on Security Ethics (*Commission nationale de la déontologie de la sécurité* - CNDS) and then lodging a complaint with the Human Rights Defender regarding compliance with the principles of necessity and proportionality. However, in the CPT's view, such practices of tying a person to a fixed object should be avoided, even if the device is used with discretion. The mere presence of these facilities can be a source of anxiety for some persons deprived of their liberty. If necessary, persons deprived of their liberty should be placed under close supervision in a secure room; if necessary, medical assistance should be sought.

The CPT notes the commitment made by the French authorities in their letter of 19 February 2024 to take into account and fund as soon as possible the removal of fixed points to attach persons deprived of their liberty to benches, walls and floors.

**54. The CPT again recommends that effective measures be taken, including at the normative level, to eradicate the practice of tying detained persons to fixed objects, including a bed or a stretcher, both during the day and at night.**

**In this regard, the Committee reiterates its recommendation that the French authorities remove the equipment for tying people to fixed points in all law enforcement establishments, court waiting areas and hospitals where detained persons may be held, such as the chains installed under the beds at the CHU of Guadeloupe.**

55. French law requires that the search (security pat-down and full body search) of a person in police custody be carried out by a person of the same sex as the person being searched.<sup>37</sup>

However, some pat-down searches of women could be carried out by men at the time of arrest, according to information gathered by the delegation, for example at the *BTA in Mana* in French Guiana and at the *police station in Basse-Terre* in Guadeloupe. In addition, the delegation was informed at the *BTA of Saint-Laurent-du-Maroni* that, due to the lack of female staff present at night, it had already happened that the wife of a gendarme had been called upon to carry out a search of a woman in custody. The delegation also noted a situation where a transgender person who identified as female had been searched by a man, in the absence of an established procedure. Instructions such as those issued by the Cayenne police requiring the gender declared by the person to be taken into account during a pat-down or full body search are positive and should be generalised.<sup>38</sup>

**The CPT recommends that the French authorities ensure that searches are carried out by persons of the same gender as declared by the person deprived of liberty and that the law enforcement officers pay particular attention to requests from transgender persons. It should also be ensured that searches are carried out by an officer authorised and trained in practicing this security measure. In addition, steps should be taken to ensure that at least one law enforcement officer of each gender is available at all times for the management of persons in police custody.**

56. The delegation noted that the protocol applicable to officers during a full-body search presupposes systematic stripping, and that law enforcement officers were not made aware of the need to minimise discomfort, for example by asking those being searched to remove their clothes in two stages.

In addition, the delegation noted in some establishments (for example, at the *Kourou* and *Saint-Laurent-du-Maroni BTAs*) that searches could be carried out in cells or other places where the procedure could be seen by other detained persons or on surveillance camera screens. The delegation also received several allegations from persons in custody who had been asked to kneel and cough during the full body search.

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36. Internal Security Code, articles [R. 434-10](#) and [R. 434-17](#).

37. See [the Order of 1 June 2011 on security measures, issued in application of article 63-6 of the CCP](#), concerning security searches, and [article 63-7 of the CCP](#), concerning full body searches.

38. Service note 2021/STSP no. 66, 2 November 2021.

The CPT takes note positively of the French authorities' communication of 19 February 2024 stating that they took note of the need to raise awareness among law enforcement officers of the need for the person to undress in two stages and by officers of the same sex.

In view of their invasive and potentially degrading nature, **the CPT reiterates its recommendation that the French authorities take the necessary measures to ensure that, both in legislation and in practice, strip searches are carried out in two stages, in a dedicated area, out of sight of other detained persons or staff of the gender which is different from the one with which the person identifies.**

57. The delegation noted, as in the past, that items such as glasses and bras were often removed by law enforcement officers when a person was placed in custody.<sup>39</sup> The glasses were usually returned during the interviews. According to the comments gathered by the delegation, "tolerating" the presence of these items "engages the responsibility of the judicial police officer". At the Kourou, Saint-Laurent-du-Maroni and Mana BTAs in French Guiana, objects related to local customs such as ropes and amulets were also removed before the persons were placed in the cells.

The nearly systematic practice of removing any object considered as high-risk prior to detention, in order to prevent suicide or malicious acts, is inadequate. In the CPT's view, permanent presence of surveillance personnel during the day and at night, should make it possible to mitigate the risk of acts that could harm oneself or others (see paragraph 39 on call systems).

**The CPT recommends that the French authorities remind law enforcement officers of the need to ensure that the removal of clothing, objects or glasses during police custody is never systematic, but strictly as necessary and based on an individual analysis of the situation.**

b. the treatment of people who carry substances *in corpore*

58. The French authorities were confronted with a large number of people carrying substances in corpore ("bodypackers") in French Guiana and, increasingly, in Guadeloupe. Suspects<sup>40</sup> could be taken into police custody in the two cells at Cayenne's *Félix Eboué airport*, but more often than not they were taken to referral hospitals to recover the capsules (known as "boulettes") they had ingested. In the event of placement at the *Cayenne airport*, the procedure (see paragraph 61) took place in the absence of medical personnel. If necessary, the police called on the firefighters.

Detention could last up to 96 hours, according to the law in force,<sup>41</sup> and the safeguards granted to persons in police custody appeared to be applied correctly, including the provision of a lawyer and an interpreter, as well as notification of a person of their choice. However, despite the requests made, very few lawyers travelled to *Félix Eboué airport in Cayenne* (see also paragraph 24) for interviews that could be held there. According to information collected by the delegation, the lawyers only seemed to travel for a second interview which took place once the people had been transferred to the hospital.

59. Regarding the material conditions, at Cayenne Félix Eboué airport, the two cells for a total of four people measured only 6 m<sup>2</sup> each (that is, 3 m<sup>2</sup> per person). The cells had no windows to allow ventilation or natural light.

In the hospitals, the persons were placed either in secure rooms or in ordinary rooms, when the former were already in use. The material conditions of the secure rooms are described in paragraph 135.

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39. For example, at the BTAs in Kourou, Mana, Saint-Georges de l'Oyapock and Saint-Laurent-du-Maroni, and at the police stations in Capesterre-Belle-Eau and Pointe-à-Pitre.

40. If the border police suspected that drugs were being transported at *Félix Eboué airport in Cayenne*, the person questioned was offered a urine test. The urine sample was taken in front of an officer of the same sex in the toilets of the airport custody premises. The test detected the presence of cocaine, THC, amphetamines, methamphetamine and opiates in the body. If they refused to undergo the test, suspected persons could be banned from leaving the country for five days. According to the information provided to the delegation, almost 10,000 "flight refusal" orders were issued between 2022 and 2023.

41. See Article [706-88](#) of the CCP.



**The CPT recommends that the French authorities remedy the material deficiencies observed in the cells at *Felix Eboué airport* in Cayenne, in terms of living space, ventilation and light. It refers to the recommendation it made in paragraph 135.**

60. The rooms in the hospitals were under constant monitoring by law enforcement officers, either by means of the video surveillance system installed in the secure rooms or by their presence in the ordinary rooms.<sup>42</sup>

Access to healthcare teams was generally on condition of authorisation from law enforcement officers, compromising access to care and respect for the principle of confidentiality (see also paragraph 28).

**The CPT recommends that the French authorities take the necessary measures to ensure the privacy of detained persons when they use the toilet, and ensure that patients can call on healthcare staff directly if needed, without having to obtain authorisation from a law enforcement officer.**

61. With regard to the procedure for recovering drug capsules, the delegation noted that operational arrangements were often inadequate, particularly at the *CHU of Guadeloupe*.

At the *CHC in French Guiana*, special toilets had been installed outside the rooms in the secure area in order to collect and sort the capsules. According to information gathered by the delegation during interviews with staff and the people concerned at the French Guiana CHC, patients were frequently handcuffed by one hand to the bed,<sup>43</sup> in order to prevent them from using the ordinary non-partitioned toilets located in the rooms (see also paragraph 54). According to the staff, there were plans to install toilets with lockable lids in each secure room, allowing detained persons to move freely in the room.

At *Felix Eboué airport in Cayenne*, French Guiana, detained persons had to collect their faeces in a perforated pan. Law enforcement officers then sifted through the faeces, without the assistance of a machine, in order to extract the capsules. The French authorities told the delegation that toilets with facilities for extracting and sorting drug capsules had been ordered.

The *CHU in Guadeloupe* did not have sifting machine to extract the drug capsules. Instead, patients in custody were forced to sift through the capsules by hand,<sup>44</sup> after collecting their faeces in a bag placed in a bucket on the floor, in the constant presence of law enforcement officers. The bag was left open when the room was not equipped with any ventilation system, thus contributing to the development of foul odours. The delegation also noted that, in some cases, detained persons were not allowed to wash their hands with soap and water after sorting. These conditions are unacceptable and may amount to inhuman and degrading treatment.

At the *CHBT* in Guadeloupe, the procedure was rarer. However, there was no device for extracting and sorting drug capsules.

**The Committee reiterates its recommendation to the French authorities to put an immediate end to the practice of forcing persons carrying substances *in corpore* to extract them from their faeces. The CPT invites the French authorities in Guadeloupe to use a perforated chair and then to consider acquiring fitted toilets ("sorting toilets"), so that the capsules removed can be sorted and this practice, which violates people's dignity, can be brought to an end. The CPT wishes to be informed of the installation of fitted toilets at *Félix Eboué airport* in Cayenne, French Guiana.**

62. On a positive note, there was a protocol for the joint management of people who had ingested capsules by the medical teams and the police at the CHC in French Guiana. Police patrols were carried out every 15 minutes and clinical monitoring by nurses took place every six hours, during which vital parameters were recorded. In Guadeloupe, on the other hand, such a joint management procedure seemed to be lacking.

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42. At the *CHBT*, the secure rooms were not under video surveillance, but two portholes provided a view of the bed and bathroom from the corridor.

43. On the day of the visit, a detained person was handcuffed to a bed at the CHC in French Guiana.

44. Latex gloves were available on request.

**The CPT recommends that a protocol for cooperation between medical teams and the relevant law enforcement agencies be drawn up with a view to facilitating the management of persons placed in secure medical units to recover ingested substances. It also recommends that the frequency of clinical monitoring be increased, so that vital parameters are taken at least every two hours.**

63. The delegation also noted the high level of irradiation during abdominal CT examinations (1778 mGy.cm), posing serious foreseeable risks to people's health.

**The CPT recommends that the examination protocol include a low-dose *Computed Tomography* (CT) scan in order to limit the risks of iatrogenic irradiation of individuals.**

## **B. Situation in the prisons visited**

### **1. Preliminary remarks**

64. The delegation visited *Rémire-Montjoly prison* in French Guiana for the second time,<sup>45</sup> and for the first time, *Baie-Mahault* and *Basse-Terre remand prison* in Guadeloupe. The legal framework for prisons in French Guiana and Guadeloupe is identical to that applicable in mainland France.

65. *Rémire-Montjoly prison*, opened in 1998, is the only prison in French Guiana.<sup>46</sup> It comprises a remand prison and a detention centre, including units for women and minors.<sup>47</sup> Nearly half of the prisoners were of foreign origin (mainly nationals of Brazil, Suriname, Guyana and Haiti). The vast majority of detained persons (around 80%) were under the age of 40.

In November 2023, the prison housed 1 029 remand and sentenced prisoners for a theoretical capacity of 610 places. The number of beds had been increased to cope with overcrowding. However, 175 people were forced to sleep on mattresses on the floor.

The men's remand prison, which comprised three units, had an occupancy rate of almost 228.5%, that is, 370 prisoners for 162 theoretical places. Due to the lack of beds, around 20% of the prisoners were sleeping on mattresses on the floor. The detention centre for men, comprising five units, was occupied at 142% of its theoretical capacity, which is 420 detained persons for 295 places. Nearly 13% of the prisoners at the detention centre were sleeping on a mattress on the floor. The women's section, for both remand and sentenced prisoners (see paragraph 101) was also overcrowded, with an occupancy rate of around 171%.<sup>48</sup> 20% of the women slept on mattresses on the floor. The minors' section had 32 beds for a theoretical capacity of 21. It was occupied by 23 boys at the time of the visit. None of the minors were sleeping on a mattress on the floor.

66. Guadeloupe has a prison in *Baie-Mahault*, which opened in 1996, and a prison in *Basse-Terre*, located in a building constructed in 1664 (and used as a prison since 1792).

In November 2023, *Baie-Mahault prison* had 690 prisoners, including 19 women and 8 minors (all boys), for a capacity of 490 places: 390 people (for 173 places) were held in the two units of the men's prison (a prison density of 225%) and 226 people (for 232 places) were held in the two buildings of the detention centre.<sup>49</sup> According to information provided by the prison administration, at least 124 men (which is more than 30%) held in the remand prison were sleeping on mattresses on the floor. On this point, **the CPT would like to know the total number of detained persons who do not have a bed in the establishment (remand prison and detention centre) and must therefore sleep on a mattress on the floor.**

At the time of the visit, *Basse-Terre remand prison* was holding 169 men (70% of whom were sentenced prisoners) for a total capacity of 129 places (that is, an occupancy rate of just over 130%). None of the detained persons slept on mattresses on the floor. Around 25% of the detained persons were from the Dominican Republic and Saint-Martin.

67. The figures presented above describe widespread prison overcrowding in the establishments visited. The situation was extremely worrying in the remand prisons. A large number of prisoners at *Rémire-Montjoly* and *Baie-Mahault prisons* were forced to sleep on mattresses on the floor, sometimes with their heads next to non-partitioned toilets, in front of the entrance door or on a table, in cells with only 2 to 3 m<sup>2</sup> of living space per person. Some people told the delegation that they had been sleeping in these conditions for years, for some of them at the *Baie-Mahault* establishment for

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45. See the report on the visit to French Guiana from 25 November to 1 December 2008 ([CPT/Inf \(2009\) 32](#)) and the response of the French authorities ([CPT/Inf \(2009\) 33](#)).

46. See also [CPT/Inf \(2009\) 32](#), paragraphs 8 to 12.

47. The establishment also had a semi-open detention unit with a capacity of 20 places. It was occupied by eight prisoners in November 2023. The delegation did not visit this section during the 2023 visit.

48. There are 35 women in the 22-place detention centre and 54 women in the 30-place remand prison.

49. *Baie-Mahault* prison also had a semi-open section with 32 places (23 of which will be occupied in December 2023). The delegation did not visit this facility.

the past four years. During the day, the detained persons would store the mattresses under the beds or against the walls in order to have more room to move around the cell, access the sanitary annex or open the refrigerator door. When there was no room at a table, people were often forced to eat on their beds.

At *Rémire-Montjoly prison*, cells measuring between 9 m<sup>2</sup> and 11 m<sup>2</sup> (including the sanitary annex), were often occupied by three or four prisoners. In this case, the cells were generally equipped with a bunk bed and one, if not two, mattresses on the floor. Living space was thus reduced to 3.5 or even 2.5 m<sup>2</sup> per person. Cells theoretically designed for four people were in reality occupied by six to eight people. Cells measuring 25 m<sup>2</sup> (including the sanitary annex) designed for six people could be occupied by eight or even ten people (with three or four bunk beds and mattresses on the floor), which equates to less than 2.5 m<sup>2</sup> per person.

At the *Baie-Mahault prison*, prisoners often had between 2 and 2.5 m<sup>2</sup> of living space. Single cells (approximately 9 m<sup>2</sup>, including sanitary facilities) could be occupied by three people, double cells (11 m<sup>2</sup> including sanitary facilities) by five people (with one bunk bed and three mattresses on the floor) and cells of approximately 16 m<sup>2</sup> (including sanitary facilities and shower) designed for three people were occupied by eight detained persons (with two bunk beds and four mattresses on the floor). In the admission area, the delegation examined a cell measuring approximately 24.5 m<sup>2</sup> which housed 11 detained persons. It was equipped with three bunk beds and there were five mattresses on the floor.

At *Basse-Terre remand prison*, units A and B (each with around forty places) were made up of single cells and dormitories. The individual cells measured an average of 6 m<sup>2</sup> (including the sanitary annex) and the dormitories an average of 19 m<sup>2</sup> (including the sanitary annex of approximately 3.5 m<sup>2</sup>). The dormitories generally counted four to six bunk beds, which reduced the living space to 2.2 m<sup>2</sup> per person when the dormitory was occupied by seven people or even to 1.9 m<sup>2</sup> when the dormitory was occupied by eight people. The admission area consisted of six cells measuring approximately 13 m<sup>2</sup> (including the sanitary annex measuring 1.3 m<sup>2</sup>). These cells were equipped with two bunk beds. When occupied by four persons, the living space was therefore reduced to 2.9 m<sup>2</sup> per person. In unit C (capacity of 45 places), most of the cells were double cells measuring 6.3 m<sup>2</sup> (including the semi-partitioned sanitary annex), which reduced living space to around 2.3 m<sup>2</sup> per person.

68. In the CPT's view, the cumulative effect of overcrowding, lack of activities (see paragraphs 93 et seq. on the regime) and unsuitable and degraded material conditions of detention (see paragraphs 84 et seq.), could amount to inhuman and degrading treatment, particularly when persons are held in such conditions for prolonged periods.

Following the 2023 visit, the delegation stressed to the French authorities the need to take urgent measures to ensure acceptable conditions of detention, particularly in terms of living space, respecting the dignity of the detained persons in the three prisons visited.

It also made an immediate observation under Article 8, paragraph 5, of the Convention, in relation to two cells at *Baie-Mahault Prison*, namely cell 171 in remand section 1 (South) and cell 36 in remand section 2 (East), and requested that the French authorities take steps to ensure that living space respecting the dignity of each of the persons held in those cells is provided. In response, the French authorities indicated that the complete renovation of the indicated cells had been completed or was in progress.<sup>50</sup>

With regard to this observation, **the CPT would like to receive up-to-date information on the occupancy-related conditions of the aforementioned cells.**

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50. For the French authorities' response regarding the material conditions of these two cells, see paragraph 89.

69. The CPT notes that the regulation of the prison population remains a priority for action by the French authorities, as indicated in their letter of 19 February 2024. The Committee takes note in particular of the co-operation efforts between the judicial authority and the prison administration to regulate the flows of incarceration, orientation and placement in French Guiana and Guadeloupe.

The public prosecutors, for example, are invited "to ensure the continuation of actions aimed at regulating the prison population within the framework of genuine jurisdictional policies and to intensify the dialogue with the prison administration services in order to adapt penal policy to the evolution of the prison population, particularly within the local steering bodies intended to promote alternatives to detention, sentence adjustments and releases under probation of sentenced prisoners".

However, in view of the findings made during the previous visit to French Guiana, the aforementioned figures and the delegation's observations, the CPT once again notes that these efforts are not reflected in the reality of the prisoners, who continue to live in conditions that could be considered as inhuman and degrading treatment.

According to the information gathered, requests for sentence adjustments often come up against the absence of a reintegration project, behaviour in detention (in particular acts of violence or refusal of care in relation to addictions), the absence of minimum prerequisites such as the provision of housing for people in extreme precariousness<sup>51</sup> or with addiction problems, or the availability of electronic bracelets.<sup>52</sup>

70. The situation remains very critical and should not persist. As stated in the past, the Committee considers that for every prison there should be an absolute upper limit in terms of the number of detained persons (a "*numerus clausus*") in order to guarantee the minimum standard in terms of living space, that is, 6 m<sup>2</sup> per person in individual cells and 4 m<sup>2</sup> per person in multi-occupation cells (excluding the sanitary annex).<sup>53</sup> In addition, the prison administration should have sufficient leeway to manage prisoners according to their individual needs.<sup>54</sup>

In a letter dated 19 February 2024, the French authorities stated that "the introduction of a prison regulation mechanism based on an agreement linked to quantified prison density targets could result in judges no longer being able to hand down prison sentences or remand prisoners in custody, even for a given period of time, which would appear to be problematic in terms of both public order and safety and the general principle of the individualisation of sentences".

In the opinion of the CPT, it is not a question of restricting judges in the exercise of their duties but, on the contrary, of supporting a process of evolution in the execution of sentences that would guarantee respect of the dignity of every accused or sentenced person. The CPT considers that the issue of minimum living space per detained person is intrinsically linked to the commitment made by each State Party to the Convention to respect the dignity of persons deprived of their liberty in a prison establishment.

**71. The CPT recommends that the French authorities strengthen the concerted approach between all actors in the justice system and all other national authorities that may be involved in the management of suspects and sentenced persons so that solutions can be found to ensure that human dignity is respected in all circumstances.**

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51. Many homes in French Guiana are informal.

52 See in particular Article D147-21 of the CCP on the possible material impossibility preventing the application of automatic release under constraint.

53. See the extract from the 31st General Report of the CPT, "Combating prison overcrowding", [CPT/Inf \(2022\) 05](#) and the document entitled "Living space per prisoner in prison establishments: CPT standards", [CPT/Inf \(2015\) 44](#). See also, the decisions of the Committee of ministers regarding the supervision of the execution of the judgment *J.M.B. and others v. France* (application No. [9671/15, 30 May 2020](#)), [CM/Del/Dec\(2024\)1492/H46-13](#). In this connection, in its Resolution [2512 \(2023\)](#), the Parliamentary Assembly of the Council of Europe also invited "the authorities to try out a binding mechanism for regulating the prison population, at least until such time as the other measures to reduce the prison population have an effect and make such a mechanism unnecessary." See also the [CGLPL opinion on prison overcrowding and regulation](#), published in the *Journal Officiel* on 14 September 2023.

54. See White Paper on Prison Overcrowding, [PC-CP \(2015\) 6 rev 7](#), paragraph 20.

The CPT reiterates with insistence that the French authorities guarantee to all detained persons a living space that respects their dignity, in light of the above elements. In concrete terms, measures must be taken as a matter of urgency to relieve the most overcrowded areas of *Rémire-Montjoly* and *Baie-Mahault* prisons and to ensure immediately that each prisoner has a bed, a chair and a seat at the table. Further measures should be taken to facilitate alternatives to detention and sentence adjustments.<sup>55</sup>

72. According to a letter from the authorities dated 19 February 2024, the "Plan 15,000" building programme of which 10% of the new places are planned for establishments in overseas France, is designed to reduce prison overcrowding and improve the support provided to detained persons by the prison administration, and to provide prison staff with better working conditions by 2027. It is worth welcoming the fact that the "15,000" building programme retains the following minimum standards in terms of cell size: individual cells (min. 8.5 m<sup>2</sup>), double cells (min. 13.5 m<sup>2</sup>), cells for people with impaired mobility (min. 17 m<sup>2</sup>), and nursing cells (min. 18 m<sup>2</sup>).

The CPT notes the plan to build a new 505-place prison in *Saint-Laurent-du-Maroni* (French Guiana), announced for completion in 2027. A building plan for *Baie-Mahault* prison will also increase the establishment's capacity to 771 operational places by 2026. Lastly, a new prison is being built in *Basse-Terre* with a capacity of 200 prisoners. The first building is due to be handed over in January 2025, and the second in 2028.

The CPT would point out, however, that investing large sums of money in the construction of new prisons does not in itself guarantee satisfactory living conditions on a sustainable basis if additional support measures are not taken.

**The CPT would like to receive an update on the deadlines for projects planned in French Guiana and Guadeloupe.**

## 2. Ill-treatment

73. During interviews, detained persons did not, on the whole, report any ill-treatment by prison staff. On the contrary, the delegation heard many comments indicating a relationship of mutual respect between prisoners and staff, particularly at *Rémire-Montjoly* prison and *Basse-Terre remand prison*.

74. On the other hand, at *Rémire-Montjoly* prison, the delegation learned of a case of excessive use of force by a member of staff against a detained person, documented and followed up by the courts, in 2022-2023. According to the case file, the officer would have slammed a detained person's head against the wall six times, then held them down by applying pressure to their throat and abdomen with his knees. In this case, the officer concerned was subject to a 15-month suspended prison sentence (as well as a permanent ban on working as a prison supervisor as an additional penalty), "considering that for these acts of deliberate violence that did not result in total incapacity for work of more than 8 days"<sup>56</sup> and a disciplinary sanction (in particular a temporary exclusion from his duties in the prison service for integration and probation for a period of 16 days).

The CPT wishes to recall that, however effective an investigation may be, it would have little effect if the sanctions imposed for ill-treatment are inadequate. When a case of ill-treatment is identified, criminal proceedings must be initiated immediately, followed by the imposition of an appropriate sanction. The justice system must take a firm stance against torture and other forms of ill-treatment. At the same time, the disciplinary sanctions imposed must be proportionate to the seriousness of the case.<sup>57</sup>

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55. See in particular [Recommendation Rec\(2003\)22 on conditional release](#), [Recommendation CM/Rec\(2010\)1 on the Council of Europe Probation Rules](#), and [Recommendation CM/Rec\(2017\)3 on the European Rules on community sanctions and measures](#).

56. Ruling of the Cayenne Court of Appeal dated 17 November 2022.

57. Extract from the 14th General Report, [CPT/Inf \(2004\) 28, paragraph 41](#).

75. The delegation also took note of two other incidents in October 2023 involving excessive use of force and professional negligence which, according to the establishment's Director, highlighted the need for in-depth work on professional practices and the management of interventions.<sup>58</sup> One of the two cases concerns an incident on 3 October 2023 in which a detained person, who refused to appear before a judge, was handcuffed behind his back by officers while he was naked in the shower. Because he refused to put on clothes, three officers were forced to push him to the ground to forcibly dress him. "When he was placed on the ground, the presence of moisture and soapy water made the intervention difficult", according to the file. At the end of the hearing with the judge, the detained person asked to see a doctor about bleeding from the mouth. According to the detained person, he lost four teeth as a result of the incident. The investigation was ongoing at the time of the delegation's visit.

**The CPT would like to receive information about the outcome of the disciplinary and judicial proceedings relating to these two incidents that occurred at *Rémire-Montjoly prison* in October 2023.**

76. During interviews with detained persons at *Baie-Mahault prison*, the delegation heard a number of allegations of physical violence (particularly blows to the face and kicks) inflicted by staff, as well as excessive use of force during interventions to restrain detained persons.

At *Basse-Terre remand prison*, the delegation also received a number of allegations of excessive use of force and of handcuffs being excessively tight on detained persons when these had to be restrained.

77. The delegation also received allegations of verbal abuse, including shouting, derogatory or racist language, threats and provocation, in the three establishments visited.

**The Committee recommends that the French authorities take determined measures to prevent ill-treatment and the excessive use of force by prison staff, particularly when detained persons have to be restrained. It is important to emphasise to prison staff at regular intervals that all forms of ill-treatment, including verbal abuse of prisoners, demonstrate a lack of professionalism, are illegal and will be punished accordingly.**

78. Violence between detained persons, including attacks with improvised weapons or by spraying water or boiling oil causing serious injuries, was a significant problem in prisons in French Guiana and Guadeloupe.

The situation was particularly worrying at *Rémire-Montjoly prison*. An examination of the statistics revealed that it was getting worse. As at 1st November 2023, the prison had officially recorded 261 incidents of physical violence between prisoners for the ongoing year, including 74 with weapons or objects, two extortions of personal belongings and two sexual assaults. By comparison, official figures showed 139 incidents of physical violence between prisoners in 2021, and 179 in 2022. As mentioned above, most of the assaults were committed with improvised weapons (spikes and various sharp objects made from cell furniture or equipment), with the aim of causing serious injury or even death to those attacked. This violence seemed to take place not only in the exercise yards, but also in the living units and communal showers.

At the *Baie-Mahault prison*, despite a downward trend, the level of inter-prisoner violence was also worrying. Two fatal assaults took place in 2021 and one in 2022, using improvised weapons. In 2023, the establishment recorded 88 incidents of physical violence between prisoners (between January and October 2023), 23 of which involved weapons or objects. By comparing the figures recorded for 2023 and the information gathered during the interviews carried out by the delegation, the scale of the problem in the establishment appears to be underestimated.

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58. The second case concerned an incident that took place on 13 October 2023, in which a detained person was allegedly punched in the face (as evidenced by the CCTV footage), while pushing against officers.

At *Basse-Terre remand prison*, after a slight drop in 2021-2022, the level of violence seemed to rise again in 2023, with 45 incidents of violence between prisoners recorded by 1<sup>st</sup> November 2023.<sup>59</sup> In 2020, one prisoner was fatally injured in a spike assault.

