EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT)

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Preliminary observations made by the delegation of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) which visited Finland

from 22 September to 2 October 2026

The authorities of Finland have authorised the publication of these preliminary observations.

Strasbourg, 25 November 2026

7th Periodic visit to Finland by the
European Committee for the Prevention of Torture
and Inhuman or Degrading Treatment or Punishment (CPT)
(22 September to 2 October 2026)

Preliminary Observations

A primary objective of the visit was to assess the progress made since the previous visit as regards the treatment of persons held in prisons and police establishments. Particular attention was paid to the situation of persons held under special security regimes in the prisons visited, while another focus was the persisting practice of holding remand prisoners in police establishments. In addition, for the first time in Finland, the delegation examined the treatment of persons deprived of their liberty in nursing homes. The feedback provided in these preliminary observations will focus on issues of major concern which should be addressed as a matter of priority.

The delegation would like to underline from the outset that the cooperation received both in preparation for and throughout the visit was excellent at all levels. The delegation enjoyed rapid access to all the establishments visited, was promptly provided with all the information requested and was able to speak with the detained persons in private. The delegation would particularly like to express its appreciation for the invaluable support provided before and during the visit by the CPT's Liaison Officer, Paulina Tallroth, and her colleague Anne Kohvakka.

Police Detention Facilities

The delegation has heard no allegations of ill-treatment of persons detained by the police; on the contrary, as during previous visits, most of the persons interviewed by the delegation, who were or had recently been in police custody, stated that the police had treated them correctly.

However, it is regrettable that some of the Committee's long-standing recommendations remain unimplemented. This concerns notably the right of detainees to notify their next-of-kin about their custody, the practice of holding remand prisoners in police establishments, and the practice of detaining highly intoxicated persons in police cells without ready access to healthcare staff on-site.

Regarding fundamental safeguards against ill-treatment, it is positive that detained persons appeared to have ready access to a lawyer, including during the initial interview by police officers.

Yet, as mentioned above, most criminal suspects are, at the outset of their detention, formally denied the right to notify one of their next-of-kin about their custody. The delegation found that such restrictions on contact appear to be the rule rather than an exception. Many persons held in police detention cells and at remand prisons said that they were or had been extremely worried that their families would not know of their whereabouts, in some cases for several days and even up to one week. Notification of custody to one's next-of-kin is a fundamental right which should generally be granted from the very outset of deprivation of liberty. The CPT recognises that the exercise of this right may be subject to certain exceptions in order to protect the legitimate interests of the investigation. However, such exceptions must not be applied quasi-systematically. In each individual case, a fair balance should be found between the needs of the investigation and the interests of the detained person (as well as their families or other next-of-kin).

On a practical note, if there is a concrete suspicion that the detained person may misuse a phone call in order to obstruct the investigation, the police could, with the prior agreement of the detained person, inform their next-of-kin of the detention and subsequently confirm to the detainee that this has been done.

Material conditions in the police establishments visited were good or even very good for short periods of police custody. The delegation noted positively in this context that refurbishment had been carried out in several police establishments, including at Helsinki Pasila Police Facility. However**,** it remains the case that none of the establishments offered suitable conditions for longer periods of detention.

In this context, the delegation acknowledges that the time spent by remand prisoners in police establishments has been reduced. This is clearly a step in the right direction. However, the delegation was informed that the median stay of remand prisoners in police facilities is still around seven days, and in exceptional cases can last up to several weeks. During that time, they are usually held alone in a cell – often without sufficient access to natural light – for 22 to 23 hours per day, with neither meaningful human contact nor activities offered to them. Moreover, despite certain improvements made at Helsinki Pasila, none of the facilities visited had genuine outdoor exercise facilities.

Given the harmful effects which solitary confinement may have on the mental and physical health of the persons concerned, it is not acceptable that remand prisoners be held for days on end in such conditions. The harmful effects can be particularly severe at the very outset of a person's deprivation of liberty, when they are usually in an extremely distressed mental state. The delegation therefore reiterates the CPT's call to the Finnish authorities to implement as a matter of priority their long-standing plans to fully eliminate the practice of holding remand prisoners in police establishments. This matter has already been the subject of High-level talks held 10 years ago, during which the Finnish authorities had assured the CPT that this practice would be ended by 2025.

Another issue of ongoing concern is the practice of holding highly intoxicated persons in police cells while custodial officers are generally not able to look after such persons, and most police detention facilities do not have ready access to healthcare staff on their premises. It is positive in this context that some new sobering-up stations are operational and that, at the Helsinki Pasila Police Facility, a nurse is now always available thanks to the municipal sobering-up station located in the same building. However, holding highly intoxicated persons in police cells is dangerous and still regularly results in medical emergencies and even deaths in police custody. It is the understanding of the CPT that further clarification of the general responsibility for providing sobering-up facilities may be required to at least reduce the number of intoxicated persons held in police facilities.

