



CPT/Inf (2002) 26

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

from 13 to 23 July 1997

The Estonian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2002) 27.

Strasbourg, 30 October 2002

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Copy of the letter transmitting the CPT's report

Strasbourg, 17 December 1997

Dear Mrs Markus,

In pursuance of Article 10, paragraph 1, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment, I have the honour to enclose herewith the report to the Government of Estonia drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after its visit to Estonia from 13 to 23 July 1997. The report was adopted by the CPT at its 34th meeting, held from 3 to 7 November 1997.

I would draw your attention in particular to paragraph 9 of the report, in which the CPT calls upon the Estonian authorities to provide, without further delay, information concerning action taken in response to the immediate observations made by its delegation under Article 8, paragraph 5, of the Convention. A failure to respond to immediate observations made under Article 8, paragraph 5, does not accord with the principle of cooperation set out in Article 3 of the Convention. If such a situation were to persist, it could raise an issue under Article 10, paragraph 2, of the Convention.

Reference should also be made to paragraph 207 of the report, in which the CPT requests the Estonian authorities to provide in due course an interim and a follow-up report on action taken upon its report as a whole.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Finally, I would be grateful if you could acknowledge receipt of this letter.

Yours sincerely,

Ivan ZAKINE
President of the European Committee for
the prevention of torture and inhuman
or degrading treatment or punishment

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Preface

As the European Committee for the prevention of torture and inhuman or degrading treatment or punishment is a relatively new institution, knowledge of its mandate and functions is inevitably limited. The CPT has therefore deemed it appropriate to begin the first of its reports to each Party by setting out some of the Committee's salient features. This should prove particularly helpful in differentiating the basis and aims of the CPT from those of two other Council of Europe supervisory bodies within the field of human rights: the European Commission and European Court of Human Rights.

Unlike the Commission and the Court, the CPT is not a judicial body empowered to settle legal disputes concerning alleged violations of treaty obligations (i.e. to determine claims *ex post facto*).

The CPT is first and foremost a mechanism designed to **prevent ill-treatment from occurring**, although it may also in special cases intervene after the event.

Consequently, whereas the Commission's and Court's activities aim at "conflict solution" on the legal level, the CPT's activities aim at "conflict avoidance" on the practical level.

This being so, the guiding maxim for the CPT when performing its obligations must be to "extend the widest possible protection against abuses, whether physical or mental" (quotation from the 1979 UN Code of conduct for law enforcement officials as well as from the 1988 Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment, both adopted by the General Assembly).

The CPT's activities are based on the concept of co-operation (Article 3 of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment). The CPT's task is not to publicly criticise States, but rather to assist them in finding ways to strengthen the "cordon sanitaire" that separates acceptable and unacceptable treatment or behaviour. In fulfilling this task the CPT is guided by the following three principles:

- i) that the prohibition of ill-treatment of persons deprived of their liberty is absolute,
- ii) that ill-treatment is repugnant to the principles of civilised conduct, even if used in milder forms, and
- iii) that ill-treatment is not only harmful to the victim but also degrading for the official who inflicts or authorises it and ultimately prejudicial to the national authorities in general.

The CPT first of all explores the prevailing factual situation in the countries it visits. In particular it:

- i) examines the general conditions in establishments visited;
- ii) observes the attitude of law enforcement officials and other staff towards persons deprived of their liberty;

- iii) interviews persons deprived of their liberty in order to understand how they perceive (i) and (ii) and hear any specific grievances they may have;
- iv) examines the legal and administrative framework on which the deprivation of liberty is based.

Subsequently, the CPT reports to the State concerned, giving its assessment of all the information gathered and providing its observations. In this regard, it should be recalled that the CPT does not have the power to confront persons expressing opposing views or to take evidence under oath. If necessary, it recommends measures designed to prevent the possible occurrence of treatment that is contrary to what reasonably could be considered as acceptable standards for dealing with persons deprived of their liberty.

In carrying out its functions, the CPT has the right to avail itself of legal standards contained in not only the European Convention on Human Rights but also in a number of other relevant human rights instruments (and the interpretation of them by the human rights organs concerned). At the same time, it is not bound by the case law of judicial or quasi-judicial bodies acting in the same field, but may use it as a point of departure or reference when assessing the treatment of persons deprived of their liberty in individual countries.

To sum up, the principal differences between the CPT and the European Commission and European Court of Human Rights are:

- i) the Commission and the Court have as their primary goal ascertaining whether breaches of the European Convention on Human Rights have occurred. By contrast, the CPT's task is to prevent abuses, whether physical or mental, of persons deprived of their liberty from occurring; it has its eyes on the future rather than the past;
- ii) the Commission and Court have substantive treaty provisions to apply and interpret. The CPT is not bound by substantive treaty provisions, although it may refer to a number of treaties, other international instruments and the case law formulated thereunder;
- iii) given the nature of their functions, the Commission and the Court consist of lawyers specialising in the field of human rights. The CPT consists not only of such lawyers but also of medical doctors, experts in penitentiary questions, criminologists, etc;
- iv) the Commission and Court only intervene after having been petitioned through applications from individuals or States. The CPT intervenes *ex officio* through periodic or *ad hoc* visits;
- v) the activities of the Commission and Court culminate in a legally binding finding as to whether a State has breached its obligations under a treaty. The CPT's findings result in a report, and, if necessary, recommendations and other advice, on the basis of which a dialogue can develop; in the event of a State failing to comply with the CPT's recommendations, the CPT may issue a public statement on the matter.

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of 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 a visit to Estonia from 13 to 23 July 1997.

The visit formed part of the CPT's programme of periodic visits for 1997. It was the CPT's first visit to Estonia.

2. The visit was carried out by the following members of the CPT:

- Ms Nadia GEVERS LEUVEN-LACHINSKY (Head of Delegation)
- Ms Pirkko LAHTI
- Mr Adam ŁAPTAŚ
- Ms Jagoda POLONCOVÁ
- Mr Stefan TERLEZKI.

They were assisted by:

- Mr Timothy HARDING, Director of the University Institute of Forensic Medicine, Geneva, Switzerland (expert)
- Mr Rod MORGAN, Professor of Criminal Justice, University of Bristol, United Kingdom (expert)
- Ms Aire KIVISTIK (interpreter)
- Ms Vivian RENNEL (interpreter)
- Ms Ursula ROOSMA (interpreter)
- Ms Eve TARM (interpreter)
- Ms Sirje TIKK (interpreter)

and were accompanied by the following members of the CPT's Secretariat:

- Mr Trevor STEVENS, Secretary of the CPT
- Mr Jan MALINOWSKI
- Ms Bojana URUMOVA.

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments:

- Ida-Viru Police District Arrest House, Kohtla-Järve
- Jõgeva Police District Arrest House
- Laane-Viru Police District Arrest House, Rakvere
- Narva Police District Arrest House
- Tallinn Police District Arrest Houses Nos. 1 and 2
- Tartu Police District Arrest House
- Viljandi Police District Arrest House

- Harju Police District Headquarters, Saue
- Elva Police Station
- Lasnamäe Police Station, Tallinn

Prisons:

- Central Prison, Tallinn
- Tallinn Prison
- Viljandi Juvenile Prison

Psychiatric facilities:

- Forensic sections of the Tallinn Psychiatric Hospital
- Tartu University Psychiatric Hospital

- Valkla Social Welfare House, Kiiu

Other places of detention:

- Ministry of defence detention facility, Tallinn
- Border Guard detention facilities, Narva

C. Consultations held by the delegation

4. In addition to meetings with the local officials in charge of the places visited, the delegation held consultations with national authorities and representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the authorities and organisations with which the delegation held consultations is set out in Appendix II to this report.

D. Co-operation encountered by the delegation

5. The degree of cooperation which prevailed during the visit was fully in compliance with Article 3 of the Convention.

At the outset of the visit, the delegation was received by Mr Priit KELDER, Vice-Chancellor of the Ministry of Internal Affairs, Mr Arvi VASK, Vice-Chancellor of the Ministry of Social Affairs and Mr Juhan PARTS, Vice-Chancellor of the Ministry of Justice. Further, in the course of the visit the CPT's delegation had fruitful discussions with senior officials from the above-mentioned Ministries and the Ministry of Defence, as well as with certain public prosecutors and judges.

At local level, the delegation met with a satisfactory reception from management and staff at all places of detention visited, including those which had not been notified in advance of the CPT's intention to carry out a visit. It found that many of them were aware of the possibility of a visit and had at least some knowledge of the CPT's terms of reference.

6. Nevertheless, it should be noted that the delegation was not supplied in good time with lists of places of detention other than establishments under the authority of the Ministry of Justice. Although the CPT had requested such lists from the Estonian authorities well before the visit, it only received lists of places of detention under the authority of the Ministries of the Interior, Social Affairs, Defence and Education four days before the start of the visit.

E. Immediate observations under Article 8, paragraph 5, of the Convention

7. On 23 July 1997, the delegation held end-of-visit talks with the Estonian authorities. On that occasion, the delegation made certain immediate observations, in pursuance of Article 8, paragraph 5, of the Convention, as follows:

Police Arrest Houses

- i) the Arrest House at Tartu should be fully withdrawn from service; the state of repair of the ground floor facilities still in use is deplorable and represents a significant danger for both detainees and staff;

- ii) steps should be taken without delay to provide a mattress to every person detained in an arrest house;
- iii) the existing outdoor exercise facilities at Jõgeva Arrest House and Arrest House No. 2 in Tallinn should be brought back into service;
- iv) the disciplinary cells at Arrest House No. 1 in Tallinn and the Arrest House at Viljandi should be withdrawn from service. Further, as regards the disciplinary cells in the other arrest houses visited, steps should be taken to ensure that they are all equipped with artificial lighting and a means of rest and that no one is held in them for longer than a matter of hours;

Prisons

- i) the use of the small waiting cubicles in the Central Prison as holding facilities should be discontinued;
- ii) the two disciplinary cells ("kartsers") at Viljandi Juvenile Prison should be withdrawn from service;

Psychiatric establishments

- i) immediate steps should be taken to find alternative and more appropriate hospital accommodation for the 15 year old patient who was being kept under detention in the Forensic Section (Unit 13) at the Tallinn Psychiatric Hospital;
- ii) the situation in Unit 4 of the Valkla Social Welfare House should be reviewed.

8. The aforementioned immediate observations were subsequently confirmed in a letter of 29 July 1997 from the President of the CPT to the Estonian authorities. The CPT asked to be informed within three months of the steps taken in response to those observations.

9. The CPT greatly regrets that to date (6 November 1997), no information has been received from the Estonian authorities concerning action taken in response to the immediate observations made by its delegation. With reference to Article 3 of the Convention, the CPT calls upon the Estonian authorities to provide such information without further delay.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

10. A person suspected of a criminal offence in Estonia may be held by the police on their own authority for up to 48 hours. The person concerned must be interrogated by a police "investigator" within 24 hours, starting from the time of deprivation of liberty. However, prior to this formal interrogation, suspects are frequently questioned by members of the criminal police.

The delegation received conflicting information as to the legal value - if any - of statements made to the criminal police prior to the first interrogation by an investigator. **The CPT would be grateful if the Estonian authorities could provide clarification on this subject.**

11. If an investigator is not yet in a position to bring charges at the end of the initial 48 hour period, the period of police custody can be extended by the order of a judge to up to 10 days. In exceptional cases police custody can subsequently be extended up to a maximum of 30 days; if the person concerned has not been charged by that time, he/she must be released.¹ Throughout this detention period of up to 30 days, prior to the bringing of formal charges, the person concerned will be held in a police arrest house.

The detained person has the right to be brought before the judge examining the question of extension of police custody; however, that right can be waived (cf. paragraph 21).

12. Persons against whom a criminal charge has been brought may be remanded in custody by a judge. In practice, all such persons are transferred to the Central Prison in Tallinn. However, on the decision of the relevant investigator, they may subsequently be returned to police custody and placed in a police arrest house, if this is considered necessary for the preliminary investigation.

13. In addition, persons found guilty of minor offences can be placed in administrative detention. Such periods of detention, which normally do not exceed 30 days, are usually served in police arrest houses.

14. The CPT understands that changes were made in the course of 1997 to the structures of the National Police Board; **it would like to receive further details on this subject.**

¹. cf. Section 67 of the Code of Criminal Procedure.

2. Torture and other forms of physical ill-treatment

15. A number of persons interviewed separately by the delegation alleged that they had been physically ill-treated whilst in police custody. These allegations related almost exclusively to ill-treatment said to have been inflicted by members of the criminal police during the first few days of police custody.

The ill-treatment alleged consisted essentially of slaps, punches, kicks, blows with batons and the deliberate crushing of detainees' hands by a drawer. In certain isolated cases, the forms of ill-treatment alleged (severe beating, electric shocks) could be considered to amount to torture.

16. Little medical evidence consistent with the above-mentioned allegations was gathered directly by the delegation from the detained persons interviewed. In fact, almost all of the allegations pre-dated the delegation's visit by a month or more and any marks which might have been caused by the kinds of ill-treatment alleged would almost certainly have healed in the meantime. One person interviewed in the Arrest House at Narva Police Headquarters alleged that, shortly before the delegation's visit, he had been beaten by the police during questioning. He displayed bruises in the thorax region, which he said were the result of the alleged ill-treatment. However, he declined to be examined by a medical member of the delegation.

A number of medical files consulted at the Central Prison, relating to inmates admitted to the prison during the first half of 1997, contained clear and precise descriptions of recent traumatic lesions (size, position, type of injury, colour). Medical staff stated that some of the prisoners concerned had told them that their injuries had been sustained during violent incidents at the time of arrest or whilst in police custody; however, no formal record had been made of such statements, nor had the examining doctors recorded their own conclusions as to the likely provenance of the injuries which they had noted (cf. also paragraph 94). Reference might also be made to a prisoner interviewed in Tallinn Prison, who had lodged a complaint concerning his alleged ill-treatment in January 1997. Medical documentation indicated that, at the relevant time, he had been treated for a contusion to the lower lip and a bruised rib-cage. However, the case had not been pursued given that both police officers and other witnesses stated that the person concerned already bore such injuries before his arrest.

It should be added that several of the persons who alleged ill-treatment stated that they had been refused access to a doctor or, when granted access, the latter had refused to record any injuries (cf. also paragraph 37).

17. As regards more particularly the situation in Narva, senior police officers interviewed there informed the delegation that, some six months prior to the visit, a police officer had been dismissed for ill-treating a detained person and that several police officers were currently facing charges of ill-treatment in relation to acts said to have been committed in late 1996.

18. The CPT wishes to stress that, in the light of its delegation's interviews with many persons deprived of their liberty, it seems clear that in recent years there has been a marked improvement in the manner in which detained persons are treated by the police. However, the information gathered by the delegation in the course of its visit suggests that former methods may not yet have been entirely discarded.

19. The best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers. It follows that the provision of adequate professional training, integrating human rights principles, is an essential element of any strategy for the prevention of ill-treatment. Such training should be pursued at all levels of the police force, and should be ongoing. It should seek to put across and develop two points: firstly, that all forms of ill-treatment are an affront to human dignity and, as such, are incompatible with the values enshrined in the Estonian Constitution as well as in many international instruments ratified by and binding upon Estonia; secondly, that resort to ill-treatment is a fundamentally-flawed method of obtaining reliable evidence for combating crime.

Further, particular attention should be given to training in the art of handling, and more especially of speaking to, persons in police custody, i.e. interpersonal communication skills. The possession of such skills will often enable police officers to defuse situations which might otherwise become violent.

