

5. COMPARATIVE ANALYSIS OF PRISON HEALTH CARE GOVERNANCE, LEGISLATION AND PRACTICE

5.1. Introduction

Comparative analyses encompass health care systems of six countries. The mixed sample of countries include:

- France and the United Kingdom, which are at the forefront of the prison health care integration reform, as responsibility for prison health care has been transferred to the health authorities;

Slovenia and Estonia are gradually transitioning their prisons' health care services towards greater integration with the public health services in order to ensure equality of health care; and

- Georgia and Romania where the health-care for prisoners is within the scope of work of the Ministry of Justice.

The three models represented by the selected countries have been analyzed on the basis of the following indicators: 1. Professional medical independence and accountability, 2. Confidentiality and quality of medical documentation, 3. Quality control of health care, 4. Sanitary-hygienic requirements, 5. Recruitment of medical staff, 6. Patients' rights and 7. Prevention and documentation of ill-treatment.

The goal of the comparative research is to depict possible models and future outlook for the upcoming reform of the prison health-care services in Armenia. The focus is placed on the policy, legislation and practices regarding prison health-care services in the selected countries, including integrated prison health-care models. In addition, the comparative overview provides positive examples of manners in which the international and European standards are incorporated in the national legislation and practice.

5. France

France is one of the biggest countries in Europe covering the territory of 54,919 km² with 66,3 million inhabitants.¹ It has universal health coverage and strives to guarantee equal health rights to all. The size of its prison population, including pretrial detainees in 2015 was 66, 864 - a size of a town to manage in terms of prisoners' health rights.²

Health Services Provided by Prison's Health Care Units: Since 1994 penitentiary health care services have been integrated into the public health care.³ On the basis of agreed protocols between penitentiary and health bodies, public hospitals provide a health care in nearby prisons. They set-up a consultation and outpatient service in each prison, which provides primary health care. The services provide medical examinations, dental care, screening for communicable

¹ Statistical Office of France <http://www.insee.fr/fr/publications-et-services/default.asp?page=collections-nationales/la-france-en-bref.htm> accessed 6.1.2015.

² World World Prison Brief <http://www.prisonstudies.org/country/france> <http://www.prisonstudies.org/country/france> accessed 1.6.2015.

³ Law on Public Health and Social Protection, 1994, consolidated 2016.

diseases, specialist medical care and distribute medications around the clock.⁴ They also conduct prevention and education activities about health in prisons. When necessary, prisoners are hospitalized in secured rooms in hospitals, or in units in interregional university hospitals, where security is provided by prison staff. Penitentiary hospital of Fresnes offers somatic health care to prisoners.

Psychiatric care is offered to prisoners by public hospitals, e.g., by a team of psychiatrists in penitentiary institutions, or in regional hospitals. Secure psychiatric hospitals provide long-term institutionalization. Compensation is provided to psychiatrists for their services in prison, to make the job more attractive.

Medical teams visit at least twice per week persons who are put in a solitary confinement. They issue opinion to the prison authorities when termination of the measure is needed for health reasons. Medical visits are recorded in medical file.

Licensing and Supervision of Health Care Services, Equipment and Medications: High Health Authority certifies health establishments and accredits medical practitioners. From medical and economic viewpoint it also evaluates the products, acts, technologies and defines recommendations in this regard.⁵ General inspection of social affairs carries out inspections and issues recommendations. The Court of Audit examines the implementation of the Penitentiary Law. In 2001, a joint evaluation with recommendations was undertaken by the Inspectorates of Social Services and Judicial Services in 2001.⁶ Delays in scheduling specialists care in hospitals for prisoners are supervised by the Inspection of the Penitentiary Administration. The MoH is engaged in a dialogue with the penitentiary administration to ensure that only health care personnel distributes the medications.

Medical documentation and medical statistics: Penitentiary administration is under a legal duty to respect medical confidentiality of prisoners, including confidential medical consultations. Boxes where prisoners can easily deposit messages for prison health care service are installed in prisoners' areas. The boxes (in some prisons) are daily opened only by health care personnel. Electronic medical files are kept for each prisoner, which can only be accessed by the prison health care unit, specified health bodies and the prisoner. Health care personnel must indicate any security threats to prison administration.