79. The delegation received numerous allegations of acts of violence and intimidation linked to trafficking, extortion and theft of personal belongings, in particular against vulnerable persons who could be forced to clean cells for other prisoners or to give away their canteen. In a context of widespread poverty, the factions present in society were represented in all three establishments, and some cells were managed according to relationships of domination ("gang" system).<sup>60</sup> In addition, the addiction problems of many prisoners could exacerbate their situation of vulnerability.<sup>61</sup> Prisoners in these establishments told the delegation that they did not feel safe and did not want to leave their cells, even to go for a walk. This was also the case for minors, particularly at *Rémire-Montjoly prison*, where the delegation also received several allegations from minors who were subjected to insults and threats of being "stabbed".

80. Faced with this violence between prisoners, the management of the establishments visited all said that they had given priority to the situation. Various actions arising from the national plan to combat violence in prisons had been put in place and were monitored by a local steering committee ("*Comité de pilotage*", COPIL).<sup>62</sup>

For example, the three establishments had sought to strengthen the role of the prison officers as actors in the management of detention. The administrations had also set up sessions dedicated to feedback after incidents and sought to develop statistical analysis and monitoring of incidents of violence. Security measures were strengthened by increasing the number of scheduled searches (see in particular paragraphs 171 and 172 on searches). Detained persons were generally assigned to cells in a manner to avoid conflict between factions and to protect vulnerable detained persons.<sup>63</sup> The theme of combating violence was introduced into the range of activities offered by the SPIP, as well as sports and school activities.

The establishments had also set up a network of "facilitators"<sup>64</sup> to help improve the general climate in detention. These volunteer detained persons, selected by the Unique Multidisciplinary Commission (CPU) on the basis of an individual application or a proposal from the detention officers, took part in the dialogue on various subjects concerning life in detention (canteen, activities, rules of operation of the establishment, etc.). These prisoners could also act as mediators between prisoners and prison officers in order to defuse conflict situations. During the 2023 visit, the delegation did not identify any particular problems related to this issue during its interviews with prisoners, including several facilitators.

81. At *Rémire-Montjoly prison*, an anti-violence initiative allowing detained persons to lay down their weapons (improvised spikes, etc.) without being subject to punishment seemed to have a positive impact on the level of violence. A number of initiatives had been put in place to encourage minors to take responsibility for conflict resolution, such as the signing of a conciliation certificate. Consideration was being given to the possibility of extending the pilot project involving the application

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59. In 2018, the establishment recorded 85 incidents of violence in detention, whereas in 2022 it recorded only 42. The director's objective is to achieve fewer than five incidents of violence per month.

60. At the *Basse-Terre prison*, for example, there was an incident in May 2022 involving two factions (25 prisoners in total).

61. A detained person at *Baie-Mahault prison* told the delegation that in order to receive cannabis, they had attacked a guard on behalf of another detained person.

62. See the [National Plan to Combat Violence in Prisons](#), 2023.

63. At the *Basse-Terre prison*, a review of the criteria for cell assignment has enabled the number of violent incidents to be halved between 2018 and 2023. However, given the configuration of the premises and the need to separate factions, it was not possible to separate remand prisoners from sentenced prisoners. According to the director of the establishment, the separation of remand prisoners from sentenced prisoners would be effective once the new building project was completed (see paragraph 72).

64. See [Article L411-2](#) of the Penitentiary Code (formerly Article 29 of the Penitentiary Act): "Subject to the maintenance of good order and security in the penitentiary establishment, detained persons are consulted by the prison administration on the activities on offer".



of a regime based on confidence ("Respect"-type regime) to another part of the detention centre, given its positive impact on reducing violence.<sup>65</sup>

At *Baie-Mahault prison*, the administration has put up information posters in adapted language explaining how to report violence and the sanctions for it, and has included non-violent communication modules in the staff training plan for 2024.

82. It should be noted that the atmosphere at the two women's units at *Rémire-Montjoly* and *Baie-Mahault prisons* appeared to be calm. According to the delegation's interviews with prisoners and staff, there was very little physical aggression between prisoners. Insults and bullying were more frequent, especially between prisoners of different nationalities and due to overcrowding. At *Rémire-Montjoly prison*, it should be noted that the prison officers had generally adopted a dynamic approach to security, focusing on dialogue with the prisoners and reassigning them in the cells in the event of disagreements. There were also two female facilitators on that block.

83. The CPT welcomes the efforts made by management to combat inter-prisoner violence. However, it is still premature to note any significant impact of the efforts described above on the reduction of violence. The CPT also notes the sometimes-serious attacks against staff.<sup>66</sup>

Violence is further exacerbated by understaffed prison teams and the lack of essential training to meet the needs of detained persons. In addition, prison overcrowding and the lack of privacy, deplorable material conditions, the generally poor detention regimes, difficulties in accessing probation or health services are additional contextual elements.

**The CPT recommends that urgent and structural measures be taken by the French authorities to curb all types of violence within prison establishments. In particular, the CPT encourages the French authorities to improve the support of detained persons and the reduction of violence by strengthening the dynamic security approach in the management of detention (including regular and systematic risk assessments related to the assignment and placement of detained persons) by a sufficient number of officers trained in the analysis of risks of violence and verbal de-escalation techniques.**

**The CPT would like to receive an update on the implementation of the plans at local level in French Guiana and Guadeloupe, with an analysis of the impact of the actions and statistical data on violence between prisoners (and according to their quarters).**

### 3. Conditions of detention

#### a. material conditions

84. Material conditions in the units for men were generally deplorable and dilapidated.<sup>67</sup> In all three establishments, the cells were often dark, squalid, smelly and in a worrying state of filth.<sup>68</sup> Managing the condition of the buildings was particularly difficult, and was exacerbated by the climatic constraints specific to the territories (humidity, torrential rain, heatwave). The walls and, in particular, the sanitary areas were stained with mould. The railings and metal objects were rusty. Power cuts were frequent and light bulbs in the cells were often broken.

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65. See in particular the description of this regime in [CPT/Inf \(2021\) 14](#), paragraph 67. Efforts to introduce a so-called "trust regime" in the *Baie-Mahault* and *Basse-Terre* establishments have not had any lasting effect.

66. Attacks on staff at *Rémire-Montjoly prison* were rare. However, the delegation noted one serious incident in 2023, in which a guard was seriously injured in the eye during an attack with an improvised spike. *Baie-Mahault prison* recorded between 50 and 60 serious assaults on staff per year. At *Basse-Terre prison*, the administration recorded an average of around seven assaults on staff per year.

67. See section 3c for conditions of detention for women and section 3d for minors.

68. At the *Basse-Terre prison*, the old buildings A and B were in a particularly dilapidated state.

The delegation noted that some efforts had been made to improve ventilation by providing fans in all the establishments visited. Nevertheless, the ventilation systems in the cells and sanitary facilities were still inadequate.<sup>69</sup> At *Rémire-Montjoly prison*, the ventilation system installed in the metal cell doors was often blocked by pieces of paper or dust, preventing fresh air and light from getting through. At *Rémire-Montjoly prison* and *Basse-Terre remand prison*, the windows had no shutters to protect the cells from the rain or heat. The beds next to the windows were often wet when it rained.

85. It is positive to note that most of the cells in the three establishments visited had an intercom and in-cell telephone, but these facilities were not always functional.<sup>70</sup> The furniture (chair, table, bed) was often damaged and in insufficient quantity for the number of people. The cramped, overcrowded cells offered detained persons no privacy. Nor did they have enough space to store their belongings safely (lockers or cupboards that could be locked). In the dormitories at *Basse-Terre remand prison*, the top bunk of the bunk beds was often used to store belongings or place refrigerators and other equipment on top.

In addition, there was often no ladder to climb to the top bunk and the foam mattresses and their protective covers were often torn. Detained persons generally had no pillows (except at *the Basse-Terre remand prison*) and the bedding was very dirty, despite the fact that sheets were changed every 15 days. On a positive note, *Baie-Mahault* management planned to install washing machines at the disposal of prisoners in the units.

86. The sanitary facilities (toilets, washbasins and showers) in the cells and the communal spaces were often in a deplorable state and did not always function properly, despite some efforts to renovate them.<sup>71</sup> The flow of water was often very low or non-existent and did not allow dirty water to be evacuated properly. The sanitary facilities were affected by mould due to the ambient humidity, the lack of ventilation and the poor design, which was a source of stagnant water.

Detained persons did not have access to hot water in the showers and often preferred to wash themselves with a basin of cold water in the cells due to the lack of privacy in the communal showers. The showers in the exercise yards were semi-partitioned and in full view of everyone. In addition, in the collective cells, the sanitary facilities were often not partitioned, or were partitioned by a swinging door halfway up or by a curtain. The curtain was sometimes transparent or made by the prisoners using an opaque bin bag or a tarpaulin. Generally speaking, the sanitary facilities were not sufficient for the number of prisoners in the establishments, nor did they meet the standards required for access by persons with reduced mobility.

87. It should be noted that the tropical areas in which the establishments visited are located encourage the proliferation of pests, including insects that can potentially carry Dengue and the Zika virus. The delegation noted an excessive presence of cockroaches and other insects on the floor, walls, fridges and beds. In addition, at *Basse-Terre remand prison* and *Baie-Mahault prison*, the areas around the buildings were particularly dirty and littered with rubbish, which encouraged the presence of rats and birds.

88. The exercise yards in the men's quarters were of a decent size but often austere, dirty and permeated with sewage odours. None of the courtyards were planted with vegetation, and the ground was rough, with the risk of causing severe injury in the event of falls during sports. The floors and walls, particularly in the outdoor showers, were covered in mould.

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69. Many cells, particularly at *Rémire-Montjoly prison*, did not have fans. At *Baie-Mahault prison*, some cells had been fitted with fans that could not be plugged in due to a lack of electrical sockets.

70. It should be noted that many cells in the old buildings of *Basse-Terre remand prison* did not have a call system.

71. Some renovations at *Baie-Mahault prison* are part of the new action plan ([DH-DD\(2023\)1163](#)) submitted by the French authorities in September 2023 as a follow-up to the execution of the *J.M.B. and Others v. France* judgment (application no. [9671/15](#), 30 May 2020).

The exercise yards at *Rémire-Montjoly prison* were generally devoid of means of rest and sports equipment (apart from one or two concrete benches and a few pull-up bars). It should be noted that at *Baie-Mahault prison*, one of the large exercise yards had a table tennis table and small football goals.

The two exercise yards in buildings A and B at *Basse-Terre remand prison* had a covered area, but no benches for resting. Although there was no view of the outside, they were decorated with frescoes and also had a basketball hoop and pull-up bars. The exercise yard in building C (covered by a fence) and that of the former Vulnerable Sector (*Quartier pour Personnes détenues Vulnérables - QPV*) were more austere and dirty. They had limited space to shelter from the rain or sun, and few benches or chairs.

89. These conditions of detention are unacceptable and endanger the health and security of detained persons. Combined with insufficient living space (as described in paragraph 67), they could amount to a violation of Article 3 of the Convention.<sup>72</sup>

In response to the delegation's preliminary observations following the visit, the CPT takes note of the measures announced by the prison administration in the establishments visited despite the structural difficulties linked to overcrowding or the completion of works. These measures, as communicated in the letter dated 19 February 2024, include renovation projects (painting, installation of showers in the cells), ordering fans to make them available to the most vulnerable persons, improvement of hygiene and cleaning of the surroundings of the buildings, regular mosquito control operations as well as the refurbishment of the surfaces of the exercise yards.

The CPT takes note in particular of the information concerning the refurbishment work carried out and in progress in response to the immediate observation made concerning the above-mentioned cells at *Baie-Mahault Prison* (see paragraph 68). To this end, cell 36 has been repainted and the furniture renewed. The electricity and masonry were also repaired. In February 2024, renovation work was underway on cell 171.

90. **The CPT recommends that the French authorities pursue renovation efforts and improvements, including at the remand prison of Basse-Terre, pending the transfer of detained persons to the new buildings currently under construction (see paragraph 72).**

**The CPT recommends in particular that the French authorities take immediate steps in French Guiana and Guadeloupe to ensure that all detained persons:**

- **have access to adequate lighting, including natural light, proper ventilation and a functional call system;**
- **are protected from the weather and heat by installing shutters on the windows;**
- **have a table and chair, a bed, a clean mattress, a pillow and clean sheets;**
- **have a secure area for storing personal belongings;**
- **have the opportunity to take a hot shower at least twice a week and have daily access to hot water.**

**The CPT would like to receive information from the authorities regarding the measures taken or planned to mitigate the consequences of climatic constraints (extreme heat, humidity, storms, etc.) on the detention of persons in the three establishments visited, within the framework of the “15,000 plan” in French Guiana and Guadeloupe.**

**The CPT recommends that the French authorities improve the quality and hygiene of outdoor areas by ensuring that they are equipped with an adequate number of benches and shelters from the sun and bad weather, as well as equipment enabling detained persons to take part in sporting activities. The CPT invites the French authorities to explore ways of making walking areas more welcoming, for example by planting vegetation. The CPT recommends that the authorities also pay particular attention to pest control in indoor and outdoor areas.**

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72. See also the case of *J.M.B. and others v. France*, application no. [9671/15](#), 30 May 2020.

91. The delegation received numerous complaints about the quality and quantity of food served at mealtimes. Many detained persons reported digestive problems.

At *Baie-Mahault prison*, the delegation was informed by the management that there could be water cuts, sometimes over a period of several days. The management indicated that, in this case, each detained person would systematically receive a bottle of water at mealtimes.

**The CPT recommends that the French authorities take the necessary measures to ensure that detained persons receive meals and water in adequate quantity and quality.**

92. Many prisoners in French Guiana and Guadeloupe told the delegation about their problems with the content, cost and time limits of the canteen. At *Rémire-Montjoly prison*, the rate of indigent people was high (almost 67% of the prison population had fewer than €60 per month). Between 35% and 40% of prisoners were indigent at *Basse-Terre remand prison* and *Baie-Mahault prison*. These prisoners received assistance amounting to €30 per month<sup>73</sup> as well as certain benefits in kind. However, this assistance was still insufficient, as a large number of indigent detained persons could not afford to eat canteen meals or buy credit to make telephone calls, including calls to their lawyer (see also paragraph 146 on the use of the telephone).

The delegation was able to observe, particularly at *Baie-Mahault prison*, that many people wore clothing which was torn and full of holes, despite the availability of a stock of clothing provided by a charitable organisation.

**The CPT refers *mutatis mutandis* to the recommendation made in paragraph 146 and invites the French authorities to take steps to ensure that all detained persons are provided with clean clothing, taking account climatic conditions.**

b. detention facilities for men

93. The delegation found that the regime of detained persons was generally poor and this was exacerbated by prison overcrowding. Despite the efforts made by the administrations and the prison integration and probation services (*services pénitentiaires d'insertion et de probation* - SPIP) to offer a varied range of activities to detained persons, these remained insufficient in number due to a lack of equipment, space and dedicated staff (see paragraphs 102 and 103 for the regime offered to women and paragraph 112 for minors in prison).

94. At *Rémire-Montjoly prison* and *Baie-Mahault and Basse-Terre remand prisons*, detained persons generally stayed in their cells between 22 and 24 hours a day. Access to the exercise yard was authorised twice a day (morning and/or afternoon) for an average of one hour. This walking time often included time for prisoners to shower and wash their clothes in the yard.

On the other hand, the CPT notes with satisfaction that an open-door regime<sup>74</sup> was offered to the vast majority of sentenced persons held at the *Baie-Mahault detention centre*. They had access to an open space in their quarters, in addition to daily access to the exercise yards.

95. The number of paid activities was insufficient. At *Rémire-Montjoly prison*, only 12.5% of prisoners were employed in general work (kitchen, laundry, cleaning, canteen, meal distribution, minor maintenance), for an average of six hours a day, six days a week.<sup>75</sup> The job offer for men was slightly better at *Baie-Mahault prison* (around 22%)<sup>76</sup> and at *Basse-Terre remand prison* (around 25% of the detained persons were occupied between five and ten hours a day).

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73. See the [Circular of 7 March 2022 on combating poverty among people in and leaving prison](#), Ministry of Justice.

74. The cells were open eight hours a day (from 07:00 to 11:00 and from 13:00 to 17:00).

75. This rate is even lower than the 20% rate found by the CPT following its visit to *Rémire-Montjoly Prison* in 2008. See [CPT/Inf \(2009\) 32](#), paragraph 27.

76. Around twenty jobs were to be created in economic integration structures (*structures d'insertion par l'activité économique* - SIAE) in detention, focusing on textile recycling and recovery, a call centre and gardening activities. Two prisoners were employed by an outside company to decorate and paint glass bottles.

It is positive to note that a gradual expansion of activities was planned, including at *Rémire-Montjoly prison*.<sup>77</sup> The reform enabling three-month renewable prison employment contracts to be converted into long-term contracts (until the end of the sentence) was very well received by the prisoners interviewed by the delegation. The CPT welcomes initiatives to promote community service (*travaux d'intérêt général* -TIG) projects.

96. Paid vocational training was also very limited. At *Rémire-Montjoly prison*, a six-month maintenance training course (thirty hours per week) was offered to a dozen prisoners.<sup>78</sup> At the *Baie-Mahault prison*, around 15% of male prisoners had had access to vocational rehabilitation training in 2023<sup>79</sup> and almost 9% of prisoners had received individual support in 2023. At *Basse-Terre remand prison*, five training courses had been set up (computer skills, cookery, building maintenance, business creation and driver's code), totalling 400 hours over a period of four months. Around ten people attended these courses each year.

97. With regard to sporting and socio-cultural activities, detained persons were able to access lessons and sign up for regular activities (on average once or twice a week), including sport or activities focusing on culture or self-expression. The delegation noted the institutions' efforts to diversify the range of activities. However, the system was still inadequate, due to overcrowding and a lack of places, premises adapted to the desired activities as well as dedicated staff. The delegation also noted that people with psychological or addiction problems, or those considered dangerous, often had a much more limited access to activities.

At *Rémire-Montjoly prison*, adults were not offered any teaching activities at all. Workshops (art therapy, games therapy, animal therapy) were however offered to around sixty participants, on average twice a week. Religious activities took place at least once a week. Most prisoners also had access to a weekly sports session lasting about an hour and a quarter.<sup>80</sup>

At *Baie-Mahault prison*, in 2022-2023, nearly 30% of prisoners, including those placed in the unit for violent prisoners, had access to a school activity. The weekly coordination of the educational team, which includes 18 teachers (five of whom were permanent) and an educational psychologist, should be commended. Distance learning courses were also available for adult students who were unable to attend classes. The establishment also offered writing and reading workshops, as well as other socio-cultural activities, once or twice a week, to groups of 15 to 40 prisoners.<sup>81</sup> Chaplains were present on a weekly basis. For sporting activities, an outdoor sports field and a team sports hall were available, managed by three sports instructors, usually twice a month. As a general rule, the football pitch could be used by 30 to 35 people at a time and the sports hall by around twenty people.

At *Basse-Terre remand prison*, an average of fifty prisoners took part in modules offered by the teaching team for two to three hours a day. The possibility of obtaining a diploma or certificate issued by the Ministry of Education at the end of the course was a motivating factor for the students. Other socio-cultural activities were also offered on a weekly basis (art workshop, reading club, etc.) for groups ranging from 10 to 40 prisoners.<sup>82</sup> Two sports instructors offered activities on the sports field and in the fitness room (generally two or three times a week for an hour and a half). Occasional activities (theatre, writing workshop, mural painting, HIV awareness day etc.) were also offered.

98. As indicated in the authorities' letter of 19 February 2024, the development of the activities on offer is all the more important as it intrinsically contributes to calming prisoners and reducing idleness and tensions, and even violence (see paragraph 78).

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77. The facility planned 13 additional posts for 1st December 2023. However, it did not have a production workshop area, due to a lack of available business partners and space, caused by overcrowding.

78. Catering training courses were planned for the men in 2024.

79. Seven vocational courses were to be renewed in 2024.

80. The establishment had a socio-educational quarter that included the local teaching unit, a library (accessible once a week) and multi-purpose rooms. There was also an outdoor sports field, a fitness room and a room for team and individual sports. It should be noted that, of the three sports instructor positions, two were unfilled at the time of the visit.

81. The school had a library (open once every fortnight) and multi-purpose rooms.

82. The school had a socio-cultural area comprising a classroom and a library.

According to the CPT, the objective should be to ensure that all detained persons, including remand prisoners, are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in a variety of meaningful activities: work, preferably of a vocational nature; study; sport; leisure activities; group activities, adapted to the needs of each category of detained person (remand or sentenced prisoners, prisoners subject to special surveillance conditions, detained women, minors, etc.).

**The CPT recommends that the French authorities take the necessary measures to give all detained persons access to employment and to improve their prospects of reintegration by developing appropriate vocational and educational training. Particular attention should be paid to offering all detained persons, especially those with specific needs, a programme of meaningful activities of various sorts, tailored to individualised treatment.**

**The CPT would like to receive information regarding the plans to open new sports and socio-cultural facilities as part of the expansion measures planned under the “15,000 Plan” in French Guiana and Guadeloupe.**

99. The CPT takes note of the efforts made by the prison administration in French Guiana and Guadeloupe to promote among judges the assignment of detained persons to a semi-open units, which would facilitate the reintegration of individuals<sup>83</sup> (see also paragraphs 69 et seq.). *Rémire-Montjoly prison*, for example, has provided bicycles and scooters to prisoners to compensate for the lack of public transport and to help them move around the community. There was also a project to build an agricultural greenhouse to provide an activity for around twenty prisoners. These positive efforts remain limited overall due to a lack of resources.

**The CPT would like to receive updated information on the investments planned to promote the development of day semi-open units in the establishments visited.**

100. The CPT wishes to emphasise the importance of the role played by probation officers in the French prison system in providing support for detained persons and liaising with their representatives if the detained persons are under guardianship.

**It invites the French authorities to ensure that the department coordinating the probation and integration advisors has the resources it needs to carry out the actions required for the personalised management of detained persons.**

c. conditions of detention for women

101. With regard to material conditions of detention for women, at *Rémire-Montjoly prison*, the women's section consisted of 34 cells over two floors.<sup>84</sup> The unit also included a nursery (see paragraph 105), a cell specifically for women arriving at the prison and a wing for disciplinary and administrative isolation (see paragraph 155). As described above (see paragraphs 67 and 84), the prisoners often had barely 3 m<sup>2</sup> of space per person and 20% of them were sleeping on mattresses on the floor.<sup>85</sup> The cells were in a dilapidated state, with mould on the walls and dilapidated floors. The lack of shutters on the windows meant that the detained persons were not protected from the sun and the weather, and the configuration of the sanitary annexes did not allow for privacy. The delegation received numerous complaints about the bad smells coming from the drains.

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83 The semi-open unit at *Basse-Terre prison* was no longer operational. Home detention under electronic surveillance had been preferred. 70 people were under electronic bracelets in December 2023. An ongoing project involved the creation of 10 places in a new semi-open unit.

84. The unit's structural configuration did not allow for any real separation between women of different penal categories. More than half of the cells were shared by people of different penal categories (sentenced and remand prisoners).

85. Some people sometimes slept on mattresses on the floor by choice. For instance, one detained person met considered that it was too dangerous for her to climb onto the upper part of the bunk bed.

At the *Baie-Mahault prison*, conditions in the 19 cells of the women's section were adequate. The cells were not overcrowded and the prisoners had an acceptable amount of living space. All cell windows had shutters. The CPT welcomes the management's initiative to renovate the cells in order to integrate a shower in the sanitary annexes of the cells. However, the work had been suspended at the time of the delegation's visit in 2023 and was due to be resumed in 2024. In addition, there were no cells for persons with reduced mobility, which could pose problems for elderly or pregnant persons (see also paragraph 105 on the nursery).

**The CPT would like to receive confirmation that the work to install showers has been completed and invites the authorities to take the necessary measures to facilitate access to the premises for persons with reduced mobility in the women's section of Baie-Mahault Prison.**

**The CPT refers to its recommendations in paragraphs 70 and 89 and would like to receive the French authorities' comments on the measures taken to improve material conditions in the two women sections mentioned above.**

102. The women's section at *Rémire-Montjoly Prison* operated under a closed regime. However, the CPT notes the efforts made to improve the range of activities on offer.

Four women were employed in the internal service. The number of jobs on offer was insufficient to meet the demand from prisoners. Education was offered once a week (for two to three hours) allowing some of them to obtain a diploma.<sup>86</sup> Prisoners could also register for certain correspondence courses (for example, childcare assistant, help for the elderly). Access to these activities could take a long time (sometimes several months, according to the interviews).

Several associations regularly offered social and cultural activities (gardening, writing, sewing, etc.). A chaplain was on-site every day. A library stocked with books in several languages was also available on request every fortnight.

Access to the football pitch and gymnasium was generally authorised once a week for one hour.<sup>87</sup> Otherwise, the women were entitled to about two hours' of walking a day. The communal areas, consisting of an indoor space and a courtyard with a rubber floor, were frescoed and in acceptable condition. There were two concrete benches and a basketball hoop. There was also a table for table football, two exercise bikes, a table for table tennis, plants and a small garden tended by the prisoners.

103. The women's section at *Baie-Mahault prison* was also closed, but prisoners were able to spend almost three and a half hours per day in the exercise yard. Eight women had a work contract (in general services and in a concession), but none had access to vocational training. School teaching was offered two mornings a week (for 1h45) to around ten pupils. On average, two hours of various socio-cultural activities were offered each week. Religious activities were offered twice a week. The quarters also had a workshop, a multi-purpose room (including a cooking hob), a classroom and an air-conditioned library which was open Monday to Friday on request. Sports activities were offered once or twice a week in the exercise yard. The communal areas were decorated and had numerous information displays. The courtyard, which was of a reasonable size, had a fully partitioned sanitary annex and a canopy with tables and chairs (unfortunately, many of them were broken), as well as a number of containers with green plants.

**104. The CPT recommends that the French authorities continue to develop activities (including vocational training) for women prisoners and pay particular attention to the provision of activities which do not reflect gender stereotypes. It refers *mutatis mutandis* to the recommendations made in paragraph 98.**

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86. Five women were awarded the general certificate issued by the Ministry of Education at the February and June 2023 sessions.

87. At the time of the visit, access was only offered every fortnight to 10-15 people, subject to registration.

**The Committee also invites the French authorities to consider setting up an open regime in the women's quarters at the *Rémire-Montjoly* and *Baie-Mahault* prisons.**

105. The two women's sections visited by the delegation each had a nursery.<sup>88</sup>

At the time of the visit, *the mother and child unit at Rémire-Montjoly prison* was occupied by three mothers, two children aged under 18 months and a one-week-old infant. The three cells were large, colourful and in a good state of repair. Each had a sanitary annex (with a toilet and washbasin) and suitable furniture (a changing table, baby bath, cot and cradle, and a pushchair).<sup>89</sup> The unit also had a dedicated exercise yard with rubber flooring, as well as a fully equipped kitchen and washing machine.

This is positive, but the delegation noted the deteriorated material conditions of the communal areas, which were particularly unsuitable for holding children. There were no toys in the playground. The paint on the walls of the playground was peeling off in strips, revealing black mould. The communal shower room was also mouldy, dirty and without light.

106. At the end of the visit, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention, requesting the French authorities to take urgent measures to ensure the minimum conditions required in terms of health and hygiene in the communal areas, including at the playground in the mother and child unit of *Rémire-Montjoly prison*, in French Guiana. The delegation also noted that the playground should be equipped with toys appropriate for the age of the children in the unit.

In response, the French authorities told the CPT that a complete refurbishment of the dedicated area (including the patio and nursery) had been initiated in the months following the delegation's visit, including the refurbishment of floor and wall coverings with moisture-resistant products, the correction of the drainage system and the installation of new furniture and equipment in the children's changing area, the kitchen and the play area.