Consequently, **the CPT recommends:**

- **that a very high priority be given to professional training for police officers of all ranks and categories, taking into account the above remarks. Experts not belonging to the police force should be involved in this training;**
- **that an aptitude for interpersonal communication be a major factor in the process of recruiting police officers and that, during the training of such officers, considerable emphasis be placed on acquiring and developing interpersonal communication skills.**

20. **The CPT also recommends that the relevant national authorities as well as senior police officers make it clear to police officers that the ill-treatment of persons in their custody is not acceptable and will be dealt with severely.**

21. Later in this report, the CPT will recommend the strengthening of certain formal safeguards against the ill-treatment of persons detained by the police (cf. paragraphs 43 et seq.). However, it wishes already to address the possibility for detained persons to waive their right to be brought before the judge who must authorise prolongation of police custody beyond 48 hours. Taken together with the fact that detained criminal suspects are rarely seen in person by the competent public prosecutor at this stage of the procedure, this means that a person can be held in police custody for a considerable period of time without being brought before an authority which is independent from the police. Such a situation lends itself to abuse. In the interests of the prevention of ill-treatment, **the CPT recommends that all criminal suspects taken into police custody be brought promptly before a judge.**

Further, **the CPT recommends that whenever a judge receives an allegation of ill-treatment by the police, or observes that a criminal suspect brought before him may have been a victim of ill-treatment, he should immediately request a medical examination of the person concerned and bring the matter to the attention of the relevant public prosecutor.**

22. Naturally, one of the most effective means of preventing ill-treatment by police officers lies in the diligent examination by the competent authorities of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty. This will have a very strong dissuasive effect.

In this connection, **the CPT would like the Estonian authorities to supply the following information in respect of 1996 and 1997:**

- **the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by the police.**

The CPT would also like to receive detailed information on the administrative procedures applied in cases involving allegations of ill-treatment by the police, including as regards the safeguards which ensure their objectivity.

23. Finally, with reference to the power of investigators to have remand prisoners returned to police custody (cf. paragraph 12), from the standpoint of the prevention of ill-treatment **it would be far preferable for further questioning of persons committed to prison to take place in prison rather than on police premises.** The return of prisoners to police premises for whatever purpose should only be sought and authorised when it is absolutely unavoidable; consequently, **the CPT recommends that such a measure require the express authorisation of the competent judicial authority.**

Further, **the Committee recommends that, in respect of every occasion on which inmates are removed from prison at the request of an investigator, a formal record be kept of the reason for their removal and of all measures (questioning, identification parades etc.) taken during their presence on police premises.**

3. Conditions of detention

a. introduction

24. All police cells should be of a reasonable size for the number of persons they are used to accommodate, and have adequate lighting (i.e. sufficient to read by, sleeping periods excluded) and ventilation; preferably, cells should enjoy natural light. Further, cells should be equipped with a means of rest (e.g. a fixed chair or bench), and persons obliged to stay overnight in custody should be provided with a clean mattress and clean blankets.

Persons in police custody should be allowed to comply with the needs of nature in clean and decent conditions, and be offered adequate washing facilities. They should have ready access to drinking water and be given food at appropriate times, including at least one full meal (i.e. something more substantial than a sandwich) every day. Persons held for extended periods (24 hours or more) should be provided with appropriate personal hygiene items and, as far as possible, be offered outdoor exercise every day.

25. In most countries visited by the CPT, persons are held for only a relatively short time on police premises. However, in Estonia a criminal suspect can be held for weeks in a police arrest house, especially if it is located outside Tallinn. Further, persons serving a sentence in connection with an administrative offence can also be held for prolonged periods in an arrest house. Persons held for such periods of time are entitled to expect conditions of detention which are better than the elementary requirements described above.

b. police arrest houses

26. The CPT's delegation visited eight police arrest houses. Conditions of detention were extremely poor in almost all of them. Only Tallinn Arrest House No. 2 and the renovated section of the Rakvere Arrest House offered a material environment approaching what might be considered as adequate, and none of the arrest houses visited provided an activities programme worthy of the name.

i. *material conditions and activities*

27. As already indicated (cf. paragraph 7) the Arrest House at Tartu was the subject of an immediate observation under Article 8, paragraph 5, of the Convention. The delegation was informed at the outset of its visit that the arrest house had been closed. However, the delegation discovered that despite large notices on the outside of the building declaring "Liable to fall down", the ground floor was still in use for police custody purposes and for a sobering up facility. Conditions of detention were deplorable. The cells were filthy, had no access to natural light, were not equipped with proper toilet facilities and, above all, were in a positively dangerous state of repair; in one of the cells several chunks had already fallen from the unstable ceiling.

In the above-mentioned immediate observation, the delegation indicated that the existing premises of the Arrest House at Tartu should be fully withdrawn from service. To date, no response to the immediate observation has been received. The CPT has called upon the Estonian authorities to provide such a response without further delay (cf. paragraph 9).

28. Tallinn Arrest House No. 1 possessed eleven multi-occupancy cells and was accommodating 20 to 25 detained persons at the time of the delegation's visits to the establishment. Consultation of the custody register showed that stays of up to 10 days were common. A typical cell measured 15 m² and was equipped with a wooden sleeping platform. Staff stated that mattresses and blankets were provided at night, but some detained persons alleged that they had not been offered a mattress; the state of cleanliness of the mattresses and blankets seen by the delegation left a lot to be desired. Apart from the sleeping platform, the only other item of equipment was a sanitary facility - Asian toilet and washbasin (cold water only) - located in a corner of the cells. The toilet was unscreened and slightly raised off the floor; as a result, detained persons complied with the needs of nature in full view of their cell mates. The sanitary facilities were rendered all the more unattractive by their poor state of cleanliness and the fact that the water supply was controlled by staff.

Access to natural light was poor in some of the cells and the artificial lighting was dim. As for the arrest house's electric ventilation system, it was noisy and apparently ineffective; the delegation observed that despite the system having been switched on for some time, the air in cells remained stale. It was also clear that some detained persons were having difficulties in maintaining a satisfactory level of personal hygiene. Items such as soap and toilet paper had to be provided by a detainee's family and regular access to the arrest house's shower facility was not guaranteed; the delegation was informed by a member of staff that a shower was allowed every ten days, an approach which would mean that most persons held in the establishment would not be offered a shower during their stay.

No out-of-cell activities were provided to persons held in the arrest house, not even outdoor exercise. As for in-cell activities, they consisted of reading any newspapers or books which might be brought by a family member or provided by staff. In principle, detained persons could receive visits from their family, subject to authorisation of the investigating authority; however, staff at the arrest house indicated that such authorisations were rarely given.

29. The situation at the Arrest House in Kohtla-Järve was even worse. Firstly, there was clear evidence of gross overcrowding. For example, cells measuring 7 to 8 m² were equipped to accommodate four persons and a cell of scarcely 15 m² to accommodate 10; further, from consultation of the custody register and discussions with staff it transpired that these cells could on occasion hold an even greater number. The inadequate living space was compounded by the failure to provide detained persons with mattresses, the absence of access to natural light, poor artificial lighting and ventilation, and in-cell sanitary facilities which were both primitive and filthy. The material conditions of detention were quite simply wretched. Further, as in Tallinn, detained persons were offered no out-of-cell activities whilst in the arrest house, and the only possible in-cell activity (i.e. reading) was in most cells rendered impracticable due to the poor lighting.

It is also noteworthy that persons could be held for considerable lengths of time at the Kohtla-Järve Arrest House. The custody register revealed that stays of several weeks were very common and that on occasion the period of detention might extend to two months. Among the 34 people detained in the arrest house at the time of the delegation's visit, three had already been there for one month and seven for 2½ weeks.

30. Very poor conditions of detention were also found in the arrest houses in Jõgeva, Narva and Viljandi. Here also, the cells were frequently overcrowded and invariably poorly equipped, there was little or no access to natural light, and artificial lighting and ventilation were often woefully inadequate. The suffocating atmosphere encountered in one cell (No. 9) at the Narva Arrest House led the delegation to inform senior police officers that remedial action should be taken immediately.

Nevertheless, it should be added that detained persons met at Jõgeva Arrest House indicated that staff in that establishment did what they could to alleviate the conditions of detention; for example, family members were allowed to bring packages at any time (rather than once a week, which was the case elsewhere), and detained persons without soap or toilet paper were provided with these items. Further, persons detained at Viljandi Arrest House were, in certain respects at least, treated in a favourable manner; they were provided with a mattress and a stock of reading material was available.

31. The cellular accommodation at the Arrest House in Rakvere was in the process of renovation at the time of the delegation's visit, work having been completed in seven of the twelve cells. All of the 11 persons in custody were accommodated in renovated cells.

Conditions in the unrenovated part of the establishment were much the same as those encountered in the other arrest houses, i.e. filthy and poorly equipped cells with very little access to natural light and poor artificial lighting and ventilation. Further, the cells were not equipped with proper sanitary facilities and an examination of the pots used to collect human waste indicated that - contrary to the affirmations of staff - they were not emptied regularly.

The renovated sections of the arrest house offered somewhat better conditions of detention. In particular, the cells had improved access to natural light and better artificial lighting (though it was far from good in certain of them), and were equipped with a bunk bed (rather than a wooden platform) and a modern - albeit unscreened - sanitary facility (washbasin and lavatory with a seat). Further, the envisaged occupancy level in certain cells (e.g. two persons for cells measuring 7.5 to 8.5 m²) were far better than those seen in other arrest houses; however, it remained too high in the renovated cell used to accommodate administrative offenders (10 beds for 24 m²). Regrettably, the renovation work had not extended to improving the ventilation - which remained mediocre - or providing shelf space for detainees' belongings. Moreover, as elsewhere, no mattresses were provided and there were no facilities for outdoor exercise.

32. Tallinn Arrest House No. 2 accommodated primarily administrative offenders - including illegal aliens prior to their deportation or transfer to Tallinn Prison - and persons detained for drunkenness. Conditions of detention were marginally better than in the establishment's sister facility (cf. paragraph 28), though it should be added that the arrest house was seen under favourable circumstances, i.e. only nine persons were in detention (compared to a capacity of 43).

Administrative offenders were held in multi-occupancy cells which had good access to natural light and adequate artificial lighting. The cells had a semi-partitioned sanitary facility and detainees had been provided with mattresses (though apparently only a few days prior to the delegation's visit). As already indicated, occupancy levels were low at the time of the visit. However, there was sleeping space (bunk beds) for ten in cells measuring 20 m², and for twelve in cells measuring 25 m²; this would represent an unacceptably high rate of occupancy, in particular bearing in mind that the absence of any regime activities meant that detained persons spent practically all the time in their cells.

The cells for drunks measured between 12 and 15 m² and could accommodate three to four persons. These cells also had good access to natural light and a semi-partitioned sanitary facility; however, no mattresses were provided.

Administrative offenders could receive visits and make phone calls. However, they spent the greater part of the day idle in their cells, their only source of distraction being to read books provided by the staff. Not even outdoor exercise was offered to such persons -despite the presence of a fenced-in area outside the arrest house which had clearly served as an exercise yard in the past. Once again, this situation was rendered all the more serious by the length of time that someone might be detained in the arrest house; stays of several weeks were quite common.

More generally, the arrest house was in a poor state of repair. The staff informed the delegation that the roof leaked, and it was observed that certain cell ceilings were damp. Cell fittings and sanitary facilities were also in a very dilapidated state, as was the arrest house's shower room. Apparently, there were plans to build a new arrest house; in the meantime, the staff had been provided with a modest amount of money in order to allow them to patch up the existing building.

ii. food

33. In all the arrest houses visited, the delegation observed that the food supplied by the State to detained persons was very meagre in quantity. Invariably, only one meal was provided per day; this was served at midday and usually consisted of bread and soup, which might on some occasions be accompanied by an egg or a piece of sausage. Breakfast and supper each consisted merely of tea, which was not always provided with sugar; in Narva, detained persons did not even get tea but instead simply a glass of hot water, to which they could add anything which they might have at their disposal. In several arrest houses, staff members voiced concern about the inadequate amount of food provided, but added that the very low food allowance per detained person (reportedly 19 Kroons in Tallinn and Tartu, falling to 12 Kroons in Narva) made it difficult to improve the situation. Not surprisingly, several detainees indicated that they relied heavily on food brought in by family members.

iii. disciplinary cells

34. The CPT is also very concerned by the conditions in the disciplinary cells (*kartsers*) in the arrest houses visited. The largest of these cells measured a mere 2 to 3 m², and in certain of the arrest houses they were considerably smaller; the disciplinary cells at Arrest House No. 1 in Tallinn figure among the smallest cells ever seen by a CPT delegation - they measured less than half a square metre - and those at the Viljandi Arrest House were also minute (0.75 m²). None of the disciplinary cells had access to natural light, and some of them (such as those at Arrest House No. 1 in Tallinn and the Viljandi Arrest House) were not equipped with artificial lighting; further, some of the cells were completely bare. The delegation heard conflicting reports about the length of time that a detainee might spend in a disciplinary cell; however, the custody registers showed that overnight stays did occur in some establishments. Further, the delegation was astounded to note that according to the regulations governing the arrest houses, detained persons could be held for ten days (five days in the case of a juvenile) in a disciplinary cell.

35. Among the immediate observations made at the end of the visit under Article 8, paragraph 5, of the Convention, the delegation called for the disciplinary cells at Arrest House No. 1 in Tallinn and the Viljandi Arrest House to be withdrawn from service, and for steps to be taken to ensure that the disciplinary cells in the other arrest houses visited are all equipped with artificial lighting and a means of rest and accommodate no one for longer than a few hours.

To date, no response to that immediate observation has been received. The CPT has called upon the Estonian authorities to provide such a response without further delay (cf. paragraph 9).

iv. health care

36. Certain of the arrest houses visited, such as those in Tallinn, Tartu and Narva, had in-house health care staff, usually consisting of one or more feldschers. Their facilities and the services they offered were modest; anyone in need of significant medical treatment was transferred to a hospital facility. In other arrest houses, health care staff were called in from outside as required; the delegation observed in two establishments that such staff could arrive rapidly.

37. The delegation noted that in-house health care staff were not always replaced when on leave, which had obvious negative repercussions on the standard of care. Further, it appeared that newly-arrived detainees might not always benefit from a prompt and/or thorough medical screening. Discussions with health care staff revealed that only severe injuries borne by newly-arrived detainees would be recorded. In addition, on several occasions it was observed that appropriate disinfection measures had not been taken.

The CPT was also concerned to learn that several detained persons who had been returned from the Central Prison to an arrest house alleged that their medical treatment for tuberculosis had been interrupted, allegations which were confirmed by health care staff in some arrest houses. Such a situation is highly dangerous for both the prisoners concerned and the public at large.

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38. Depriving someone of his liberty brings with it the responsibility to detain him under conditions which are consistent with the inherent dignity of the human person. The facts found in the course of the CPT's visit show that, regarding persons placed in police arrest houses, the Estonian authorities are not fulfilling that responsibility. Almost without exception, the conditions in the police arrest houses visited could fairly be described as inhuman and degrading.

39. The CPT recognises that fundamental changes to the current situation will not be possible overnight. Nevertheless, a number of measures that would not require major financial outlays can and must be taken at once.²

In this context, **the CPT recommends that the Estonian authorities take immediate steps:**

- **to ensure that all persons detained in police arrest houses:**
 - . **are provided with a mattress, blankets and sheets, which are cleaned at appropriate intervals;**
 - . **have the necessary basic personal hygiene products (soap, toothbrush and paste, towel, sanitary towels, etc.) at their disposal;**
 - . **are allowed to take a hot shower at least once a week;**
 - . **receive the necessary materials to maintain their cells in a clean and hygienic state;**
- **to improve cell lighting in arrest houses (artificial lighting should be sufficient to enable detained persons to read, sleeping periods excluded and, as far as possible, there should be access to natural light) and to verify that cell ventilation and heating are adequate;**
- **to increase substantially the amount of food provided to persons detained in arrest houses and to ensure they have ready access to drinking water;**
- **to ensure that arrest houses possess a stock of appropriate reading matter for distribution to detained persons;**
- **to review health care cover in arrest houses, taking into account the remarks in paragraphs 36 and 37.**

The CPT also recommends that the possibility of offering outdoor exercise to persons detained in police arrest houses be examined as a matter of urgency³.