Interministerial group between health and penitentiary authorities issues a joint circular regarding, among other, information-sharing. In case of transfer or release, medical information is transferred under the principle of confidentiality in order to continue medical treatment.

Patients' rights⁷: Patients' rights of the general population are also applicable to prisoners, with possible modifications due to their vulnerability, or to penitentiary and judicial considerations. Prisoners have the right to be assisted by a doctor of their choice, subject to check of his or her

⁴ International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004).

⁵ High Health Authority <http://www.has-sante.fr/portail/> accessed 7.1.2016.

⁶ International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004).

⁷ Public Health Code, consolidated 2016.

qualifications. They should be informed and consent to medical treatment, except in cases of urgency and impossibility to obtain it.

Financing: As a rule, prisoners are included in the public health security scheme, from the moment of their incarceration. The costs are covered by the central government.

Peculiarities of Provision of Healthcare Services to Vulnerable Prison Population: Medical examination is compulsory for juveniles who have not yet attained 16 years of age, when they are placed in a police holding cell.

Disabled prisoners may designate a person of their choice to help them with the daily routine. Prison authorities may oppose that choice for legitimate reasons. Imprisonment can be suspended for prisoners whose state of health is seriously degraded by the prison conditions, upon medical opinion and judicial order.

The Institutional Relation between the Prison Management and Independence of Medical Personnel: In 1994, prison health care was transferred within the competence of the General Health Directorate for public health issues in the MoH, and became fully independent from penitentiary authorities.⁸ Nevertheless, prison health care integration into public health has proceeded in stages. The integration process and transitional periods are addressed by inter-ministerial groups, by coordination between various stakeholders with a full recognition of each competencies and by legislation. Relations between hospitals that provide health care and prisons are regulated by agreements. Prison health personnel was provided with options for their integration in the public health system. Various pieces of legislation are prepared jointly between the MoH and MoJ/Penitentiary Administration, e.g., on sanitary conditions, confidential information, voluntary and confidentially HIV testing and security. The Institute⁹, which includes prison health specialists, develops health education programmes for the entire population.

Some of the concerns in the transition phase included: a fear from prison health personnel that they would be assessed unfavourably by health personnel coming from hospitals; a reluctance to work with colleagues coming from outside prisons, who are responsible to another authority and may share different values; public health service might feel overwhelmed; prison wardens may see external medical staff as an intrusion; protection of medical confidentiality; independent medical status of the new health care professionals and their uncertainty about their role in pursuit of prisons objectives.¹⁰

ECtHR case-law: In two cases against France, the ECtHR found a breach of Article 3 of ECHR in connection with health rights. In *Mouisel v. France*¹¹ the applicant (a prisoner) who was suffering from serious illness was not transferred to an appropriate medical facility, which could have provided him with the adequate level of care. In *Henaf v. France*¹² an elderly and sick

⁸ Law on Public Health and Social Protection, 1994, consolidated 2016.

⁹ Institute for preventive medicine and health education.

¹⁰ International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004), part on France.

¹¹ Application no. 67263/01.

¹² Application no. 65436/01.

prisoner with a psychological disorder was handcuffed in bed before operation despite police presence, which was judged disproportionate to the security requirements.

Slovenia

Slovenia is a small-sized country with 20,273 km² and 2,063,077 inhabitants.¹³ It is situated at the crossroad between Western and Eastern Europe and the Balkans. A number of novelties were introduced in the health care, such as clinical guidelines for increased health care quality, elimination of compulsory health insurance and integrated health care system.¹⁴ The number of prisoners in the country ranges between 60 and 70 per 100, 000 inhabitants.¹⁵

Health Services Provided by Prison's Health Care Units: General practitioners, dentists, dermatologists, gynecologists, and psychiatrists provide health care in prisons several days per week or month, as the case may be. They are contracted on a public tender. Nurses work full-time in prisons. Communal health centers provide health services to the prisoners on the bases of an agreement with the penitentiary institution from their region.

For legitimate reasons, some prisoners may be treated in special medical premises or secure department in one of the penitentiary institutions upon opinion of the doctor providing health care in prison and upon consent of the doctors in the receiving establishment. On medical grounds prisoners are placed in hospitals and health centers outside prisons. Upon proposal of an expert group drug users can be treated in an appropriate medical or other institution outside the prison, with agreement of the prison director. The "integration arrangement" made doctors available to prisoners also during night shifts and weekends.