107. Medical and social care afforded to women and children appeared to be adequate. It was based on an agreement drawn up with the local authority and the Cayenne hospital.<sup>90</sup> It is also positive to note that they benefited from an open-door regime in their own quarters during the day. They could use the yard in the women's section twice a day, at times when it was not used by other women. However, the cells were closed from 18:00, which could make it difficult to access the kitchen at night. At the time of the visit, the delegation noted that no activities with the children had been offered in five months.<sup>91</sup> Mothers could only take part in activities offered to other women if their child could go to the crèche, which did not seem to be a problem at the time of the visit.

At *Baie-Mahault prison*, a large cell was designed to accommodate a mother and child. It was in an acceptable state of hygiene and equipped with a refrigerator, a television and a telephone, all in good condition. It also had a cot and a child's chair. However, there was no play area, kitchen or outdoor space. Such a configuration bears the risk of isolating the mother and child in the event of such a placement being considered. According to the administration, the nursery had not been used for 10 years.

108. Ideally, mothers and their children should not be incarcerated, but if this measure is deemed necessary, the CPT considers that the best interests of the child must be the guiding principle in all cases. The aim is to create a child-centred environment, where overt signs of incarceration, such as uniforms and the clanking of sets of keys, should be excluded. The place should provide a child-

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88. [Article D216-22 of the Prison Code](#) states that "children may be left with their mother in detention until the age of eighteen months".

89. Children's equipment (nappies, wipes, water, talcum powder, feeding bottles, clothes, etc.) was provided free of charge by the prison administration. Products could also be bought in the canteen.

90. They had regular consultations with the hospital gynaecologist-obstetrician and were monitored by a psychologist on a weekly basis. Under the terms of the agreement, the children benefited from medical monitoring of their development.

91. A two-hour a week "baby reader" activity had been very popular but was no longer taking place at the time of the visit.



friendly environment, conducive to the development of the mother-child bond and offering appropriate care services. When infants and young children live in places of detention, they must be placed under the supervision of specialists in social work and child development.

**The CPT recommends that the French authorities provide suitable activity programmes for detained mothers with their young children. Steps should also be taken, in light of the elements presented above, to ensure that the motor and cognitive development of children in prison progresses normally. In particular, children should have appropriate opportunities for play and exercise within the prison and, whenever possible, be able to leave the institution and experience life outside the establishment.**

**In this context, the CPT invites the authorities to take into account the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).**

d. conditions of detention for minors

109. The delegation paid particular attention to the conditions in which minors are held in the special units of the *Rémire-Montjoly* and *Baie-Mahault* prisons.<sup>92</sup>

It should be noted that no girls were being held at the time of the visit.<sup>93</sup> According to the information gathered by the delegation, girls were usually placed in a dedicated cell in women's units and had access to the yard alone. Subject to certain conditions, they could be associated with the women during activities.

**The CPT invites the French authorities to continue to take the necessary measures to prevent the *de facto* isolation of girls in detention, on the strict condition that adequate supervision is provided by staff.**

110. In terms of material conditions, the *section for minors at Rémire-Montjoly prison* consisted of 17 individual cells (often double-occupied) and two large cells of almost 34 m<sup>2</sup>, spread over two floors. The cells were often dilapidated and dirty, with smears on the walls. The minors had access to basic facilities on a daily basis (television, telephone, refrigerator). The area had a large inner courtyard and a partially covered walking courtyard, the walls of which were decorated with colourful frescoes. However, these areas lacked means of rest, sports equipment and plants to provide the minors with a stimulating environment suited to their age. The two outdoor showers located in the exercise yard did not guarantee the respect of the minors' privacy either. The renovations underway at the time of the visit to provide each cell with a shower are to be commended.

*The minors' section of Baie-Mahault prison* was located in a wing originally intended for the admission of adult detained persons. The 15 individual cells (13 cells measuring approximately 9 m<sup>2</sup> and two cells measuring approximately 11 m<sup>2</sup>, including sanitary facilities) were in good condition and had the necessary equipment. The windows had shutters to protect the cells from the weather or the sun. Although the corridor was decorated with a fresco, the overall environment was very custodial and minors were not encouraged to decorate their personal space. In addition, the exercise yard was austere and sterile, with no plant life. It had no outdoor furniture to rest on or to protect them from inclement weather or the sun, and no sports equipment, apart from two small football goals (but no actual football).

The Committee considers that all children deprived of their liberty should be placed in centres specially designed for persons of that age, offering them an environment different from that found in prisons, with favourable and personalised detention conditions adapted to children. The CPT regrets in particular that no provision has been made for a section for minors in the plan to increase the capacity of the *Baie-Mahault prison*.

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92. See the occupancy figures for the areas dedicated to minors indicated in paragraphs 65 and 66.

93. The last girl placed in *Baie-Mahault prison* was released in February 2023.

**The CPT invites the French authorities to take concrete measures to ensure that minors held in *Rémire-Montjoly* and *Baie-Mahault* prisons be detained in material conditions which respect their needs. In particular, the CPT recommends that the French authorities give minors greater freedom to personalise and decorate their detention quarters, so that they can provide appropriate visual stimulation (photos, posters, plants, etc.).**

111. In addition, the proximity to the adult detained person areas was particularly problematic.

The section for minors of *Rémire-Montjoly* prison was located near the admission unit and a section of the men's prison. This proximity enabled them to communicate with the adults, without seeing them, from the exercise yard. The area was also very noisy. The corridor where there were the offices and activity rooms used by the minors could also be used by adult detained persons.

The exercise yard used by minors at *Baie-Mahault* prison was shared with the adult detained persons held at the regional medical-psychological unit (*service médico-psychologique régional* - SMPR). This configuration also allowed the two groups to communicate and to see the people taking showers or using the toilets located in the courtyard, as these areas had no partition at the front. The minors frequently received various projections from the detained persons in the SMPR.

At the end of the visit, the delegation made an immediate observation under Article 8, paragraph 5 of the Convention, asking the French authorities to take the necessary measures to protect the privacy of minor detained persons when they use the showers in the exercise yard dedicated to the minors' section at *Baie-Mahault* prison. In their letter dated 19 February 2024, the French authorities indicated that renovation work was planned, involving the installation of aluminium privacy screens.

**The CPT recommends that the French authorities take urgent measures to place minors out of the sight and hearing of adults in the establishments visited.**

112. With regard to the regime offered in the two minors' units of *Rémire-Montjoly* and *Baie-Mahault* prisons, only one minor (over 16 years of age) at *Baie-Mahault* prison had a prison employment contract and was assigned to maintenance tasks on the unit's premises. Vocational training was limited to the theoretical part; minors were excluded from the practical part as the training area was dedicated to adult detained persons. No minors over the age of 16 had access to vocational training at *Rémire-Montjoly* prison.

On the other hand, at *Rémire-Montjoly* prison, the minors received a dozen hours of teaching per week. At *Baie-Mahault* prison, the teaching team was constrained by individual management measures (see paragraph 152) and offered between three and four hours of classes per week to the minors. One person was also excluded from school activities because of his behaviour. According to the CPT, such exclusion could be considered a *de facto* punishment, and given the particularly difficult past of most detained minors, it is imperative that every effort be made to encourage them to participate in courses and workshops, which will enable them to acquire useful skills after their release.

Several sporting and socio-cultural activities were offered by sports instructors and the judicial youth protection service, for an average of two to four hours a week. However, no activities were offered at weekends or during school holidays, apart from a two-hour daily walk. In the minors' section of *Rémire-Montjoly* prison, there was also a library, four activity rooms and a sports hall with a table tennis table (without rackets or balls). At *Baie-Mahault* prison, the infrastructure was particularly inadequate. The unit had only one activity room, which included a virtually empty library with few books and games.

**The CPT recommends that the French authorities continue to support the efforts made by the *Rémire-Montjoly* and *Baie-Mahault* prisons to enable detained minors to spend at least eight hours outside their cells (including weekends and public holidays) and to take part in motivating and structured activity programmes, aimed at education, personal and social development, vocational training, reintegration and preparation for release, in the light of the European Rules for juvenile offenders subject to sanctions or measures.<sup>94</sup>**

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94. Recommendation CM/Rec(2008)11.

**Facilities, such as exercise yards and activity areas, must be adapted to the needs of minors and be conducive to physical activity.**

#### **4. Healthcare**

##### a. general healthcare

113. Each prison visited had a prison healthcare unit (*unité sanitaire en milieu pénitentiaire* - USMP), directly managed by a hospital and reporting to the Ministry of Health and Prevention. As previously described by the CPT,<sup>95</sup> the USMPs provide general and specialist medical consultations, including dental care, nursing care and the provision of treatment, as well as health checks for prisoners on arrival. Prisoners are affiliated to the French social security system and can benefit from healthcare similar to that offered in the community.

114. The premises dedicated to somatic care in the three establishments visited had the necessary infrastructure and equipment. However, the USMPs did not have overnight beds. If necessary, detained persons were transferred to referral hospitals (see paragraph 134 on medical extractions).

The healthcare unit at *Rémire-Montjoly prison* had three waiting rooms, two consultation rooms, a room for medical surveillance during the day and a dental surgery in which the consultation chair had been defective for over six months (a new chair had been ordered). The space dedicated to medical care was insufficient to meet the needs of the prison population. The plan to add a consultation room in 2024 should make it possible to remedy this lack of space on the unit.

The healthcare unit at *Baie-Mahault prison* had good material conditions. Namely, it had a waiting room, two consultation rooms with telemedicine equipment, a room for ophthalmological equipment, a room for physiotherapy, a dental surgery and a room for medical surveillance during the day.

The healthcare unit at *Basse-Terre remand prison* was more cramped and lacked consultation space. It consisted of a waiting room (supervised by a prison officer), two consultation rooms for the general practitioner, a nursing room, a dental surgery and two rooms for psychiatric/psychological consultations. It should be noted that, according to the CPT, the transparent glass separating the patient from the doctor in the consultation rooms does not allow a relationship of trust to be established between the therapist and the patient.

**The CPT recommends that the French authorities take the necessary measures to ensure adequate working space for care staff and to ensure that the equipment essential for the proper functioning of the USMPs is in good condition. In addition, the glass partitions should be removed to encourage a healthy relationship between patients and therapists.**

115. The quality of somatic care appeared satisfactory in all the establishments visited. However, the number of general practitioners was insufficient to ensure that patients were treated within a reasonable timeframe, particularly at *Rémire-Montjoly Prison*. The CPT regrets to note that there were no healthcare staff present at night, apart from the on-call duty of a general practitioner (24 hours a day, including weekends) provided for in the three establishments visited.

*Rémire-Montjoly prison* had two full-time equivalent (FTE) GP posts<sup>96</sup> and 7.5 full-time nurses. On working days, the healthcare team was present from 07:00 to 17:30 and the doctors from 08:00 to 18:00. The presence of healthcare staff was limited to three or four hours on Saturday and Sunday mornings.

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95. See [CPT/Inf\(2021\) 14](#), paragraph 76.

96. The plan was to increase the resources available to 2.6 FTEs from January 2024.

The USMP at *Baie-Mahault prison* had four FTE posts for general practitioners and a nursing team composed of 10 FTE nursing posts, present every day, including weekends and public holidays.<sup>97</sup>

The health team at *Basse-Terre remand prison* consisted of one doctor with 0.40 FTE, whereas at least one FTE would have been required to meet the needs of the detained persons. The unit had three FTE nurses working eight hours a day, including weekends.

It is positive to note that the medical team had been strengthened by a full-time post of doctor at *Rémire-Montjoly prison* since the CPT's last visit. However, the nursing team had been reduced since 2008. **The CPT invites the French authorities to strengthen the healthcare teams by one general practitioner post in FTE and 4.5 full-time nurses at *Rémire-Montjoly Prison*, by 0.6 FTE for a general practitioner at *Basse-Terre Remand Prison* and by three full-time nurses at *Baie-Mahault Prison*. The CPT recommends in particular that the presence of healthcare staff be ensured on a continuous basis, including during the night, and that the number of medical and nursing staff be adjusted accordingly to ensure that care is provided within a reasonable timeframe.**

116. *Rémire-Montjoly prison* had 0.8 FTE for a dental doctor. This was insufficient and it would be necessary to double this presence to reduce waiting times. *Baie-Mahault prison* had one dentist in full-time equivalent. The presence of equipment to perform orthopantomograms is to be commended. In contrast, the dental surgery at *Basse-Terre remand prison* (0.2 FTE for a dentist) lacked dental conservation facilities<sup>98</sup> and it was not possible to perform dental prostheses or orthopantomograms.

**In light of the above comments, the CPT invites the French authorities to increase the provision and equipment necessary for dental care in the establishments visited, in particular by facilitating access to an orthopantomogram for persons held at *Basse-Terre Remand Prison*.**

117. Other therapists and specialist doctors held regular consultations. However, this presence was not sufficient to meet the needs of detained persons within a reasonable timeframe. The delegation received several complaints at *Rémire-Montjoly* and *Baie-Mahault prisons* about difficulties accessing a pair of glasses. At *Rémire-Montjoly prison*, waiting times could extend to more than a year. At the *Basse-Terre remand prison*, access to most specialist doctors was provided by the referral hospital. However, escorts were often cancelled due to police staffing problems.<sup>99</sup>

Telemedicine was in the process of being introduced in all three hospitals. It was already operational in certain areas at the *Baie-Mahault* and *Basse-Terre* establishments (dermatology and anaesthesia).

**The CPT would like to receive information about measures taken to facilitate access to specialist care, as well as access to glasses and other equipment (hearing aids, etc.) needed by detained persons.**

118. Many prisoners were using substances, particularly tobacco and cannabis.<sup>100</sup> Many were also undergoing alcohol withdrawal, particularly at *Baie-Mahault prison* and *Basse-Terre remand prison*.

Preventive measures were being taken to combat drug use in prisons, such as awareness-raising days organised at *Rémire-Montjoly prison*, the installation of nets to prevent projectiles in the exercise yards at *Basse-Terre remand prison* and the installation of a drone jamming system at the *Baie-Mahault prison*. At the time of the visit to *Rémire-Montjoly prison* and the *Basse Terre remand*

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97. According to the framework protocol between Baie-Mahault prison, the CHU in Guadeloupe and the Guadeloupe Mental Health Establishment (EPSM) for 2022, the number of staff is based on a theoretical prison population of 500.

98. By 2023, around 200 teeth had been extracted at the *Basse-Terre prison* surgery. Root canal treatment and other treatments to preserve the teeth were not possible due to a lack of dental equipment.

99. In 2023, 24 hospitalisations and 23 cancellations were recorded.

100. According to the information gathered by the delegation, cocaine (crack) use was less frequent and very few drugs were administered by injection.

prison, no one was receiving opioid substitution treatment, but it was available if needed (methadone or buprenorphine).

The CPT notes the limited resources available to deal with addiction issues in the establishments visited,<sup>101</sup> despite the fact that this seemed to be a significant problem and that addiction can exacerbate mental health problems and generate violence or decompensations. The delegation was also able to observe in the three establishments that non-smoking and/or asthmatic prisoners were not adequately protected against passive smoking.

**The CPT recommends that the French authorities take the necessary measures to ensure adequate support, including appropriate ongoing healthcare, for persons with substance-related problems. Persons who smoke should be accommodated separately from persons who do not smoke, and designated smoking areas should be provided in common areas of establishments.**

119. The CPT commends the quality of the health check carried out on admission to the three establishments visited. This was systematically carried out within the first 24 hours of admission, by a nurse and/or a doctor and, if necessary, additional consultations with a general practitioner, a dentist and a psychologist or psychiatrist were carried out during the admission period. At *Rémire-Montjoly prison*, a chest X-ray was systematically performed. At *Baie-Mahault prison* and *Basse-Terre remand prison*, chest X-rays were taken if there was clinical suspicion.

The CPT particularly commends the quality of the screening for transmissible diseases, which is offered on a voluntary basis. It is also worth noting the existence of several group activities on the prevention of transmissible diseases at *Rémire-Montjoly Prison* and *Basse-Terre Remand Prison*. Prevention activities were planned at *Baie-Mahault prison*. Condoms were available at the USMP in the three establishments visited.

120. As far as women's health is concerned, the delegation noted good care for prisoners in the *Rémire-Montjoly* and *Baie-Mahault prisons*. Mammography screening and cervical smears were available, during the medical examination on admission or during detention. Access to sanitary products for women did not seem to pose any problems.

However, it should be noted that screening for sexual violence or other forms of gender-based violence was not part of the admission protocol. Such an examination is essential insofar as violence suffered prior to admission is frequent, and should have an impact on the care provided to the person concerned during her stay in prison (including specialised psychological support or psychosocial counselling).<sup>102</sup>

**The CPT reiterates its recommendation that the French authorities strengthen the procedures for detecting and supporting possible victims of gender-based violence.**

121. The fight against ill-treatment places a particular responsibility on healthcare staff, particularly in terms of recording traumatic injuries. At *Rémire-Montjoly* and *Baie-Mahault prisons*, the reports of injuries consulted by the delegation did not contain photographs or body charts. The description of the patient's allegations and the medical observations were not sufficiently detailed and the CCBs did not indicate any medical position regarding consistency between the allegations and the observations. The CCBs from *Basse-Terre remand prison* were written in greater detail and included photographs. A copy was also given to the detained person. However, none of the CCBs contained body charts, and the statements made by the detained person regarding the allegations of ill-treatment also deserved to be more detailed.<sup>103</sup>

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101. Human resources in this area can be considered limited, given the scale of the problems. One addictology educator (in FTE) worked at the intra-prison psychiatric functional unit (*unité fonctionnelle psychiatrique intra-carcérale*, UFPI) in *Rémire-Montjoly prison*. An addictologist was present once a week at the USMP at *Baie-Mahault prison*. The doctor at *Basse-Terre prison* had been trained in addictology.

102. See also the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).

103. At *Rémire-Montjoly prison*, the delegation noted 132 CCBs in 2023 (up from 89 in 2022 and 55 in 2021). In 2023, 376 CCBs were carried out at *Baie-Mahault prison* and 38 CCBs at *Basse-Terre prison*.

The CCBs were not systematically forwarded to the competent prosecuting authorities, and there was no register giving a clear picture of the number of CCBs issued and the nature of the injuries found.

Bearing in mind that the traumatic injuries observed in the establishments visited, resulting in particular from violence between detained persons, could be very serious (haemothorax, haemopericardium, burns with hot oil or boiling water, for example), **the Committee once again recommends that the French authorities take the necessary steps to ensure that the report drawn up after each observation of traumatic injuries (on admission or following a violent incident) contains:**

- i) a full account of objective medical findings based on a thorough examination;**
- ii) statements made by the person concerned which are relevant to the medical examination (including a description of their state of health and any allegations of ill-treatment); and**
- iii) the healthcare professional's observations in light of i) and ii), indicating, where possible, the consistency between any allegations and objective medical findings.**

**Traumatic injuries observed during the medical examination should be recorded on a dedicated form, including "body charts" to indicate traumatic injuries, which will be kept in the detained person's medical file. In addition, photographs of the injuries should be taken and placed in the medical file. Where necessary, additional examinations should be carried out (imaging, gynaecological examination). In addition, a special trauma register should be kept in order to have an overview of the timing, extent and types of injuries observed.<sup>104</sup>**

**In addition, a procedure should be established to ensure that whenever a doctor records injuries consistent with allegations of ill-treatment, the recorded information is systematically brought to the attention of the competent prosecuting bodies, namely the public prosecutor and the director of the establishment. The results of the examination should be made available to the detained person and their lawyer.**

122. Medicines were supplied by pharmacies outside the establishment. They were prepared by healthcare staff and generally distributed by nursing staff, either daily or weekly. However, medication was often distributed at the cell door, potentially in full view of the other detained persons. In addition, the senior officer could be required to give out medication in the women's section of *Rémire-Montjoly prison*, exposing the medication and its dosage to the view of prison staff.

**The CPT calls upon the French authorities to ensure that the distribution of medication does not compromise the requirements of medical confidentiality.**

123. The CPT welcomes the installation of letter boxes in each unit of *Basse-Terre remand prison* and at *Baie-Mahault prison*, providing direct access to healthcare staff.

In addition, the healthcare unit at *Rémire-Montjoly prison* lacked space for consultations and premises to meet the needs of the healthcare team.

**The CPT recommends to improve the material conditions in the healthcare units so that consultations take place in an environment which allows medical confidentiality to be respected, particularly at *Rémire-Montjoly prison*. It is also important to ensure that at *Rémire-Montjoly prison*, mail sent to the healthcare team is handled confidentially, for example by means of a dedicated letterbox installed in all the units.**

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104. Reference is made in this context to the *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (Istanbul Protocol), revised version published in June 2022.

124. With regard to facilities for people with reduced mobility (PRMs), there were several PRM cells at *Rémire-Montjoly prison*. At *Baie-Mahault prison* and *Basse-Terre remand prison*, none of the PRM cells complied with standards. The communal showers at *Baie-Mahault prison* could be dangerous for people with reduced mobility. It should be noted that agreements had been made between *Baie-Mahault prison* and private pharmacies to obtain certain equipment such as walking sticks or splints. However, the support provided was generally inadequate. **The CPT recommends that the French authorities remedy these shortcomings.**

b. mental healthcare

125. The CPT is alarmed at the excessive number of prisoners suffering from severe mental health disorders<sup>105</sup> who have no place in the environments offered by the establishments visited. Persons with the most severe disorders were frequently placed in single cells, often in extremely degraded and squalid conditions. In the shared cells at *Rémire-Montjoly* and *Baie-Mahault prisons*, these very vulnerable people were sometimes forced to sleep on mattresses on the floor. The accommodation was particularly noisy and unsuitable at *Rémire-Montjoly prison*. At *Baie-Mahault prison*, the installation of showers in all the individual cells was a positive initiative that helped to avoid incidents during collective showers.

126. The closed regime and lack of activities<sup>106</sup> in these units meant that people requiring regular, even constant supervision were often left alone, in great personal distress, stigmatised and at the mercy of other prisoners with agitated and unpredictable behaviour, for more than 22 hours a day.

The CPT deplores the inadequacy of resources, in particular the absence of a suitable structure and the absence of healthcare and surveillance teams dedicated to and trained in the management of such prisoners. Psychiatric treatment could take several months. The delegation was also informed that shortages of essential medicines at the *CHU Guadeloupe* had led to decompensations in some patients at *Baie-Mahault prison*.<sup>107</sup>

127. *Rémire-Montjoly prison* had a functional intra-prison psychiatric unit (*unité fonctionnelle psychiatrique intra-carcérale* - UFPI), with one FTE psychiatrist and seven full-time nurses, as well as a part-time therapeutic reception centre (*centre d'accueil thérapeutique à temps partiel* - CATTP), with one full-time psychiatrist, one full-time psychologist and one full-time nurse.<sup>108</sup> A nurse was present at the UFPI at weekends and on public holidays (for three or four hours). However, there was no psychiatrist on call. The prison also had two full-time positions for psychologists, including one vacant position for adults and 0.4 vacant positions for minors. The UFPI did not have a day hospital service, nor an attached SMPR, and the facility suffered from a lack of places at the Cayenne CHC to care for detained persons experiencing decompensations.

The CPT welcomes the plan to construct a new building at *Rémire-Montjoly prison* to house an SMPR and an USMP. It also welcomes the plan to build an SMPR in the new prison at Saint-Laurent-du-Maroni. **The CPT would like information on the progress of these projects.**

**The CPT recommends that the French authorities increase the capacity of the UFPI and the CATTP at *Rémire-Montjoly Prison* in order to provide psychiatric care and follow-up within a reasonable timeframe. It also recommends that the French authorities increase the capacity of the Cayenne CHC by at least four places in order to manage psychiatric emergencies from the prison.**

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105. At *Rémire-Montjoly prison*, there were around 40 people with severe psychoses and anxiety and personality disorders.

106. At the unit dedicated to people with mental health problems in *Baie-Mahault*, the school offered one or two hours of sports activities and one or two socio-cultural activities per week.

107. *Rémire-Montjoly* and *Basse-Terre* establishments did not seem to be affected by problems with drug supplies. Psychotropic drugs were distributed in controlled doses by the UFPI nurse. It should be noted that the *Rémire-Montjoly* UFPI no longer carried out antipsychotic treatment by injection against the patient's will.

108. The UFPI also had a full-time post for an addiction educator and two health mediators who knew the local dialects. The CATTP had two educators and one mediator.

128. The delegation welcomes the presence of an SMPR, with eight places, at *Baie-Mahault prison* (attached to the EPSM of Guadeloupe). However, in the absence of a head doctor, the SMPR was dysfunctional, undersized and unsuited to the therapeutic needs of detained persons. Five places were used by the day hospital, while the other three places were used by the administration to place other persons.<sup>109</sup> In the CPT's view, access to the SMPR should not be imposed by the prison management, but should instead be subject to the joint approval of psychiatrists and prison management.

In addition, the regime of patients admitted to the SMPR was poor. The nursing staff spent most of their time managing the medication of the other 139 patients under their care and had no time for therapeutic activities.<sup>110</sup> The cell doors at the SMPR were locked all day long, and detained persons had access to the exercise yard for two hours a day in groups. The patients placed at the SMPR were occasionally invited to take part in sporting and cultural activities in the dedicated room.<sup>111</sup>

**The CPT recommends that the French authorities develop a comprehensive therapeutic concept and a strategy to attract and retain medical and nursing staff at the SMPR in *Baie-Mahault prison*.**

129. The CPT notes the difficulties encountered at the *Basse-Terre Remand Prison* in providing adequate access to day-to-day psychiatric care at the UFPI. One person who had expressed suicidal thoughts, for example, had not seen the psychiatrist for almost three months. There were not enough staff to provide the stimulation and therapeutic activities that patients needed. Prisoners requiring hospitalisation without consent at the EPSM of Guadeloupe were systematically admitted to isolation rooms. Due to a lack of places and security considerations, admissions were limited.<sup>112</sup>

130. The CPT is of the opinion that these cumulative conditions could amount to inhuman and degrading treatment of persons in need of adequate therapeutic care.<sup>113</sup>

Following the visit, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention, concerning the situation of three detained persons and the need to transfer them to a therapeutic environment providing care adapted to their specific needs. In their letter dated 19 February 2024, the French authorities informed the CPT of their situations, as set out below:

- Following the delegation's observations concerning the serious psychiatric problems of a person incarcerated at *Rémire-Montjoly prison*, a request was made to admit this person to the specially adapted hospital unit ("*unité hospitalière spécialement aménagée*" - UHSA) in Villejuif on 25 January 2024. The Cayenne health services were awaiting a response.
- In January 2024, a certificate of incompatibility with detention was issued for a detained person who, according to the psychiatrist at the SMPR of the *Baie-Mahault prison*, had a severe intellectual disability resulting in great vulnerability. A request for transfer to a specialised institution in mainland France was initiated. In February 2024, the patient was admitted to psychiatric care at the EPSM de la Guadeloupe until 16 March 2024. Consideration was being given to placing him in a specialised foster or social care home for the period following the end of his sentence.
- A detained person identified by the delegation at *Baie-Mahault prison* was hospitalised without consent by decision of the state representative on 23 January 2024. On 31 January 2024, a request for release from care was drawn up, as the patient's hospitalisation and consent to treatment had led to a marked improvement in his state of health, allowing him to be returned to detention.

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109. Incoming prisoners could be held there for two or three days. Detained persons could also be placed there for work in detention (for a period of one week) or for security reasons (for a week or more).

110. Nursing staff at the SMPR in Baie-Mahault worked from 07:00 to 18:00 on weekdays and from 09:00 to 16:00 at weekends.

111. A discussion group organised by the SPIP, with the participation of a psychologist and an educator, had been suspended, despite its positive effects, according to the delegation.

112. If necessary, detained persons could be admitted to the day hospital at *Baie-Mahault prison*.

113. See in particular, European Court of Human Rights, judgement in the case *Miranda Magro v. Portugal*, application no. [30138/21](#), 9 January 2024.



The CPT would like to receive updated information concerning the situation of these three persons.

131. Further, the CPT recommends that the French authorities take without delay the necessary measures within the establishments visited in order to :

- guarantee the effective presence of a multidisciplinary healthcare team, by adapting staffing levels to actual needs;
- draw up an individual treatment plan for each patient, setting out objectives and resources, including psychiatric support and appropriate therapeutic and occupational activities.