² Two such measures have already been identified via the immediate observations made at the end of the visit under Article 8, paragraph 5, of the Convention: that every person detained in an arrest house be provided with a mattress; that the existing outdoor exercise facilities at Jõgeva Arrest House and Tallinn Arrest House No. 2 be brought back into service (cf. paragraph 7, points (ii) and (iii) and paragraph 9).

³ In this connection it is noteworthy that plans for a new Arrest House in Viljandi made no provision for outdoor exercise, despite the fact that the technical specification for police detention cell complexes, adopted in 1993, expressly addresses the subject of exercise yards.

40. The medium-term objective must be to cease using the existing police arrest house facilities for prolonged periods of detention; they are totally unsuited for this purpose. It is not for the CPT to favour one or other of the different approaches which could be followed to resolve this problem. However, the Committee would emphasise that any facility used to hold persons for more than a few days should be in a position to offer material conditions of detention comparable to those observed in the new blocks for remand prisoners at Tallinn Prison (cf. paragraph 77) as well as daily access to an outside exercise area large enough to enable detained persons to exert themselves physically.⁴

The CPT would like to receive the comments of the Estonian authorities on this subject.

c. other police detention facilities

41. The Harju Police District Headquarters at Saue had a detention facility comprising six cells, varying in size from 4 to 7 m². Consultation of the custody register revealed that although not formally designated as a police arrest house, this facility frequently held persons for up to 10 days and on occasion for two to three weeks. The cell block was modern and in certain respects offered better material conditions of detention than those observed in arrest houses. In particular, the cells were relatively clean and in a satisfactory state of repair, and had good artificial lighting. Further, each cell was equipped with a means of rest resembling a sleeping platform (though in certain cells the platform was interrupted by a vertical structure, which meant that it was not possible to lie down on it).

Unfortunately, in many other respects the detention facility replicated failings observed in arrest houses. Access to natural light and ventilation in the cells was at best mediocre, no mattresses were provided to persons held overnight, food provided consisted of a piece of bread and soup once a day, and no arrangements had been made for outdoor exercise.

The recommendations made in paragraph 39 apply mutatis mutandis to the detention facility at Harju Police District Headquarters. Further, it is recommended that anyone detained for an extended period at the Headquarters be held in one of the detention facility's larger cells, equipped with a platform on which it is possible to lie down.

42. Elva Police Station had one cell measuring 6 m². It was equipped with artificial lighting. However, it had no access to natural light and poor ventilation, and was devoid of furniture; in particular, it had no means of rest. Further, the cell's state of repair and cleanliness left a great deal to be desired.

⁴ Of course, anyone held for a lengthy period should benefit from regime activities of the kind described in paragraph 80.

At Lasnamäe Police Station, in Tallinn, the delegation saw five cells of varying sizes. All were equipped with a bench and had adequate artificial lighting. However, access to natural light was at best limited, and certain of the cells were poorly ventilated. The station's custody register indicated that persons were on occasion detained overnight; the delegation was told that such persons were not provided with a mattress and blankets.

The CPT recommends that steps be taken to remedy the shortcomings identified in the cells of the above-mentioned police stations. In particular, anyone held within them overnight should be provided with a mattress.

More generally, **the CPT recommends that conditions of detention in all police stations in Estonia be reviewed, having regard to the criteria set out in paragraph 24 of this report.**

4. Safeguards against the ill-treatment of detained persons

a. introduction

43. The CPT attaches particular importance to three rights for persons deprived of their liberty by the police:

- the right of those concerned to inform a close relative or another third party of their choice of their situation,
- the right of access to a lawyer,
- the right of access to a doctor.

The CPT considers that these three rights are fundamental safeguards against the ill-treatment of persons deprived of their liberty, which should apply from the very outset of custody (that is, from the moment when the persons concerned are obliged to remain with the police).

44. Furthermore, in the view of the CPT, persons taken into police custody should be expressly informed, without delay and in a language they understand, of all their rights, including those referred to above.

b. notification of custody and access to a lawyer

45. Section 102 of the Estonian Code of Criminal Procedure stipulates that a detained criminal suspect will be given "the possibility to inform at least one relative of his choice about his detention through an investigator or examiner, if this does not prejudice the criminal proceedings." Further, Section 35⁽¹⁾ of the same Code provides that detained criminal suspects have the right of access to a lawyer, under conditions guaranteeing the confidentiality of the discussions.

However, it emerged from discussions with police officers in several of the establishments visited that detained persons were not expressly informed of the possibility to inform a relative of their choice and that if they themselves made a request to that effect, it could take some considerable time before the relevant investigator decided whether or not to grant the request. Similarly, the delegation was informed that it was extremely rare for a detained person to have access to a lawyer during the period of detention prior to the first interrogation by an investigator.

Many persons who were, or who had recently been, in the custody of the police told the delegation that they had requested that their family be informed of their situation but that, to the best of their knowledge, no action had been taken upon their request. Further, certain persons alleged that they had requested to see a lawyer as from the outset of their custody by the criminal police, but that such access had been delayed.

46. In this context, it should be stressed that it is during the period immediately following deprivation of liberty that the risk of intimidation and ill-treatment is greatest. This is amply borne out by the information gathered during the visit to Estonia. The CPT therefore considers it essential that the rights to inform a relative or third party of one's choice and to have access to a lawyer be guaranteed as from the very outset of police custody, and not only from the moment when the detained person is formally declared a "criminal suspect" or is interrogated by an investigator.

The CPT therefore recommends that measures be taken to ensure that persons apprehended by the police are entitled, as from the outset of their custody:

- **to inform a relative or a third party of their choice of their detention by the police;**
- **to have access to a lawyer; this right should include the right to contact and to be visited by the lawyer (in both cases under conditions guaranteeing the confidentiality of the discussions) and, in principle, the right to his presence during questioning, including by the criminal police.**

47. Of course, the CPT fully accepts that the exercise by a detained person of the right to inform a relative or a third party of his choice may have to be made subject to exceptions designed to protect the interests of justice. However, any such exceptions should be well-defined and they should be applied for as short a time as possible. On both those counts, the existing wording of Section 102 of the Code of Criminal Procedure could usefully be developed.

The CPT recommends that the possibility exceptionally to delay the exercise of the right to have the fact of one's custody notified to a relative or other third party be more closely circumscribed, made subject to appropriate safeguards (e.g. any such delay to be recorded in writing together with the reasons therefor and to require the approval of a public prosecutor) and strictly limited in time.

c. access to a doctor

48. According to the instructions currently in force concerning medical, sanitary and epidemiological services for persons detained in police arrest houses, a detainee has to be asked about his state of health upon admission and a doctor called if he has "significant complaints". The said instructions also stipulate that if a person falls ill whilst in detention, a doctor should be called "if necessary".

49. Some remarks about health-care cover in police arrest houses have already been made in paragraphs 36 and 37. It should be added that certain of the persons interviewed by the delegation complained about delays in having access to a doctor while in police custody or that their request to see a doctor had not been granted. Complaints were also heard that the medical examination of detained persons, both on police premises and in hospital, had taken place in the presence of police officers.

50. **The CPT recommends that a doctor be called without delay whenever a person in police custody requests a medical examination; police officers should not seek to vet such requests. It also recommends that all medical examinations of persons in police custody be conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police officers.**

51. As regards access to a doctor of the detainee's own choice, there are currently no provisions on this subject. **The CPT recommends that a person taken into police custody have the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities.**

d. information on rights

52. The CPT has already indicated the importance it attaches to persons taken into police custody being informed of all their rights, including those referred to in paragraphs 45 to 51 above. In Estonia, various legal provisions stipulate that persons detained by the police should be informed of certain of their rights⁵. Those rights are set out on the forms used by the police to record information concerning the arrest and other proceedings, which detainees are required to sign.

However, from conversations with both police officers and persons who were, or who had been, detained by the police, it became apparent that information on rights might be given only after the person concerned had been in custody for several hours, or in such a way as to render it unlikely that the information would be understood.

In order to ensure that persons in police custody are duly informed of all their rights, **the CPT recommends that a form setting out those rights in a straightforward manner be systematically given to such persons at the very outset of their deprivation of liberty. The form should be available in an appropriate range of languages.**

e. conduct of police interviews

53. From the information gathered during the visit it is clear that criminal suspects are the subject of a two-tier interview process. They are questioned in the first instance by the criminal police and subsequently formally interrogated by an investigator, in certain cases with the participation of members of the criminal police.

54. The art of questioning criminal suspects will always be based in large measure on experience. However, the CPT considers that formal guidelines should exist on a number of specific points; the existence of such guidelines will, inter alia, help to underpin the lessons taught during police training.

⁵. cf. Article 21 of the Constitution and Section 35⁽¹⁾ of the Code of Criminal Procedure.

Consequently, **the CPT recommends that a code of conduct for police interviews be drawn up. In addition to reiterating the total prohibition of ill-treatment, the code should deal, inter alia, with the following: the systematic informing of the detainee of the identity (name and/or number) of those present at the interview; the permissible length of an interview; rest periods between interviews and breaks during an interview; places in which interviews may take place; whether the detainee may be required to remain standing while being questioned; the questioning of persons who are under the influence of drugs, alcohol or medicine, or who are in a state of shock. It should also be stipulated that a systematic record be kept of the times at which interviews start and end, the persons present during each interview and any request made by the detainee during the interview.**

The position of specially vulnerable persons (for example, the young, those who are mentally disabled or mentally ill) should be subject to specific safeguards.

f. custody registers

55. The CPT noted that in certain of the police establishments visited, the detention of a person was not always immediately recorded in the custody register. For example, during its visit to Elva Police Station, the delegation found that two persons had been detained there for some four hours without a written record having been made.

The CPT recommends that steps be taken to ensure that whenever a person is detained in a police establishment, for whatever reason or length of time, the fact of his detention is recorded without delay.

56. More generally, **the Committee considers that the fundamental safeguards offered to persons in police custody would be reinforced if a single and comprehensive custody record were to be kept for each person detained, in which would be recorded all aspects of his custody and all the action taken in connection with it (time of and reason(s) for the arrest; when informed of rights; signs of injury, mental disorder, etc.; contact with and/or visits by a relative, lawyer, doctor or consular officer; when offered food; when questioned; when brought before a judge; when released, etc.).**

g. independent inspections

57. The CPT considers that systems for the inspection of police detention facilities by an independent authority are capable of making an important contribution towards the prevention of ill-treatment of persons held by the police and, more generally, of ensuring satisfactory conditions of detention. To be fully effective, the visits by such an authority should be both regular and unannounced, and the authority concerned must be empowered to discuss in private with detained persons.

58. In this connection, the CPT has noted with interest that certain of the police establishments visited by its delegation were the subject of regular visits by a public prosecutor. **The Committee recommends that the relevant prosecuting/judicial authorities throughout the country be encouraged to carry out regular and unannounced visits to places where persons are detained by the police.**

59. The CPT also understands that the establishment of an ombudsman is currently being considered in Estonia. **It would like to receive further information on this subject, including on any powers concerning the supervision of conditions of detention and the treatment of persons deprived of their liberty which it is envisaged to give to the ombudsman.**

B. Prisons

1. Preliminary remarks

60. The CPT's delegation examined in some depth the situation at the Central Prison in Tallinn, which is widely recognised as the most problematic establishment in the Estonian prison system. Senior officials of the Prison Board referred to it as "a stone around our necks".

The delegation also paid brief visits to Tallinn Prison and Viljandi Juvenile Prison. In the former establishment, it focused its attention on the recently-constructed sections for remand prisoners and, in the latter, on the disciplinary system.

61. The **Central Prison** serves principally as a remand facility for the whole of Estonia and also comprises a prison hospital with a nationwide function. The prison moved into its current premises - an old naval fortress - as a temporary measure in 1914. The delegation was informed that, at the time of the visit, its official capacity was 1,100⁶ (including 90 hospital beds). On the first day of the visit, the establishment was holding a total of 1,271 prisoners (including 60 women prisoners, 104 in-patients at the hospital and 107 sentenced prisoners assigned to work in the establishment).

It should also be noted that prisoners in Estonia who have been sentenced to death or to life imprisonment are held together in a distinct section of the Central Prison (i.e. the second and third floors of section 11).

62. **Tallinn Prison**, which was originally designed to hold sentenced prisoners, was located in a compound which included a number of decommissioned workshops and industrial production facilities. Two new blocks had subsequently been constructed for remand prisoners, who now made up two-thirds of Tallinn Prison's population of approximately 600 inmates. In addition, the establishment was accommodating 187 sentenced prisoners and 30 immigration detainees. The delegation was informed that, in the near future, a further 200 remand prisoners would be accommodated in Tallinn Prison.

63. **Viljandi Juvenile Prison** is a medium security establishment for sentenced boys and young men (aged between 15 and 19). It has an official capacity of 100 and, at the time of the visit, was accommodating 83 inmates (14 of them in an open section of the establishment).

64. At the outset of the visit, members of the Prison Board identified three serious problems facing the Estonian prison system: a rising prison population, which had led to overcrowding; a lack of work for prisoners, approximately 80% of whom were unemployed; and difficulties in the field of prison staff.

⁶. This figure was apparently reached by applying a standard of 2.5 m² of living space per prisoner to the parts of the establishment being used for inmate accommodation.

65. At the time of the visit, there were 4,782 prisoners in Estonia and the 5,000 mark was expected to be passed by the end of 1997 (i.e. a rate of more than 300 prisoners per 100,000 inhabitants). In order to tackle this problem, there were plans to renovate and expand the country's prison infrastructure; however, the prevailing economic situation did not allow for progress to be made at the desired pace.

For its part, the CPT is far from convinced that providing additional accommodation will alone offer a lasting solution. Indeed, a number of European States have embarked on extensive programmes of prison building, only to find their prison populations rising in tandem with the increased capacity acquired by their prison estates. By contrast, the existence of policies to limit or modulate the number of persons being sent to prison has in certain States made an important contribution to maintaining the prison population at a manageable level.

In this context, reference might usefully be made inter alia to Committee of Ministers' Recommendation R (92) 17 concerning consistency in sentencing, and more particularly to recommendation B 5(a), according to which "custodial sentences should be regarded as a sanction of last resort, and should therefore be imposed only in cases where, taking due account of other relevant circumstances, the seriousness of the offence would make any other sentence clearly inadequate".

The CPT invites the Estonian authorities to take into account the above remarks.

66. As regards the unemployment situation of inmates, the CPT wishes to stress that the provision of appropriate work to sentenced prisoners is a fundamental part of the rehabilitation process. Further, in the interest of their psychological well-being, remand prisoners should as far as possible also be offered work. It follows that the employment situation within the prison system should not be dictated exclusively by market forces. **The CPT recommends that special measures be introduced with a view to providing more work places for prisoners.**

67. At the time of the visit, 13% of the 2,736 posts making up the official staff complement were vacant. Further, a high proportion (more than 50%) of the existing prison staff were non-Estonian, most of whom did not speak Estonian. This latter situation obviously did not facilitate day-to-day relations between prisoners and staff, though the delegation noted that the problem was not as serious as some would have one believe (possibly because contacts between prisoners and staff were, in any event, extremely limited (cf. paragraph 70)).

The CPT recommends that appropriate steps be taken to fill all vacant prison staff posts. In this connection, the Committee would like to be informed of any measures taken to render employment in the Estonian prison system more attractive.

2. Torture and other forms of ill-treatment

68. The CPT's delegation heard no allegations of torture - and gathered no other evidence of such treatment - of prisoners by staff in the prisons visited or in other prison establishments in Estonia.