Licensing and Supervision of Health Care Services, Equipment and Medications: Since 1995, the Slovenian authorities started the integration process of the prison health care services into the public health care network. As of 1 January 2009, the prison healthcare services are integrated in the public health care network by virtue of legislation.¹⁶

Professional and administrative supervision of health care services is carried out in accordance with the Health Services Act. The Medical Chamber¹⁷ carries out professional supervision over the work of health professionals. Work and professional standards are defined by the MoH for medical personnel, including continuous education. The MoH foresees standards for equality of care, e.g., the ones which apply to the community health centers, including the number of hours of available general practitioners in prisons in correlation with the number of prisoners. Each prison must have an equipped medical room and a supply of medications in accordance with general health regulations.¹⁸ Prisoners can complain about a breach of their rights to prison management, the supervisory judge, the MoJ and the Ombudsperson.

¹³ Slovenian Statistical Office, <http://www.stat.si/StatWeb/en/field-overview?idp=17&headerbar=13> and <http://www.emuni.si/en/slovenia> accessed 31.12.2015.

¹⁴ Albrecht and others, Slovenia: Health System Review (2009), xv-xvi.

¹⁵ WHO, Prisons and Health (2014), p. 107.

¹⁶ Health Insurance Act, Health Service Act modified in 2008.

¹⁷ Health Services Act modified in 2008.

¹⁸ Execution of Penal Sanctions Act last amended in 2015.

In 2008, the Mental Health Act prescribed integration in a single network of all mental health establishments and special care for prisoners. The MoH and MoJ issue regulations on the execution of security measures of compulsory psychiatric treatment and custody in a medical institution and on specific expert, technical and security conditions. An expert committee appointed by the MoH in cooperation with the MoJ oversees it. In 2012, the one and only secure psychiatric hospital facilities for forensic patients were opened. The medical component is provided by the unit, while security is provided by the Directorate for Execution of Sanctions (the Prison Administration). Prison wardens attend a special training.

The MoH issued guidance regarding transmittable disease, whose implementation is supervised by the Prison Administration in cooperation with the MoH and the Institute for Health Protection. Medical screening upon admission encompasses TB, Hepatitis B and on voluntary and confidential basis HIV screening. Newly admitted prisoners receive information and follow training on communicable diseases. In cooperation with the Clinic for Contagious Diseases a protocol for treatment of persons infected with hepatitis C in prisons is being prepared. Drug users are part of the awareness raising campaign about the ways of infection and treatment of Hepatitis C.

Medical documentation and medical statistics: The rules on protection of personal data also apply to medical documentation, and regulate inmates' access to medical reports. The MoH is competent to issue instructions regulating the management, storage and confidentiality of medical documentation. The medical record is available only to the health care professionals, to the independent supervisory bodies and to the Health Insurance Institute.¹⁹ General information about prisoner's health and disabilities is entered in the prisons' database.²⁰ The health care providers are connected by electronic network.

Victims of violence are examined as soon as possible by a health professional whose findings are entered in the medical records. Medical documentation contains detailed description of the injuries and doctor's opinion on how those injuries were inflicted²¹ Hospitals who provide medical aid also keep a comprehensive medical documentation. In the event of use of means of restraint, a prisoner undergoes a medical examination (upon his or her consent) by an independent doctor, who enters his or her findings into the prisoner's medical record.

Patients' rights: Prisoners fall within the scope of protection of the Patients' Protection Act, which foresees special representatives who protect the rights of patients. Informal mediation has been used successfully in this regard. The rights of persons with mental disorders are protected by a special representative who can interview detainees in privacy.

Financing: Prisoners adhere to the compulsory insurance against sickness and injury outside work, as well as during work and for occupational diseases (if they work). The insurance is paid out of the state budget. Compulsory psychiatric treatment is also covered from the state budget.

¹⁹ Execution of Penal Sanctions Act last amended in 2015.

²⁰ A prisoner is always medically examined at the admission in prison; the reception period may run up to 30 days during which medical information is obtained and recorded.