132. The CPT is also of the opinion that dialogue between prison staff and prisoners with mental health difficulties (and their guardians, if any) is essential to establish a more peaceful environment and prepare prisoners for release.<sup>114</sup> Initiatives such as the provision of training in mental health and non-violent communication, the repositioning of officers' offices at the heart of the detention facility and the deployment of a charter for guards to play an active role in detention, provided for in the COPIL action plan for *Baie-Mahault prison*, are positive. The CPT also welcomes the initiative taken at *Baie-Mahault prison* to encourage officers to report behavioural disorders to healthcare facilities so that appropriate treatment can be provided.

**The CPT recommends that the French authorities ensure that staff assigned to units dedicated to vulnerable persons with mental health problems, including surveillance staff, are trained in the management of persons who are ill and potentially dangerous to themselves, other prisoners and staff. The CPT invites the French authorities to continue to strengthen the training of prison staff in the assessment of suicidal risks.<sup>115</sup>**

c. communication between somatic and psychiatric units

133. The medical records consulted in the establishments visited were generally well kept.

At *Rémire-Montjoly prison*, certain organisational aspects could have a negative impact on patient follow-up: files at the healthcare unit only existed in paper. The prison's USMP and UFPI also kept separate medical records, and information was rarely shared between the two departments.

At *the Baie-Mahault prison*, the USMP and SMPR operated with separate electronic files and the units did not communicate with each other. A copy of prescriptions made in the SMPR was sent to the healthcare unit, but not vice versa, which made it impossible to check for drug interactions.

The CPT welcomes the introduction in 2020 of a computerised medical file at *Basse-Terre Remand Prison*, enabling medication to be prescribed jointly by the somatic unit and the psychiatric unit. However, the computerised file separated the information concerning the SMPR of the *Baie-Mahault prison*, to which *Basse-Terre remand prison* was also attached, and the information concerning the USMP of the establishment. A file common to both services would enable healthcare staff to have a better overview of the therapeutic care of each detained person.

Generally speaking, it would be useful for the somatic and psychiatric services to be placed under a single hierarchy and for a common medical file to be created, in order to ensure better coordination between teams and patient care.

**The CPT invites the French authorities to take the necessary measures to facilitate the exchange of information (such as prescriptions) concerning patients between the medical departments of the establishments visited, in particular by setting up a common computerised medical file for somatic and psychiatric units, or reciprocal access.**

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114. The delegation noted that contacts between integration and probation counsellors (*conseillers d'insertion et de probation, CIPs*) and guardians could be difficult at the *Baie-Mahault prison*. According to information gathered by the delegation, some people could go several months without money or new clothes.

115. See, [Prévention du suicide en détention](#), Ministry of Justice.

d. medical transfers

134. There were no inter-regional secure hospital units (*Unité hospitalière sécurisée interrégionale* - UHSI) for somatic care, nor specially adapted hospital units (*unités hospitalières spécialement aménagées* - UHSA) or units for difficult patients (*unité pour malades difficiles* - UMD) for psychiatric care, to cover the needs of the Antilles region and French Guiana.<sup>116</sup>

Dedicated places in the referral hospitals allowed detained persons to be hospitalised for somatic and psychiatric care. However, the number of places was clearly insufficient to meet the needs arising from the regular incidents of violence in the prisons visited (see paragraph 78).

The *CHC in French Guiana* had five secure rooms. These were used to manage people in police custody requiring medical attention (see in particular paragraphs 58 et seq. concerning those who had ingested drugs) and detained persons from *Rémire-Montjoly prison*. In addition, at the Wapa unit of the CHC in French Guiana (see in particular paragraph 185, there was only one bed for the emergency hospitalisation of detained persons requiring psychiatric care.

The *CHU de la Guadeloupe* and the *CHBT* had two secure rooms each for inpatients from *Baie-Mahault prison* and *Basse-Terre remand prison* only. However, according to the information gathered by the delegation, some people were transferred from *Baie-Mahault prison* to the intensive psychiatric care unit (USIP) in Martinique.

**The CPT would like to receive information on the measures taken to guarantee access to psychiatric and somatic care within a reasonable timeframe as well as security for detained persons, officers and healthcare personnel. The Committee would also like to receive statistical information on the number of transfers of detained persons to a UHSI, a UHSA, a UMD in mainland France and to the USIP in Martinique in 2022 and 2023.**

**The CPT also invites the French authorities to consider the creation of a UHSI and a UHSA to cover the needs in the Antilles region and French Guiana, and would like to receive further information on the project under discussion to see the USIP in Martinique become a UMD.**

135. With regard to material conditions, both in French Guiana and Guadeloupe, the secure rooms seen by the delegation were generally clean, bright and of an appropriate size. However, the rooms were very austere and spartan in terms of furnishings.<sup>117</sup> At the CHU in Guadeloupe, they were not adequately air-conditioned or ventilated and they did not have showers.

None of the detained persons benefited from any activities, and none of the premises were equipped with a television or radio. In addition, detained persons did not have access to an outdoor area where they could get fresh air. These conditions were not suitable for therapeutic support.

**The CPT recommends that the French authorities remedy the material shortcomings observed in the secure rooms in French Guiana and Guadeloupe, in light of the above.**

136. Improvements are still needed when carrying out of medical transfers, which are mainly ensured by law enforcement officers. In this regard, the CPT welcomes the exchanges established between the management of *Basse-Terre remand prison* and the referral hospital in order to reduce the time taken to process emergency consultations and to introduce a common procedure as well as a discreet route for detained persons (see also paragraph 27).

**The CPT refers to the recommendation it made in paragraph 27, which applies *mutatis mutandis*. It would also like to receive updated information on measures taken to improve confidentiality and procedures relating to medical transfers at the three establishments visited.**

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116. According to the 2022 framework agreement between the Baie-Mahault hospital, the CHU Guadeloupe and the EPSM of Guadeloupe, the "possibility of building a UHSI in the new hospital under construction has been discussed with the prefecture to meet the growing demand for hospitalisations".

117. They generally had a bed and mattress, and sometimes a chair and table.

137. The use of restraints, in particular, handcuffs fitted with a chain and sometimes ankle restraints, during transport and in the waiting rooms was almost systematic<sup>118</sup>, and frequent during consultations (see also paragraphs **Error! Reference source not found.** et **Error! Reference source not found.**). According to the authorities, the presence of an officer during the consultation and the use of handcuffs depended on the attitude of the person detained, but also on the request of the healthcare staff (see also paragraph 28). At the *French Guiana CHC*, the delegation received information indicating that detained persons were often handcuffed to the bed or stretcher during the night (see also paragraph 51).

**The CPT refers to its recommendations in paragraphs 28, 48 and 54, which shall apply *mutatis mutandis*.**

## 5. Other questions

### a. prison staff

138. It should be noted that the resources allocated to the establishments were calibrated on the basis of the theoretical capacity of each establishment. Staff were often obliged to work in a hurry, with the negative consequences that this could imply: difficult management of movements, a lack of rigour in the traceability of procedures, a reduced offer concerning rehabilitation activities and limited interaction with detained persons.

*Rémire-Montjoly prison* had: 197 prison guard posts (seven of which were vacant), 15 posts for senior guards and 17 posts for officers (one of which was vacant). Around 70% of staff were under 45 years of age and around 30% were women.<sup>119</sup> In September 2023, 10 new supervisor posts had just been deployed, as well as three probation officer posts. However, the staffing levels were still clearly insufficient to manage more than 1 000 prisoners.<sup>120</sup> Moreover, according to the prison's activity report, absenteeism was high. Between 2015 and 2023, the number of cases of ordinary sick leave and accidents at work almost doubled. At night, for example, there were only 15 people guarding the facility (including one officer assigned to the women's section and one senior officer). If there were any problems at night, the gendarmes could be called in as back-up.

However, the delegation received numerous complaints during interviews with detained persons about the response time of staff to night-time calls, including for serious incidents (cases of self-harm, suicide attempts, asthma attacks, fainting, etc.).

139. At the time of the visit, *Baie-Mahault prison* had 198 prison guard posts (nine of which were vacant), 12 senior guard posts and 20 officer posts (one of which was vacant). An expansion by six prison guard posts was planned in 2024. Around 30% of the custodial staff were women. The average age of the staff was quite high (between 50 and 60) and the staff were in general experienced. Although the ratio between the number of guards and the number of detained persons was better than at *Rémire-Montjoly prison*, working hours were frequently exceeded. During the day, for example, there were 24 guards and one officer (that is, one guard for every 27 detained persons), while at night there were 15 guards and one officer. The absenteeism rate was around 10% (representing around 20 vacancies). The establishment did not have fixed surveillance teams assigned to the various units and specially trained according to needs (for example for vulnerable persons and women, etc).

140. *Basse-Terre remand prison* operated with a staff of 68 prison officers (20.5% of staff were women). All posts were filled, except for the post of deputy director, who was due to be filled at the

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118. For example, during consultations in the specialised services of the CHBT, detained persons had to wait handcuffed in the waiting rooms open to the public.

119. Female officers were assigned to both the women's and men's quarters. Nine female prison officers and two male officers were assigned to the women's section (for a ratio of one officer to every 10 prisoners).

120. In 2008, the number of custodial staff of all grades at *Rémire-Montjoly prison* totalled 187 (approximately 25% of whom were women), for a total capacity of 550 theoretical places (658 detained persons in reality). The CPT had already noted in its visit report ([CPT/Inf \(2009\) 32](#)) the difficulties in terms of security and the restrictions on direct contact with detained persons that this staffing level entailed.

beginning of 2024. The majority of staff were aged between 50 and 60. During the day (07:00 to 19:00), supervision was provided by one officer and eight prison guards (that is, one officer for every 20 prisoners). The night shift consisted of six prison guards and one officer. Staffing levels remained inadequate. The issue of special leave from work and absenteeism (around 8% among prison officers) was also problematic.

141. The supervision and treatment of minors deprived of their liberty are particularly demanding tasks. However, both establishments lacked staff dedicated to dealing with minors, particularly at night and at weekends. There were only one or two staff members for 23 minors at *Rémire-Montjoly prison* and two or three staff members for eight minors at *Baie-Mahault prison*. None of the dedicated staff carried out surveillance at night (between 19:00 and 07:00) in these areas. This night-time surveillance was carried out by the central team responsible for making rounds (three per night on average) and responding to requests via intercom.

**The CPT recommends that the French authorities take the necessary measures to ensure the effective presence at all times, including at night, of a sufficient number of trained staff to enable the establishments visited to function properly.**

142. During the visit, the delegation noted that the prison officers assigned to these units were not always trained in the management of minors.<sup>121</sup> The CPT notes positively that the educational teams have been strengthened, with three full-time posts since 1st December 2023 at *Rémire-Montjoly prison* and the same number since 1st January 2024 at *Baie-Mahault prison*.

In the CPT's view, places of detention for minors should be able to offer a regime adapted to their needs and be staffed with personnel trained in dealing with minors and capable of fostering a sense of community within the unit.

**The CPT recommends that dedicated and trained teams be assigned to the various units according to the specificities of the persons held there. In particular, the CPT recommends that the necessary steps be taken to recruit staff who are motivated to work with minors and young people and capable of guiding and stimulating those they supervise. All staff, including those assigned solely to surveillance duties, should receive appropriate initial and in-service professional training and appropriate external supervision and support in the performance of their duties.**

143. At *Baie-Mahault Prison*, glass partitions were still installed on the desks used by the educators and teachers, making it difficult to establish a relationship of trust between the staff and the minors.

**The CPT recommends to the French authorities that the glass partitions in the offices of staff working with minors at *Baie-Mahault prison* be removed without delay.<sup>122</sup>**

144. In each establishment visited, the delegation gathered information on several proceedings brought against prison officers suspected of trafficking prohibited items. In French Guiana, an officer was sentenced in November 2023 by the Cayenne court to five years' imprisonment with a ban on working in civil service. At the time of the visit, the delegation noted two disciplinary proceedings concerning suspected trafficking in custody. A case related to corruption was also being investigated at *Baie-Mahault prison*. In 2023, a prison officer at *Basse-Terre remand prison* received a three-month suspended prison sentence and a six-month civil service ban for lending his telephone to a detained person.

**The CPT would like to receive information about the efforts made by the French authorities to combat corruption and trafficking in prohibited items in prisons.**

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<sup>121</sup> One officer who had been stationed at *Baie-Mahault prison* for almost six months and one officer who had been stationed at *Rémire-Montjoly prison* for more than 10 months at the time of the delegation's visit had still not been able to take part in the training on working with minors at the National penitentiary administration school, despite their request.

<sup>122</sup> See the CPT's 24th General Report, CPT/Inf(2015)1.



b. contact with the outside world

145. With regard to visits, remand prisoners were entitled to three visits per week and sentenced prisoners to two visits per week lasting between 45 minutes and one hour (30 minutes at *Basse-Terre remand prison*). The delegation found that prison management often took a flexible approach to these rights. For example, they could authorise "extended visits", particularly for minors or when it was necessary to facilitate contact with people for whom access to the establishment could be difficult (particularly in French Guiana). It is positive to note that visiting rooms generally had open conditions. The tables were separated by transparent partitions and subject to the visual control of a supervisor who could also hear conversations.

The CPT notes with satisfaction the practice of ensuring that a couple incarcerated in *Rémire-Montjoly prison* could regularly see their child together. Some visiting rooms were decorated, but there were no toys for children. *Baie-Mahault prison* had plans to set up a family visitation room with a few toys for children. None of the three establishments visited had a family unit ("*unité de vie familiale*" - UVF).

**The CPT invites the French authorities to improve the facilities for receiving families and to consider setting up family units in the establishments visited and those under construction.**

146. As regards access to the telephone, the CPT notes with satisfaction the widespread availability in the three establishments visited of telephones in cells, corridors or exercise yards. However, the telephones were not always operational. In addition, the high cost of telephone calls meant that not all persons, particularly indigent persons and non-resident foreign nationals, were able to maintain contact with the outside world, including their lawyers.

**The CPT calls on the French authorities to ensure that detained persons have access to telephone communications charged at a reasonable rate. Specific measures should be taken to facilitate telephone communications between indigent persons and their lawyers.**

147. Video-conferencing was used to a limited extent<sup>123</sup> at *Basse-Terre Remand Prison* and was in the process of being installed at *Rémire-Montjoly Prison*.

**The CPT invites in particular for internet calls to be more widely used for indigent prisoners and detained persons whose families live far away. It wishes to receive up-to-date information on the availability and use of video-conferencing in the three establishments.**

148. The delegation received complaints from detained persons in the three establishments visited, including minors, about the length of time taken to approve the list of authorised contacts.

**The CPT recommends that the French authorities take the necessary measures to ensure the right to communicate with the outside world as soon as possible, in particular in the case of minors.**

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123. One person used the system to maintain links with his family in St Martin.

c. discipline

149. According to the regulations in force, the most severe sanction on the disciplinary scale is placement in a disciplinary cell.<sup>124</sup> This sanction was also frequently used in response to violence and the possession of drugs and dangerous objects in the establishments visited.

At *Rémire-Montjoly prison*, the disciplinary committee dealt with 838 disciplinary cases during the year 2023 (1st January to 1st December 2023). By November 2023, the disciplinary committee had handed down seven 30-day solitary confinement sentences and seven 20-day sentences, some of which were suspended. In one case examined by the delegation, a prisoner was placed in a disciplinary cell for at least 45 days without interruption, according to his file. The register of disciplinary isolations in the women's section indicated 11 sanctions since June 2022, including two sanctions of 28 and 30 days.

At *Baie-Mahault prison*, the disciplinary register for 2023 recorded 132 placements in disciplinary cells (compared with 146 in 2022 and 103 in 2021), including numerous sanctions of more than 15 days. At the time of the visit, three prisoners were serving a 30-day sanction, one prisoner a 25-day sanction, and two prisoners a 12-day sanction.

At *Basse-Terre remand prison*, in November 2023, disciplinary cell placements accounted for almost 60% of the sentences handed down (19 out of a total of 27) by the disciplinary committee. Two of these placements were for a period of 30 days (without suspension).

150. The CPT is aware of the difficulties associated with violence and of the need to maintain security in the establishments visited. However, the number of placements in solitary confinement, particularly at *Rémire-Montjoly prison*, appears excessive. The duration of placements in the establishments visited, which can be up to 30 days, or the possibility of accumulating these placements after a single day of interruption (sometimes without interruption), are unacceptable measures. Solitary confinement can have extremely damaging effects on the mental and somatic health and social wellbeing of those subjected to it, and it increases the risk of suicide in detention.<sup>125</sup> A disciplinary sanction can also have significant effects on the assessment of entitlement to sentence reduction. Solitary confinement should therefore only be used as a disciplinary sanction in exceptional circumstances and for the shortest time possible.

**The CPT reiterates its recommendation to the French authorities that solitary confinement should not be imposed as a disciplinary sanction for periods exceeding 14 days for a given offence. This period should preferably be less than 14 days. Further, it should be prohibited to impose several disciplinary sanctions in a row if this means an uninterrupted stay in solitary confinement exceeding the maximum period of 14 days.**

151. The CPT notes the efforts made by the management of the establishments visited to review disciplinary procedures (processing times, prioritisation, etc.) and to provide the necessary safeguards.

During the visit to *Rémire-Montjoly prison*, the delegation was able to attend a session of the disciplinary committee, composed of a detention director, a custodial staff member and an external assessor. The hearing concerned a detained person of foreign origin. The delegation noted that the desired lawyer was not present and that a detained facilitator served as interpreter. After the reading of the accusations and the elements of the investigation by the chair of the session, the detained person was given the opportunity to present their defence and to answer questions from the commission, before the deliberations.

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124. See Articles [R.233-1 and R.235-5 of the Penitentiary Code](#), regulatory part. Other possible sanctions include warnings, loss of canteen privileges and removal from employment or training.

125. See the extract from the CPT's 21st General Report, "Solitary confinement of prisoners", [CPT/Inf\(2011\)28-part2](#); European Prison Rules, [Rec\(2006\)2-rev](#), chapter on discipline and punishment.

According to the 2022 activity report of *Rémire-Montjoly prison*, 23% of disciplinary proceedings were conducted without the assistance of a lawyer, including when the person was a minor or of foreign origin. This was often against the detained person's wishes.

At *Baie-Mahault prison*, more than 30% of disciplinary procedures were carried out in the absence of the appointed lawyer.

Lastly, the delegation noted that the regulations on the rights and obligations of detained persons placed in disciplinary cells were not systematically distributed to the persons concerned.

**The CPT recommends that any detained person accused of breaching internal rules be effectively guaranteed the right to legal assistance. More particularly, detained persons with difficulties in understanding the language should be able to benefit from the necessary assistance, and preferably from a professional. Detained persons in the disciplinary area should be duly informed, in clear language, of the disciplinary regime and procedures applicable, including of appeal procedures against decisions.**

152. The delegation also noted at *Rémire-Montjoly and Baie-Mahault prisons* that boys could be placed in solitary confinement as a means of disciplinary sanction and serve their punishment in the adult male disciplinary unit, with the only difference being that the duration of the punishment could not exceed seven days (for minors over the age of 16) or three days (for minors under the age of 16).<sup>126</sup>

**The CPT reiterates its recommendation that the French authorities amend the law to prohibit disciplinary isolation of minors and recalls rule 60.6.a of the European Prison Rules. In practice, establishments should put an end to the disciplinary isolation of minors without waiting for the legislative amendment.**<sup>127</sup>

153. It should also be noted that “good order measures” (“*mesures de bon ordre*”) - such as the removal of the television, used as punishments for minors, were recorded in a register at *Baie-Mahault prison*. However, the register was not well kept<sup>128</sup> and some “good order measures” were sometimes recorded in the logbook. The delegation did not see any register of good order measures at *Rémire-Montjoly prison*. **The CPT calls upon the French authorities to ensure that registers concerning “measures of good order” are properly kept and that there is appropriate monitoring of the frequency and use of such measures.**

154. The delegation also observed that minors were divided into groups according to criteria of incompatibility, affinity and age, in order to reduce the risk of conflict, and in the absence of sufficient staff to manage tensions and incidents adequately. At *Rémire-Montjoly prison*, the 23 minors were divided into three separate groups. The eight minors placed at *Baie-Mahault prison* were managed in five different groups (one group of three, one group of two and three managed individually). This management, decided by a single multidisciplinary committee (*Commission pluridisciplinaire unique* - CPU) and reviewed every week, had a direct impact on the time allocated to the minors to establish contact with other people, take part in activities and go to the exercise yard.<sup>129</sup>

Individual management measures, which could last up to several months, were particularly problematic, especially as the minors concerned did not seem to be informed of the duration of the measure. Some isolated minors could spend barely two or three hours outside their cells each day. This type of management could amount to *de facto* solitary confinement, with potentially serious consequences for the individual's mental and somatic health, as well as their ability to prepare for release.

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126. See Article R.124-27 of the French criminal justice code for minors.

127. See Rec(2006)2-rev.

128. Neither the duration nor the reasons justifying the measure were consistently indicated in the register.

129. During the interviews, several minors indicated their desire to be associated with minors placed in other groups. Some mentioned, for example, the possibility of eating together, rather than alone in their closed cell.



**The CPT recommends that the French authorities prefer restorative methods of conflict resolution to separating people into small groups, which could lead to imposing an extremely impoverished regime on them, even one similar to solitary confinement.**

155. As far as material conditions are concerned, the ten individual cells in the men's and boys' disciplinary unit<sup>130</sup> at *Rémire-Montjoly prison* each measured 9 m<sup>2</sup> (including the surface area of the anteroom). They had access to natural light and adequate ventilation. However, they were often dirty and dilapidated. Each cell was equipped with a concrete bench with a mattress, a concrete table and seat, and a stainless-steel toilet/washbasin unit at the head of the bed, which was not partitioned. In this regard, the CPT notes the ongoing renovation efforts. Moreover, a call system was installed in the anteroom and was accessible. The configuration of this lock, with its bars and numerous ligament points on the grill, is a major risk for people who are likely to attempt suicide.<sup>131</sup>

The delegation was particularly concerned about the material conditions of the six cells in the disciplinary section of *Baie-Mahault prison*. The size of the cells was adequate (7.5 m<sup>2</sup> of living space, including a stainless-steel toilet with a built-in washbasin) and the detained persons had a metal bed with a mattress and sheets and a table with a metal seat fixed to the floor. However, on the whole, the cells were dirty, dark and poorly ventilated. A ceiling light in the anteroom provided some artificial light when operated from outside. A small window gave access to a beam of daylight, but let in little fresh air, as an opaque plate and wire mesh were fixed to the outside of the bars. The air inside the cell was stifling. Each cell had a barred entrance, making it impossible for the detained person to reach the intercom system, which besides was constantly out of order. If needed, the detained persons had to shout or wait for the staff to make their rounds.

156. At the end of the visit in December 2023, the delegation made immediate observations under Article 8, paragraph 5, of the Convention, requesting the French authorities to remedy the above-mentioned material shortcomings concerning the cells in the disciplinary and isolation wing of *Baie-Mahault prison*, in particular to enable prisoners to access a functional call system and to ensure adequate ventilation and hygiene conditions. The authorities informed the CPT, in the letter dated 19 February 2024, that work had been undertaken by the establishment to improve the functionality of the call system and the ventilation of the cells by removing the Plexiglas from the windows.

157. Each disciplinary isolation section had dedicated exercise yards. The men's disciplinary unit at *Rémire-Montjoly prison* had three decent-sized exercise yards, each with showers. They were covered with barbed wire fencing and had a shelter to protect detained persons from the rain or sun. However, the courtyards were in a generally deteriorated state and the walls and floor were stained with mould. The paint on the walls was crumbling. None of the courtyards had any equipment to rest or practise sports, and there was no horizontal view. The yard in the isolation unit of the women's section was in a particularly deplorable and austere state. The walls were also covered in mould.

The four individual exercise yards<sup>132</sup> at *Baie-Mahault prison* were of a reasonable size, with a long concrete bench and protection from the rain and sun. However, they were made entirely of concrete and offered no horizontal view. The floors and walls were in poor condition and covered in mould. There were no sports facilities. They were equipped with video surveillance but no call system.

158. The three individual cells in the disciplinary unit of *Basse-Terre remand prison* each had a small walking yard (approximately 8 m<sup>2</sup> ) with a shower. The cells varied in size. One measured 4.5 m<sup>2</sup> , without the 3 m<sup>2</sup> anteroom separating the courtyard from the cell. The second cell was larger (7.5 m<sup>2</sup> ), with a smaller anteroom. The cells had a call system, a metal bed with a mattress, a small table with a seat and a stainless-steel toilet and washbasin unit, which was not partitioned off and

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130. According to the prison management, there was always a separate timetable so that adults and minors do not cross paths. The disciplinary cell for women and girls was located in their unit.

131. In 2022, at least six prisoners attempted to hang themselves. Two suicides occurred in 2023.

132. They were used for prisoners under disciplinary sanctions and in solitary confinement, as well as for the unit for violent prisoners ("*Unité pour détenus violents*" - UDV), on a rotating basis.

could be seen from the entrance door. They were dirty, dilapidated, poorly ventilated and dark. The doors also had multiple ligament points.<sup>133</sup>

159. **The CPT recommends that the French authorities take the necessary measures to ensure good maintenance and adequate hygiene and safety conditions in the disciplinary and segregation quarters, in light of the above remarks. The cells in question should benefit not only from adequate ventilation and artificial lighting but also from access to daylight. The CPT recommends that call systems be accessible and functional.**

**In particular, the CPT recommends that the French authorities take the necessary measures to ensure that the cells are secured in the event of the placement of persons at risk of suicide or self-harm.**

**The CPT recommends that the exercise yards in the isolation units be renovated as soon as possible, in particular the one in the women's isolation unit at *Rémire-Montjoly prison*.**

160. The regime offered in the disciplinary quarters was limited to individual access to the exercise yard, which was reduced to one hour a day. The placement in disciplinary isolation as a means of sanction entailed the suspension of all activities, apart from general education, which was maintained at *Rémire-Montjoly prison*.<sup>134</sup> The delegation also received complaints about the impossibility to access the library while in disciplinary isolation. Contacts were limited to brief daily exchanges with prison staff (and nursing staff at *Basse-Terre remand prison*),<sup>135</sup> a visit by a doctor two or three times a week, a visit to the visiting room and one phone call a week. At *Baie-Mahault prison*, the canteen was limited to hygiene products and tobacco for those placed in disciplinary isolation.

**The CPT invites the French authorities to ensure that the placement of detained persons in solitary confinement is accompanied by activities providing appropriate mental and physical stimulation in order to counteract the risks associated with isolation. The CPT recommends that the prison medical service be particularly vigilant regarding the situation of isolated persons and that healthcare staff visit them immediately after their placement and regularly thereafter, at least once a day.**

e. administrative or judicial isolation

161. Any adult prisoner may be placed in solitary confinement by the administrative authority (on the advice of the CPU), for a maximum period of three months, as a protective or security measure, either upon request or the decision of the administration. The prison director may renew the measure once for the same period.<sup>136</sup>

162. The number of placements in solitary confinement did not appear to be excessive. At *Rémire-Montjoly prison*, in 2023, eight prisoners had been placed in solitary confinement, for periods ranging from five days to 12 months. The prison also had a five-place Vulnerable Population Unit (*quartier pour des populations vulnérables* - QPV). However, the admission criteria were not clearly defined and in fact this area functioned as a segregation area.

At *Baie-Mahault prison*, in 2022, 30 people had been placed in solitary confinement (nine upon request, three following a court decision and thirteen by administrative decision), often for extended periods (more than three months, or even more than a year).<sup>137</sup>

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133. It should be noted that one suicide by hanging took place in 2023 and two in 2019, in the disciplinary section of *Basse-Terre reman prison*.

134. A minor under disciplinary sanction in *Baie-Mahault prison* was excluded from school. The women disciplined at *Rémire-Montjoly prison* could no longer take part in the activities on offer, but could take part in community service. Meetings with the chaplain were also maintained.

135. However, the persons detained were not seen by healthcare staff every day at *Rémire-Montjoly* and *Baie-Mahault prisons*.

136. Article [L.213-18](#) of the Penitentiary Code and Article [R.213-23](#), regulatory part of the Penitentiary Code.

137. The duration of solitary confinement ranged from three to six months (14), six to 12 months (seven) and more than 12 months (four).