Further, it heard few recent allegations of other forms of physical ill-treatment of prisoners by staff, though certain inmates at Viljandi Juvenile Prison said that they had been roughly treated by prison officers.

As regards more particularly the Central Prison, several of the delegation's interlocutors indicated that the manner in which prison staff treated inmates had improved notably in recent years.

69. However, according to information provided to the CPT's delegation by the Deputy State Public Prosecutor, from 1995 to the middle of 1997 the State Prosecution Service had initiated eight criminal actions in relation to the alleged ill-treatment of prisoners by staff. In two of these cases, the prison officers concerned had been convicted and dismissed from the prison service; five of the cases were still pending.

The CPT has noted that five of the above-mentioned eight cases relate to Ämara Prison, a medium-sized establishment which forms part of the Rummu Prison complex. **The Committee would like to be informed of whether, in the light of these cases, the Estonian prison service has had carried out an enquiry of a general nature into whether prison officers at Ämara Prison are on occasion abusing their authority and ill-treating inmates.**

70. The best possible guarantee against the ill-treatment of prisoners is properly recruited and trained prison officers, who know how to adopt the appropriate attitude in their relations with inmates.

The CPT's delegation noted that, in the two establishments for adult prisoners visited, relations between custodial staff and inmates were of a somewhat formal and distant nature. In particular, it appeared that prison officers regarded verbal communication with inmates as being a somewhat marginal aspect of their work. Moreover, the persistence of practices such as requiring prisoners to stand facing a wall whilst outside their cells and waiting for instructions did little to improve staff-inmate relations.

The Committee recommends that an aptitude for interpersonal communication be a major factor in the process of recruiting prison officers and that, during the induction and in-service training of such officers, considerable emphasis be placed on acquiring and developing interpersonal communication skills. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation.

71. In Tallinn Prison, the delegation observed that certain members of the custodial staff carried batons in full view of inmates. This is not conducive to developing positive relations between staff and inmates. **If it is considered necessary for prison officers to carry truncheons, the CPT recommends that they be hidden from view.**

72. The duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. In this connection, the CPT is pleased to note that recorded levels of inter-prisoner violence have dropped significantly in recent years. According to nationwide statistics compiled by the Hospital at the Central Prison, the number of cases of trauma due to violence (principally knife wounds and blows from heavy metal objects) leading to hospitalisation have fallen from 303 in 1992 to 79 in 1996. The reduction in such cases is mirrored in the fall of violent deaths in prison over the same period: 32 deaths in 1992 and only one over the past three years.

Nevertheless, the above-mentioned statistic for 1996 shows that cases of inter-prisoner violence requiring hospitalisation still occur regularly. **The CPT would like to receive information on strategies developed by the Estonian authorities with a view to addressing the problem of inter-prisoner violence.**

73. Finally, although the Central Prison shall be dealt with in a separate section of this report, the CPT must emphasise already at this point that many of the prisoners in that establishment were subject to a series of negative factors - overcrowding, poor hygiene conditions, an impoverished regime - which could certainly be described as inhuman and degrading treatment.

3. The Central Prison (and Tallinn Prison)

a. the remand population

74. The conditions of detention of remand prisoners at the Central Prison were intolerable.

First of all, the prisoners were being held in grossly overcrowded conditions; even the very modest standard applied in Estonia of 2.5 m² per prisoner was not being offered to the majority of remand prisoners. By way of example, cells measuring 35 m² were being used to accommodate 18 or more prisoners; one such cell in the reception unit was accommodating 28 recently admitted prisoners. The delegation also found six prisoners being accommodated in cells measuring 15 m² (in the women's section). Reference should also be made to a suite of 12 cells, each measuring 3.3 m², found in section 7 of the prison. Most of them had a single occupant, but some were accommodating two inmates. In the CPT's opinion, a cell of such a limited size is unfit to serve as accommodation for one prisoner, let alone two.

In many cells, there was little room for any furniture apart from bunk beds; at best there was a table and stools. Indeed, living space was at such a premium that, in some cells, inmates did not have their own bed and, consequently, had to take turns to sleep. All of the cells were equipped with a lavatory and a wash basin. However, the lavatory was not partitioned and prisoners had to resort to makeshift curtain arrangements to try and provide a modicum of privacy; further, these in-cell sanitary facilities were frequently in a very poor state of repair and dirty, as were the cell facilities in general.

Most cells had only limited access to natural light - often because cell windows were small and/or had been screened or covered - and ventilation was poor. As for the 3.3 m² cells in section 7, they did not have a window at all; consequently, they had no access to natural light and no evident means of ventilation. Further, allegations were heard that the prison's heating system was not a match for Estonian winters.

75. The CPT was also concerned to note that many remand prisoners had difficulty maintaining an acceptable level of personal hygiene. Two factors contributed to this situation: the prisoners were themselves often destitute, and they received virtually no assistance from the prison establishment.

Washing powder was the sole item provided to prisoners in their cells, and soap was made available only during the weekly shower. Prisoners without money or help from their families had to rely on the generosity of fellow inmates to obtain items such as lavatory paper, soap and toothpaste. This situation was particularly resented by female remand prisoners at the Central Prison; they complained that they had even to manufacture their sanitary towels using rags.

Further, no assistance was provided to prisoners who did not have proper clothing at their disposal.

76. The deplorable material conditions described above were compounded by the absence of anything which remotely resembled a regime. The principal - practically the only - out-of-cell activity consisted of one hour of outdoor exercise every day. Inmates took their exercise in small groups, in facilities which were not large enough to enable them to exert themselves physically. Loud music was played during exercise periods, apparently in order to prevent any communication between inmates placed in different yards. The only other regular out-of-cell activity was a weekly 20 minute shower session. Visits from relatives or friends were subject to authorisation by the relevant investigating authority and, apparently, a rare occurrence (cf. paragraph 111).

As regards in-cell activities, they were limited to reading newspapers and books. In short, remand prisoners held at the Central Prison led a monotonous and purposeless existence, a situation which could last for months and, on occasion, for years.

77. The number of remand prisoners held at the Central Prison had been reduced in recent times, following the entry into service of the blocks for remand prisoners at Tallinn Prison (cf. paragraph 62).

The above-mentioned blocks at Tallinn Prison offered far better material conditions of detention than those described in paragraph 74 above. Inmates were accommodated four to a cell, in cells measuring 15 m² (Block 1) or 18 m² (Block 2), inclusive of a fully partitioned 2 m² sanitary annexe. The cells as a whole were adequately furnished, benefited from good access to natural light, and were in a satisfactory state of repair and cleanliness. As for ventilation, it was good in some cells but poor in others. At the time of the delegation's visit, none of the cells were accommodating more than four inmates. However, it was observed that many of them were equipped with six lockers and some of them with six beds.

As regards the regime for remand prisoners at Tallinn Prison, it was no better than at the Central Prison. No work, education or sports activities were offered to remand prisoners, and there were no facilities for prisoner association. In the same way as remand prisoners at the Central Prison, they were subjected to a 23 hour-a-day in-cell regime. Further, the daily one hour of outdoor exercise was taken in yards which were too small (13 m²) to allow prisoners to exert themselves physically, and more generally offered a miserable environment. Their only redeeming feature was a small roof-level ledge which offered protection against inclement weather.

78. The future of the Central Prison was far from clear. All persons spoken to recognised that the establishment's premises were, by their very nature, inherently unsuitable for use as a prison and should be withdrawn from service at the earliest opportunity. Nonetheless, according to certain of the delegation's interlocutors, the establishment could well remain in service for many years to come. In the CPT's opinion, this would imply a major refurbishment programme involving every part of the prison. However, the Committee has doubts as to whether this would be money well spent. A more sensible approach might be immediately to set in train plans for one or more new remand establishments. **The CPT would like to receive the comments of the Estonian authorities on this question.**

79. Meanwhile, **the CPT recommends that the Estonian authorities pursue actively the policy of transferring prisoners from the Central Prison to other establishments.** At the same time, steps must be taken to ensure that the above-mentioned policy does not merely have the result of transferring a problem from one establishment to another. In this connection, **the CPT recommends that no more than four prisoners be held per cell in Blocks 1 and 2 of Tallinn Prison.**

As the inmate population at the Central Prison is reduced, it should be possible to alleviate somewhat the overcrowded conditions in the establishment. **The CPT recommends that, as remand prisoners are transferred away from the Central Prison, emphasis be placed on reducing cell occupancy levels rather than on closing specific sections of the establishment. The CPT also recommends that any cells measuring less than 6 m² be taken out of service as prisoner accommodation.**

Further, **the CPT recommends that immediate steps be taken to provide remand prisoners with all the items necessary to maintain an appropriate level of personal hygiene.**

80. As regards the regime applied to remand prisoners, this is in need of root and branch change. The present policy of warehousing must be abandoned. In saying this, the CPT fully recognises that, in the interest of the pre-trial investigation, it may be necessary to impose restrictions on certain remand prisoners. However, such restrictions should not be imposed as a matter of course upon all, which is the case at present.

The CPT recommends that steps be taken as a matter of urgency to improve radically the regime activities for remand prisoners at the Central and Tallinn Prisons; the aim should be to ensure that all such prisoners in Estonia are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activities of a varied nature (group association activities; work, preferably with vocational value; education; sport).

b. prisoners sentenced to death⁷ or to life imprisonment

81. The CPT also must express serious concern about the conditions under which prisoners sentenced to death or to life imprisonment were being held at the Central Prison, and more particularly about the regime applied to such prisoners.

⁷ In Estonia there is a moratorium on the execution of death sentences. Further, the CPT's delegation was informed by the Vice-Chancellor of the Ministry of Justice that the relevant instruments authorising ratification of Protocol No. 6 to the European Convention on Human Rights (abolition of the death penalty in peacetime) had been forwarded to Parliament.

82. Prisoners sentenced to death were held one to a cell, while those sentenced to life imprisonment could choose to share a cell with a second life-sentenced prisoner. The cells used to accommodate such prisoners were basically adequate, though they had a spartan air. They measured 7.5 m² and were furnished with bunk beds, shelves, a fixed table and stools; further, they were fitted with a washbasin and a lavatory. Ventilation appeared to be sufficient; however, the blinds covering the cell windows significantly limited access to natural light.

83. For both categories of prisoner, out-of-cell activities were limited to one hour of outdoor exercise per day (taken alone or, for those sharing cells, with their cell mate), one weekly shower and, for certain prisoners, occasional visits from their family. In-cell activities consisted - at best - of reading or listening to the radio (for those who could afford one). It might be added that these inmates were routinely handcuffed when taken out of their cells.

In short, prisoners sentenced to death or to life imprisonment were subject to an extremely impoverished regime and were offered very little or no human contact. Indeed, for certain prisoners and, more particularly, for those who had been sentenced to death, their conditions of detention amounted to solitary confinement. Some of the prisoners interviewed by the delegation had been detained under these deleterious conditions for several years.

The situation described above would appear to be in accordance with the legal provisions currently in force in Estonia concerning the treatment of prisoners sentenced to death or to life imprisonment⁸. However, this does not alter the fact that it is totally unacceptable to the CPT.

84. All forms of solitary confinement without appropriate mental and physical stimulation are likely in the long term to have damaging effects, resulting in deterioration of mental faculties and social abilities. Consequently, regardless of the gravity of the offences of which prisoners have been convicted, efforts must be made to provide them with appropriate stimulation and, in particular, with human contact.

⁸ The following extracts from the Code of Execution Procedure are of particular relevance:

Section 138. Conditions of detention [of prisoners sentenced to death]

- (1) The condemned shall be kept in a closed prison, in a special wing within a single cell that is locked around-the-clock, where he/she can be constantly monitored either visually or by electronic means.
- (3) The condemned is forbidden to have contact or communicate with other prisoners.
- (4) The condemned is not obliged to work. If he/she so wishes and the relevant conditions are present, he/she may carry out work which does not involve leaving the cell.

Section 142. Life sentence[d prisoners]

- (2) A person serving a life sentence shall be kept in a single or double cell, locked around-the-clock, where he/she can be constantly monitored either visually or by electronic means.
- (5) Contacts of life sentenced prisoners with other inmates not sentenced to life imprisonment are forbidden.

Further, long-term imprisonment is widely considered to have a number of desocialising effects upon inmates. In addition to becoming "institutionalised", such prisoners may experience a range of psychological problems (including loss of self-esteem and impairment of social skills) and have a tendency to become increasingly detached from the world into which they will most probably eventually be released. In the view of the CPT, the regimes which are offered to prisoners serving long sentences should seek to compensate for these effects in a positive and proactive way.

Prisoners serving lengthy sentences should have access to a **wide range of purposeful activities** (work, preferably with vocational value; education; sport; recreation/association). Moreover, they should be able to exercise a degree of **choice** over the manner in which their time is spent, thus fostering a sense of autonomy and personal responsibility. Additional steps should be taken to lend **meaning** to their period of imprisonment; in particular, the provision of individualised custody plans and appropriate psycho-social support are important elements in assisting such prisoners to come to terms with their period of incarceration and, in due course, to prepare for release. Further, the negative effects of institutionalisation upon prisoners serving long sentences will be less pronounced, and they will be better equipped for release, if they are able effectively to maintain **contact with the outside world**.

Clearly, the regimes which are currently being applied to inmates at the Central Prison who have been sentenced to death or to life imprisonment fall far short of meeting the criteria set out above. As regards, more particularly, the provision of human contact, the CPT can see no justification for prisoners sentenced to death being kept permanently isolated (particularly if regard is had to the current moratorium on the execution of such sentences) nor for the prohibition of contact between life sentenced prisoners and other inmates serving lengthy sentences.

85. The Committee recommends that the Estonian authorities take urgent steps to develop the regimes offered to prisoners sentenced to death or to life imprisonment, taking due account of the remarks made in paragraphs 83 and 84. If necessary, the Code of Execution Procedure should be amended.

Further, the routine handcuffing of such prisoners when taken out of their cells would appear not to be in accordance with the 1987 European Prison Rules (cf. in particular Rules 39 and 40).

86. The CPT has also noted with concern that many of the prisoners sentenced to death or to life imprisonment had no visitors. This was attributed by a number of the inmates concerned to the distance from the Central Prison at which their families and friends lived, and the resulting difficulties in terms of time and expense to travel to the establishment. Further, some of them claimed that all contacts with their families and friends had been broken, inter alia because they were not in a position to pay for correspondence and telephone calls. This situation was confirmed by prison staff, who indicated that writing material and envelopes were only provided free of charge for letters to be addressed to a court. **The Committee invites the Estonian authorities to consider possible forms of assistance with a view to overcoming these problems.**

c. the sentenced prisoner workforce

87. Sentenced prisoners assigned to work in the Central Prison enjoyed distinctly better conditions of detention. Throughout the day they were engaged in purposeful activities in different parts of the establishment. Outside working hours and outdoor exercise time, the prisoners could move freely within their section, which consisted of dormitories, a recreation/television room and separate sanitary facilities.

The living quarters of working sentenced prisoners benefited from good access to natural light and ventilation; further, they were in a good state of repair and spotlessly clean. However, **the occupancy level of the dormitories was high (e.g. 31 beds in approximately 85 m²).**

d. general health care services in the Central Prison

i. *out-patient medical service*

88. The Central Prison's out-patient medical service provided medical screening for all newly-admitted prisoners as well as routine medical care for inmates. The number of full-time staff employed (seven doctors, one assistant doctor and eleven nurses), as well as their hours of attendance, were sufficient to provide an appropriate level of general medical care. Further, the delegation was informed that specialist treatment could be provided to inmates by visiting doctors or at the Prison Hospital. All of the delegation's findings in the course of the visit suggest that out-patient care provided was indeed satisfactory, with a few exceptions (cf. paragraphs 89 and 90). Moreover, medical confidentiality was on the whole being respected as regards both consultations and records.