²¹ CPT report on visit to Slovenia (1996), pp. 14 and 25.

Peculiarities of Provision of Healthcare Services to Vulnerable Prison Population: There must be specially adapted premises for prisoners with special needs, e.g., disabled, sick and elderly persons in prisons.

The Institutional Relation between the Prison Management and Independence of Medical Personnel: The Prison Administration is a body of the MoJ. They cooperate with the MoH regarding prisoners' health issues and issue joint instructions. While the MoJ carries out legal supervision, the expert and administrative supervision over health activities is carried out in accordance with the Health Activities Act. A sanitary-hygienic supervision in prisons is carried out by the prison medical service. The prison must implement the measures ordered by the sanitary inspection in accordance with the general health regulations.²²

Legislation and effective link with the MoH play an important role in safeguarding the professional independence of health professionals. Upon opinion of a doctor, a prisoner may undergo a medical treatment in the community health center, of which a prison director is always notified.²³ Prison doctors examine daily the inmates held in a solitary confinement and notify the prison director, if their health is endangered.

United Kingdom

UK is one of the most populated countries in Europe with territory of 244,820 km² and 65 046 830 inhabitants.²⁴ Since there are three separate services in UK, only prison health care for England and Wales is analyzed in this section.²⁵ Their prison population numbers app. 85,500 prisoners.²⁶

Health Services Provided by Prison's Health Care Units:

In 2003, the hepatitis B vaccination programme was introduced in prisons and detention centres in England and Wales, which reduced the number of sick persons, especially among drug-users. The hepatitis B vaccination programme in prisons has succeeded in changing the epidemiology of hepatitis B across the whole country in under a decade.

Prisoners get the same healthcare and treatment as anyone outside of prison.

Treatment is free but has to be approved by a prison doctor or member of the healthcare team.

Prisons don't have hospitals, but many have in-patient beds.

Most problems are dealt with by the healthcare team. If they can't, the prison may:

- *get an expert to visit the prison*
- *arrange for treatment in an outside hospital*

²² Rulebook on Execution of Penal Sanctions last modified in 2013.

²³ Execution of Penal Sanctions Act last amended in 2015.

²⁴ http://www.countrysmeters.info/en/United_Kingdom_%28UK%29.

²⁵ International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004) part on UK.

²⁶ <http://www.statista.com/statistics/314700/prisoners-in-custody-in-england-and-wales-yearly> accessed 1.8.2015.

The healthcare team can ask the prisoner's family doctor for their records, but only if the prisoner agrees to it.

Special help and support

Prisoners can get specialist support - eg if they:

- *have drug or alcohol problems*
- *have HIV or AIDS*
- *are disabled or have a learning difficulty*

Refusing medical treatment

A prisoner can refuse treatment. However, the healthcare team may choose to give treatment if the prisoner isn't capable of making decisions themselves (eg they have a mental health condition).

the hepatitis B vaccination, screening for hepatitis c and b. monitoring programme, and information and communication.

Helping offenders to recover from addiction and illness can significantly reduce reoffending and cut crime in local communities.

It also helps to tackle some of the most significant health inequalities in communities as offenders are more likely to smoke, misuse drugs and/or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population.

Health and justice services therefore work closely together to achieve these shared aims.

Licensing and Supervision of Health Care Services, Equipment and Medications:

An inspector certifies each cell whether or not it is adequate for health. This certificate can be withdrawn at any time, if inspector deems that the cell no longer fulfills the required conditions.²⁷ There are a number of data sources which measure bloodborne virus infection in the prison and detention centre population. These include Public Health England surveillance

systems such as the Public Health in Prisons monitoring system based with the national Health and Justice Team; the Survey of Prevalent HIV Infections Diagnosed; the Genitourinary Medicine Clinic Activity Dataset; and Sentinel surveillance of blood-borne virus testing. The Prison Health Performance and Quality Indicators commissioned by NHS England monitor the uptake rate and coverage of hepatitis B vaccination, and the uptake and coverage of hepatitis C testing. Together, these systems provide an indication of the current state of blood-borne virus infection among this population.

Medical documentation and medical statistics:

²⁷ Prison Act 1952.