163. As far as material conditions were concerned, the segregation unit at *Rémire-Montjoly prison* had six 9 m<sup>2</sup> cells, in good condition, with access to natural light and adequate ventilation. Detained persons were provided with a metal bed fixed to the floor, a table and chair, a television, a fridge, a shelf fixed to the wall, and other personal items such as a fan and a rice cooker.

Detained persons had access to a sports hall with some equipment, most of which was out of order, and communal showers. They also shared the three exercise yards with persons placed in disciplinary isolation (see paragraph 157). The cell dedicated to female segregation could accommodate two people. It was in a dilapidated state and littered with cockroaches, as it was rarely used, according to the administration. The exercise yard was shared with persons placed in disciplinary isolation (see paragraph 157).

The QPV of *Rémire-Montjoly prison* had five double cells measuring approximately 11 m<sup>2</sup> (one of which was being refurbished) in a deteriorated and dirty state. The QPV's exercise yard was covered in sheet metal, under which it could get very hot. There was no access to water or a shower in the yard, and no sports equipment or benches to rest.

164. The 10 individual isolation cells at *Baie-Mahault prison* were also in a deplorable state and were the same size as those in the disciplinary unit (see paragraph 155). With the exception of one cell, the segregation cells had no anteroom. However, they were equipped with a telephone, television, refrigerator, rice cooker and fan.

165. *Basse-Terre remand prison* did not have any individual isolation cells. Vulnerable persons or those requiring isolation were placed in dormitories unsuited to their needs. The management of vulnerable persons was a concern for the administration.

**166. The CPT recommends that the French authorities take the necessary measures to ensure that cells and exercise yards in isolation units provide conditions of detention, and in particular in terms of hygiene, which respect the dignity of persons.**

167. The delegation noted, as in the past, that the current regime offered to persons placed in solitary confinement was inadequate. At *Rémire-Montjoly prison* in particular, isolated persons had the right to access to the exercise yard and sometimes, a sports activity, once a week. Persons placed in solitary confinement had no access to vocational training or general education. At *Baie-Mahault prison*, it is positive to note that the regime was similar to that of ordinary detention. A sports hall was available every day except weekends.

**The CPT recommends that the French authorities ensure that prisoners held in solitary confinement for more than two weeks are provided with a structured programme of constructive activities, preferably outside their cells, and that they are given the opportunity to maintain meaningful human contact for at least two hours a day, preferably more, with staff and/or with one or more other prisoners.<sup>138</sup>**

**Persons placed in solitary confinement should be subject to an individualised programme of activities supervised by a multidisciplinary team. These activities should help the detained persons to reintegrate into the ordinary detention areas and ultimately prepare for their reintegration into the community. The CPT reiterates its recommendation that the French authorities undertake regularly reassessments the situation of persons placed in solitary confinement.**

e. unit for “violent” prisoners

168. A unit for violent prisoners (*unité pour personnes détenues violentes* - UDV), set up in November 2021 within *Baie-Mahault prison*, had five individual cells (three of which were available to *Baie-Mahault prison* and two to the overseas prison services). Detained persons were placed in these cells according to a four-level classification of individualised security measures, which

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138. See Rule 53A, paragraph a. of the revised European Prison Rules, [Rec\(2006\)2-rev.](#)

determined the level of restraint used and the regime.<sup>139</sup> The procedure for placement in the UDV and the files consulted do not call for any particular comment. Classifications were reviewed on a regular basis, and detained persons in the UDV were informed of their right to appeal against the placement decision, with the assistance of a lawyer.

169. The material conditions at the UDV were satisfactory. The cells were equipped with an armoured door with a handcuff slot and secure furniture. A large window gave access to daylight and fresh air. The unit had an activity room with a television, video games, books and group games, a courtroom and a sports room with several pieces of equipment in very good condition. The individual exercise yards were shared with the disciplinary unit and the isolation unit (see paragraph 157).

170. Under the first-level security regime, it is positive to note that the three detained persons at the time of the visit were able to take part in socio-cultural activities offered on a weekly basis, apart from at weekends. They had daily access to the sports hall and the exercise yard. However, human contact was limited to a few brief daily exchanges with prison staff, visits from a doctor on average twice a week, visits from relatives under the same rules as other detained persons, and some meetings with the CPIPs.

f. safety measures

171. In each of the establishments visited, as observed in the past,<sup>140</sup> the delegation received several allegations concerning the regular, almost systematic, practice of strip searching after leaving visiting rooms, including of minors.

The CPT notes that searches were systematically carried out by officers of the same sex as the person subject to the search procedure. However, the delegation received numerous allegations concerning the totally inappropriate practice of strip searching, during which prisoners were asked to spread their legs, bend forward, flex and cough. At *Baie-Mahault prison*, the delegation heard an allegation from a minor who was strip searched in the presence of seven prison officers, who allegedly laughed at him.

The delegation saw official posters from the Ministry of Justice, in particular at *Rémire-Montjoly prison*, indicating the full-body search procedure, including the obligation for the detained person to undress completely.

In the opinion of the CPT, any recourse to a full body search must be an exceptional and proportional measure that may be taken when it is not possible to carry out other types of search (tap-down search or using electronic detection means). Such an intrusive and potentially degrading measure should in principle only be justified by a specific danger or by concrete suspicion. In addition, the Committee reiterates that the search should be carried out in two stages so that one part of the body is always covered ("the top" and then "the bottom") in order to limit any discomfort for both the detained persons and the guards.

**The CPT reiterates its recommendation to the French authorities that, both in legislation and in practice, strip searches should be carried out following an individual risk assessment and taking into account vulnerabilities or previous traumatic experiences of violence or abuse. They must be carried out in a sensitive manner, in stages, in order to respect the privacy and dignity of the persons concerned.**

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139. Depending on the level four classification (the most severe), the presence of at least three guards and one officer is required for any movement. Handcuffs are applied and the detained person has no access to activities. At level three, the detained person is placed under observation for 15 days. Movements are monitored by two officers and a senior officer, with handcuffs behind the back. Access to activities is not permitted, with the exception of school activities. For level two, movements can be carried out by two officers, with the handcuffs fastened in front. The detained person may be allowed to take part in activities. Handcuffs were not used for people classified at level one. Access to activities was also authorised. See also Penitentiary Code, [Articles R224-1 to R224-12](#); CPT/Inf (2021) 14, paragraphs 68-69.

140. See CPT/Inf (2021) 14, paragraph 102.

172. In addition, the delegation noted that the traceability of searches (all types of searches taken together) was not precise and did not allow for rigorous control of the criteria used to decide to carry out searches. At *Baie-Mahault Prison*, a new system for recording searches ("Brique fouille module") had just been introduced and staff still needed to be trained. **The CPT recommends that the French authorities ensure that the use of searches is properly recorded.**

173. The quality of record-keeping on the use of force and means of restraints varied greatly between the establishments visited. *Rémire-Montjoly prison* was the only one where the use of handcuffs and force was systematically recorded, justified and reviewed by management.<sup>141</sup> However, the systematic use of handcuffs during transfers (and while waiting in court), including on minors, was not. At *Basse-Terre remand prison*, in the absence of a register of restraints and use of force, the use of handcuffs was recorded in a professional report (*compte rendu professionnel - CRP*) sent to the prison management.

**The CPT encourages the French authorities to take the necessary steps to ensure that registers concerning the use of force and means of restraints are rigorously kept in prisons. It also refers *mutatis mutandis* to the recommendation made in paragraph 52.**

g. complaints procedures

174. In their letter dated 19 February 2024, the French authorities mention the reform, the aim of which is to introduce an effective preventive domestic remedy to redress situations where rights are violated due to poor conditions of detention.<sup>142</sup> Under the new article 803-8 of the Code of Criminal Procedure (CPP), France has introduced a procedure enabling any detained person to ask a judicial judge to verify whether the conditions of detention are contrary to human dignity and, if so, to order corrective measures.<sup>143</sup>

In each of the three establishments visited, the prison administration had taken measures to strengthen communication with detained persons regarding the appeal – known as the "dignity remedy" – against inhuman conditions of detention, by means of posters at *Rémire-Montjoly prison* and at *Basse-Terre remand prison*, as well as via the internal video channel at *Baie-Mahault prison*, where the equipment was due to be delivered mid-February 2024. In addition, at *Basse-Terre remand prison*, the appeal procedures, including the "dignity" remedy, are set out in the prison's internal regulations, which are available in the library.

175. However, none of the detained persons interviewed were able to explain to the delegation the complaints mechanisms or possible remedies for inhuman conditions of detention. At the time of the visit, there were very few complaints (fewer than 10 at *Rémire-Montjoly prison*, for example, despite the scale of the problem). Half of the referrals were declared inadmissible (because they were insufficiently personalised and detailed) and the other half failed to be examined on their merits.

Information on how to contact the delegates of the *défenseur des droits* was available in the establishments, and programmes such as "L'Écrivain", which consists of helping detained persons, particularly those who are illiterate, to formulate complaints, are positive initiatives.

**The Committee invites the French authorities to continue their efforts to raise awareness of the remedy introduced by article 803-8 of the CCP, using appropriate language. It would like to receive updated information on the number of complaints lodged in this context and their outcome between 2021 and 2024.**

With regard to internal complaints and claims, the delegation received numerous indications that persons concerned who had lodged internal complaints or claims did not receive a response.. There was no traceability of complaints to the prison administration. **The CPT recommends that the French authorities take the necessary measures to ensure that the internal complaints system guarantees that detained persons receive, within a reasonable time, written confirmation of the receipt of each complaint as well as written and reasoned responses to their written complaints, and that all complaints are duly recorded.**

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141. At the time of the visit, 66 uses of restraints had been recorded in 2023. This compares with 40 in 2022.

142. See *J.M.B. and others v. France* (application no. [9671/15](#), 30 May 2020) and the state of [execution](#).

143. Law no. 2021-403 of 8 April 2021.

## C. Psychiatric establishments

### 1. Preliminary remarks<sup>144</sup>

176. The Public Health Act (PHA) contains the main legal framework applicable to admission in civil psychiatric establishments, which is applicable in full to the French regions located overseas, including Guadeloupe and French Guiana, except for certain aspects related to the organisation of the health system which are irrelevant to the mandate of the CPT.<sup>145</sup>

177. Since the CPT's previous visit to France in 2019, the PHA was amended on several occasions. From the perspective of the CPT's mandate, the most important change concerns the legal framework, including safeguards, surrounding the application of means of restraint (Article L.3222- 5-1 of the PHA).

178. During this *ad hoc* visit to French Guiana and Guadeloupe, the delegation visited:

- In French Guiana, the adult closed wards ("Wapa" and "Comou") and the minors' ward ("Acajou") at the *Pôle santé mentale* of the *Centre Hospitalier de Cayenne "Andrée Rosemon"* (CHC), as well as the emergency department located in the same hospital.
- In Guadeloupe, the adult closed wards and the child and adolescent psychiatry departments at the *Etablissement Public de la Santé Mentale de Guadeloupe (EPSM-G)* as well as its *Centre d'Accueil et de Crise (CAC)* located in the *Centre Hospitalier Universitaire (CHU)* in Pointe-à-Pitre. Further, the delegation visited the emergency departments of the *Centre Hospitalier de Basse Terre (CHBT)* and the CHU, as well as the EPSM-G's ward for minors.

- a. hospital of Cayenne "Andrée Rosemon" in French Guiana

179. The *Pôle santé mentale* is situated on the main site of the CHC, a vast hospital complex close to the city centre of Cayenne. It was the first visit of the CPT to the hospital and its psychiatric department.

180. In October 2019, the *Contrôleur général des lieux de privation de liberté (CGLPL)* published a highly critical report on the hospital's *pôle santé mentale*, covering a wide range of topics including the quality of the accommodation, the activities offered to patients, and the practices in respect of the use of means of restraint. The publication had been preceded by the publication of emergency recommendations in the Official Journal on 14 March 2019, immediately after its visit.

181. The report prompted the *CHC* to embark upon a vast reform, encompassing not only the *pôle's* physical infrastructure, but also introducing a different approach to the treatment of mental illness, through fewer, and shorter hospitalisations, fewer closed wards and, in line with the policy objectives of the French government, a reduced resort to use of mechanical means of restraint and seclusion.

182. In order to compensate for the reduction in beds by increased access to ambulant psychiatric care, including outside Cayenne, a *Centre médico-psychologiques (CMP)* has been opened in Saint-Georges and another CMP will open in Saint-Laurent-du-Maroni, 200 and 260 km respectively from Cayenne.

183. Enhanced access to decentralised ambulant psychiatric care is expected to reduce the need for involuntary admissions at the *CHC*, which is the sole establishment accredited for such hospitalisations in French Guiana. Further, by spreading psychiatric care to more remote areas of Guiana, it is expected that patients in need of in-hospital care will be admitted in a less advanced state of decompensation than is currently the case and will therefore require less time to recover.

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144. With regard to the treatment of persons with mental health problems, the CPT notes that France has undertaken to comply with other obligations under international law arising from its ratification of the Convention on the Rights of Persons with Disabilities (CRPD).

145. It concerns the organisation of the Regional Health agency ("*Agence Régionale de Santé*", ARS).

184. The CPT fully recognises the advantages ambulant treatment may bring to patients. Nevertheless, it wishes to reiterate the words of caution expressed in its report on the 2019 visit to France<sup>146</sup>, for the development of ambulant treatment not to come to the detriment of the conditions of in-patient units receiving patients in crisis. In respect of the *CHC in French Guiana*, the delegation observed that the reduction in beds, combined with various seclusion rooms which were out of order, appears to have led to an increased waiting time (up to five days) for patients in an acute crisis at the hospital's emergency department, which is not adapted to take care of patients in such a state.<sup>147</sup> **The CPT recommends that the French authorities take these concerns into account whilst proceeding with substituting in-patient care with ambulant psychiatric care in French Guiana.**

185. At the time of the visit, the number of closed wards at the *pôle de santé mentale* of the CHC had been reduced to two mixed-gender units: the adult units “*Wapa*” (with a capacity of 10 beds, nine of which were occupied) and “*Comou*” (all nine operational beds (out of 14) were occupied). The “*Wapa*” unit serves as the admission unit, where patients are stabilised before being placed in “*Comou*”.<sup>148</sup> In general, within four to five weeks following admission<sup>149</sup>, patients are transferred to the open “*Wasa*” unit. All patients were involuntarily hospitalised.

186. Due to refurbishment, the *department for minors* “*Acajou*” had six beds instead of 10, with four beds occupied. On average, patients remained on the ward for two weeks before returning home. The “*Acajou*” unit is not categorised as a closed unit by the hospital administration as the minors have been hospitalised with consent of their legal representatives and are thus considered voluntary patients.<sup>150</sup> From the CPT's perspective, these minors were de facto deprived of their liberty as the unit door was locked at all times and the minors were not allowed to leave the unit without permission.

b. public mental health establishment of Guadeloupe

187. The *EPSM-G* was created in 2018 through a merger between the *Centre Hospitalier spécialisé de Montéran* in Saint-Claude (Basse-Terre) and the two psychiatric units of the CHU in Pointe-à-Pitre (Grande-Terre). The *EPSM-G*'s six mixed gender closed adult wards are divided over these two sites: Sectors 1 to 3 were situated in *Saint-Claude* and Sectors 4 to 6 in *Pointe-à-Pitre*. The allocation of patients over the six sectors depended on the place of residence of the patient.

188. The Basse-Terre site of the *EPSM-G* was located a short distance from the town of Saint-Claude, on large grounds with a view to La Soufrière, the highest volcano on the island. The three sectors each consisted of an open unit and a closed unit. The closed units (“*Acajou*”, “*Poinsettias*” and “*Manguiers*”) had a capacity of 19 beds each (excluding the seclusion and restraint rooms), but in two rooms an additional bed had been placed, increasing the *de facto* capacity per unit to 21 beds.<sup>151</sup> At the time of the visit, there were 18 patients in “*Acajou*” (four voluntary and 14 involuntary patients), 18 patients in “*Poinsettias*” (seven voluntary and 11 involuntary patients) and 16 patients in “*Manguiers*” (four voluntary and 12 involuntary patients).

189. Sectors 4 to 6 were located in separate buildings on the ground of the University Hospital, in the vicinity of Pointe-à-Pitre and consisted of closed units only. All sectors had a capacity of 25 beds each (excluding the seclusion and contention rooms). However, an extra bed had been placed in one room, making a *de facto* bed capacity of 26 beds.<sup>152</sup> At the time of the visit, the occupation was: 17 patients in Sector 4 (of whom eight patients were voluntary and nine were involuntarily placed), 22 patients in Sector 5 (of whom 12 patients were voluntary and 10 patients involuntarily placed), 26 patients in Sector 6 (of whom nine were in voluntary and 17 patients in involuntary placement).

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146. CPT/Inf (2021)14; paragraph 106.

147. See paragraphs 214 to 218.

148. In certain cases, patients are placed at the “*Comou*” unit directly.

149. Data provided by the CHC indicates that patients in 2022 on average remain four to five weeks on “*Wapa*” and “*Comou*”.

150. See Article L.3211-10 of the PHA.

151. At the time of the visit, several rooms were under renovation. However, the delegation understood from staff that the overall capacity would not be reduced once these rooms would become available again.

152. At the time of the visit, several rooms were under renovation. However, the delegation understood from staff that the overall capacity would not be reduced once these rooms would become available again (see paragraph 210).

190. The University Hospital will very probably move to a location north of the airport, away from Pointe-à-Pitre. At the time of the visit, it was unclear whether the EPSM-G would join the CHU on its new premises. The EPSM-G management was concerned that it may be left on the current site on its own as the establishment depended for many services, including fire safety, security and somatic healthcare, on the CHU and, moreover, was keen to leave the current site, which is close to the illicit drugs scene of Pointe-à-Pitre. **The CPT would like to be informed about the prospective of EPSM-G to join CHU at their new site, and if not, the measures the French authorities intend to take to address the concerns of the EPSM-G management.**

191. The five-beds ward for minors (*Unité de diagnostic et de soins intensifs*, UDSI or “Colibri”) was located at the EPSM-G’s *Saint-Claude site* and was operating at fully capacity at the time of the visit.<sup>153</sup> As had been the case with the minors’ ward at the CHC in French Guiana, the minors accommodated at the UDSI were hospitalized with the consent of their legal representatives<sup>154</sup> and were therefore considered voluntary patients. Nevertheless, in Guadeloupe, the minors were also *de facto* deprived of their liberty: the entry doors were permanently locked, and the minors were not allowed to leave the unit without prior authorisation.

## 2. Ill-treatment

192. Neither in French Guiana nor in Guadeloupe, in the establishments visited, the delegation received any allegation of ill-treatment of patients by staff.

193. By contrast, in both establishments visited, violence between patients is not infrequent, and staff intervened rapidly and effectively. During the visits to the establishments, the delegation actually witnessed various altercations amongst patients which were swiftly and competently appeased by staff.

Further, healthcare staff were regularly the target of acts of violence from patients – insults, death threats, slaps, punches. At times, the threats were of a very serious nature and concerned for instance the life of a staff member. On several of the closed adult wards in both establishments there was a tangible feeling of unsafety among staff.

194. In discussion with staff of both institutions about, in particular, the causes of violence on the wards, they mentioned, inter alia: lack of staff, resulting in frequent rotation of staff over different wards<sup>155</sup>; the severity of the disorder of certain patients, which is perceived as being on the increase, in particular due to comorbidity with drug addiction; and, in Guadeloupe, the absence of technical security, such as personal panic buttons and alarm bells in public spaces. **The CPT recommends to the French authorities to take decisive efforts to reinforce the security of patients and staff. In particular, it would like to receive detailed comments from the French authorities on the possible causes of the violence described above.**

195. The CPT notes the efforts made by the French authorities to shed light on the prevalence and causes of ill-treatment in psychiatric establishments. Ill-treatment qualifies as a serious undesirable event associated with healthcare (*“évènement indésirable grave associé aux soins”*, EIGS) and staff are obliged to report such incidents, for analysis and to allow management to take adequate preventative measures.

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153. In addition to the five beds the unit kept one additional bed for emergencies, which was occupied at the time of the visit.

154. In one case, the patient file did not contain a filled in parental consent form. According to the establishment concerned, this was an omission.

155. See chapter 5.



196. In its analysis of the reported EIGS over 2022, the *Haute Autorité de Santé (HAS)* included an analysis of the 58 EIGS concerning ill-treatment by staff and inter-patient violence, received between March 2017 and December 2022. Although both the scope of the study and the definitions used by the HAS do not fully align with the CPT's mandate<sup>156</sup>, its observations and recommendations are pertinent and include, *inter alia*:

- Inter-patient violence is most likely to occur in psychiatric institutions and is frequently of a sexual nature;
- Inter-patient violence mainly affects patients vulnerable due their age, mental state (for instance depression) or pathology (for instance autism), and the lack of capacity in an institution to provide proper conditions to these vulnerable patients;
- Both ill-treatment by staff and inter-patient violence primarily take place at times when staff numbers are lower, due to understaffing, at night or in the weekend, or when the staff allocated to a particular ward largely consisted of replacements;
- Adequate material conditions, including lockable, single rooms and suitable ward architecture (no dead angles), play an important role in the prevention of inter-patient violence;
- Poor staff communication and poor file keeping, for instance as to previous incidents with a certain patient, contribute to the persistence of ill-treatment and inter-patient violence;
- Lack of clarity about specific protocols, and procedures on the ward or in the institution leave room for ill-treatment and inter-patient violence.

197. The HAS emphasises the importance of convincing staff to file EIGS in the system, followed by a profound analysis of EIGS by the institution. This is a recommendation to which the CPT fully subscribes to, given its own finding that the “*évènement indésirable*” register does not always reflect the reality on the wards. For instance, in French Guiana, on one of the closed wards at the CHC, physical violence against staff was also registered in a paper logbook which for 2023 contained approximately 25% more cases of physical violence than reported through the EIGS system. Further, in Guadeloupe, at the EPSM-G's *Pointe-à-Pitre* site, various staff members mentioned to the delegation that they had been subjected to violence from patients but had decided against reporting the incident. Staff felt that it was not worth investing time in completing the forms, online or on paper, as there had previously been no follow-up to reporting and violence was inherent to the profession. From the management of both establishments, the delegation understood that measures are being taken to improve the reporting rate, including by a more frequent and standardised analysis of reported incidents and immediate feedback to the notifier. **The CPT would like to be informed about the measures taken in the establishments visited in French Guiana and Guadeloupe to encourage filling incidents in the EIGS system.**

The HAS' observations and recommendations tally with those of the delegation, and the CPT is pleased that the HAS intends to prioritise the fight against ill-treatment by staff and inter-patient violence in the near future and that it plans various guides and publications on the subject. In the CPT's view, the HAS observations and recommendations not only merit follow-up by the HAS itself, but also by national, regional and local authorities, depending on their mandate, as well as by psychiatric establishments. **The CPT would like to receive information as to the follow up to the HAS analysis.**

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156. The study concerns both healthcare institutions (somatic and psychiatric) and social institutions, in particular the nursing homes for dependent elderly people (“*établissement d'hébergement pour personnes âgées dépendantes*”, EPHAD) and includes both voluntary and involuntary patients and residents. For methodological reasons, violence against staff by patients is excluded, as well as reports on events that are either not sufficiently serious or not related to care. The result is an analysis based on 56 EIGS. Further, the definition of abuse (“*maltraitance*”) used by the HAS stems from Article L.119-1 of the *Code de l'action sociale et des familles* (CASF) and is wider than what is covered by the CPT as a preventative mechanism in respect of Article 3 of the European Convention on Rights, and concerns for instance cases of unintentional neglect, including lack of vigilance, and professional errors or incompetence.

### 3. Patients' living conditions

198. The aim in any psychiatric establishment should be to offer material conditions which are conducive to the treatment and welfare of patients; in psychiatric terms, a positive therapeutic environment. Creating a positive therapeutic environment involves, first of all, providing sufficient living space per patient as well as adequate lighting, heating and ventilation, maintaining the establishment in a satisfactory state of repair and meeting hospital hygiene requirements.

199. Attention should also be given to the decoration of both patients' rooms and recreation areas, to give patients visual stimulation. The provision of bedside tables and wardrobes is highly desirable, and patients should be allowed to keep certain personal belongings (photographs, books, etc.). It is also important that patients be provided with lockable space in which they can keep their belongings; the failure to provide such a facility can impinge upon a patient's sense of security and autonomy.

200. In general, there were good living conditions for patients in the closed wards of both the CHC's *Pôle de santé mentale* in French Guiana and in the EPSM of Guadeloupe, as well as on the child psychiatry units of both establishments. However, the humid climate in both French Guiana and Guadeloupe requires buildings to receive very regular maintenance to repair damage caused by water infiltration and to remove mould. On the EPSM-G *Saint-Claude* site in particular, several patients' rooms were almost always out of use for this reason. In both establishments visited, as soon as the repairs had to be postponed for budgetary reasons or otherwise, the living conditions seemed to deteriorate rapidly. **The CPT recommends that the French authorities continue to engage in a timely, rolling programme of maintenance in the two establishments.**

#### a. material conditions at the CHC in French Guiana

201. At the *CHC* in French Guiana, the "Wapa" unit had recently moved to new premises with living conditions of a high standard. The unit was spacious with good access to natural light. It consisted of a large, T-shaped space with individual rooms and a large infirmary, a dining room, a visitor's room, and a doctor's consultation room. Several of seclusion rooms together with the time-out room were placed as a block in the centre of the space.

202. The patients were accommodated in six single rooms (of approximately 11 m<sup>2</sup>), and two double occupancy rooms. The rooms were equipped with a bed, a table and a chair and each had a call bell. The rooms were lockable from the inside and had ensuite toilet and bathing facilities. At the time of the visit, lockable storage cabinets had been ordered and were expected to arrive shortly. None of the patients' rooms had been decorated with personal items, such as posters or drawings. However, the medical staff said that such decoration would be authorised when requested by a patient. **The CPT would like to receive confirmation that the lockable storage cabinets have by now taken into service by patients at the "Wapa" unit.**

203. As to the "Comou" ward, at the time of the visit, the construction of a new 14-room ward was ongoing, and it was foreseen that the patients currently accommodated at the "Comou" unit would move there in January 2024. The new "Comou" ward will have a lay-out and patient facilities similar to the "Wapa" unit, but with 10 single rooms and two double-occupancy rooms. **The CPT would like to receive confirmation that the patients accommodated on the "Comou" ward have been transferred to their new premises.**

204. The mixed child psychiatry unit "Acajou" was accommodated on the ground floor of a two-story building approximately 300 meters away from the "Wapa" and "Comou" units. It consisted of an interior courtyard surrounded by five double occupancy rooms (of which two were not being used due to ongoing construction works) and an infirmary. Its time-out room had already been out of order for several years. The patients had free access to an interior courtyard.

There was an adult unit located on the first floor of the building and adult patients had a direct view of the minors in the interior courtyard. This is far from ideal, and the delegation understands this is one of the reasons why the CHC foresees the construction of a new ward for minors in the coming years. However, in the view of the delegation the French authorities should consider which immediate measures it could take to protect the privacy of the minors accommodated at the "Acajou"

unit. **The CPT would like to receive more details about the refurbishment of the child psychiatry “Acajou” unit and the status of plans to build a new unit for minors. Further, the Committee recommends that the French authorities take immediate action to protect the privacy of the minors accommodated at the “Acajou” unit, and to inform the CPT about the measures taken.**

205. Despite the fact that the units visited could become very warm due to the tropical climate in French Guiana, none of these units was equipped with air conditioning or another device to regulate the interior temperature. The CPT is aware of the costs, both financially and in terms of the environment impact, associated with the use of these devices. Nevertheless, with the means at their disposal, the French authorities should make efforts to maintain the temperature on the units at an acceptable level. **The CPT would like to receive the comments of the French authorities on this issue.**

b. material conditions in the EPSM of Guadeloupe

206. At the *EPSM-G Saint-Claude site*, the three closed units had a similar layout: a large quadrangle interior garden surrounded by open galleries, where the patients’ rooms (14 individual rooms and two double rooms), the rooms for therapeutic activities and entertainment, the dining room, a visitor’s room, and an infirmary could be found. One bedroom per unit was adapted for patients with reduced mobility. Each ward had two seclusion rooms and two restraint rooms.