As for health-care facilities, the medical rooms in each section of the establishment were found to be of a reasonable standard, and basic medical equipment was available.

89. The medical service included a full-time post for a dentist; however, at the time of the visit, a dentist was employed at the prison for less than half a day per week. This is grossly insufficient for an establishment accommodating over 1,000 prisoners. In addition, the dental equipment was outdated and incomplete, and dental care was apparently limited to extractions.

The CPT recommends that steps be taken without delay to fill the vacant full-time post for a dentist and to provide appropriate dental care - including conservative dentistry - to prisoners; this treatment should be free of charge for those prisoners not in a position to pay for it.

90. In any prison system there will be inmates who, whilst not requiring admission to a psychiatric institution, would benefit from appropriate psychiatric or psychological care. The possibility to refer patients to a psychiatric hospital or unit, whether for admission or out-patient consultation, does not respond to the need of all prisoners.

In this connection, medical staff interviewed at the Central Prison indicated that, in their view, a considerable number of their patients suffered from some form of mental disorder but did not require admission to hospital. These assertions were borne out by the delegation's on-site observations. However, the prison's health care service did not include a psychiatrist or a psychologist (either full-time or on a visiting basis) and the prison's doctors were not trained to provide primary care in psychiatry; in short, little could be done to help such patients.

The CPT recommends that steps be taken without delay to remedy this shortcoming.

ii. medical screening on admission

91. In the CPT's opinion, every newly arrived prisoner should be properly interviewed and physically examined by a medical doctor as soon as possible after his admission; save for exceptional circumstances, the interview/examination should be carried out on the day of admission, especially insofar as remand establishments are concerned. Such medical screening on admission could also be performed by a fully qualified nurse reporting to a doctor.

92. At the Central Prison, medical screening on admission involved, on the day of arrival, an interview with an assistant doctor or nurse as well as a brief examination (pulse, blood pressure) and the taking of samples (blood, urine) for tests and, on the following day, a complete medical examination by a doctor. Screening included tests for HIV, syphilis, gonorrhoea, and hepatitis B and C.

However, the medical screening was not clearly differentiated from the administrative aspects of the reception procedure, no information was provided to prisoners about the nature and content of the medical screening, and the latter were not informed of the results of the tests performed. It should be added that the first interview with an assistant doctor or a nurse was, on occasion, conducted in the presence of other inmates.

The CPT recommends that the manner in which medical screening on admission is carried out at the Central Prison be reviewed, in the light of the above remarks. In particular, patients should be made aware of the medical nature of the screening process, be provided with information about the tests to be performed and, subsequently, of the results thereof (as regards more particularly HIV testing, cf. paragraph 102).

The CPT also recommends that measures be taken to ensure the confidentiality of medical interviews with newly-arrived inmates.

Further, it is desirable that written information be provided to prisoners on their arrival, making them aware of the existence and operation of the health care service and reminding them of basic hygiene measures (cf. also paragraph 98).

iii. the role of prison health care services in the prevention of ill-treatment

93. Prison health care services can make a significant contribution to the prevention of ill-treatment of detained persons, through the systematic recording of injuries and, when appropriate, the provision of general information to the relevant authorities. Information could also be forwarded on specific cases, though as a rule such action should only be undertaken with the consent of the prisoner concerned.

94. Medical screening at the Central Prison included the recording of injuries displayed by newly-arrived inmates. However, as already indicated (cf. paragraph 16), no formal record was being made of the explanations given by inmates regarding the origin of their injuries, nor did the examining doctors record their own conclusions as to the likely provenance of those injuries.

95. In this connection, the CPT considers that the record drawn up following a medical examination of a newly-admitted prisoner (or a prisoner transferred or returning to the establishment) should contain:

- (i) an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment),
- (ii) an account of objective medical findings based on a thorough examination, and
- (iii) the doctor's conclusions in the light of (i) and (ii).

The CPT recommends that steps be taken to ensure that practice in Estonia is brought into line with the above considerations. Further, the results of the medical examination referred to above should be made available to the prisoner concerned. The same approach should be followed whenever a prisoner is medically examined following a violent incident in prison.

iv. health promotion

96. The task of prison health care services should not be limited to treating sick patients. It also lies with such services - as appropriate acting in conjunction with the competent authorities - to supervise catering arrangements (quantity, quality, preparation and distribution of food) and conditions of hygiene (cleanliness of clothing and bedding; access to running water; sanitary installations) as well as the heating, lighting and ventilation of cells. Work and outdoor exercise arrangements should also be taken into consideration. Prison medical services should also be concerned with mental hygiene i.e. with preventing the harmful psychological effects of certain aspects of detention.

Insalubrity, overcrowding, prolonged isolation and inactivity may necessitate either medical assistance for an individual prisoner and/or general medical action vis-à-vis the responsible authority.

97. In this respect, the delegation was concerned to note that, although medical staff at the Central Prison readily recognised the existence of a correlation between conditions of detention and many of the complaints for which treatment was frequently provided (e.g. heat rash, fungal infections, scabies, infected abrasions, diarrhoea), they did not consider it incumbent upon them to address the causes of those complaints. Further, medical staff did not seem aware of the adverse psychological effects of detention under certain circumstances (overcrowding, lack of activities, etc.).

The CPT recommends that prison health care services assume a more active role in monitoring living conditions in Estonian prisons and, if necessary, advocate appropriate measures with a view to promoting the health of prisoners.

v. *transmissible diseases*

98. The risks of disease transmission are enhanced in a closed institution such as a prison, in particular when general hygiene and environmental conditions are poor. Consequently, prison health care services should adopt a proactive approach, with a view to minimising the risk of dissemination of certain infections. A first and foremost measure should be to ensure that information about transmissible diseases (in particular hepatitis, AIDS, tuberculosis, dermatological infections) is regularly provided - including in writing - to both prisoners and prison staff. At the time of the visit, information on modes of transmission and means of prevention was not being systematically provided to prisoners, whether on admission or at a later stage. **The CPT recommends that this deficiency be remedied.**

99. Medical staff in the Central Prison expressed alarm about the rising number of tuberculosis cases. Having regard to available information concerning the prevalence of tuberculosis in Estonian prisons, the CPT tends to agree that there is cause for major concern. Tuberculosis is a serious life-threatening condition if left untreated; prison authorities have a clear obligation to ensure adequate methods of detection and to provide treatment.

The screening procedures currently employed (i.e. fluorographic examination of the lung fields on entry to prison and at six monthly intervals) are effective in detecting cases of active pulmonary tuberculosis. However, in view of the rising prevalence of tuberculosis, consideration might usefully be given to the introduction of a more sensitive detection technique by using a tuberculin skin sensitivity test (such as the Mantoux test), in addition to fluorography. By combining these two techniques, a higher case detection rate could be achieved, in particular during the earlier stages of the disease. Further, in view of the high risk of transmission during custody in police arrest houses (where conditions are very conducive to air-borne infection), it would be highly desirable to have the tuberculosis screening process carried out at an earlier stage of a person's deprivation of liberty.

The CPT recommends that the Estonian authorities review the manner in which prisoners are screened for tuberculosis, in the light of the above remarks.

100. Medical staff at the Central Prison also informed the delegation that 10-15% of patients diagnosed with active pulmonary tuberculosis were resistant to standard anti-tuberculous drugs. However, medical notes examined did not contain results of drug sensitivity testing. It appears that the observations on drug resistance were based principally on clinical response following drug therapy.

Multi-drug resistant forms of pulmonary tuberculosis are of major public health importance. Thorough investigations to establish the precise nature and extent of the problem in the Central Prison (and, if appropriate, in other prison establishments) should be carried out at the earliest opportunity. Should the existence of multi-drug resistant forms of tuberculosis be confirmed, urgent plans should be drawn up to limit the spread among inmates and prison staff and to provide the best available treatment to patients.

The CPT would like to receive the comments of the Estonian authorities on this subject.

101. Hepatitis B transmission amongst inmates was also a source of concern for medical staff at the Central Prison; they indicated that, in their view, transmission was taking place through using non-sterile tattooing needles or penetrative sex between inmates. As already indicated (cf. paragraph 98), a first step to counter this problem should be to provide prisoners with information on modes of transmission and means of prevention. Further, specific measures such as the provision of a disinfectant (e.g. diluted bleach) and of condoms could be envisaged. A feasibility study of hepatitis B vaccination might also be considered.

The CPT recommends that appropriate measures be taken to combat the transmission of hepatitis B, having regard to the above remarks.

102. At present, there are very few cases of HIV infection in Estonian prisons. Nonetheless, HIV antibody testing continues to be part of the medical screening procedure. It might be felt that, for the time being at least, occasional epidemiological surveillance of samples of prisoners (with their knowledge and consent) would be a more efficient use of resources. **The CPT would like to receive the comments of the Estonian authorities on this point.**

Further, **the CPT recommends that prisoners who are screened for HIV be provided with appropriate counselling before and - if necessary - after the test.**

e. the Prison Hospital in the Central Prison

103. The Prison Hospital provided in-patient care, covering a range of surgical and non-surgical specialities, to inmates from all prisons in Estonia.

The hospital's health care staff were sufficient in number, comprising fourteen medical doctors and twenty-six nurses; they were all employed full-time at the hospital, and a shift system enabled them to provide a 24 hour emergency service. Further, medical staff were adequately trained and appeared committed to providing the best possible care to patients under the prevailing adverse conditions. It should be added that medical and nursing files were well kept.

104. Certain specialised services were not available in the hospital and the CPT's delegation was told that, on occasion, it could prove difficult to secure the admission of a prisoner to a civil hospital. **The CPT would like to receive the comments of the Estonian authorities on this issue.**

105. Despite the efforts of medical staff, the material conditions in the hospital were such that care was seriously sub-standard. The hospital was both overcrowded (150 patients for a theoretical capacity of 90) and in a poor state of repair.

By way of illustration, up to eight patients were being accommodated in 27 m² rooms, with very limited access to natural light and inadequate ventilation. More generally, the premises as a whole were in a dilapidated state (flaking plaster and peeling paint, broken windows, uneven floors with broken surfaces, and potentially hazardous electrical wiring/installations), which rendered it practically impossible to clean and disinfect to hospital standards.

Patients' rooms were not equipped with a call system; further, they were kept locked by prison officers, thus hampering access of health care staff to patients.

As for the operating theatre, its equipment was basic but adequate; however, there was little space for pre- and post-operative care.

106. The negative effects upon patients' lives of the situation described above were exacerbated by the fact that, with the exception of those suffering from tuberculosis, patients were offered no outdoor exercise or other activities (reading, games, recreation).

107. As regards inmates requiring treatment for pulmonary tuberculosis, they were held and cared for in similar conditions to those described in paragraph 105 above. In particular, they were accommodated in overcrowded, poorly-ventilated rooms. The only differences as compared to other patients were that they benefited from two hours of outdoor exercise every day and received a supplemented diet.

The CPT has noted that, at the time of the visit, four additional rooms had been laid out to accommodate patients suffering from tuberculosis, but were not yet in service. It appeared that they would offer a far more therapeutic environment: they were spacious, and had good access to natural light and ventilation.

108. The Prison Hospital also provided 28 beds for neurology and psychiatry, serviced by one full-time specialist doctor.

However, the situation of psychiatric patients can only be described as anti-therapeutic. They spent the day locked in their rooms in the mediocre conditions described in paragraph 105, and were treated essentially by medication; they benefited from very few other forms of therapy and were offered neither activities, nor outdoor exercise.

109. Having regard to the importance of the establishment's nationwide function, the action required to ensure that patients are cared for in an adequate hospital setting should not be delayed by the uncertainty which surrounds the future of the Central Prison (cf. paragraph 78). **The CPT recommends that plans be drawn up urgently to remedy the current shortcomings concerning in-patient hospital care for prisoners in Estonia.**

As an interim measure, **the CPT recommends that the Estonian authorities take immediate steps to:**

- **reduce overcrowding at the Prison Hospital;**
- **provide activities to patients (reading, games and other forms of recreation);**
- **ensure that all patients are offered at least one hour of outdoor exercise every day, unless there are medical reasons to the contrary;**
- **guarantee ready access of health care staff to patients at all times;**
- **bring into service the four additional rooms intended for patients suffering from tuberculosis.**

Further, **the CPT recommends that the Estonian authorities review the level of care offered to prisoners undergoing in-patient psychiatric treatment at the Prison Hospital; particular efforts should be made to develop psycho-social therapeutic activities and to adapt them to the individual needs of patients.**

4. Other issues arising out of the visits to the Central and Tallinn Prisons

a. contact with the outside world

110. It is very important for prisoners to be able to maintain good contact with the outside world. Above all, they must be given the opportunity to safeguard their relations with their family and friends, and especially with their spouse or partner and their children. The continuation of such relations can be of critical importance for all concerned, particularly in the context of prisoners' social rehabilitation. The guiding principle should be to promote contact with the outside world; any restrictions on such contacts should be based exclusively on security concerns of an appreciable nature or considerations linked to available resources. This is in line with a number of recommendations in the 1987 European Prison Rules, particularly Rule 43, sub-paragraph 1 and Rule 65, point c.

111. As regards **remand prisoners**, visits, correspondence and the use of the telephone or other "electric or electronic communication" devices are subject to the authorisation of the relevant investigator, prosecutor or court.⁹ Many of the remand prisoners interviewed by the CPT's delegation complained in particular that they were very seldom authorised to receive a visit from their family or friends, and it was noted on consulting the relevant files that certain of them were denied such visits for prolonged periods of time. The delegation sought general information on the authorisation/denial of visits to remand prisoners; however, it appeared that such information was not readily available.

The CPT recognises that on occasion it may be necessary, in order to protect the interests of justice, to impose certain restrictions on visits for particular remand prisoners. However, any such restrictions should be strictly limited to the requirements of a given case and applied for as short a time as possible. Under no circumstances should visits between a detainee and his family be prohibited for a prolonged period. If it is considered that there is an ongoing risk of collusion, visits should rather be authorised but under strict supervision. **The CPT recommends that the question of visits for remand prisoners be reviewed in the light of these remarks.**

112. According to Estonian law, **sentenced prisoners** subject to a quarantine regime (cf. paragraph 117) are entitled to three "short" visits (each apparently lasting two hours) every six months. Other sentenced prisoners can enjoy more frequent visits; up to two short visits per month and, in certain cases, two "long" visits per year. Long visits are of an open nature, and can last for up to three days. They are unsupervised and take place in suitable facilities. Sentenced prisoners who worked were also offered generous home leave.

In the view of the CPT, the visiting entitlement for quarantine sentenced prisoners (the equivalent of about 15 minutes per week) is not sufficient to allow them to maintain good relations with their families and friends. **The CPT recommends that the visiting entitlement of such prisoners be increased.**

⁹. It should be noted, however, that remand prisoners can receive visits from - and correspond freely with - their lawyer.

113. As regards visiting facilities, it should be noted that short visits for sentenced prisoners and any visits which remand prisoners may be authorised to receive take place under closed conditions, i.e. in booths, with inmates and visitors separated by a glass screen. The CPT fully understands that closed visiting arrangements might be necessary in certain circumstances; however, this should not constitute the rule. Consequently, **the Committee invites the Estonian authorities to review visiting arrangements in prisons, in order to ensure as far as possible that prisoners are able to receive visits under reasonably open conditions.**

114. The amount of correspondence that sentenced prisoners may send (at their own cost) and receive does not appear to be limited in Estonian law; however, it may be read by the prison authorities. The CPT's delegation heard complaints from prisoners about lengthy delays in the handling or delivery of correspondence. **The CPT invites the Estonian authorities to examine whether the control of prisoners' correspondence is causing excessive delays and, if appropriate, to take remedial action.**

b. information for prisoners

115. Discussions with inmates in the Central and Tallinn Prisons suggested that, on arrival, prisoners received very little or no information concerning the establishments' day-to-day rules. The task of informing newly-arrived inmates about prison rules, regime and their rights appeared to be left largely to other inmates already acquainted with the routine.