Prisons

The delegation's visits to Helsinki, Riihimäki, and Turku Prisons will form the focus of this feedback. The delegation also carried out a targeted visit to Vantaa Prison, mainly focusing on treatment during police custody.

The CPT mandate is the prevention of ill-treatment and, in this regard, it is positive that the delegation received no allegations of ill-treatment of prisoners by custodial staff in the three prisons visited. The delegation did observe, however, that custodial staff had mostly limited interactions with the prisoners, remaining in their control rooms and closing and opening cell doors. As a matter of principle, enough prison staff should always be present on the wings, as part of a dynamic security approach.

Incidents of inter-prisoner violence occurred in all three prisons visited. However, it is positive that, as a general rule, staff intervened rapidly and efforts were made to address tensions between prisoners before they escalated into violent incidents.

The material conditions in Turku were excellent and quite good overall in Helsinki and Riihimäki Prisons. More details will follow in the report.

The main concern of the delegation, however, in all three prisons visited, were the effects of overcrowding on the prison population, as well as on custodial staff and prison management. The situation was aggravated by the fact that a significant number of prisoners live under a very restricted regime, with only a few hours out of cell time each day.

When the CPT last visited in 2020, it praised Finland for decreasing its prison population.

Regrettably, during this 2026 visit, the delegation noted that all the prisons visited were overcrowded, as they were obliged to take in more prisoners than their official capacity. As a result, in Helsinki Prison for example, prisoners had to be placed in cells not intended for long-term accommodation, such as the transit cell (Matkaselli) in the basement of the building, or even, occasionally, in the prison's main sauna. Both places lack access to natural light and are unsuitable for use as accommodation, yet prisoners were placed in such conditions for days, sometimes for weeks on end, without any purposeful activity. Moreover, isolation cells intended for disciplinary purposes should not be used for prisoners who are not formally being disciplined. Such practices should end as soon as possible.

In Turku prison, cells designed for single use were turned into double cells by adding an extra bed or, in some cases, by placing a mattress on the floor. It should be ensured that cells designed for single use are not doubled up. In addition, prisoners should never be obliged to sleep on a mattress placed directly on the floor.

Concerning work, education and activities, in all three prisons visited, the premises were modern and well-equipped. However, many prisoners interviewed by the delegation could not benefit from them, as they did not participate in any activities, often due to the regime applicable to them. This affected, for example, prisoners in the Intensified Supervision Units, who felt that they could not progress or work toward rehabilitation.

In all three prisons visited, the most restrictive regimes were applied to persons categorised as remand prisoners (many of whom had already been sentenced by a first instance court and were awaiting an appeal) and to prisoners segregated for their own protection or for security reasons.

In fact, these categories of prisoner might spend up to 23 hours a day locked in their cells, with few or hardly any organised activities and little, if any, human contact. In the delegation's view, immediate efforts are required to offer some activities and meaningful human contact to prisoners held in conditions of *de facto* solitary confinement. Concerted action should be taken to offer these prisoners more out-of-cell time, preferably in structured programmes intended to provide prisoners with appropriate mental and physical stimulation. This may well require increasing staff resources.

The delegation met some prisoners who had had no meaningful human contact for months, if not years on end, and thus spent their time in solitary confinement for extended periods. Such a state of affairs is unacceptable. The delegation urges the authorities to take urgent measures to address the situation of these persons. The report will address this issue in greater detail.

Prison Healthcare

The delegation examined the healthcare provided in Helsinki, Riihimaki and Turku Prisons.

The delegation found that in all three prisons visited, the somatic healthcare provided was of good quality overall and the material conditions and medication storage at the healthcare premises were very good.

In addition, healthcare staffing in relation to nurses, general practitioners and dentists seems to have improved since the last CPT visit, which is positive. There was one exception – there are very long waits (up to three months) to see the doctor for non-urgent problems at Turku Prison. This should be addressed.

The delegation found a lack of confidentiality in accessing healthcare: forms completed by prisoners to request healthcare are posted into a general mailbox which is sorted by custodial staff. In order to maintain medical confidentiality, these forms should only be seen by healthcare staff.

The biggest challenge for prison healthcare concerns mental health. Access to a psychiatrist remains extremely limited. Only one psychiatrist covers all the prisons, and no psychologists are formally allocated to carry out therapeutic work in prisons. Access to urgent psychiatric care in prison psychiatric hospitals is possible, but the threshold for admission is very high.

Therefore, most prisoners with mental health issues were not having their needs met. This includes prisoners who self-harm, who are placed in a cell with CCTV coverage for a short period with little other intervention. This lack of mental healthcare is clearly placing an increasing burden on both the nurses and custodial staff. This problem is longstanding and requires a comprehensive solution which addresses the whole prison system.

In addition, the delegation noted that the CPT's long-standing recommendation concerning the absence of injury registers in prison healthcare remains unaddressed. The delegation will elaborate more on the medical documentation of injuries and incidents in the report.