207. The patient’s rooms could be locked from the inside and were sufficiently spacious and luminous, each equipped with an ensuite bathroom. The single rooms contained a bed with bed-side table, a chair, a wardrobe, and a desk. The double rooms were similarly equipped. However, the wardrobes could not be locked. Although according to both staff and patients, this has not yet posed any problems, in the view of the CPT it would be necessary to install locks on the wardrobes to prevent possible conflicts between patients. At the time of the visit, the patient rooms had not been equipped with a call bell. All patients had around the clock access to the interior garden. **The CPT recommends the installation of a call bell in the patients’ rooms as well as locks on the wardrobes in double-occupancy rooms at the EPSM-G Saint-Claude site.**

208. The *EPSM-G Pointe-à-Pitre site* consisted of four rectangular buildings, separated by large gardens. Three of the buildings, constructed around a large interior garden, each accommodated a closed ward, with single and double-occupancy rooms. The administration was housed in the fourth building.

209. The three units at the *EPSM-G Pointe-à-Pitre site* were closed units, but accommodated both voluntary and involuntary patients.<sup>157</sup> The voluntary patients were, in principle, free to leave the unit as they wished. All patients had free access to the interior garden, but to access the exterior gardens, involuntary patients required authorisation from the psychiatrist in charge.

210. In November 2023, Sector 4, one of the closed wards, had been affected by fire. For this reason, at the time of the visit, four seclusion rooms and three double-occupancy rooms were out of service.

211. The living conditions at the child psychiatry unit at the *Saint-Claude site* were acceptable. The five rooms were equipped with a bed, a chair, and a desk. Only two of the five rooms were equipped with air-conditioning. There was free access to a large garden equipped with a shelter to protect them from the sun, as well as a basketball hoop.

212. In contrast, the conditions in the *Centre d'Accueil et de Crise (CAC)* at the CHU are unsuitable for accommodation for longer than 24 hours, according to the CPT. The premises, consisting of a patients’ dormitory, a seclusion room, an infirmary and a doctor’s consultation room, were small and dark without natural light, and there is no outdoor space. The patients’ room featured four beds separated by room dividers (“boxes”). One of these four boxes was not in use due to water infiltration

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157. During its visit to the EPSM de Guadeloupe, the delegation assessed the conditions of involuntary patients only.

in times of rain, nor was the seclusion room due to a leaking toilet. When the delegation visited the CAC, it was accommodating three patients, including a minor who had been at the CAC for eleven days waiting for a bed in the child psychiatry unit at the Hospital's Saint-Claude site.<sup>158</sup> The EPSM-G's management and the CPT delegation agreed that accommodating a patient in such conditions for longer than 24 hours is not acceptable. **The CPT recommends that the French authorities no longer accommodate patients in the CAC for longer than 24 hours.**

213. The delegation observed a considerable quantity of degraded or broken furniture and recreational items, such as table football games and table tennis tables in both institutions. It appeared that cumbersome procurement procedures prevent the rapid purchase of replacement equipment. **The CPT would like to receive the comments of the French authorities on the above.**

- c. living conditions at the emergency departments in French Guiana (CHC) and Guadeloupe (CHBT and CHU)

214. Both in French Guiana and Guadeloupe, before psychiatric patients in an acute crisis are hospitalised on a psychiatric ward, they have usually spent some time on a general emergency department. As the CPT delegation learned from interviews with patients and healthcare staff, it may take three to four days before a bed on a psychiatric ward becomes available. Until that time, patients remain in the emergency departments, frequently restrained to their beds, or stretchers, with straps, or, at times, with makeshift restraints such as strips of jersey, as was the case in the CHU at Pointe-à-Pitre. Further, restrained patients were often in full view of other patients in the emergency departments.

215. The CHC's *Pôle santé mentale* in French Guiana and in Guadeloupe, the CHBT and the ESPM-G, the assistance and psychiatric expertise offered to emergency department staff as well as limited psychiatric care to patients accommodated in these departments.

At the *CHC in Guiana*, between 8:30 and 18:00 daily a psychiatrist and a nurse were present at the emergency department to assist with the management of incoming psychiatric patients, for which they also had a time-out room available, as a quiet alternative to the hectic general emergency department. It appeared that in contrast with the general emergency department, the resort to mechanical means of restraint was rare in the time-out room. According to the restraint register, specific to these psychiatric emergencies at CHC, the delegation found just one occurrence dating back to May 2023.

Further, at the CHBT in Guadeloupe, for half a day on weekdays there was a psychiatrist present to assist with the management of psychiatric patients.

Finally, at the *CHU*, the CAC has been attributed the primary role in the reception of psychiatric patients in crisis. However, due to its limited size and persistent staffing issues<sup>159</sup>, the CAC is not fully prepared for this task. As the CHU general emergency department was adjacent to the CAC, both the psychiatrist and nurses attached to the CAC would visit patients at the emergency department daily in order to share their expertise with emergency staff. Surprisingly, CAC medical staff does not have access to medical data kept at the emergency department, and vice versa.

216. It is clear to the CPT that in none of the emergency departments visited was there any intention by staff to treat patients in an inhuman or degrading manner, rather the contrary. However, the acute psychiatric crisis patients were in and the lack of adequate treatment available in these departments, combined with patients' exposure to others whilst being restrained, including, at times with makeshift restraints, as well as the length of stay under such conditions, create a situation that may constitute a **violation under Article 3 of the Convention.**

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158. According to the management at the EPSM de Guadeloupe, the juvenile patient was transferred to the unit for minors at Saint-Claude one day after the CPT's visit to the CAC.

159. The absence of a psychiatrist caused the CAC to close for three months. It had only reopened a few weeks before the visit. At the time of the visit, the CAC was still understaffed, with 0.9 FTE psychiatrist lacking.

217. At the *CHC* and *CHU*, there were projects to improve the conditions for psychiatric patients remaining on an emergency department. At the *CHC* in French Guiana, the construction of a seclusion room is foreseen for 2024 along with an overall enlargement of the psychiatric section at the emergency department.

In respect of the *CHU in Guadeloupe*, plans have been developed to construct a new hospital, including a new emergency department. However, it appears that the *EPSM-G* is not being consulted concerning the reception conditions for psychiatric patients, which in the view of the *CPT*, would be a serious omission.

**218. The *CPT* would like to receive information as to the future improvements at the emergency departments visited. Pending the implementation of improvement projects, the French authorities must closely monitor the conditions of psychiatric patients in emergency departments. Further, the Committee recommends that reception conditions for psychiatric patients to be built at the *CHC emergency department in French Guiana* will be developed with the involvement of the *EPSM of Guadeloupe*.**

#### 4. Treatment

219. The *CPT* holds that psychiatric treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient indicating the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication. Patients should be [thoughtfully](#) involved in the drafting of their individual treatment plans and their subsequent modifications and informed of their therapeutic progress.

For those patients accommodated in the acute wards, the plan should address their immediate needs and identify any risk factors as well as focusing on treatment objectives and how in broad terms these will be achieved.

220. From the plans seen, it transpired that psychiatric treatment on the wards visited by the delegation in both institutions concerned primarily pharmacotherapy and lacked the input from non-medical therapeutic staff, such as socio therapists or psychologists. This situation reflects the acute mental state of many patients on the wards visited. At the *CHC* in French Guiana, stabilised patients as a rule would be transferred rapidly to the "Comou" unit and then, after four to five weeks in total to the "Wasai" unit. In the *EPSM de Guadeloupe's Saint-Claude site*, stabilised patients would also be transferred rapidly to the complementary open ward.

221. Although both establishments benefited from the presence of a *CATTP*, few patients of the wards visited by the *CPT* made use of this facility. As to the *CHC in French Guiana*, at the "Wapa" unit there was access once a week to sports activities organised by the *CATTP* for four to five patients in principle. However, in reality, staff shortages made it difficult for staff to bring patients to the *CATTP* and planned activities frequently had to be forfeited. Consequently, activities took place almost exclusively on the ward, depending upon the availability of staff (which was frequently not the case). At the *CHC's "Comou" unit* in French Guiana, none of the patients had activities outside the ward. This was a situation similar to the six sectors at the *EPSM-G* where practically all activities (mainly drawing, boardgames, gardening, music, hairdressing and handicraft) were organised on the wards by ward-based staff.

222. Both establishments, accommodated on their closed acute wards long-term chronic patients whose psychiatric or social needs did not correspond with the care offered on the ward where they were hospitalised, but for whom no alternatives were available, in either French Guiana or Guadeloupe. For example, in Guadeloupe at the *EPSM-G Saint-Claude site* the delegation met chronic patients who had been involuntarily hospitalized on a closed ward for many years and whose needs were less psychiatric and more social. These patients would obviously benefit from a care programme with an enlarged emphasis on reintegration. Unfortunately, specialised social care facilities do not exist in either Guiana or Guadeloupe. In both establishment, management estimated that this group would amount to approximately 20% of the patients. The delegation understood that initiatives to construct more adequate accommodation had been taken in both French Guiana and

Guadeloupe. For instance, in the case of Guadeloupe, the EPSM-G management had requested the permission of the Regional Health Agency (*Agence Régionale de Santé*, ARS) to construct a "Specialised Psychiatric Care Home (*Maison d'Accueil Spécialisée en Psychiatrie*, MASP). At the time of the visit, this project was under deliberation. However, until such projects are realised, the establishments visited should offer suitable activities to these patients.

**223. The CPT would like to receive updated information as to the state of affairs of the MASP as well as other project of a similar nature currently under development in either French Guiana or Guadeloupe. Further, the CPT recommends that the French authorities to develop a range of therapeutic options and involve long-term patients in rehabilitative psycho-social activities; occupational therapy should be an integral part of the rehabilitation programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image.**

224. It is commendable that in both establishments management tried to give value to the wording of Article L.3211-3 of the PHA, which states that the restrictions on the exercise of the personal freedoms of involuntarily hospitalised persons must be appropriate, necessary and proportionate to their mental state and to the implementation of the treatment required. By consequence, both at CHC in French Guiana and EPSM de Guadeloupe an individualised approach had been introduced whereby the psychiatrist in charge of the unit took personalised decisions as to certain liberties and privileges of patients, such as the right to maintain a mobile phone; rights related to unsupervised visits; activities; or unaccompanied access to exterior gardens.

Such decisions could have very different outcomes per patient and per unit as demonstrated by the right to possess a personal mobile phone in the two establishments visited. In the CHC's "Wapa" unit in French Guiana, several patients had kept their mobile phone, while at the "Comou" unit, none of the patients was allowed to keep a personal phone. In the ESPM de Guadeloupe, management estimated that approximately 20% of the patients had their own phone.<sup>160</sup>

225. Several staff expressed difficulties with the introduction of the individualised approach on their wards as it required negotiations and explanations to patients. Some of them said that a non-uniform approach to personal liberties on one single ward, leads to tensions and possibly to violence.<sup>161</sup>

The CPT recognises that a more individualised approach to patients accommodated on one ward requires flexibility, patience and persistence from staff and that it may take time to find satisfaction in a different way of working. Nevertheless, the CPT is convinced that enhancing patient autonomy is part of quality mental healthcare. However, the French authorities should make additional efforts to encourage staff to embrace such approach by ensuring that the team is sufficiently staffed.<sup>162</sup>

**The CPT invites the French authorities to make additional efforts to encourage staff to embrace an individualised approach to taking care of the patients.**

226. At the CHC in French Guiana, a few patients were wearing blue pyjamas provided by the establishment as no suitable other clothes were available, despite the stock of spare clothes kept by the nursing staff. In contrast, at the child psychiatry "Acajou" unit, pyjamas were mandatory for the first 48 hours after arrival. Further, patients were prohibited to receive visits or to sleep with a pillow or sheets during the first 48 hours. even though all minors had stayed for some time at the hospital emergency departments to carry out health tests and some had been placed in a regular paediatric department before having been transferred to the "Acajou" unit. Also, there were general interdictions in place to use a phone or wear jewellery.

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160. For patients who were not allowed a personal phone, a unit phone was available that could be used under supervision.

161. See paragraph 194.

162. See chapter 5.

During an exchange with the management of the CHC's *pôle de santé mentale*, during which the delegation expressed its disagreement with these practices, it learned that the obligatory wearing of pyjamas as well as the other restrictions at the “Acajou” unit mentioned above, would be abolished.

**The CPT would like to receive confirmation that the restrictions mentioned above indeed have been abolished.**

227. As regards the use of *pro re nata* (PRN) prescriptions, the CPT was concerned to note that in the case of many of the acute patients in *the CHC in French Guiana*, there appeared to be a regular use of PRN administration of medication by intramuscular injection prescriptions without systematic control by doctors. The use of PRN prescriptions was recorded in a patient's medical file but the reason for the administration or any subsequent effect was mostly missing or not detailed.

The CPT considers that, while such prescriptions may be appropriate for selected patients over limited periods of time, their regular use without systematic control by doctor's places too much responsibility on nurses and opens the door to abuse. As with any drug treatment, its clinical effects should be carefully monitored at sufficiently frequent intervals. PRN-medication could also, in certain instances, amount to involuntary treatment; if so, it should be regulated by appropriate safeguards. **The CPT recommends that steps be taken to ensure that a doctor is systematically and immediately notified whenever medication is administered under a PRN prescription and that the clinical effects of such medication are carefully monitored at sufficiently frequent intervals. Furthermore, the potential adverse effects arising out of the interaction of different medications should be the object of particular attention on the part of all staff.**

228. During an exchange with the French authorities in Guadeloupe the delegation understood that the level of involuntary hospitalisation and the use of the seclusion rooms on the island is two to three times higher than in continental France.<sup>163</sup> Discussions with staff suggest that cultural aspects typical to the French Antilles may play a role. Interestingly, the delegation had previously had similar exchanges in French Guiana, where medical staff shared their views about the influence of cultural perceptions of mental health. In both establishments discussions were held on the way to incorporate cultural aspects into treatment in order to render it more acceptable and thus more effective. **The CPT would like to be receive more information about the transcultural and ethno-psychiatric approach to mental healthcare under development in French Guiana and Guadeloupe.**

## 5. Staffing

229. At the *CHC in Guiana*, both the “Wapa” and “Comou” units employed a half time psychiatrist during weekdays, and divided over three daily shifts, there were 15 nurses and two auxiliary nurses at the “Wapa” unit and nine nurses and two auxiliaries at the “Comou” unit.

230. In Guadeloupe, at the *Saint-Claude site* of the EPSM-G, there were three nurses present during daytime and two auxiliary nurses at night. At the EPSM-G *Pointe-à-Pitre site*, during daytime the units had two or three nurses present, reinforced at times with an auxiliary nurse. This was significantly less than the staff complement of five to six nurses and one auxiliary nurse foreseen.

The *EPSM-G's unit for minors* employed a half-time head of unit (psychiatrist), a half time psychiatrist and 0.8 FTE psychiatrist in training, as well as two nurses and one auxiliary nurse. Further, there is a half time psychologist as well as other therapeutic staff such as a sport instructor and an art therapist as well as a social worker available for the unit. At night, there are two nurses.

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163. In Guadeloupe, the number of patients hospitalised against their will is 60% higher than in continental France (*Analyse de l'activité médicale, Département d'Information et de Recherche Médicale, DIRM, EPSM 2022; page 7*); the use of seclusion rooms was two to three times higher than in continental France (*Analyse de l'activité médicale, DIRM, EPSM 2022; page 9*).

231. Regarding both establishments, the delegation was informed about staff shortage at every level. For instance, at the time of the visit, in French Guiana at the CHC *pôle santé mentale*, numerous nursing posts were vacant, as well as 14 of the 18 posts for psychologists: nine out of 18 posts for psychiatrists and five out of the 13,5 posts for children's psychiatrists. For its part, the EPSM of Guadeloupe, was seeking to recruit the remaining 12 of the 25 psychiatrists and 47 (auxiliary) nurses and two or three ergotherapists.

232. The numerous vacancies were at least in part caused by their limited attractiveness to medical professionals, due to the location of both hospitals outside metropolitan France and the high cost of living in both French Guiana and Guadeloupe. Despite an ambitious programme in place at the EPSM-G aiming at becoming more attractive as an employer, it appears to the CPT that these are structural impediments difficult to counter by the individual establishment.

233. By consequence, in both establishments, there were impediments in offering a full therapeutic programme matched with the severity of the patients' conditions, including suitable activities for patients, as well as in organising ongoing training for staff, including on patients' rights.

234. The management of both establishments expressed concerns that the understaffing could frustrate their ambition to reform psychiatric care in their hospitals, in particular as concerns the reduction of the application of means of restraint and introducing a more individualised approach on the wards.

**The CPT recommends that the French authorities take steps to fill the vacant posts in both establishments visited, including by assisting the CHC and EPSM-G to increase their attractiveness as employers, and would like to be informed of the measures taken.**

235. The CPT observes that over the recent years, psychiatric care in France has been the subject of profound reform, including through policies to enhance the autonomy of patients and to reduce the application of means of mechanical restraints. In general, policies aimed at empowering patients and limiting the application of the means of restraints are wholeheartedly supported by the CPT, as a certain equilibrium between staff and patients tends to diminish the risk of abuse and ill-treatment.

At the same time, reform of established practices and policies may lead to feelings of insecurity amongst staff, in particular when such reform is executed under conditions of staff shortage (as is the case in both establishments) or when long established approaches must be abandoned. In this context, staff mentioned to the delegation that the introduction of reforms, and in particular the introduction of a more individualised approach which necessitates more negotiation with patients, and the policy of a more restricted use of mechanical means of restraint and seclusion gave them less authority over a patient. In the CPT's view, concerns of this nature deserve to be acknowledged and addressed by management, for reasons of wellbeing of both patients and staff, and for reforms to be successful. **The CPT would like to receive the comments of the French authorities on the above.**

## **6. Seclusion and means of restraint**

### **a. legal framework**

236. The application of means of restraint is regulated by Article L.3222-5-1 of the PHA. Since the CPT's previous visit to France in 2019, this article had been amended twice, in both cases following a decision by the Constitutional Court. In its decisions of 19 June 2020<sup>164</sup> and 4 June 2021<sup>165</sup>, the Constitutional Court squashed Article L.3222-5-1 of the PHA as being unconstitutional.

Consequently, in recent years, Article L.3222-5-1 of the PHA<sup>166</sup> has undergone two major modifications: firstly, to include provisions about the principle of supervision by the *Juge des Libertés*

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164. Decision number [2020-844](#) QPC of 19 June 2020 (in French).

165. Decision numbers°[2021-912/913/914](#) QPC of 4 June 2021 (in French)

166. The law is supplemented by decree no. 2022-419 of 23 March 2022, modifying the procedure before the *juge des libertés et de la détention* (JLD).



*et de la Détention* (JLD) in case of the prolonged means of restraint; secondly, to oblige the director of a health establishment to submit a decision to prolong the application of a means of restraint to the authorisation of the JLD.

237. Besides the obligatory authorisation by the JLD for the prolongation of the application of means of restraint, French law in Article L.3211-12 of the PHA allows for a general appeal to the JLD to end the application of a means of restraint. In all procedures, patients may be assisted by a lawyer of their own choice.<sup>167</sup>

238. Under French law, the application of means of restraint, which includes seclusion, is a measure of last resort, for patients under involuntary, in-hospital treatment exclusively. The objective must be to avert acute injury (immediate or imminent) to the patient or to another person, and these measures must be based on a motivated decision by a psychiatrist, and be proportional, adapted, and necessary to the risk the patient represents.<sup>168</sup>

Further, the legislation requires that the establishment concerned keep a register in which all cases of application of means of restraint are recorded. The register should include the name of the psychiatrist who decided on the measure, an “identifier” of the patient concerned, as well as age, type of hospitalisation, the date and time of the start of the measure, its duration and the name of the healthcare professionals carrying out the surveillance.

239. As to the length of application of means of restraint, the relevant provisions have not changed.

- The decision by the doctor as to seclusion is valid for 12 hours maximum but may be extended for a total of 48 hours maximum, with two evaluations every 24 hours.
- The decision by the doctor as to the use of mechanical means of restraints may be taken in the context of a decision to segregate a patient and is valid for six hours maximum but may be extended for a total of 24 hours maximum, with two evaluations per 12 hours.

240. Exceptionally, the doctor may extend the application of means of restraint, both seclusion and mechanical. The criteria for extension are identical to their original application. In case of an extension, a family member of the patient is informed by the doctor, and the director of the institution notifies immediately the JLD. The JLD may decide to bring the use of means of restraint to an end.

241. In case the total length of application of use of means of restraints surpasses 72 hours (for seclusion) or 48 hours (for mechanical restraint), the JLD is informed by the director of the institution and shall decide within 24 hours.

In case the JLD decides to allow for a prolongation, such prolongation shall follow the procedure described in paragraphs 239 and 240 above. And once again, the JLD after 48 or 72 hours shall decide, within 24 hours, on whether the application of means of restraint may be continued. If the JLD decides not to authorise their continued application, no new decision on application of means of restraint may be taken until 48 hours after the JLD’s decision, unless a new situation emerges which would make it impossible to secure the patient without restraints. In that case, the JLD shall be informed without delay.

242. If seclusion continues to be considered necessary, the above procedure may be repeated twice. If seclusion is still considered necessary after a second extension by the JLD the four-day cycle (72 hours plus 24 hours) changes into a cycle of a maximum seven days. In this case, the JLD is to be contacted at least 24 hours before the seven days have elapsed and shall decide within 24 hours. The family of the patient shall be informed of every further extension. At the same time, the application of mechanical restraints continues in a three-day cycle (48 hours plus 24 hours).

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167. Decree no. 2022-419 of March 23, 2022, amending the procedure applicable before the judge of liberties and detention regarding isolation and restraint measures implemented within the framework of non-voluntary psychiatric care.

168. Article L.3222-5-1 of the PHA.

243. In short, whilst the PHA emphasises that application of mechanical means of restraint beyond 24 hours and seclusion beyond 48 hours should be exceptional, it nevertheless allows for infinite, non-interrupted use of such restraints.<sup>169</sup>

b. restraint and isolation practices

244. During its visit to the *CHC in French Guiana* and the *EPSM of Guadeloupe*, the delegation found that mechanical means of restraint were applied rarely in the units visited, in line with government policy.<sup>170</sup> However, as had already been the case during its previous visit to France in 2019, in several cases mechanical restraints were applied for several days in a row. For instance, at the *CHC “Wapa”* unit in French Guiana, two patients had been mechanically restrained for four and six days without interruption respectively, gradually decreasing from four-point fixation to two-point fixation. One of these patients had already been strapped on the emergency department three days before being transferred to the “Wapa” unit.

On the contrary, seclusion was applied frequently in both hospitals<sup>171</sup>, including, in certain cases, for months in a row.

245. In the CPT’s view lengthy application of means of restraint is unnecessary and unacceptable, even when authorised by a judge, and under certain conditions may amount to inhuman and degrading treatment. In this context, on several occasions in the past, the CPT has expressed its concerns about the conditions of hospitalisation for ‘difficult’ patients who frequently were segregated for prolonged periods. At the time of the visit, the EPSM of Guadeloupe accommodated already for months in a row two such patients in seclusion rooms at the open unit of Sector 2. It concerned patients with a very specific profile, which included an intellectual disability and behavioural difficulties. Despite the care and commitment of the healthcare staff, holding patients in isolation for such a long period is highly **questionable and may amount to degrading and inhuman treatment**.

246. As regards these patients, the delegation was informed that they will be transferred to a specialised home in Belgium once the procedures have been completed. **The CPT would like to be informed within a month about the situation concerning these persons and whether they have effectively been transferred to a suitable accommodation in Belgium, as well as about the modalities of their placement there, including their legal status, the possibility of contact with family member, their prospects for return to France and to Guadeloupe in particular.**

247. In both French Guiana and Guadeloupe, CPT’s interlocutors estimated the group of difficult patients at 20% of the current patient population. Data provided by the CHC suggests that between 2020 and 2022, a total of 27 requests for transfer from the CHC’s “Wapa” unit to a UMD were made, of which three were accepted. At present, as indicated above (see paragraph 134), all French UMDs are situated in metropolitan France.

248. During this *ad hoc* visit, the lack of specialised psychiatric units became once again evident. In this context, the CPT’s view the absence of specialised units in France, and in Guiana and Guadeloupe in particular contributes to the unacceptable treatment some patients receive in French psychiatric establishments. **The CPT would like to receive the comments of the French authorities on the above.**

249. In the CPT’s view, every psychiatric establishment should have a comprehensive policy on restraint and isolation. This policy should be focused on prevention in order to limit the use of such measures.

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169. Ministry of Labour, Health and Solidarity, Instruction DGOS/R4/2022/85 of 29 March 2022.

170. Regarding the EPSM-G, a decrease of 58% has been reported for 2022, which is mainly to be explained by the closing of the CAC; (*Analyse de l’activité médicale*, DIRM, EPSM 2022 ; page 13).

171. For example, by 2022 at the EPSM of Guadeloupe, almost 50% of involuntary patients had undergone an episode of seclusion at some point during the year, representing an 11% increase as compared to 2021.

It should clearly state that means of restraint and isolation are measures of last resort, the circumstances in which they may be applied, the practicalities of their application, the means of restraint that may be used, the supervision required and the measures to be taken once the measure ceases. These measures should be combined with a range of proactive measures, which should include the creation of a safe physical environment (including in the open air) and the recruitment of a sufficient number of healthcare staff. It should also include sections on other important topics, such as: adequate initial and ongoing training for staff involved in restraining patients, the promotion of dynamic security and the development of alternative measures (including techniques for defusing tension), internal and external complaints and control mechanisms, and feedback. The involvement of patients and support of both staff and management in elaborating the policy are essential. In the CPT's opinion, such a comprehensive policy is not only a major support for staff but is also helpful in ensuring that patients and their guardians understand the rationale behind a measure of restraint that may be imposed.

250. In both establishments, protocols as to the application of both mechanical means of restraints and seclusion were in place. The protocols confirm the application of means of restraint, to be authorised by a psychiatrist, as a measure of last resort, applicable when all other interventions to protect the patient or others have failed. They describe the objectives, including that these means may never be applied with the purpose to prevent an escape, as is explicitly indicated in the CHC protocols, or linked to a patient's criminal status, as described in the protocols of the EPSM of Guadeloupe. Further, the protocols indicate the frequency of supervision (at least once an hour in case of seclusion and every 15 to 30 minutes in case of the application of straps) and, in the case of the CHC, stipulate the importance of a debriefing with the patient once the means of restraint are no longer applied. Also, the protocols of both institutions describe the procedure for their application, which in the case of the CHC in Guiana includes the administration of a sedative.

251. It appeared that, in both establishments, by and large the protocols were applied in practice. The application of means of restraint took place on the orders of a psychiatrist, who would visit a patient every 12 hours. Further, secluded patients were at least once per hour monitored by a nurse, and more frequently when mechanical means of restrained were applied. However, from interviews with staff it transpired that such monitoring may take place by CCTV, in particular during the night. No written document as to the reason for the application of restrains was handed to the patient and in neither establishment, a practice as to a debrief of the patient was in existence.

252. The absence of a debriefing in practice as well as the current arrangements for supervision, risk negatively affecting the therapeutic alliance staff is trying to maintain with a restrained patient. In the CPT's view, to this end, if patients are held in seclusion medical staff should remain visible for the patient and remain within hearing distance rather than relying on CCTV cameras. Further, a staff member should remain in the room with the patient in case of the application of mechanical means of restraint.

**253. The CPT recommends that the French authorities emphasis the objective of maintaining a therapeutic relationship with the patient, both in the rules and in practice, and that the protocols in place in both CHC and EPSM-G are adapted to this end. Further, the patients should receive written documentation as to reason for the application of means of restraints. Also, in both CHC and EPSM-G, a debriefing with the patient should take place systematically once the means of restraint have been removed.**

254. In the CPT's view, if recourse is had to chemical restraint such as sedatives, antipsychotics, hypnotics and tranquillisers, whether or not combined with the application of mechanical means of restraints or seclusion, they should be subjected to the same safeguards as mechanical restraints; a position the French authorities have by and large agreed with in the past. However, the delegation observed that in neither establishment, this was the case.