116. **The CPT recommends that all newly-admitted prisoners be supplied with written information on the regime in force in the establishment and on their rights and duties, in a language which they understand. Prisoners should record that they have received such information.**

Apart from this information supplied to prisoners on arrival, **it would be useful if a description of the main features of the prison's regime, a list of prisoners' rights and duties and a summary of the avenues of appeal open to them were to be posted on prison notice boards. This information should be available in an appropriate range of languages.**

c. discipline

117. Estonian law provides for the disciplinary sanctions of a reprimand, suspension of visits and placement in a disciplinary cell. Further, in the case of sentenced prisoners, they may be confined to a locked cell (i.e. placed in "quarantine"¹⁰) as a disciplinary measure.

The maximum periods of placement in a disciplinary cell and of confinement in a locked cell which can be imposed for any one offence varies according to the security category of the establishment/prisoner involved; in closed establishments such as the Central and Tallinn Prisons, those periods are respectively 20 days and six months.

¹⁰. The term "quarantine" refers to the regime applied to prisoners upon arrival in a prison and which does not permit them to work outside their cells.

118. The disciplinary cells at the Central Prison were adequate in size (7.5 m²) for single occupancy, and suitably equipped - a folding bed, table and stool, and a lavatory. However, they were humid, had very limited access to natural light and ventilation, and were in a poor state of repair.

The disciplinary cells at Tallinn Prison were furnished with folding beds, a table and benches, and a lavatory. However, as in the Central Prison, they had limited access to natural light and their ventilation was deficient. Unlike the Central Prison, the cells were equipped to accommodate more than one prisoner - four inmates in 8 to 10 m² and two in 5 to 7 m². Such occupancy levels are not acceptable.

The CPT recommends that the above-mentioned material deficiencies be rectified and that the permitted occupancy levels in the disciplinary cells in Tallinn Prison be reduced.

119. Inmates placed in a disciplinary cell were provided with bedding (including a mattress) at night and were allowed to have some clothes and hygiene products. However, no other items were permitted; in particular, reading matter was forbidden. **The CPT recommends that persons placed in a disciplinary cell be allowed to have access to reading matter.**

120. The outdoor exercise facilities in the disciplinary unit at Tallinn Prison were not fit for that purpose. They consisted of five cubicles, measuring 5 m² each, with a grilled roof and rough walls. All inmates accommodated in a disciplinary cell were compelled to spend one hour every day together in one of those areas; consequently, up to four persons would have to share the 5 m² space, where even leaning against the wall was an unpleasant experience. **The CPT recommends that steps be taken to improve - and more particularly to enlarge - the outdoor exercise facilities for inmates placed in the disciplinary unit at Tallinn Prison.**

121. Sentenced prisoners retrograded to a quarantine regime as part of a disciplinary measure were transferred to the Central Prison. Their material conditions of detention were marginally better than those prevailing in the larger cells for remand prisoners at the Central Prison (cf. paragraph 74); occupancy levels were lower and cells had better access to natural light. As for the regime to which they were subject, it was basically equivalent to that offered to remand prisoners, although the CPT's delegation observed the occasional presence of a television set. The CPT considers it unacceptable for prisoners to be subject to such an impoverished regime for months on end, even for disciplinary purposes; **it recommends that the activities offered to sentenced prisoners retrograded to a quarantine regime be developed.**

122. Disciplinary procedures should provide prisoners with a right to be heard on the subject of the offences which it is alleged they have committed, and to appeal to a higher authority against any sanctions imposed. The CPT's delegation received conflicting information concerning the extent to which these rights were guaranteed in Estonia. **The Committee would like to receive further and better particulars on this subject.**

d. complaints and inspection procedures

123. Effective complaints and inspection procedures are basic safeguards against ill-treatment in prisons. Prisoners should have avenues of complaint open to them, both within and outside the prison system, and be entitled to confidential access to an appropriate authority.

124. Estonian law provides that prisoners may address letters to their lawyer, to the prosecutor, the Prison Service and the court. Such letters are not subject to control by the prison's authorities.

However, a number of prisoners claimed that their complaints had suffered significant delays before being transmitted to the appropriate authorities. Further, some prisoners alleged that prison officers had torn up their letters of complaint in their presence. Many prisoners stated that they did not have the means to purchase writing materials, and that such materials had not been provided by the prison staff when they had been requested in order to make a request or file a complaint.

The CPT recommends that the Estonian authorities ensure that complaints by prisoners are promptly delivered to the appropriate authority; if necessary, prisoners - including those placed in a disciplinary cell - should be supplied with writing material for this purpose. Further, the Estonian authorities are invited to add the President of the CPT to the list of authorities with whom prisoners can communicate by confidential letter.

125. The CPT attaches particular importance to regular visits to prison establishments by an independent body (for example, a visiting committee or a judge with responsibility for carrying out inspections), with authority to receive - and, if necessary, take action on - prisoners' complaints and to visit all of the prison premises (including the disciplinary facilities). During such visits, the persons concerned should make themselves "visible" to both the prison authorities and staff and the prisoners. They should not limit their activities to seeing prisoners who have expressly requested to meet them, but should take the initiative by visiting the establishments' detention areas and entering into contact with inmates.

For many years, visits of the kind described above have been carried out to prisons in Estonia by the State Prosecution Service. However, the delegation was informed that as from 1 January 1998, responsibility for prison visits would be transferred to the National Prison Board. Although visits to prisons by the Board are to be welcomed, the CPT believes that they should not replace visits by a body which is independent of the prison authorities.

The CPT recommends that the Estonian authorities maintain a system of visits by an independent body to prisons for both sentenced and remand prisoners, taking into account the above remarks.

e. immigration detainees

126. Under Section 236⁽²⁾ of the Administrative Law, a judge may authorise the detention in an "internment camp" of a foreigner in breach of legal provisions concerning immigration, for renewable periods of two months.

At the time of the visit, 30 immigration detainees (all of them men) were being held at Tallinn Prison. They were accommodated in a block which was also used for sentenced prisoners, but were held quite separately from such prisoners. The delegation was told that the average period of detention of the detainees was several months; however, it noted that certain of them had already been in the prison for over two years.

127. The detainees concerned were accommodated in dormitories and, during the day, they had access to a dining room, a common/television room, and an exercise yard. Having regard to the number of persons held there, the premises offered sufficient living space and were adequately furnished; further, they had good access to natural light and ventilation. However, the sanitary facilities, which consisted of wash basins (with cold water only) and unscreened lavatories, were rather dirty and in a very poor state of repair.

No organised activities were available for the detainees. They spent their time watching television, reading newspapers and books borrowed from the library, and idling about the courtyard. However, they were allowed to receive visits (including long unsupervised visits¹¹) and to receive and send letters.

Two female staff members had been specifically assigned to assist the detainees, and a person from the Citizenship and Migration Board of the Ministry of Social Affairs attended the prison weekly. The detainees interviewed spoke positively about the efforts made by these persons in their favour.

Not surprisingly, many of the immigration detainees interviewed by the delegation complained about being held in a prison; they resented, above all, that certain legal provisions concerning prisoners were being applied to them (e.g. the disciplinary system, including placement in the prison's disciplinary unit).

128. **The CPT recommends that immediate steps be taken:**

- **to remedy the shortcomings observed in the sanitary facilities used by immigration detainees;**
- **to offer a wider range of activities to the detainees, in particular to those held for prolonged periods.**

¹¹. cf. paragraph 112.

129. The CPT also wishes to stress that a prison is, by definition, not an appropriate place in which to detain someone who is neither suspected nor convicted of a criminal offence. In those cases where it is considered necessary to deprive persons of their liberty for a prolonged period under aliens' legislation, they should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime appropriate to their legal situation and staffed by suitably qualified personnel.

Obviously, such centres should provide accommodation which is adequately furnished, clean and in a good state of repair, and which offers sufficient living space for the numbers involved. Further, care should be taken in the design and layout of the premises to avoid as far as possible any impression of a carceral environment. As regards regime activities, they should include outdoor exercise, access to a day room and to radio/television and newspapers/magazines, as well as other appropriate means of recreation (e.g. board games, table tennis). The longer the period for which persons are detained, the more developed should be the activities which are offered to them. **The CPT invites the Estonian authorities to review their policy concerning immigration detainees, in the light of the above remarks.**

f. waiting cubicles

130. Finally, it should be noted that the Central Prison was littered with "waiting cubicles". They were extremely small (many of them measured less than 0.5 m²), had no lighting, and ventilation inside them was poor. From conversations with both staff and inmates, it emerged that prisoners might be kept in these locker-type structures for several hours.

Such facilities are by virtue of their size alone not suitable to hold a person for any length of time whatsoever. Consequently, at the end of the visit to Estonia, the delegation made an immediate observation in pursuance of Article 8, paragraph 5, of the Convention, to the effect that the above-mentioned waiting cubicles should be withdrawn from service as holding facilities (cf. paragraph 7). To date, no response to that immediate observation has been received. The CPT has called upon the Estonian authorities to provide such a response without further delay (cf. paragraph 9).

5. Viljandi Juvenile Prison

a. disciplinary arrangements

131. As already indicated (cf. paragraph 60), in the course of a brief visit to Viljandi Juvenile Prison the delegation focused its attention on the establishment's disciplinary arrangements, about which it had received negative reports.

The delegation was informed that the most severe form of disciplinary sanction in the establishment was placement in a disciplinary cell (kartser) for up to seven days. Inmates placed in disciplinary cells were not allowed to receive visits or to have access to reading matter during their stay in the cell, but were offered one hour of outdoor exercise per day. A less severe form of disciplinary sanction consisted of placement in a closed isolation room for up to 14 days. Such inmates were subject to a somewhat less rigorous regime and in particular were allowed access to reading matter and a "smoking session".

Consultation of the disciplinary register revealed that there had been 103 placements in a kartser since 1 January 1997 (i.e. over a period of some six and a half months). During the same period there had been 24 placements in a closed isolation room.

132. Conditions in the establishment's two kartsers - located in the building housing the central guard/duty room - were totally unacceptable. Although measuring scarcely 6 m², the cells were frequently used to accommodate two inmates; further, allegations were heard that on occasion they accommodated three inmates. The cells were equipped in the most rudimentary of manners. Practically the only item of equipment was a wooden platform (broken in one of the cells), which took up most of the floor space; a mattress was provided at night to each inmate. The sanitary facility consisted of a bucket in the cell which inmates were allowed to empty once a day. Access to natural light was very poor, and the artificial lighting was totally inadequate. In addition, there was no effective means of ventilation and no call bell system - with the result that inmates had to shout or bang on their cell door to attract attention. More generally, the state of repair and cleanliness of the cells left a great deal to be desired. To sum up, inmates placed in a kartser at Viljandi Juvenile Prison were subject to a very harsh environment.

At the end of the visit to Estonia, the delegation made an immediate observation in pursuance of Article 8, paragraph 5, of the Convention to the effect that the above-mentioned disciplinary cells should be withdrawn from service (cf. paragraph 7). To date, no response to the immediate observation has been received. The CPT has called upon the Estonian authorities to provide such a response without further delay (cf. paragraph 9).

133. The situation in the closed isolation rooms - located on the ground floor at one end of the main prisoner accommodation block - was somewhat better. In particular, they had good access to natural light and adequate artificial lighting and ventilation, and were equipped with a proper bed and mattress; however, there was no table or chair. The cells were very small (scarcely more than 4 m²); however, this drawback was offset to some extent by high ceilings. Further, no more than one person was held to a cell. As was the case for the kartsers, inmates placed in a closed isolation room did not have ready access at all times to a toilet facility. They were provided with a bucket which they could slop out once a day.

134. Although very modest facilities, the CPT would not rule out the use of the closed isolation rooms for disciplinary purposes. However, **it recommends that:**

- **the isolation rooms be equipped with a table and chair, if necessary fixed to the floor;**
- **inmates placed within the rooms be guaranteed ready access to a proper lavatory at all times.**

It would also be desirable for the rooms to be equipped with a call system.

Further, **the CPT recommends that all inmates at Viljandi Juvenile Prison subject to cellular confinement as a punishment be allowed access to reading matter.**

135. The CPT considers that subjecting a juvenile to the disciplinary sanction of cellular confinement must be considered as an exceptional measure. Consequently, the Committee is very concerned by the frequency with which that sanction is imposed at Viljandi Juvenile Prison (cf. paragraph 131). It is also noteworthy that in approximately 50% of the cases involved in 1997, the sanction was imposed for the maximum period authorised. The delegation was not convinced that the sanction was always proportional to the offence (for example, at the time of the delegation's visit, two inmates were serving a sanction of 14 days in a closed isolation room for the recorded offence of "lying in bed fully clothed at 11:40").

The CPT recommends that the competent national authorities review the approach being followed at Viljandi Juvenile Prison as regards disciplinary sanctions, and more particularly sanctions involving placement in a disciplinary cell/closed isolation room.

b. other issues

136. Given the limited time at the delegation's disposal, it did not have the opportunity to observe in depth either conditions of detention in the establishment or its health care service.

The delegation gained the general impression that although the basic infrastructure was sound, much repair and renovation work was necessary in many parts of the establishment. The sanitary facilities in the area accommodating prisoners subject to the general regime were in a particularly lamentable state of repair and hygiene, exuding a stench which permeated the corridors. Conditions in the inmates' living/sleeping accommodation appeared to be basically adequate, though the state of decoration often left much to be desired. There was good access to natural light and ventilation and the rather cramped conditions in certain rooms were offset by the fact that inmates were able to leave the rooms whenever they wished. **The CPT recommends that the Estonian authorities persevere in their efforts to improve material conditions at Viljandi Juvenile Prison.**

137. The delegation was informed that all inmates took part in educational courses and vocational training. However, these activities were not fully operational at the time of the delegation's visit, given the time of year (mid-July). **The CPT would like to receive a full account of the educational and vocational activities offered to inmates at Viljandi Juvenile Prison, including a breakdown of the number of inmates involved in each activity.**

The prison had a good-sized indoor gymnasium (out of use at the time of the visit due to repairs to the heating system) as well as a moderately equipped weight-lifting and table tennis room. In addition, inmates had regular access to an impressive outside playing field. **The CPT would like to be informed of whether the gymnasium has now been brought back into service.**

138. The establishment's medical service was staffed by a full-time doctor and three nurses, and could also rely on the support of a nearby local hospital. It appeared that medical files were well-kept and medical confidentiality guaranteed. No complaints were heard from inmates as regards access to the health care service or the quality of care received. As regards the facilities of the health care service, they can be described as modest but adequate. It should be added, however, that the building in which the health care service was located was in a poor state of repair.

C. Psychiatric facilities

1. Preliminary remarks

139. The CPT's delegation visited two forensic sections of Tallinn Psychiatric Hospital, namely Unit 13, a closed section holding patients declared criminally irresponsible, and the forensic psychiatric section located in rented premises within the Central Prison complex, which provided expertise in criminal proceedings.

The delegation also visited Tartu University Psychiatric Hospital, where it focused its attention on the acute and child psychiatry sections, and the Valkla Social Welfare House, a "special care home" receiving inter alia chronic psychiatric patients, alcohol abusers and persons suffering from severe mental retardation.

140. The delegation heard no allegations of ill-treatment of patients by staff at the forensic psychiatric section of Tallinn Psychiatric Hospital at the Central Prison or at Tartu University Psychiatric Hospital.

By contrast, many allegations of ill-treatment of patients by both staff and other patients were received at the Valkla Social Welfare House. Further, some allegations of ill-treatment by staff were heard in Unit 13 of Tallinn Psychiatric Hospital.