The delegation also noted that most medication (including psychotropic drugs) continued to be routinely distributed by custodial staff, despite CPT recommendations that this practice be discontinued.

Healthcare screening by a nurse, including an examination to look for injuries, took place within 24 hours of admission. In addition, the delegation was pleased to see clear examples of good practices in prison healthcare. In particular, the 'personal care' model of nursing at Riihimaki Prison in which nurses cover specific sections of the prison, resulted in them knowing their patients well and addressing their needs more efficiently. This initiative has improved continuity of care for the patients. Hepatitis C screening is also very good, and micro-elimination projects in Helsinki and Riihimaki Prisons have picked up more cases of Hepatitis C infections than the usual screening.

Nursing homes

The delegation visited three nursing homes, all specialised for older persons with memory disorders: Palvelutalo Näsmänkieppi and Saarenkoti (both in Rovaniemi) as well as Attendo Villa Tavastia in Hämeenlinna.

At the outset, the delegation would like to underline that it received no allegations and found no indications of ill-treatment of residents by staff in the homes visited. On the contrary, residents and their families spoke very positively about staff, and the atmosphere in the homes visited appeared generally relaxed and welcoming.

However, the delegation found that the movement-restricting measures applied in nursing homes still lack a specific legal basis, as required by the Finnish Constitution. The homes visited were closed facilities from which residents could not leave on their own. Inside the living units, long bedrails and crotch belts in particular were used to restrict certain residents' movement. There appeared to be a lack of safeguards governing the use of these measures, for instance regarding their application, supervision and review. As a result, even when staff seemed to apply movement-restricting measures with care, their use depended largely on the subjective judgement of individual staff members. The delegation urges the Finnish authorities to address this issue as a priority, in line with the long-announced plans to finally close this legal gap.

On a positive note, the delegation saw good examples, in particular at Saarenkoti where staff also used alternatives to restricting measures – such as half-bedrails – which provided safety while not unnecessarily restricting residents' freedom of movement.

As regards healthcare, the delegation would like to highlight as a positive practice that at Attendo Villa Tavastia, a full-time physiotherapist assisted many residents. However, access to a doctor was problematic for residents at both homes in Rovaniemi, where a doctor came only once in one or two months (at Saarenkoti) and only once in three months (at Palvelutalo Näsmänkieppi). In between these visits, the doctor was consulted by telephone. This is not sufficient.

The material conditions in all three homes were very good in terms of living space, maintenance of facilities and the standard of hygiene. All residents were accommodated in single rooms which were bright, clean and spacious, and usually provided a homely and personalised environment. At the same time, all facilities, including the bathrooms, were adapted to the mobility-related needs of many residents.

At Palvelutalo Näsmänkieppi and Attendo Villa Tavastia, the staffing levels were at – or just above – the new legal minimum of 0.6 staff members per client, despite the heightened care needs of many residents. Most residents in all three homes had advanced stage memory disorders, and many had movement impairments, both of which requiring intensive support. The delegation noted in this connection that staff tried their best always to ensure the provision of at least basic care, such as changing incontinence pants and assistance with food intake. However, in particular at Palvelutalo Näsmänkieppi and Attendo Villa Tavastia, the impact of staff shortages was felt both by personnel and residents alike. Staff at both homes were not sufficient in number to allow each resident in need of assistance to go to the outdoor areas at least daily; indeed, some residents had not been taken outdoors for many days.

For the same reason, staff at the aforementioned homes were often too busy with daily chores to offer regular individual or group activities. As a result, many residents spend most of their time watching TV or alone in their rooms, with very little human contact other than nurses delivering medicine and food and helping with bathroom and eating routines when necessary. The lack of activities particularly affected those residents at an advanced stage of cognitive disorder. Activities and stimulation specifically tailored to this group of residents should be (further) developed in both homes, and staff should be trained accordingly.

On a more general note, the delegation would like to highlight the person-centred approach observed in Saarenkoti, the home which cared for residents with the most severe cognitive impairments.

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This concludes the delegation's preliminary observations which, as always, are made in a constructive spirit. The visit report, which will be transmitted in late March 2027, will go into greater detail and also cover several issues not addressed in this text. As usual, any comments or information that the Finnish authorities might wish to provide in reaction to these preliminary observations will be considered when the visit report is drawn up.

Appendix

Establishments visited

Establishments under the Ministry of Interior

- Hämeenlinna Police Detention Facility
- Helsinki Police Detention Facility (Pasila)
- Lahti Police Detention Facility
- Rovaniemi Police Detention Facility
- Vantaa Police Detention Facility

Establishments under the Ministry of Justice

- Helsinki Prison
- Riihimäki Prison
- Turku Prison

The delegation also visited Vantaa Prison (mainly focusing on treatment during police custody).

Establishments under the Ministry of Social Affairs and Health

- Attendo Villa Tavastia, Hämeenlinna
- Palvelutalo Näsmänkieppi, Rovaniemi
- Saarenkoti, Rovaniemi