From studying the medical files at the CHC “Wapa” unit and other units visited by the delegation in French Guiana and Guadeloupe, the delegation gained the impression that for some patients the sedating effects of certain medication was deliberately sought as the quantity prescribed was found in the upper range and these patients displayed visual signs of drowsiness. However, none of the safeguards of Article L.3222-5-1 of the PHA were applied. For instance, the administration of these chemical restraints was recorded in the medical file of a patient, but not in the restraints register, and in neither hospital the JLD was informed.

**The CPT recommends that the French authorities ensure that in both the CHC and the EPSM-G the administration of medication is treated as a means of chemical restraint if such effects are sought.**

255. In the case of the CHC in French Guiana, the protocols were accompanied by detailed written instructions for staff. While the CPT welcomes this state of affairs, it did observe a contradiction between two documents: while the protocol appears to authorise seclusion in the patient’s own room, in the written instruction it is expressly stated that seclusion must take place in a dedicated room, the seclusion room. In reality, seclusion in the patient’s own room did appear to occur from time to time. It should be noted that this practice was explicitly prohibited in the EPSM of Guadeloupe, but which was applied nevertheless.

In the CPT’s view, seclusion should take place in a room adapted for this purpose and not in the patient’s own room. **The CPT recommends that a patient’s room is no longer used for seclusion.**

c. measures to reduce resort to means of restraint and isolation

256. Although the *EPSM-G* expects a decline of the application of means of restraint for 2023, for 2021 and 2022 the trend was in the opposite direction.<sup>172</sup> To reverse this rising trend, at the time of the visit the *EPSM-G* management was working on a reduction policy, which includes the lowering of the number of seclusion rooms; the introduction of time-out rooms and, as suggested by the CPT’s delegation, the monitoring of a possibly increased use of sedatives to replace mechanical means of restraint and seclusion. Similar initiatives are being taken by the management of the CHC in French Guiana.

257. The CHC in French Guiana, since 2018, the number of seclusion rooms had been reduced from 12 to five. In particular, the delegation was pleased to observe that the austere and cage-like single seclusion room at the “Comou” unit had been taken out of service one year before.

258. At the time of the visit, three of the five seclusion rooms at the “Wapa” unit were out of order due to damage to the doors caused by patients. As new, reinforced doors were transported by ship from metropolitan France, the rooms had already been out of use for some time. The seclusion rooms in operation were of sufficient size and equipped with a foam padded bed, a foam padded table and a large, foam padded armchair, with en suite toilet facilities. There was air-conditioning and an alarm bell.

259. At the time of the visit, the *EPSM* de Guadeloupe had a total of 36 seclusion rooms; 24 in Saint-Claude and 12 in Pointe-à-Pitre. In each site, four rooms were out of order due to renovation works (Saint-Claude) and a fire in Pointe-à-Pitre (see paragraph 210). The CAC has one seclusion room, which was also not in service at the time of the visit due to a leaking toilet. The delegation was informed of the plans for the refurbishment of the seclusion rooms, including with foam padded furniture, similar to what had already been installed in Guiana.

260. As part of the policy to limit the use of means of restraint, in both institutions time-out rooms were being introduced, where agitated patients (together or alone) on their own initiative or suggested by staff could withdraw for some time to settle. These time-out rooms are rooms deprived of stimuli, with calming colours and calming music. The doors remain open. In French Guiana, at the CHC, the two closed adult wards had such rooms, while in Guadeloupe, at the *EPSM-G* the

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172. See *Analyse de l’activité médicale*, DIRM, *EPSM* 2022, page 8.

delegation was told that in due time half of the 36 seclusion rooms would be turned into time-out rooms. In fact, at the time of the visit, the two seclusion rooms and two restraint rooms at the “Acajou” unit were under refurbishment, and two of these rooms would be transformed into time-out rooms. In both establishment staff was undergoing training as to the proper use of these rooms.

**The CPT welcomes the replacement of seclusion rooms and restraint rooms by time-out rooms. Nevertheless, the Committee would like to be kept informed about the development regarding this initiative and receive assurances from the authorities that, in practice, time-out areas are not used as isolation rooms.**

d. legal supervision on the application of means of restraint and isolation

261. In French Guiana, the JLD supervision on the application of means of restraint in accordance with Article L.3222-5-1 of the PHA was not implemented in practice. In patient’s files the delegation could find requests made to the JLD, but not the related JLD authorisations. When the delegation asked for an explanation, the hospital management said that the parties were in the process of negotiating a cooperation protocol,<sup>173</sup> which would serve to implement the 2021 legislative amendment (as cited above in paragraph 236). For their part, the JLD’s said that the protocol had already entered into force but that the doctors had systematically used the wrong forms when sending their requests. In any case, it was clear to the delegation that in none of the requests for prolongation a decision had been taken by a JLD and that in the absence of a response by the JLD the requesting doctors had assumed authorisation to prolong the application of means of restraint. Clearly, this situation undermines the mandatory judicial review introduced as a legal safeguard in Article L.3222-5-1 of the PHA and, in the CPT’s view, raises serious questions as to the legitimacy of the prolongation decisions taken. **The CPT recommends that the French authorities ensure that the law is being applied correctly and would like to be informed of the concrete steps taken by the French authorities to guarantee its implementation.**

262. In Guadeloupe, the JLD played an active role in supervising the use of means of restraints, including by unannounced visits. The delegation saw a considerable number of JLD decisions ending the application of means of restraint, even against the advice of the psychiatrist. However, a report of an unannounced inspection visit carried out on 24 October 2023 by two JLDs attached to the Judicial Tribunal of Pointe-à-Pitre and two prosecutors at the Court of Appeal of Basse-Terre, highlighted an unwillingness of medical staff at EPSM-G both to ask the JLD for the extension of the application of a means of restraint and to execute judicial decisions ordering the lifting of such means.<sup>174</sup> The authors of the report describe this as a very worrying situation.

263. Two months after this inspection, the visit of the CPT delegation led to doubts as to the proper implementation of the law in the EPSM-G *Pointe-à-Pitre* site. For instance, the delegation found several files in which a decision of the JLD to lift a placement in a seclusion room was immediately followed by a new decision by the psychiatrist for placement in the seclusion room. The CPT is not in a position to question clinical decisions by the psychiatrist but notes that Article L.3222-5-1 of the PHA provides that when a judge decides to lift the application of a means of restraint, no new measure may be applied within 48 hours, unless there are “*new elements*”. If this is the case, the director of the establishment should inform the judge forthwith. From the files, the CPT delegation was unable to trace if these “*new elements*” had indeed been reported to the judge and, if so, what they had been. In another case, it remained unclear to the delegation if a seclusion measure had indeed been lifted for several hours as the communication to the JLD suggests or if this was not the case, as was written in the nurses’ logbook and stated by the psychiatrist, with whom members of the delegation spoke.

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173. Cayenne Hospital Centre, Cayenne Judicial Court, French Guiana Bar Association, Draft Protocol on the Procedure Applicable Before the Judge of Liberties and Detention in the Context of Isolation and Restraint.

174. Visit to the Adult Psychiatry Unit of Grande-Terre, EPSM of Guadeloupe, responsible for providing non-voluntary psychiatric care, on October 24, 2023.

264. Although the CPT welcomes the safeguards related to JLD supervision introduced in the PHA, from the delegation's interviews with judges, hospital administrators and healthcare professionals, it transpired that the supervising role of the JLD caused a considerable additional workload for the JLDs in an area outside the realm of expertise of most, if not all, JLDs; certain JLDs told the delegation that they felt they lacked the expertise to dispute the clinical judgment of a psychiatrist.

265. Given the hesitations expressed by the JLDs the delegation spoke with, the CPT was not surprised to understand that after the visit, Article L.3222-5-1 of the PHA was amended once again. As of 1 November 2024, the supervision of the application of means of restraint, will be entrusted to a civil court judge. However, the CPT findings suggest that in order to render judicial review meaningful in practice, more needs to be done, including adequate training of judges and enhanced inspections as to the proper implementation of JLD decisions.

266. As to the mandatory keeping of a register of restraint, significant improvements could be made in both French Guiana and Guadeloupe. In French Guiana, in approximately 30% of the 2023 entries, the date of the end of application of restraints was missing. In Guadeloupe, although generally well-kept, omissions could be found, with in one case, the register not mentioning that a four-point strap had been applied to a person, as had been written in the person's medical file.

267. In French Guiana, no recording was found in any of the files indicating that a family member or another third person had been informed of cases of application of means of restraint. In the CPT's view, notification to a third person is an important safeguard against ill-treatment, in particular in a context where the JLD's supervision is de facto absent, such as in Guiana. For this reason, the CPT considers that a third person should be notified *ex officio*, and not be subject to the authorisation of the patient, as was the case in Guadeloupe.

**268. The CPT recommends that Article L.3222-5-1 of the PHA be implemented correctly in both establishments, including as regards the proper maintaining of a restraints register and meaningful legal review. Further, the CPT wishes to receive more detailed information about the scope and nature of the latest amendment of Article L.3222- 5-1 of the PHA, and the supporting measures the French authorities intend to take to implement judicial review in practice.**

269. According to the delegation's findings, a considerable number of placements in a seclusion room were deprived of the safeguards from Article L.3222-5-1 of the PHA. Here it concerned patients who were placed in a seclusion room due to a lack of available beds (as happened frequently in the EPSM de Guadeloupe) or as part of the admission procedure for patients unknown to the medical staff (as was the case at the CHC's "Wapa" unit in French Guiana).

270. Further, due to the absence of an UHSA in French Guiana and Guadeloupe prisoners suffering from an acute mental illness are placed in establishments for civil psychiatry.<sup>175</sup> According to data provided by the CHC, in 2022 a total of eight prisoners were transferred to the CHC, for a total of 145 days (18 days on average). The CPT already highlighted in its 2010 and 2015 reports on France that, out of concern for security and safety, as a rule, hospitalised prisoners were placed in a seclusion room upon arrival. Out of fear of escape and staff safety, this was also the practice followed in EPSM of Guadeloupe, contrary to its own protocol.<sup>176</sup>

271. In the view of staff, the PHA is not applicable in the cases described above as the application of means of restraint has no medical grounds and therefore, neither the JLD nor family was informed, and the placements were not registered in the restraints register.

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175. With regard to persons in detention prior to their hospitalisation, article D-398 of the CCP provides that "detained persons in a state of insanity may not be kept in a penitentiary institution. On the proposal of the prison doctor and in accordance with the general legislation on the matter, it is the responsibility of the prefect to have them interned."

176. See paragraph 250.

272. The CPT considers that placing patients in a seclusion room on the grounds mentioned above, could constitute an illegitimate deprivation of liberty, as already stated in the inspection report of 24 October 2023 by the two JLDs attached to the Judicial Tribunal of Pointe-à-Pitre and two prosecutors at the Court of Appeal of Basse-Terre, in the case of patients who were placed in a seclusion room due to a lack of available beds<sup>177</sup>, and may very well **amount to humiliating and degrading treatment.**

**The CPT recommends that the French authorities take decisive measures to immediately discontinue using seclusion rooms for lack of beds, as part of an admission procedure or to prevent an escape. Further, the Committee recommends that a secluded patient must always be in the position to benefit from the legal safeguards from Article L.3222-5-1 of the PHA. The CPT also refers *mutatis mutandis* to the recommendation made in paragraph 134 concerning the creation of a UHSA in the regions visited.**

e. minors

273. The CHC's "Acajou" unit for minors did not have a seclusion room but would, on occasion, use these rooms at the "Wapa" or "Comou" unit for minors between 16 and 18 years old. At the time of the visit, a 16-year-old boy was already being held for some time in such a room in the "Wapa" unit. Further, on very rare occasions, straps, including four-point straps, would be applied to minor patients. According to staff, this situation occurred most recently in 2022.

274. A similar situation was found at the EPSM-G. The adolescent unit "Colibri" at the EPSM-G did not have a seclusion room, but a stripped spare room, in service as a time-out room. In case a minor was considered to be in need of seclusion, the patient would be transferred either to a seclusion room in an adult ward (mostly Sector 1) or to the time-out room. According to the unit's activity report, in the year 2022, a total of 14 patients had been segregated, for twice as long as in 2021. The application of straps was rare; the 2022 activity report makes mention of one case, for some 32 hours in total.<sup>178</sup>

275. Apparently, in these cases, authorisation has been asked from the minor patient's legal representatives.

276. In light of their particular vulnerability, the CPT considers that special attention is warranted whenever it is deemed necessary to use any form of restraint on minor patients. The Committee is of the view that, as a matter of principle, persons under 18 years of age should not be subjected to mechanical restraint. The risks and consequences are indeed more serious taking into account the minors' vulnerability. Where it is deemed necessary to intervene physically to avoid harm to the patients themselves or others, staff should resort to manual restraint, that is, staff holding the minor until they calm down.

**The CPT recommends that the French authorities take steps to end the application of mechanical restraints on children accommodated in psychiatric facilities. In parallel, they should ensure that staff are trained in manual restraint and diffusion techniques.**

277. Further, in the event that all beds in the Colibri unit have been taken, a minor patient above the age of 16 could be placed in an adult unit. To limit contact with adult patients, the minor will remain locked in a seclusion room, except to eat and to go for a walk around the ward every two hours. **In the CPT's view such treatment of a minor patient is unacceptable.**

278. At the time of the visit, on the CHC's "Acajou" ward works were ongoing to construct a seclusion room, and also at the EPSM-G, plans were developing to this end. The CPT notes that following Article L.3222-5-1 PHA the application of means of restraint, including seclusion, is reserved for involuntary patients only. Given that minors are considered voluntary patients, the CPT has doubts about the legality of the application of means of restraints on these patients. **The Committee would like to receive the comments of the French authorities on the above.**

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177. Similar observations had already been made after a previous inspection on November 24, 2022.

178. See *Analyse de l'activité médicale*, DIRM, EPSM 2022 ; page 10.

## 7. Safeguards

279. As a reminder, psychiatric care can be imposed in several ways: by decision of the director of the establishment, either at the request of a third party (SDT), in emergency (SDTU) or not, or on their own initiative in the event of imminent danger (SPI), or on the decision of the representative of the State, the prefect (SDRE). In addition, specific provisions of the Criminal Code and the Code of Criminal Procedure (CCP) exist for persons found to be criminally irresponsible. The different modalities as to placement and judicial review have been described in detail in the CPT's report on the 2019 visit to France and remain in force.<sup>179</sup>

280. After its visits to French psychiatric hospitals in 2015 and 2019, the CPT expressed its reservations as to the maximum period of twelve-day before the first judicial review after placement takes place. In the view of the CPT, this period is too long. The French authorities decide not to amend the law in this respect. The delegation noted that the JLDs were present in the CHC in French Guiana and the EPSM of Guadeloupe at least once a week. Given their frequent presence, the CPT still struggles to understand why judicial review cannot take place within a shorter period of time. **The CPT recommends once again that the French authorities make amendments to the relevant provisions of the Public Health Act to advance judicial review of a decision of involuntary hospitalisation.**

281. Specific to the situation in French Guiana and Guadeloupe, the delegation noted that access to a lawyer was limited in French Guiana, where there was no lawyer in at least 25% of the JLD hearings. On the contrary, in Guadeloupe, lawyers were always present and moreover the judge plays an active role in ensuring that the procedure is respected, up to the point of ending an involuntary hospitalisation if the legal conditions/deadlines are not met/respected.

282. **The CPT recommends that the French authorities, in collaboration with the Guiana Bar Association, explore ways to improve the effective representation of patients by lawyers during involuntary hospitalisation proceedings.**

283. Further, when the law requires a second opinion from a medical doctor not working for the establishment, in both French Guiana and Guadeloupe there were difficulties finding such independent doctor. In French Guiana, most of the time resort was had to a medical doctor, non-psychiatrist, working at a clinic next door to the hospital. **The CPT would like to receive any observations the French authorities may have in respect of the above.**

284. Upon admission to both establishments, patients were given an information folder which gives, *inter alia* information about the hospital, the judicial review of both involuntary hospitalisations and application of means of restraint, the right to receive visitors, the possibilities of filing a complaint and privacy regulations. As the booklets were written in technical, frequently legal language, patients were also orally explained their rights by nursing staff.

Further, information about legal remedy against involuntary hospitalisation could also be found on the decision ordering such placement. However, none of the patients with whom the delegation spoke had this document in their possession; it was filed in the patient's personal files, available to them in the registry office at their request.

285. **The CPT recommends that the authorities ensure that patients are informed of their rights on several occasions, taking into account the evolution of their state of health, in order to ensure that they understand their rights. Further, the Committee recommends that in both establishments the information folder be redrafted in a language easily understandable to patients.**

286. The delegation noted that in the hospitals visited, staff considered that a decision to involuntarily hospitalise a patient implied an authorisation for treatment without consent. The CPT wishes to emphasise once again that any patient, whether voluntary or involuntary, should, as a matter of principle, be given the opportunity to give his or her free and informed consent to treatment,

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179. See CPT/Inf (2021) 14, paragraphs 156 and 157.



as well as to withdraw it at any time. The admission of a person to a psychiatric facility on an involuntary basis - whether in civil or criminal proceedings - should not prevent the search for informed consent to treatment. Any derogation from this fundamental principle should be based on the law and should only concern clearly and strictly defined exceptional circumstances.

Further, the relevant legislation should require an external psychiatric opinion in all cases where a patient does not agree with the treatment proposed by the institution's doctors and where it is considered necessary to administer such treatment to prevent a danger to the patient or to others. In addition, patients should be able to appeal a mandatory treatment decision to an independent external authority and should be informed in writing of this right.

In the CPT's opinion, in the event that a legal representative of a minor consents to their placement in a mental health care institution, French legislation should provide for legal channels to guarantee the supervision of the placement and treatment by an independent authority. This means that there is no conflict between the interests of the representative and the minor and that the care is in the best interests of the child. In such cases, the procedure for placement without consent provided for by law should be fully applied.

**The CPT reiterates its recommendation to the French authorities to amend the relevant legal provisions in order to ensure that the above-mentioned precepts on consent to processing are effectively implemented in practice.**

## D. Foreign nationals detained under immigration legislation

### 1. Legal framework

287. In accordance with Article L.741-1 *Code de l'entrée et du séjour des étrangers et du droit d'asile* (CESEDA)<sup>180</sup>, the French authorities may administratively detain a foreign national who fulfils the conditions provided for in Article L.731-1, and who in addition does not provide sufficient guarantees that the expulsion will not be evaded, and when no other less intrusive measures, such as home arrest, could be taken.

Further, French law stresses that any decision to place a foreign national in administrative detention must take into account the state of vulnerability of the individual concerned.<sup>181</sup>

Also, foreign nationals under the age of 18 may not be the subject of a detention decision unless they accompany an adult foreign national who has been detained, it being specified that this adult may only be detained under the conditions listed in Article L.741-5. In addition, under the terms of the CESEDA, a decision to detain foreign nationals is taken only after they have been apprehended for the purpose of verifying their right of movement or residence, or at the end of their police custody, or at the end of their period of imprisonment in the case of detention. The decision must state the reasons on which it is based.<sup>182</sup> The CCP gives the police and gendarmerie enhanced powers to carry out identity checks in most inhabited parts of French Guiana and Guadeloupe.<sup>183</sup> To this end, in French Guiana, the police and gendarmerie maintain roadblocks at the main road connecting both the east and west of the territory with Cayenne.

288. Foreign nationals, subjected to administrative detention are placed in an immigration detention centre (*Centre de Rétention Administrative*, CRA) or, for a maximum of 48 hours,<sup>184</sup> in a immigration holding facility (*Local de Rétention Administrative*, LRA)<sup>185</sup> if they cannot be placed immediately in a CRA.<sup>186</sup>

289. Under the terms of the CESEDA, the initial detention is decided by the prefect and has a maximum duration of 48 hours. The initial detention may be extended subsequently by periods of 28, 30 and twice 15 days, to a maximum duration of 90 days in total. Such extensions must be authorised by the JLD, and foreign nationals must be notified in writing about the decision to detain them as well as about possible subsequent prolongations. They may receive assistance from associations, an interpreter and a lawyer.<sup>187</sup> When the foreign national is linked to a terrorist activity, the duration of the administrative detention may be prolonged to a maximum of 180 days.<sup>188</sup>

290. The CPT notes a change in jurisdiction regarding responsibility for litigation concerning the deprivation of liberty of detained persons. From 1 September 2024, the supervision of administrative detention (holding in a waiting area, extension of administrative detention, home visit) will be the responsibility of one or more judges of the judicial court, and no longer of the JLD.<sup>189</sup>

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180. For the purpose of the CPT report, any reference to the *Code de l'entrée et du séjour des étrangers et du droit d'asile* (CESEDA) concerns the law in force during the CPT's visit to France in November and December 2023.

181. Article L.741-4 CESEDA.

182. Article L.741-6 CESEDA.

183. Art. 78-2 al. 6 et 7 CCP.

184. Article R.744-1 CESEDA.

185. Article R.744-9 CESEDA.

186. In the event of an appeal against the extension order, the foreign national may still be detained there for more than 48 hours while the president of the Court of Appeal rules and if there is no CRA within the jurisdiction of the Court of Appeal, so that the foreign national could be kept there up to 96 hours.

187. See CESEDA, Chapter II on supervision of administrative detention by the JLD (Articles L.742-1 à L.742-10).

188. Articles L.742-6 and L.742-7 CESEDA.

189. Article 5 of Decree no. 2024-570 of 20 June 2024.

291. At the time of the visit, there were 25 CRAs in France, four of which are overseas. During this CPT visit to France, the delegation visited two of these overseas CRAs: the CRA of Matoury in Cayenne-Rochambeau in French Guiana, previously visited by the CPT in 2008, and the CRA "Les Abymes" in Les Abymes in Guadeloupe.<sup>190</sup> Further, the delegation visited an *LRA in Saint-Laurent-du-Maroni*, in French Guiana.

292. In French Guiana, *CRA of Matoury* had a capacity of 45 persons (33 men and 12 women) and was accommodating 19 men and three women.<sup>191</sup> The LRA in Saint-Laurent-du-Maroni with a capacity of four, detained two men. There were nine male foreign nationals held in CRA "Les Abymes" in Guadeloupe, with an overall capacity of 40 places.

None of the three places visited held unaccompanied minors or families.

293. Foreign nationals may be administratively detained only for the time strictly necessary for their departure, and the average length of stay in the CRA "Les Abymes" was 8.5 days and in the CRA of Matoury 3.5 days, with certain foreign nationals staying only a few hours and others for several weeks.<sup>192</sup>

294. In French Guiana, in 2023, until the time of the visit, a total of 1507 persons had been detained in the centre<sup>193</sup>; over the same period in Guadeloupe, there had been 341 detentions.

295. Detention for the purposes of forced removal is only justified if the removal procedure is under way and there is a realistic prospect of being carried out. The CPT understands that expulsion of certain foreign nationals is not possible due to the non-cooperation of their states of origin. The Republic of Cuba was mentioned in this respect, as it appears that the Cuban authorities strip the nationality from those of its citizens who remain longer than one year outside the country without permission. Nonetheless, the delegation met with Cuban nationals in both CRA's, and data provided by the French authorities suggest that Cuban nationals are held frequently there. **The CPT would like to receive the comments of the French authorities on the above.**

In French Guiana, due to cooperation difficulties, the average length of stay of former prisoners from certain countries, in particular the Co-operative Republic of Guyana, is said to be increasing. On the contrary, a 1996 bilateral agreement with Brazil renders the expulsion of its nationals without formalities, facilitating its rapidity.<sup>194</sup>

296. The delegation was told that overseas CRAs differ from those in metropolitan France by their high rate of successful expulsions, which is facilitated by a derogation from the usual legal safeguards, applicable in both French Guiana and Guadeloupe. This derogation, in place since the 1990s, allows for rapid expulsion of a foreign national once such decision has been taken. Following *inter alia* the judgment by the European Court for Human Rights in the case of *De Souza Ribeiro c. France* in 2012<sup>195</sup>, this derogation has been amended, by introducing an interim measure (*référé liberté*) procedure with suspensive effect aiming at preventing any violation of Article 3 of the Convention.<sup>196</sup> Despite these amendments, several persons expressed their concern that this safeguard is not sufficiently effective in practice, mainly due to the speed with which the expulsion is carried out, which does not allow a foreign national to initiate the procedure, risking the violation of the principle of non-refoulement. **The CPT recommends that the French authorities take the**

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190. The CGLPL visited the CRA in Cayenne-Rochambeau in 2015 and the CRA "Les Abymes" in 2018.

191. On the second day of the visit, there were 20 men and three women.

192. Data provided by the police in French Guiana indicates that in 2022 62% of the foreign nationals remained less than one day in CRA of Matoury and 83% less than three days.

193. In 2022, according to the report on medical service of the CRA of Matoury, there were 1330 persons detained there; 90% of them were from only four countries: Haiti; Brazil; Suriname; and the Co-operative Republic of Guyana.

194. Decree no. 2001-760 of 28 August 2001 on the publication of the agreement between the Government of the French Republic and the Government of the Federative Republic of Brazil on the readmission of persons in an irregular situation, signed in Paris on May 28, 1996. A similar agreement with the Republic of Suriname has been signed in 2004, but to date has not been ratified by the Surinamese parliament.

195. Application no. 22689/07, 13 December 2012.

196. Article L.761-3 CESEDA for Guadeloupe and Article L.761-5 CESEDA for French Guiana.

necessary measures to guarantee that no one is subject to the implementation of a removal order before the expiry of a reasonable period of time to initiate an appeal with suspensive effect against this order.

## 2. Ill-treatment

297. The delegation did not receive any allegations of ill-treatment by staff of foreign nationals detained in either CRA or the LRA.

At the CRA "*Les Abymes*" in Guadeloupe, the cohabitation of detained persons and staff was serene, possibly due to the low occupancy rate at the time of the visit and the short length of the deprivation of liberty.

298. In the *CRA of Matoury* in French Guiana, in general, relations between staff and foreign nationals were respectful and with certain frequently returning migrants even cordial. However, on rare occasions assaults on staff did take place and, slightly more frequently, there was violence amongst foreign nationals. In this respect, the delegation was particularly concerned about two incidents, in June and November 2023, when several male detained persons entered into the female section. According to the incidents register, on 12 June 2023, women "had been touched".

**The CPT would like to be informed about the follow up measures taken by the French authorities to these two incidents, and whether:**

- **appropriate action was taken against the persons responsible for the incidents on 12 June 2023;**
- **the victims requested and received psychological or other support;**
- **measures have been taken to prevent such incidents to take in the future.**

299. In French Guiana, the visit showed that the mix of former prisoners and foreign nationals in an irregular situation was frequently a source of tension.<sup>197</sup> They were exacerbated by the increasing length of administrative detention, as was above all the case for former prisoners from certain nationalities in CRA of Matoury, and the absence of motivating activities, including sports.<sup>198</sup> With the limited means at its disposal, the staff of the centre appeared to make a real attempt to quell these tensions before they get out of hand, for instance by allowing certain foreign nationals with their own means to buy food outside the centre as well as by taking steps to adapt food to the local taste and increasing its quantity. If so far these measures allowed to maintain peace and order, the CPT has concerns for the future, particularly in the event that the length of detention of certain categories of foreign nationals is not reduced.

300. In the CPT's view, the French authorities would be well-advised to monitor the situation in the CRA of Matoury and in the CRA "*Les Abymes*", closely, including by collecting statistics as to the length of detention of the different categories of foreign nationals remaining beyond 48 hours with a particular emphasis on those remaining beyond 30 days.