As regards the Valkla Social Welfare House, the delegation's concerns in relation to the conditions prevailing in Unit 4 of that establishment were such that it made an immediate observation under Article 8, paragraph 5, of the Convention, calling for the situation in that unit to be reviewed.

141. An immediate observation was also made under Article 8, paragraph 5, of the Convention, concerning a 15 year old boy suffering from mental retardation who figured among the patients in Unit 13 of Tallinn Psychiatric Hospital. The delegation called for immediate steps to be taken to find alternative and more appropriate accommodation for this person. Indeed, however difficult and serious the boy's condition might be, the co-habitation with dangerous chronically ill adult patients, the absence of any programme of education or special care, and the risk of abuse rendered his treatment wholly unacceptable.

142. To date, no response to the immediate observations referred to in paragraphs 140 and 141 has been received. The CPT has called upon the Estonian authorities to provide such a response without further delay (cf. paragraph 9).

2. Safeguards in the context of involuntary admission/consent to treatment

143. Mentally ill and mentally retarded persons are particularly vulnerable, and hence warrant much attention in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. It follows that involuntary admission/placement in a psychiatric facility should always be surrounded by appropriate safeguards, and that the need for such a placement should be reviewed at regular intervals. Further, the admission of a person to a psychiatric facility on an involuntary basis should not be construed as authorising treatment without the patient's consent.

Estonian law contains a range of safeguards concerning the involuntary admission of patients to psychiatric hospitals¹² (admission only to take place in exceptional circumstances; information to be provided promptly to the person concerned and to the patient's family; a visit to be allowed from a lawyer or relative; medical examination by two psychiatrists; authorisation of a court to be sought to prolong admission beyond 14 days; etc.) or to a special care home¹³ (placement to be decided by a court; annual review of the need for the continuation of placement; etc.).

However, the information gathered by the CPT's delegation suggests that the legal provisions - and current practice - concerning patients' informed consent to psychiatric treatment, and the information to be provided to patients following treatment, is less developed in Estonia (cf. also paragraph 159). **The Committee would like to receive the comments of the Estonian authorities on this question.**

144. The CPT also attaches considerable importance to the existence of external bodies to which patients can address themselves for advice or assistance. In Estonia, one such body is the Psychiatric Patient Advocacy Association, which has concluded certain agreements with the Estonian authorities. By virtue of these agreements (at present covering inter alia Tallinn Psychiatric Hospital, Tartu University Psychiatric Hospital and, as from September 1997, Valkla Social Welfare House), the association is entitled to visit certain psychiatric facilities and enter into contact with patients; it has also been given access to other establishments on an ad hoc basis. The advocacy association can, in particular, advise patients and take up their cases before the relevant authorities.

The CPT welcomes the existence of the Psychiatric Patient Advocacy Association and **trusts that its activities will be extended to all psychiatric establishments in Estonia.**

¹². Law on psychiatric assistance, adopted on 12 February 1997.

¹³ Law on social welfare, adopted on 8 February 1995.

3. Forensic sections of Tallinn Psychiatric Hospital

a. the forensic section at the Central Prison

145. The forensic psychiatric section at the Central Prison has an official capacity of 15; at the time of the visit, it was accommodating 11 patients in respect of whom the judicial authorities had requested a psychiatric expertise. The delegation was informed that the average stay of patients was two months.

146. Patients were accommodated in cells which offered sufficient living space (e.g. four to a cell measuring 23 m²) and were adequately furnished. However, the cells were in as poor a state of repair as other parts of the Central Prison, and had very limited access to natural light. Further, given their location (close to the exercise yards used by remand prisoners), they were exposed to loud music for a good part of the day (cf. paragraph 76). **The CPT recommends that these deficiencies be remedied.**

147. Medical staff comprised one full-time and one part-time psychiatrist, as well as one part-time psychologist and sixteen nurses (including assistant nurses).

As regards the treatment offered to patients, consultation of medical files revealed an appropriate use of psychotropic medication. However, no therapeutic activities were being offered in the unit. The activities available to patients were limited to reading, listening to the radio, watching television and sending and receiving letters. Of course, the primary function of the forensic unit was to provide psychiatric expertise rather than treatment. Nonetheless, it should be stressed that the provision of therapeutic activities to patients would not interfere with the patients' assessment; on the contrary, it would facilitate the gathering of valuable information for that purpose.

The CPT recommends that steps be taken to develop psycho-social therapeutic activities for patients at the forensic psychiatric section in the Central Prison.

b. Unit 13

148. At the time of the visit, this thirty-five bed closed forensic section at Tallinn Psychiatric Hospital was accommodating 34 patients declared criminally irresponsible on psychiatric grounds and considered dangerous. The average length of stay in Unit 13 was two years, but could extend to ten years or longer.

149. The delegation received certain allegations of ill-treatment of patients by staff in Unit 13. They related mainly to kicks and punches inflicted by private security guards employed at the hospital. By way of example, one patient alleged that, following an incident with a nurse, he had been kicked and punched by a security guard while being physically held by other staff. This account was corroborated by other patients, on whom the incident appeared to have made a very strong impression.

Moreover, nursing staff at the establishment intimated that they considered that there was a serious risk of sexual abuse/exploitation of certain, more vulnerable, patients by fellow inmates.

150. The forensic unit was staffed by one psychiatrist, eight nurses, eighteen assistant nurses and one occupational therapist. Given his other commitments - including administrative duties - the psychiatrist's hours of attendance at the unit were apparently reduced in practice to the equivalent of half a full-time post. In the CPT's view, this is not sufficient to provide individual attention to patients, supervision and stimulation to nursing staff.

151. As regards material conditions, the dormitories, day-rooms and recreation areas in Unit 13 were spacious, benefited from good access to natural light and ventilation, and were adequately furnished. However, the existing accommodation arrangements (e.g. 10 patients sharing a large dormitory) and the absence of doors in dormitories were detrimental to privacy, ruled out the possibility of keeping different groups of patients separate and made supervision difficult, particularly at night.

Some patients had no personal income or support from relatives or friends; as a consequence, many of them had very few or no personal possessions and could not purchase basic commodities such as toiletries, newspapers and cigarettes. Further, all had to wear somewhat uniform pyjamas throughout the day. This situation was far from conducive to strengthening personal identity and self esteem.

152. Patients were offered one hour of outdoor exercise every day. In addition, a few patients benefited from some form of vocational and/or occupational therapy or helped in minor domestic chores (usually in exchange for cigarettes). However, despite the declared aspiration of nursing staff to develop activities with a therapeutic or rehabilitative value (they mentioned inter alia cooking and growing vegetables), most patients spent the best part of the day wandering aimlessly about the premises or watching television.

In this context, the CPT has noted with interest that there are plans to open a new forensic section in Tallinn Psychiatric Hospital. In particular, it is foreseen that the new premises will have a proper occupational therapy unit, as well as additional space for organised activities.

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153. Handling mentally disturbed persons will always be a difficult task. Consequently, the staff assigned to work with such persons, including those called upon to perform supervisory and/or security duties, should be carefully selected and receive appropriate training. It is not appropriate for a security guard without any medical or psychological training to be given the main responsibility for interventions to contain, restrain and move agitated or violent patients. These tasks should be carried out by nursing staff with the help of aides, following instructions given by medical staff. Training in dealing with violent or agitated patients should be part of the regular in service training, with periodic refresher courses for nurses, nurse assistants and aides. **The CPT recommends that the current staff arrangements and training in Unit 13 be reviewed, in the light of these remarks.**

154. The CPT also wishes to underline that proper managerial control of staff could significantly contribute to the prevention of ill-treatment.

Further, the duty of care which is owed by staff in a psychiatric establishment to those in their charge includes the responsibility to protect them from other patients who might wish to cause them harm. Satisfactorily discharging that duty of care may often be a very onerous task; however, the CPT is convinced that more could be done to ward off the risk of inter-patient abuse/exploitation in Unit 13.

The CPT recommends that:

- **staff in Unit 13 of Tallinn Psychiatric Hospital be reminded that the ill-treatment of patients is not acceptable and will be dealt with severely;**
- **appropriate steps be taken towards minimising the risk of inter-patient sexual abuse/exploitation in Unit 13.**

155. **The CPT recommends that plans concerning the opening of a new forensic unit be given a high priority. In this context, the Committee would like to receive detailed information about the new unit (living conditions; arrangements for the distribution of patients into different groups and for their supervision; envisaged programmes of therapeutic activities and rehabilitation, including of an individualised nature; staffing levels, etc.).**

However, certain steps can already be taken to improve the situation of patients cared for in Unit 13, without waiting for the entry into service of the new forensic unit. **The CPT recommends that:**

- **the hours of attendance by a psychiatrist in the unit be increased;**
- **patients without a personal income or support from relatives or friends be provided with appropriate means, so as to allow them to develop a sense of autonomy and acquire basic commodities;**
- **patients be allowed to wear their own clothes during the day or be provided with appropriate non-uniform garments;**
- **staff persevere in their efforts to develop the range of therapeutic activities offered to patients.**

4. Tartu University Psychiatric Hospital

a. introduction

156. As already indicated, during its visit to Tartu University Psychiatric Hospital, the delegation focused its attention on the 40-bed acute and the 20-bed child psychiatry units.

Both these sections of the hospital offered satisfactory accommodation to patients and were adequately staffed, including a sufficient number of psychiatrists, psychologists and qualified nurses. Other specialised staff comprised a speech therapist, a teacher, a music therapist and an art therapist.

Patients' files were well kept and provided a complete and precise account of the treatment provided to them, which on the whole appeared to be satisfactory.

157. In view of these positive findings, the CPT will refrain from providing a full account of the situation observed in the hospital. However, some remarks are called for as regards two issues: the question of safeguards for patients subject to involuntary admission/treatment, and the use of isolation and of means of physical restraint.

b. involuntary admission and consent to treatment

158. Reference has already been made to the existence of safeguards concerning the involuntary admission of patients to a psychiatric facility (cf. paragraph 143).

In this respect, it should be noted that some patients interviewed at Tartu University Psychiatric Hospital, who seemed to be capable of understanding their situation, did not appear to have been informed of the reasons for their involuntary admission and the safeguards available to them. **The CPT recommends that steps be taken to ensure that all safeguards concerning the involuntary admission of patients to a psychiatric hospital are rendered fully effective in practice.**

159. The CPT also wishes to stress that patients should, in principle, be placed in a position to give their free and informed written consent to treatment. Every competent patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances.

Of course, consent to treatment can only be qualified as free and informed if it is based on full and accurate information about the patient's condition and the treatment which it is proposed to prescribe. In this connection, in the course of the visit to Tartu University Psychiatric Hospital, it emerged that patients had not always been provided with all relevant information concerning their situation. As regards more particularly electroconvulsive therapy (ECT), patients had apparently received, prior to the therapy, only inexact information about the treatment prescribed - it had been described to them as "sleep therapy" - and no information whatsoever about its short-term side effects; further, no information had been provided to patients following ECT.

The CPT recommends that all competent patients be provided systematically with relevant information about their condition and the treatment prescribed for them. Relevant information should also be provided to patients following treatment (results, etc.).

160. It should be added that a significant proportion of adult patients in the acute psychiatric unit had received modified ECT or were about to receive it. Certainly, the use of ECT can be indicated in some cases; however, the information gathered by the delegation suggests that it was being used in a rather extensive manner at Tartu University Psychiatric Hospital. **The CPT would like to receive the comments of the Estonian authorities on this subject.**

c. isolation and means of physical restraint

161. In both the acute and the child psychiatry units, patients were occasionally placed in an isolation room. The rooms used for that purpose were adequate. Further, the delegation was told that, on rare occasions, means of physical restraint were used (e.g. restraint belts in the case of adults, and gloves to prevent children from scratching themselves).

The CPT has some concern about the use of the isolation room on the children's ward. The occasional use under close supervision for short periods would be justified for very disturbed children, particularly in the case of persistent auto-mutilation. However, **the Committee recommends that clear guidelines be set out by the medical direction of the hospital defining the use of isolation for children.**

162. **The CPT also recommends that any use of isolation or physical restraint in respect of a patient:**

- **be either expressly ordered by a medical doctor or immediately brought to the attention of such a doctor with a view to seeking approval;**
- **be recorded in both the patient's file and in an appropriate register, with an indication of the time at which the measure began and ended, the circumstances of the case, the reasons for resorting to such means and an account of any injuries sustained by patients or staff.**

5. Valkla Social Welfare House

163. Valkla Social Welfare House is a special care home, its function being to offer "accommodation, care and rehabilitation of mentally ill or seriously mentally disabled persons".¹⁴ Patients may stay in such an establishment for many years, even a life-time; indeed, the delegation was told that, at Valkla, some patients were admitted directly from an orphanage and their discharge was an unlikely event.

According to information supplied to the delegation, Valkla Social Welfare House had an official capacity of 300 residents and, at the time of the visit, was accommodating 450 patients.

164. As already indicated (cf. paragraph 140), the delegation received many allegations of ill-treatment at Valkla Social Welfare House. Most of the allegations related to Unit 4, which held some 45 seriously mentally ill or mentally retarded patients. The principal forms of ill-treatment alleged were bites, punches and kicks inflicted by other patients employed as "guards". Such behaviour was said to be condoned by certain staff and some allegations were received of staff having themselves assaulted patients. During its visit to Valkla Social Welfare House, the CPT's delegation itself observed patients being slapped, kicked and roughly handled in the presence of members of staff by other patients employed as guards.

165. The delegation also gathered medical evidence concerning ill-treatment at Valkla. One patient who alleged that he had been ill-treated by a patient acting as a guard (who was also interviewed and confirmed his version) was found to display a haematoma and additional bruising below the right ear, affecting an area of some ten centimetres in diameter, fully consistent with his allegation of having been struck on that part of the body several times a few days previously.

Further, four patients who claimed that they had been bitten by other patients employed as guards displayed injuries, principally on their hands, consistent with such treatment. It might be added in this respect that members of the delegation were advised by staff in Valkla not to speak to a particular "patient-guard", because he was prone to biting.

166. Reference should also be made to the case of a patient who died at Valkla Social Welfare House in early May 1997. Medical staff at the establishment stated that the death resulted from internal haemorrhaging of an untreated stomach ulcer; a forensic autopsy apparently showed haemorrhage in the lungs and abdominal bleeding. However, other staff and certain residents claimed that, shortly before his death, the patient in question had been assaulted and physically ill-treated by at least one member of staff and another resident in retaliation for an attempted escape. The delegation was told that a judicial enquiry was still underway.

¹⁴. cf. inter alia Section 18 (9) of the Law on social welfare, adopted on 8 February 1995.

167. The CPT's delegation was also told that a small group of patients accommodated in Unit 4 of Valkla Social Welfare House had taken to sexually abusing and exploiting fellow patients, particularly at night. It was clear that certain members of staff believed those allegations. However, staff and patients expressed the view that - due to a lack of effective staff supervision at night - little could be done about this situation.

168. The establishment's personnel included 45 medical/paramedical staff members involved in patient care (one assistant doctor, nurses, assistants and occupational therapists) and 27 persons employed as guards who had received no specific training for their functions. In addition, the delegation was told that a medical doctor devoted some 12 hours each week to Valkla Social Welfare House and a psychiatrist attended the establishment once a month.

At the time of the visit, the ratio of care staff to patients (1:10) fell far short of that required in such an establishment. This meant that nurses and therapists could not give individual attention to all of the patients in need of such care. Further, qualified staff very seldom went to Unit 4, and the only qualified staff member present in the whole of the establishment at night was one nurse. Not surprisingly, patients - including those receiving medication (e.g. anti-psychotic drugs) - were not seen regularly by a medical doctor. The examination of patients' files revealed that, on average, a patient was seen by a medical doctor three to four times in 1994, but only once in 1996. However, the delegation was told that this situation was expected to improve shortly, when a general practitioner started visiting Valkla on a regular basis.