List of reportable diseases to be notified to health protection teams of public health by prison and other detention centre healthcare teams issued by ministry of health

Patients' rights:

Financing:

Peculiarities of Provision of Healthcare Services to Vulnerable Prison Population:

The Institutional Relation between the Prison Management and Independence of Medical Personnel:

In 1997 a joint working group of the prison administration and the National Health Service Executive was established to look at the state of prison health care. Department of Health, NHS England, Public Health England, and the National Offender Management Service will continue to work in partnership to deliver improvements in prison healthcare. The concerted effort being made by those involved in the commissioning and delivery of prison healthcare to learn lessons from the investigations into these deaths by the Prisons and Probation Ombudsman should improve services and thus outcomes. **Following a report from the group a formal partnership was established which aimed to bring health care standards in prison up to the level of the community.**

- In 2002 it was decided that responsibility and the budget for prison health care should be transferred to the National Health Service.

- In 2003 the budget moved from the Prison Service to the Department of Health.²⁸

13 <http://www.hmprisonservice.gov.uk/resourcecentre/publicationsdocuments/>

The British Medical Association campaigned for many years for better prison health care, raising questions about the use of psychotropic drugs and deaths in custody. Influential reports also played a part. In England and Wales the Chief Inspector of Prisons published a paper in 1996 arguing that the National Health Service should take over prison health care report 17preprot.

Report p.17 Timescale A lengthy programme of gradual transition is one way of approaching the change. In England and Wales the transition started with a joint

Report 20 In UK prison/health service working group in 1997 and will not be completed until the last group of primary health care trusts takes over in all the prisons in 2006. Budgets and staff are being transferred gradually over this period. To support the change

²⁸ International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004), pp. 15-16

from 2003 to 2006 a major communications programme has been developed to bridge the gap between two very different groups (prison healthcare staff and local primary care trust staff). The gaps include different systems for their work, with different protocols and competing priorities. The prison system is centralised whilst the health service is devolved to local areas. The prisons are more concerned with security. The national health service organisations have concerns about public health priorities and issues such as waiting times for patients.

Director of Prison Health, Department of Health, England & Wales

Head of Primary Care Medicine, Durham Prison, Prison Service of England & Wales

Ministry of Health, Department of Hospital and Care Organisations (Office for Specific Populations), France

Offender Health (OH) is a joint Department of Health (DH) / Ministry of Justice National Offender Management Service (NOMS) unit, which as well as fulfilling the full scope of Department of State activity for DH on Offender Health, also comprises the Offender Health Directorate of the National Offender Management Service (NOMS).

The Offender Health Division is responsible for leading on development and delivery of a cross government Health and Criminal Justice Programme. The Programme's common aim is improving health and social care outcomes for adults and children in contact with the criminal justice system, focusing on early intervention, liaison and diversion. This is also an important component of the reducing re-offending and health inequalities agenda, with many offenders having mental health and/or substance misuse problems and social care needs.

Integrated care complaint monitor

In They have maintained that prison health should be part of the general health services of the country rather than a specialist service under the government ministry responsible for prisons. France in 1994 and England and Wales in 2000

From April 2013, responsibility for commissioning all healthcare services for prisoners (including drug and alcohol services but excluding emergency and out of hours services) rests with NHS England.

NOMS, NHS England and Public Health England have set out how we align, enable and support health and substance misuse services in prisons in a National Partnership Agreement

NHS hospitals and prison health centers take care of prisoners.

Positive examples of policies, practices and legislation

Offenders in the community are generally expected to access the same healthcare services as the rest of the local population. From April 2013 Clinical Commissioning Groups (CCGs) are responsible for commissioning the majority of these healthcare services

(including mental health services) with local authorities responsible for commissioning public health services, including drug and alcohol services. Health and Wellbeing Boards develop Joint Strategic Needs Assessments (JSNAs) to inform Health and Wellbeing Strategies which in turn inform local commissioning of services. It is important therefore that these include an understanding of the needs of those in contact with the criminal justice system.

In France and UK, evaluations indicated that integrated prison health care improves the quality of medical services and staff, has raised awareness of national health policy-makers and has strengthened the links with communal health services. However, it substantially increases the expenses for prison health care.²⁹

About Public Health England - We are a new national executive agency formed in 2013 from a number of expert organisations in public health. Our status ensures we have operational autonomy and professional and scientific credibility.