**The CPT recommends the French authorities to closely monitor the situation at the CRA of Matoury and the CRA "*Les Abymes*", including by collecting statistics as to the length of stay of the different categories of foreign nationals remaining beyond 48 hours with a particular emphasis on those remaining beyond 30 days.**

301. In the CRA of Matoury in French Guiana there is doubt about the adequacy of the response of the centre's medical service to allegations of ill-treatment. For instance, the daily log of the service

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197. In the 2022 Annual Report of the CRA of Matoury's medical service, an analysis is given of these tensions. It states that former prisoners consider that they have served their sentence and do not understand why they continue to be locked up, which leads to aggressive and vindictive behaviour. Further, the analysis says that former prisoners received more and better food in prison and that there is greater distraction in the form of activities. Also, certain former prisoners display "gangland behaviour" in the CRA. In addition, in its annual report of 2022, the CRA's medical service observes a correlation between length of stay and visits to the medical unit for anxiety, "mood disorders" and digestive problems.

198. See paragraph 304.

indicated that on 1 September 2023, staff of the medical service were approached by a foreign national who complained about having been beaten by another foreign national. The nurse present took the foreign national back to the male sector, where there is little privacy, to continue the consultation. As the man withdrew his allegation, no physical examination was carried out.

It would appear that the nurse in question feels uncomfortable with being alone with a male foreign national in the infirmary and has the custom of carrying out her consultations in the male living sector instead. This clearly impacts medical confidentiality negatively and thus the relationship of trust between the medical staff and a foreign national. In the CPT view, medical consultations should take place in an appropriate setting, in the case of the CRA of Matoury, in the medical centre, which should be sufficient safe for staff.

**The CPT recommends that the French authorities improve the security for medical staff in the medical service. Further, the Committee recommends that in the event of an allegation of ill-treatment, a medical examination should always take place.**

### **3. Conditions of administrative detention and treatment of persons detained**

302. In French Guiana, the layout of the CRA of Matoury in Cayenne had not significantly changed since the CPT's last visit in 2008. As before, the centre consisted of two sections, one for women and one for men. The female section consisted of four bedrooms. The male section had five bedrooms. The room doors remained open day and night. In both sections there were bathing and toilet facilities as well as a recreational room with a television set and a dining room. Both sections had a freely accessible outdoor exercise yard of approximately 100 m<sup>2</sup>, covered with a metal grill and offering some shelter against inclement weather. There was also a large room where visitors could be received and a room where foreign nationals could meet their lawyers. Overall, the centre was in a good state of repair.

The *LRA in Saint-Laurent-de-Maroni* consisted of one room of approximately 15 m<sup>2</sup>, with two bunk beds and a semi-partitioned sanitary area with a toilet, a shower and washbasin. The room had access to nature light through a barred window. There was no call bell, but a police officer was on duty 24 hours a day in the proximity of the room. The LRA was in an acceptable state of repair.

303. In Guadeloupe, the CRA "Les Abymes" had separate sections for women and men. The female section consisted of three rooms, a separate bathing facility and a recreation room with a television set. The male section had six rooms, with door-less, partially partitioned toilet facilities, a recreation room and a shower. There was an interior courtyard used by persons from both sections. The centre had been constructed in the year 2000 and was showing its age.

304. In the CPT's view, the living conditions in the two CRAs visited are unsuitable for stays of more than 48 hours. Firstly, in both centres the living areas, bedrooms and recreation area, were dark, due to closed shutters covering the windows to limit exposure to the sun. In addition, the heat, combined with the lack of air conditioning in the bedrooms<sup>199</sup>, prevented the foreign nationals from sleeping. At the time of the visit, all detained foreign nationals in both French Guiana and Guadeloupe had moved their mattresses (in Guadeloupe with improvised pillows frequently made from cut up foam mattresses) to the floor in the slightly cooler recreational and dining areas.

The situation was particularly concerning at the CRA "Les Abymes" which was without running water at the time of the visit, due to the frequent water cuts in Guadeloupe. Foreign nationals were unable to flush the toilets and take a shower. Some detained persons claimed that they received only two 250 ml bottles per day, which if effectively true would be grossly insufficient.

Further, the outdoor yards in the two CRAs were too cramped to allow for proper exercise. The yard in "Les Abymes" in Guadeloupe was not freely accessible during the day. The yard was open only when there was enough staff to supervise the foreign nationals, normally between 7:00 and 9:00 a.m..

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199. The CPT notes that this situation had already been the case during its first visit to CRA of Matoury in 2008 and that the CGLPL has made similar remarks in its visits to both CRAs.

Also, many foreign nationals complained about their complete and utter boredom as no structured activities were on offer, even for those remaining beyond 48 hours, and exercise equipment and games such as football tables were often broken.

305. Both centres were infested with mosquitos. In CRA of Matoury, there was also an annual infestation of the yellowtail moth, an insect which scatters stinging darts causing rashes to foreign nationals and staff. These factors, along with the health risks posed by dirty mattresses, passed on from person to person without fumigation contributed to the poor quality of life in the centres.

306. Foreign nationals did not store their personal belongings (clothes or valuables) in the bedrooms in either centre. There was storage space available elsewhere in the centres for this purpose. To obtain a change of clothes, foreign nationals needed to ask staff for access, which was always granted according to the foreign nationals interviewed by the delegation.

307. However, it was positive that in both CRAs foreign nationals were in a position to maintain contact with the outside world. In the CRA “*Les Abymes*” they were allowed to keep their mobile phones, including smartphones with internet access. In the view of the CPT, this is a good practice. At the CRA of Matoury, however this was under the condition that such phones are not equipped with a camera. Smart phones could be used under staff supervision in the reception area though.<sup>200</sup> Foreign national not possessing their own phone, may use the phone of the centres. Further, the foreign nationals could receive visits daily, although French law excludes non-accompanied minors from such visits.

308. **Regarding the two CRA visited, the CPT recommends that the French authorities:**
- **find the means to maintain appropriate temperatures within the CRAs;**
  - **improve brightness within the centres;**
  - **guarantee at all times access to sufficient drinking water, bottled or not;**
  - **reduce the nuisance caused by mosquitoes, yellow tailed moths and other pests;**
  - **ensure the regular fumigation and replacement of mattresses;**
  - **organise meaningful activities for detained foreign nationals, in particular those remaining beyond 48 hours in the centre.**

**In addition, the Committee recommends that the persons held at the CRA Les Abymes be provided with pillows and be given free access to the courtyard during the day.**

#### **4. Procedure similar to disciplinary procedures**

309. Article 17 of the *Arrêté du 28 octobre 2016* of the Ministry for the Interior ordered in application of article R.553-9 of the CESEDA authorises the head of the establishment to take all measures necessary to guarantee security and public order in the Centre, including by physically separating a troublemaker from others.<sup>201</sup> The *Arrêté* stipulates that such physical separation should be recorded, including the exact time of start and end of the measure.

310. In the CRA of Matoury, the delegation was informed about the planned construction of two seclusion rooms, intended to replace the bedroom or elsewhere used as an place for improvised seclusion which staff used in case of an incident between foreign nationals. The delegation was told that, in the case of the seclusion of a foreign national, a CRA staff member remains in the doorway for the duration of the measure, which does not last for longer than one hour. Further, apparently no additional mechanical restraints such as handcuffs are used. The prosecutor is also notified.

311. In the CRA “*Les Abymes*”, such a seclusion room was in use. It was a dark room in the men’s section, with only a metal bunkbed and shower and toilet facilities. According to information received by the delegation, foreign nationals do not spend more than one day in this room but that there is no maximum time set for its use. Apparently, the prosecutor is informed when a foreign national is secluded.

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200. At the *LRA in Saint-Laurent-du-Maroni*, those detained were not allowed to keep their phones with them but access could be authorised on request.

201. See CPT/Inf (2020) 11; paragraphs 81-85.

312. Contrary to the CRAs visited by the CPT during its 2018 *ad hoc* visit to France, in neither CRA visited was seclusion recorded in a dedicated register.<sup>202</sup> In the absence of a specific register, the delegation was not able to verify either the frequency or the average duration of seclusion in either centre. Further, it became clear to the CPT that there is still no procedure similar to disciplinary procedure at the CRAs, despite previous CPT recommendations to this end.<sup>203</sup> The CPT is convinced that it is in the interest of foreign nationals and CRA staff alike for clear procedures to be both officially set down and implemented in practice. Any lack of clarity which exists in this sphere brings the inevitable risk of the development of unofficial and uncontrolled systems. Procedures similar to disciplinary procedures should afford foreign nationals the right to be heard about the offences allegedly committed, and to appeal to a higher authority against any penalty imposed.

**The CPT calls upon the French authorities to:**

- **drafting formal regulations for CRAs similar to disciplinary regulations. These regulations should provide foreign nationals with a right to be heard on the subject of the offences which they allegedly have committed, and to appeal to a higher authority against any sanctions imposed. It should also provide the rights to be informed in writing of the charges against them and to call witnesses on their own behalf, and the effective access to legal assistance;**
- **provide foreign nationals subject to a seclusion measure with a copy of the relevant decision and information on the possibilities to appeal the measure to an outside authority;**
- **ensure that placement in a seclusion room is time-limited;**
- **establish a separate register for the use of the seclusion room, setting out the full details of the persons held in it: date and time of entering and leaving, grounds for placement, etc.**

## **5. Staffing**

313. Both CRA's had minimal staffing. In the CRA of Matoury there were six police officers on duty during the day and four at night. At the CRA "Les Abymes", there were four police officers during the day and three at night. Further, in both centres a "mediator"<sup>204</sup> could act as the liaison between the foreign national and the outside world, including by buying food and other commodities such as clothes from shops in the community. **The CPT welcomes this practice.**

## **6. Safeguards**

314. In the Committee's view, detained foreign nationals detained under immigration law and asylum seekers should benefit from an effective legal remedy enabling them to have the lawfulness of their deprivation of liberty decided swiftly by a judicial body. The need for continued detention as measure of last resort should be reviewed periodically by an independent authority.

315. It is also essential that newly admitted detained foreign nationals be expressly informed, without delay, and in a language they understand, of all their rights, their legal situation (including the grounds for their detention), the procedure applicable to them, and the house rules of the detention facility.

316. As mentioned in paragraph 289 above, the initial detention in a CRA or LRA must be ordered by the prefect, and all extensions authorised by the JLD. As noted by the delegation, all foreign nationals had been given a detention order by the prefect, and in the event of an extension, authorisation by the JLD was requested and granted. In French Guiana, in most cases, the hearing took place in the presence of a lawyer.<sup>205</sup> In Guadeloupe, a lawyer was present in all cases. If needed, an interpreter was present as well.

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202. See CPT/Inf (2020) 11; paragraph 82.

203. See CPT/Inf (2007) 44; paragraph 76.

204. Employed by the national immigration office (« *Office français de l'immigration et de l'intégration* », OFII).

205. Article L.551-2 of the CESEDA

317. In French Guiana, in agreement with the foreign national concerned, the reading of the decision by the JLD following a prolongation hearing may also be carried out by video conference, to avoid the travel to Cayenne, the long waiting time in the court and the refusal of many lawyers to travel to the CRA. This was apparently not the case in Guadeloupe.

318. As to the information about rights, in conformity with the *Arrêté* of 28 October 2016, foreign nationals were informed about their rights upon admission to the CRAs, confirmed by a signed register. Such was the case in Guadeloupe, where foreign nationals signed a register that they had been informed about their rights. In French Guiana, information on rights had become a task for the non-governmental organisation (NGO) “La Cimade”, after the foreign nationals already had had an explanation from the apprehending law enforcement units as indicated in arrest records.

319. In neither CRAs, none of the detained foreign nationals interviewed, complained of not having been informed about their rights.

320. In its response to the CPT report on the 2018 ad hoc visit to France, the French authorities indicated that leaflets listing the rights applicable to foreign nationals to be expelled had been made available in all CRAs.<sup>206</sup> This was not the case in the CRAs visited by the CPT during this ad hoc visit. However, the standard house rules applicable to all CRAs in France refers to these rights and they were advertised in all the living areas visited by the delegation, usually in various languages. However, in Guiana, in the female sector at the CRA, these rules were only advertised in French and Russian and in the male section only in French. Further, they were drafted in legal language, possibly not always understandable for all foreign nationals, even if they master French or Russian. **The CPT recommends that the French authorities take steps to ensure that the house rules are advertised in the languages most usually spoken by the foreign nationals. Specific attention should also be paid to the situation of those detained persons who are illiterate or who cannot understand any language in a written form.**

321. Although not part of the staff of the Centre, the CPT wishes to highlight the important role played by the NGO La Cimade in both centres. In the CPT’s view, La Cimade is crucial in informing foreign nationals of their rights and the effective legal remedies available. Further, and of equal importance, in both centres, it appeared that the representative of La Cimade acted as a person of trust for the detained foreign nationals.

## 7. Access to healthcare

322. In French Guiana, while there is an agreement in place between the CHC and the Prefect of French Guiana<sup>207</sup> signed in 2022 for the presence at the CRA of Matoury of a nurse (between 08:00 and 18:00 during weekdays and between 8:00 and 15:00 on Saturday) and one doctor (for 0,3 FTE between 9:00 and 13:00 hours for three days a week), the CPT understands that this agreement has not become operational in practice. Until that time, medical care is provided by the CHC based on another convention, signed in 2018, which is renewed annually.

At the time of the visit, the medical unit at the CRA of Matoury consisted of one nurse for six days a week, present at the centre between 8:00 and 15:00, and one doctor on call. In the absence of the physical presence of the doctor, the prescription of medication frequently took place by telephone, without the doctor having examined in person the foreign national. During periods of absence, for holidays or otherwise, the doctor was not replaced, and the nursing staff called the emergency department for medical consultation, if needed.

323. In the absence of medical staff, at night, during bank holidays or on Sundays, the custodial staff is responsible for medical care and needs to contact the CHC emergency department in the event of even minor health concerns. In the event that medication is administered (for instance paracetamol), in coordination with the CHC emergency department, an entry is left in the personal file of the foreign national (and not in the medical file).

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206. See CPT/Inf (2020) 12; paragraph 69.

207. *Convention relative à l'organisation du dispositif sanitaire dans le Centre de Rétention Administrative de Rémire-Montjoly*, signed on 26 July 2022.



324. The CPT considers that the medical staffing at CRA of Matoury is insufficient, in particular due to the absence of the doctor. This leads to custodial staff fulfilling tasks which should be under the exclusive responsibility of the medical staff, including for reasons of medical confidentiality. This concerns in particular the distribution of medication and the monitoring of its use by foreign nationals.

**The CPT recommends that, if not already the case, at CRA of Matoury the agreement between the CHC and the CRA becomes operational as soon as possible.**

325. In the CRA “Les Abymes” in Guadeloupe, medical care is assured through an agreement with a private clinic. A doctor was present three times a week in the mornings, and the nurse visited the centre every morning (with the exception of Sunday). Medication was distributed by the nurse, provided that foreign nationals would take the initiative to collect it themselves. Their affiliation with the private clinic had the advantage that more complex medical examinations could be carried out on the site of the clinic. The delegation did not receive any complaints as to access to medical care.

326. Apparently due to a longstanding IT problem, at the CRA “Les Abymes” the medical staff did not keep proper medical files but instead relied on some handwritten notes. At the CRA of Matoury, the medical files were archived by year rather than by name. Consequently, for many returning foreign nationals new medical files were opened, rather than existing files updated, risking the loss of essential medical information collected during previous stays. Further, the medical files seen by the delegation were incomplete. For instance, a register for prescribed medication, including information on when the treatment started and ended was missing. Also, as regards former prisoners, the lack of exchange of information between the CRA and the *prison of Rémire-Montjoly in Cayenne* caused interruptions to the continuity of care.

**327. The CPT recommends that a complete, individual medical file be systematically opened for each foreign national newly arriving at the CRA “Les Abymes” and that at the CRA of Matoury the existing medical files be updated, including with medical information from prison files if any.**

328. As medical consultations were on request only in both CRA’s, medical staff did not systematically meet all newly admitted foreign nationals or foreign nationals returning after a failed removal attempt. Further, in neither CRAs did the admission procedure include a standard medical examination. The fact that several of the foreign nationals had previously been detained in a prison, does not compensate for this omission, at least in French Guiana, as no exchange of information took place between the CRA and the *prison of Rémire-Montjoly in Cayenne*, as previously mentioned.

329. The CPT reiterates once again the importance of the medical examination of all persons arriving in detention, either directly or following a prison sentence, in particular in order to screen without delay for diseases or disorders requiring urgent care (for example, communicable diseases or addictions), to identify persons at risk of suicide or self-harm, to provide any necessary medical care and psychological support in a timely manner and to detect injuries. The same should apply *mutatis mutandis* for foreign nationals returning from a failed removal attempt.

330. If the French authorities continue to have doubts as to the usefulness of such screening, the CPT wishes to point out that the incidents register at the CRA of Matoury in French Guiana contains three entries indicating suicide attempts by hanging by two foreign nationals in September 2023. In these cases, death was narrowly avoided, but it should be noted that one of the foreign nationals was released due to their incompatibility with detention.

Further, the CPT has already stressed on several occasions the importance of adequate access to psychological assistance and psychiatric care for foreigners detained under the terms of the CESEDA<sup>208</sup>. Indeed, many of these people may have experienced crisis or traumatic situations (torture, ill-treatment) or suffer from psychological stress while awaiting their return. At the time of the visit, in the CRA “Les Abymes”, the post of a psychologist had been vacant for a month and there was no psychologist in the CRA of Matoury.

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208. See CPT/Inf (2020) 11, paragraph 58.

331. **The CPT recommends that the French authorities take immediate action at both the CRA of Matoury and the CRA “Les Abymes” and, where appropriate, in other CRAs, to ensure that detained foreign nationals systematically undergo a health examination, including a complete physical examination, comprising a screening for possible injuries, carried out by a doctor or a registered nurse reporting to a doctor, on the day of their arrival or, at the latest, the following day, as well as an assessment of the foreign national’s mental health and psychological state; in the event that a detained foreign national refuses to attend the consultation, the doctor (or nurse) must nevertheless go to visit this person as soon as possible.**

**Further, at the CRA of Matoury a psychologist should be recruited without delay.**

332. The provision of medication was problematic in both CRAs, on occasions leading to interruption to treatment already underway. At the CRA of Matoury, the pharmacy was only restocked once a week. This was particularly problematic in the case of former prisoners, who were never given their medication upon departure from the prison. At times they had to wait several days before being able to resume their treatment. Also, in the CRA “Les Abymes”, the delegation received complaints about previously prescribed medication not being available. **The CPT recommends that the French authorities take adequate measures for the continuity of care to be guaranteed in both CRAs.**

## APPENDIX I - ESTABLISHMENTS VISITED

In French Guiana, the delegation visited the following places of deprivation of liberty:

### Law enforcement establishments

- Saint-Laurent-du-Maroni border police facilities
- Saint-Georges de l'Oyapock border police facilities
- Félix Eboué International Airport border police facilities
- Cayenne Police Station
- Kourou Gendarmerie Brigade
- Mana Gendarmerie Brigade
- Régina Gendarmerie Brigade
- Saint-Georges de l'Oyapock Gendarmerie Brigade
- Saint-Laurent-du-Maroni Gendarmerie Brigade
- Cayenne Court of Appeal and Judicial Court holding facilities
- Cayenne-Rochambeau (Matoury) immigration detention centre
- Saint-Laurent-du-Maroni immigration detention premises

### Prison

- Rémire-Montjoly Prison

### Health establishments

- Psychiatric unit ("Wapa" and "Comou" closed units) and unit for minors ("Acajou") of the Andrée Rosemon hospital in Cayenne (CHC)
- CHC emergency services
- CHC secure facilities

In Guadeloupe, the delegation visited the following prisons:

### Law enforcement establishments

- Pointe-à-Pitre Police Station
- Basse-Terre Police Station
- Capesterre-Belle-Eau Police Station
- Saint Claude Gendarmerie Brigade
- Morne-à-l'eau Gendarmerie Brigade
- « Abymes » immigration detention centre
- Pointe-à-Pitre Court holding facilities

### Prisons

- Basse-Terre remand Prison
- Baie-Mahault Prison

### Health establishments

- Guadeloupe public mental health establishment (closed units in sectors 1 to 3 and sectors 4 to 6, unit for children, and reception and crisis centre)
- Emergency services at the *Centre hospitalier de Basse Terre* (CHBT) and the *Centre hospitalier universitaire* (CHU) in Pointe-à-Pitre
- Secure facilities at the CHBT and CHU.

## ANNEX II - LIST OF NATIONAL AUTHORITIES, OTHER BODIES AND NON-GOVERNMENTAL ORGANISATIONS MET BY THE CPT DELEGATION

### A. MINISTERIAL AUTHORITIES

#### Ministry of the Interior and Overseas France

Lionel BEFFRE	Director of the Office of the Minister for Overseas France (MDOM)
Paola DEBRIL LOISEAU	MDOM Diplomatic Adviser
Paul Marie CLAUDON	Deputy Chief of Staff, MDOM
Arnaud LAUZIER	Deputy Director of Legal and Institutional Affairs, Directorate-General for Overseas France (DGOM)
Sabrina BALIM	Head of the European and International Law Mission (DGOM)
Charles FOURMAUX	Chief of Staff to the Director General for Foreigners in France (DGEF)
Alexandra AUTHIER	Divisional Commissioner, European and International Affairs Directorate (DAEI)

#### Ministry of Solidarity and Health

Mathilde VIART	Diplomatic Adviser to the Minister for Health and Prevention
Evan MALCZYK	Adviser on population health and on the health of professionals to the Minister for Territorial Organisation and Health Professions

#### Ministry of Justice

##### Minister's office

Charles TOUBOUL	Director of the Private Office of the Minister of Justice
Cécile SORIANO	European and international affairs adviser to the Minister of Justice
Clément DI MARINO	Prison Policy Advisor of the Minister of Justice
Benoît DELEPOULLE	Consultant for digital technology, victim support, best practice and overseas departments and territories, of the Minister of Justice

##### Secretariat-General (SG)

Alexandre DE BOSSCHERE	Deputy Secretary General
Anthony MANWARING	Delegate for European and International Affairs (DAEI)
Guillaume VIEILLAR	Head of the Office of Institutional and Diplomatic Affairs (DAEI)
Yann FROGER	Head of the Administrative Litigation and Advisory Office (SEM)
Marjorie MASSELOT	Assistant to the Head of the Institutional and Diplomatic Affairs Office (DAEI)

##### Directorate of Criminal Affairs and Pardons (DACG)

Sophie MACQUART-MOULIN	Deputy Director of Criminal Affairs and Pardons
Louise MIEL	Deputy Head of the Office of the Directorate of Sentencing and Pardons

##### Directorate for Prison Administration (DAP)

Emmanuel RAZOUS	Deputy Director of Prison Administration
Philippe GICQUEL	Assistant Director for Service Steering and Support
Patricia THEODOSE	Deputy assistant Director on Inclusion and Probation

##### Directorate for the Judicial Protection of Youth (DPJJ)

Claire PAILLASSOU	Assistant to the Head of the Legislation and Legal Affairs Office (DPJJ)
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## **Ministry of Europe and Foreign Affairs**

### **Directorate of Legal Affairs (DJ)**

Diégo COLAS	Director of Legal Affairs
Paloma REPARAZ	Deputy Director of Human Rights (DJ/DHOM)
Karen ROCHET	Legal consultant (DJ/DHOM)

## **B. TERRITORIAL AUTHORITIES OF FRENCH GUIANA**

### **Prefecture**

Cédric DEBONS	Deputy Prefect, Office Director and Director General of Security, Regulation and Controls
Laurent DELAHOUSSE	Diplomatic Adviser

### **National Police**

Philippe JOS	General monitor, territorial director of the national police in Cayenne
Frédéric MARTINEZ	<i>Commissaire divisionnaire</i> , deputy territorial director of the national police in Cayenne

### **National Gendarmerie**

Rémi PATIER	Captain, deputy to the officer in charge of the judicial police at the command of the national gendarmerie in French Guiana, representing General Jean-Christophe Sintive, commander of the gendarmerie in French Guiana
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### **Directorate-General of Customs**

Florent NESTAR	Head of Logistics
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### **Ministry of Health and Prevention**

Audrey ANDRIEU	Defence and Security Advisor, representing Mr Dimitri Grygowski, Director General of the Regional Health Agency
Christophe BOURIAT	Chief Executive Officer of Cayenne Hospital

### **Ministry of Justice**

Béatrice BUGEON-ALMENDROS	First President of the Court of Appeal of Cayenne
Joël SOLLIER	General Prosecutor of the Court of Appeal of Cayenne
Sophie BAUDIS	Councillor at the Court of Appeal, General Secretary to the First President of the Court of Appeal of Cayenne
Gisèle AUGUSTE	General Counsel of the Court of Appeal of Cayenne
Frédéric ALMENDROS	Deputy Public Prosecutor, Cayenne Judicial Court
Martine DANIELOU	Vice-President in charge of liberties and detention, Cayenne judicial court
Bertrand ECOCHARD	Vice-President in charge of the enforcement of sentences, Cayenne judicial court
Tete MENSAH-ASSIAKOLEH	Director of the French Guiana Prison
Emeline PIDERY	Deputy Territorial Director of Judicial Youth Protection

## **C. TERRITORIAL AUTHORITIES OF GUADELOUPE**

### **Prefecture**

Xavier LEFORT Prefect  
Franck DORGE Deputy Prefect, Director of Private office

### **National Police**

Christophe GAVAT Territorial Director of the National Police  
Jean-Pierre FREDERIC Deputy Territorial Director of the National Police

### **National Gendarmerie**

Vincent LAMBALLE General, Departmental Gendarmerie Command

### **Directorate-General of Customs**

Philippe CHABLE Representative of the Regional Director of Customs

### **Ministry of Health and Prevention**

Florelle BRADAMANTIS Deputy Director General of the Regional Health Agency

### **Defence**

Laurent MAUGET-ROUSSEAU Colonel, military coordinator

### **Ministry of Justice**

Philippe CAVALERIE First President of the Basse-Terre Court of Appeal  
Éric MAUREL General Prosecutor  
Emmanuelle DOFFE President of the Chamber of the Court of Appeal of Basse-Terre  
Sabine CRABOT Acting President of the Judicial Court of Pointe-à-Pitre  
Caroline CALBO Prosecutor of the judicial court of Pointe-à-Pitre  
Valérie MOUSSEFF Director of Baie-Mahault Prison  
Olivier VICQUELIN Director of Basse-Terre remand Prison  
Maud GUIVARCH Regional Director of the Youth Judicial Protection  
Marie-France LAZARRE Manager of institutional policy of the territorial department of the Youth Judicial Protection

## **D. INDEPENDENT ADMINISTRATIVE INSTITUTIONS**

### **Contrôleur Général des Lieux de Privation de Liberté**

Dominique SIMONNOT General Monitor of Places of Deprivation of Liberty  
André FERRAGNE Secretary General  
Maria DE CASTRO CAVALLI Assistant to the Director of Legal Affairs  
Anne-Sophie BONNET Monitor in charge of international relations

### **National Consultative Commission on Human Rights**

Magali LAFOURCADE General secretary  
Thomas DUMORTIER Legal Adviser  
Ophélie MARREL Legal Adviser  
Pierre MICHELETTI Member of the CNCDH

**E. NON-GOVERNMENTAL ORGANISATIONS**

Cimade

International Prison Observatory (OIP)

### APPENDIX III - GLOSSARY

BTA	Autonomous territorial brigade (gendarmerie)
CCB	Reports of traumatic injuries
CD	Detention Centre for prisoners sentenced to one year or more, detention regime is geared towards resocialisation
CDH	Detention centre for men
ECHR	European Court of Human Rights
CP	<i>Centre pénitentiaire</i> : establishment comprising at least two units with different detention regimes (remand, detention centre, central prison, semi-open unit).
CPIP	Integration and probation counsellor
CPU	Single Pluridisciplinary Commission
FTE	Full-time equivalent
JLD	Judge of liberties and detention
MA	Remand prisons: remand prisoners and sentenced prisoners with less than 2 years left to serve
MAH	Men's remand prison
MAF	Women's remand prison
PJJ	Judicial Youth Protection
SPIP	Penitentiary Integration and Probation Service
UCSA	Outpatient consultation and care unit (new name: USMP)
UHSA	Specially adapted hospital unit (prison psychiatry)
UHSI	Inter-regional secure hospital unit (prison somatic)
PICU	Psychiatric Intensive Care Unit
USLD	Long-term care unit
UMD	Unit for Difficult Patients
USMP	Prison healthcare unit (formerly UCSA)