We protect and improve the nation's health and wellbeing, and tackle health inequalities so that the poorest and most poorly benefit most.

We provide a nationwide, integrated public health service, supporting people to make healthier choices. We provide expertise, information and intelligence to public health teams based in local authorities and the NHS to secure the biggest improvements in the public's health.

HPA health protection agency

For the past four years, Offender Health has commissioned the Health Protection Agency (HPA) to develop and jointly deliver a programme to survey and prevent infectious diseases in prisons. This commissioned work led to the establishment of the Prison Infection Prevention (PIP) team. The PIP team works closely with the Health Protection Services Prison Network, comprising prison representatives from each region in England, who support work undertaken by local Health Protection Units (HPUs) with individual prisons and Primary Care Trust (PCTs) on their patch. The work programme for 2009-2010 covered three key areas: improving infectious disease surveillance,³⁰

²⁹ International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004) pp. 7 and 21.

³⁰ Department of Health/Health Protection Agency, Health Protection in Prisons, Report 2009-2010.

Testing of hepatitis c in prisons

Health Protection Services Prison Network

ECtHR case-law: In the Keenan case³¹, a mentally-ill prisoner with suicidal tendencies committed a suicide in the prison segregation unit. His fitness for the placement in the segregation unit was certified by a prison doctor. The ECtHR found a breach of Article 3 on the account of inadequate medical care and a lack of adequate and detailed medical records. In the case of Ashingdane³², a transfer of a mentally-ill prisoner held in high security hospital was authorized to a lower security hospital. However, the latter rejected him. The ECtHR did not find unlawful deprivation of liberty under Article 5 of ECHR. In the Wilkinson case³³ the applicant who was suffering from mental illness (in addition to other diseases) was treated with antipsychotic medication against his will. The ECtHR did not find a violation as medical necessity also included administering antipsychotic medication, imposed as part of a therapeutic regime in a manner that avoided causing harm.

France –

Mental illness: Specialized continuous training should be offered not only to police officers dealing with incarcerated persons, but also to prison wardens in order to avoid unnecessary use of force, as well as to offer them the medical treatment that they need.

Slovenia –

Professional independence: gradual integration of prison health services into general network of health services, starting from legal bases, joint regulations issued by the MoH and MoJ, integration of specialized health services like psychiatric services, development of cooperation and division of work between MoJ and MoH, while taking into consideration the resources and consequences from the economic crises..

An important part of the transition when existing staff are to be transferred from prison to health ministry control is to integrate them into professional networks of counterparts and health service training structures. Report 21

Gradual transition

Best policies shared by all three countries

Future Outlook for Armenia

³¹ Application no. 27229/95.

³² Application no. 8225/78.

³³ Application no. 14659/02.

Bibliography

Albreht and others, Slovenia: Health System Review (2009)

CPT reports from visits to France and Government responses (2000, 2001, 2003, 2004, 2012)

CPT reports from visits to Slovenia and Government responses (1996, 2002, 2008, 2013)

Department of Health/Health Protection Agency, Health Protection in Prisons, Report 2009-2010

International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004)

UK Chief Medical Officer, Annual Report Volume Surveillance 2012

WHO, Prisons and Health (2014)

Legislation

France, Law on Public Health and Social Protection, 1994, consolidated 2016

France, Penitentiary Law, 2009

France, Public Health Code, consolidated version 2016

Slovenia, Execution of Penal Sanctions Act, last amended in 2015

Slovenia, Health Insurance Act, amendment 2008

Slovenia, Health Services Act, amendment 2008

Slovenia, Mental Health Act, 2008

Slovenia, Rulebook on Execution of Penal Sanctions last modified in 2013

UK, Prison Act 1952

Websites

Countrymeters http://www.countrymeters.info/en/United_Kingdom_%28UK%29

High Health Authority <http://www.has-sante.fr/portail>

Statistical Office of France <http://www.insee.fr/fr/publications-et-services/default.asp?page=collections-nationales/la-france-en-bref.htm>

Statista <http://www.statista.com/statistics/314700/prisoners-in-custody-in-england-and-wales-yearly/>

World Prison Brief <http://www.prisonstudies.org/country/france>
<http://www.prisonstudies.org/country/france>