169. As for material conditions, on the whole, sleeping quarters were of a reasonable size for the number of patients accommodated in them, and rooms had good access to natural light and ventilation. Most of the rooms had very basic furniture and were impersonal. However, rooms in Unit A and one room in Unit 4 had better furniture (e.g. they included space for personal belongings) and had been rendered more homely by their occupants' own decoration. As for the sanitary facilities for patients, with the exception of those in Unit 4, they were in a dilapidated state and their cleanliness left something to be desired.

170. Turning to activities, some 70 patients (accommodated mainly in Unit A) were offered work (as guards, or in cleaning duties, the kitchen or laundry), a few of them outside the establishment; most jobs were only part-time. The weather and their physical condition permitting, patients were offered outdoor exercise. In addition, some patients could participate in recreational or associative activities and watch television, and a small number took part in some form of occupational therapy or organised sports activities. However, most patients remained in a situation of enforced idleness throughout the day, on occasion constrained to spend their time in unwelcoming day-rooms.

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171. To sum up, Valkla Social Welfare House was pervaded by a pernicious culture of violence, where discipline and control were entrusted to staff having no specialised training, who in turn delegated many of the more challenging tasks (e.g. working with agitated or disturbed patients) to other patients. The threatening atmosphere was intensified by fear of sexual abuse from other patients. Patients also lived under the threat of being transferred "downwards" to Unit B with less manageable patients, to Unit C with wholly dependent or bed-bound severely autistic or retarded patients, or even to Unit 4 with seriously mentally ill or retarded patients. More generally, Valkla Social Welfare House was not adequately resourced (particularly in terms of staff) properly to discharge its function of caring for and providing rehabilitation services to mentally ill or severely mentally retarded persons.

172. The CPT trusts that it will receive in the very near future the results of the review carried out following the immediate observation made by its delegation concerning Unit 4 of the Valkla Social Welfare House (cf. paragraph 142).

Looking beyond this, **the CPT recommends that an in-depth and independent review and audit be made of Valkla Social Welfare House in its entirety, in order fully to establish the causes of the serious problems brought to light during the CPT's visit and to take appropriate remedial action. Such a review should address inter alia the following issues: the management structure; the resources required, in particular in terms of doctors, nurses and therapists; the number of patients that can adequately be cared for in the establishment; the disciplinary and control arrangements (which should be entrusted to trained medical and nursing staff); the organisation, purpose and operation of Unit 4. The questions of safeguards offered to patients and supervision of the establishment by outside bodies should also be given careful consideration.**

173. Certain steps can already be taken to address some of the problems identified by the delegation, without awaiting the outcome of the above-mentioned review. As regards the question of ill-treatment, **the CPT recommends that staff in the establishment be reminded that:**

- **the ill-treatment of patients is not acceptable and will be dealt with severely;**
- **they have a duty to protect patients from other residents who might wish to cause them harm.**

Further, **the Committee recommends that an immediate end be put to the practice of using patients as guards.**

As regards material conditions, **the CPT recommends that:**

- **the sanitary facilities in Units A, B and C be renovated, and that all such facilities be kept in an appropriate state of hygiene;**
- **efforts be made to provide a more congenial and personalised surrounding for patients. Further, patients should be provided with lockable space in which to keep their personal belongings; the failure to provide such a facility in a psychiatric establishment can impinge upon a patient's sense of security and autonomy.**

174. It will be difficult to develop activities for patients before the establishment is adequately resourced. However, **the CPT trusts that, as the number of staff increases, particular attention will be paid to developing activities with a therapeutic and rehabilitative value for patients; wholly dependent and bed-bound patients should also benefit from appropriate mental stimulation.**

D. Other establishments

1. Ministry of Defence detention facility, Tallinn

175. The Ministry of Defence detention facility in Tallinn is used for the detention of three categories of persons: conscripts who have committed disciplinary violations¹⁵, members of the military forces who are sentenced by a civilian court for a minor crime, and military personnel remanded in custody because they are suspected of having committed a crime. The maximum stay in the facility would normally not exceed three months. On rare occasions, officers are detained in this facility; in such cases, the officer on duty in the detention facility must not have a lower rank than the officer detained.

176. The detention facility is located in the basement of a building which forms part of a large military barracks. There are seven cells, each intended for two to three detainees. The facility has a capacity of 15 and on the day of the visit was holding three soldiers. Entries in the register since 30 June 1997 showed a maximum of 12 detainees and a minimum of 2.

177. Despite their basement location, the cells had good access to natural light and satisfactory ventilation. Further, at the time of the visit they were clean. Each cell was furnished with a table, chair, and fold-up wooden bunks; they did not contain sanitary facilities, but detainees had ready access to a common lavatory. The only criticism that can be made of the material conditions concerns the absence of bedding, including at night. To oblige detainees - whether they be military personnel or civilians - to sleep on wooden bunks with no mattress or blanket is unacceptable. **The CPT recommends that immediate steps be taken to ensure that all persons held in military detention facilities are provided with a mattress and blankets at night.**

178. There are two regimes for detainees: kartser and general. Conscripts who have committed disciplinary violations are assigned to the former, and other detainees to the latter.

A striking feature which distinguishes the kartser regime is that for the first three days, detainees only receive bread and salt, and thereafter receive hot food only every third day. By contrast, detainees assigned to the general regime receive warm meals from the first day.

Archaic sanctions such as a bread and salt regime have no place in a modern disciplinary system. **The CPT recommends that the disciplinary regulations be revised accordingly. Pending such a revision, administrative action should be taken to ensure that all persons held in military detention facilities are provided - as from the first day of detention - with food at appropriate times, including at least one full meal every day.**

¹⁵. Such violations are governed by the Military Discipline Violation Law of 1930, which was brought back into force in 1992.

The CPT also recommends that all persons held in military detention facilities (including conscripts who have committed disciplinary violations) be allowed access to reading matter, which should not be limited to military rules and the Bible.

179. The delegation was told that the rules governing the detention of military persons were undergoing changes. **The CPT would like to receive information about any developments with respect to the military rules on disciplinary arrest.**

2. Border guard detention facilities, Narva

180. The border post at Narva had one room for the temporary (up to three hours) detention of persons refused entry. At the time of the delegation's visit, the room was unoccupied. It was clean, had good access to natural light and was furnished with two desks and a chair.

181. For extended periods of detention, foreigners were transferred to the premises of a border guard barracks complex located near Narva. They would be placed in a locked room. The room measured 15 m²; it had dim artificial lighting, no natural light, and contained three dirty-looking sofa beds. At the time of the visit, it was unoccupied. The delegation was informed that all detainees underwent a medical examination before placement in the locked room.

The complex also contained one kartser cell for military conscripts who have committed disciplinary violations. The cell measured 9 m² and contained a wooden bunk with no mattress or bedding. Like the locked room, the kartser had no access to natural light and the artificial lighting left something to be desired.

182. **The CPT would recall the recommendation already made under paragraph 177. Further, it recommends that steps be taken to improve the lighting in the locked room and kartser of the Border Guard barracks complex near Narva.**

III. RECAPITULATION AND CONCLUSIONS

A. Police establishments

183. From the interviews which the CPT's delegation had with many persons deprived of their liberty, it seems clear that in recent years there has been a marked improvement in the manner in which detained persons are treated by the police. However, information gathered by the delegation in the course of its visit suggests that former methods may not yet have been entirely discarded. In particular, a number of persons interviewed separately by the delegation alleged that they had been physically ill-treated whilst in police custody. These allegations related almost exclusively to ill-treatment said to have been inflicted by members of the criminal police during the first few days of police custody. The ill-treatment alleged consisted essentially of slaps, punches, kicks, blows with batons and the deliberate crushing of detainees' hands by a drawer.

184. The best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers themselves. Consequently, the CPT has recommended that the provision of adequate professional training, integrating human rights principles, be given a very high priority. Particular attention should be given to training in the art of handling, and more especially of speaking to, persons in police custody, i.e. interpersonal communication skills.

Further, the CPT has recommended that the relevant national authorities as well as senior police officers make it clear to police officers that the ill-treatment of persons in their custody is not acceptable and will be dealt with severely.

185. As regards formal safeguards against ill-treatment, the CPT was struck by the possibility for detained persons to waive their right to be brought before the judge who must authorise prolongation of police custody beyond 48 hours. Taken together with the fact that detained criminal suspects are rarely seen in person by the competent public prosecutor at this stage of the procedure, this means that a person can be held in police custody for a considerable period of time without being brought before an authority which is independent from the police. Such a situation lends itself to abuse. In the interests of the prevention of ill-treatment, the CPT has recommended that all criminal suspects taken into police custody be brought promptly before a judge.

The Committee has also recommended that whenever a judge receives an allegation of ill-treatment by the police, or observes that a criminal suspect brought before him may have been a victim of ill-treatment, he should immediately request a medical examination of the person concerned and bring the matter to the attention of the relevant public prosecutor.

186. Further, the CPT was concerned to learn that, in practice, persons taken into police custody may be denied for some time the possibility to notify a person of their choice of their detention and to have access to a lawyer. The risk of ill-treatment and intimidation is greatest during the period immediately following deprivation of liberty. Consequently, the CPT has recommended that measures be taken to ensure that persons apprehended by the police are entitled, as from the outset of their custody, to inform a relative or a third party of their choice of their situation, and to have access to a lawyer.

The Committee has also stressed that in the event of the right to notify a person of one's custody being made subject to exceptions designed to protect the interests of justice, such exceptions should be well-defined and applied for as short a time as possible.

187. A number of other measures designed to reinforce safeguards for persons deprived of their liberty by the police have been recommended (e.g. detained persons to have the right to request a medical examination by a doctor of their choice; a form setting out in a straightforward manner the rights of detained persons to be given to them at the outset of their custody; the relevant prosecuting/judicial authorities to be encouraged to carry out regular and unannounced visits to places where persons are detained by the police). The CPT has also called for the drawing up of a code of conduct for police interviews; such a code would inter alia help to underpin the lessons taught during training.

188. Conditions of detention were extremely poor in almost all of the eight police arrest houses visited. Only Tallinn Arrest House No. 2 and the renovated section of the Rakvere Arrest House offered a material environment approaching what might be considered as adequate. Most of the cells seen were dirty, had little or no access to natural light and poor artificial lighting and ventilation, and were equipped with primitive and unhygienic sanitary facilities. Further, the cells were frequently overcrowded. Among other shortcomings observed, reference might be made to the absence of mattresses in most of the arrest houses, the meagre amount of food provided and difficulties in obtaining personal hygiene items. Further, despite the fact that persons could be detained within them for weeks, none of the arrest houses visited provided an activities programme worthy of the name, not even outdoor exercise.

189. At the end of the visit, the delegation made several immediate observations under Article 8, paragraph 5, of the Convention, designed to remedy some of the most glaring deficiencies found in the arrest houses. Further, in its visit report, the CPT has identified a number of measures not requiring major financial outlays that can and must be taken at once (e.g. the provision of mattresses and personal hygiene items; improvements to cell lighting; an increase in the amount of food provided; distribution of reading matter; a review of health care cover). However, the Committee has also stressed that the medium-term objective must be to cease using the existing police arrest house facilities for prolonged periods of detention; they are totally unsuitable for this purpose.

B. Prisons

190. The CPT's delegation heard no allegations of torture - and gathered no evidence of such treatment - of prisoners by staff in the prisons visited or in other prison establishments in Estonia. Further, it heard few recent allegations of other forms of ill-treatment of prisoners by staff. As regards more particularly the Central Prison, several of the delegation's interlocutors indicated that the manner in which prison staff treated inmates had improved notably in recent years.

191. The best possible guarantee against the ill-treatment of prisoners is properly recruited and trained prison officers, who know how to adopt the appropriate attitude in their relations with inmates. In this connection, the CPT's delegation noted that there was room for improvement as regards day-to-day relations between custodial staff and inmates, which tended to be of a somewhat formal and distant nature.

The Committee has laid particular emphasis on the importance of prison officers possessing good interpersonal communication skills and has stressed that building positive relations with prisoners should be seen as a key feature of a prison officer's vocation.

192. At the outset of the visit, members of the Prison Board identified three serious problems facing the Estonian prison system: a rising prison population which had led to overcrowding, a lack of work for prisoners, and difficulties in the field of prison staff.

The CPT has indicated that it is far from convinced that providing additional accommodation will alone offer a lasting solution to the problem of prison overcrowding. The existence of policies to limit or modulate the number of persons being sent to prison could also make an important contribution to maintaining the prison population at a manageable level.

As regards the unemployment situation of inmates, the CPT has stressed that the provision of appropriate work to sentenced prisoners is a fundamental part of the rehabilitation process and that, in the interest of their psychological well-being, remand prisoners should as far as possible also be offered work. It follows that the employment situation within the prison system should not be dictated exclusively by market forces. The CPT has therefore recommended that special measures be introduced with a view to providing more work places for prisoners.

Further, the CPT has recommended that appropriate steps be taken to fill all vacant prison staff posts; in this connection the Committee has sought information from the Estonian authorities on any measures taken to render employment in the prison system more attractive.

193. The CPT's delegation examined in some depth the situation at the Central Prison in Tallinn, which serves principally as a remand facility and is widely recognised as the most problematic establishment in the Estonian prison system.

The conditions of detention of **remand prisoners** at the Central Prison were intolerable. They were being held under grossly overcrowded conditions in cells which were inadequately equipped, in a poor state of repair and dirty. Most of the cells had only limited access to natural light and ventilation was poor. Further, many remand prisoners were not in a position to maintain an acceptable level of personal hygiene. The deplorable material conditions were compounded by the absence of anything which remotely resembled a regime. Practically the only out-of-cell activity consisted of one hour of outdoor exercise per day, which itself was taken under quite unsatisfactory conditions. Remand prisoners held at the Central Prison led a monotonous and purposeless existence, a situation which could last for months and, on occasion, for years.

The number of remand prisoners held at the Central Prison had been reduced in recent times, following the entry into service of two new blocks for remand prisoners at Tallinn Prison. Those facilities offered far better material conditions of detention; however, the regime for remand prisoners at Tallinn Prison was no better than at the Central Prison.

194. At the time of the visit, the future of the Central Prison was far from clear. There is general agreement that the establishment's premises are, by their very nature, inherently unsuitable for use as a prison and should be withdrawn from service at the earliest opportunity. Nonetheless, according to certain of the delegation's interlocutors, the establishment could well remain in service for many years to come. This would imply a major refurbishment programme involving every part of the prison. However, the CPT has doubts as to whether this would be money well spent; a more sensible approach might be immediately to set in train plans for one or more new remand establishments. The Committee has sought the comments of the Estonian authorities on this question.

The CPT has recommended that, in the meantime, the Estonian authorities pursue actively the policy of transferring prisoners from the Central Prison to other establishments and that as the prison's inmate population is brought down, emphasis be placed on reducing cell occupancy levels rather than on closing specific sections of the establishment.

195. As regards the regime applied to remand prisoners in Estonia, this is in need of root and branch change. The present policy of warehousing must be abandoned. The CPT recognises that, in the interest of the pre-trial investigation, it may be necessary to impose restrictions on certain remand prisoners; however, such restrictions should not be imposed as a matter of course upon all, which is the case at present. The Committee has recommended that steps be taken as a matter of urgency to improve radically the regime activities for remand prisoners at the Central and Tallinn Prisons; the aim should be to ensure that all such prisoners in Estonia are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activities of a varied nature.

196. The CPT has also expressed serious concern about the conditions under which **prisoners sentenced to death or to life imprisonment** were being held at the Central Prison. They were subject to an extremely impoverished regime and were offered very little or no human contact. The Committee has sketched out the criteria which should be met by regimes applied to prisoners serving long terms of imprisonment and recommended that urgent steps be taken to develop the regimes offered to prisoners sentenced to death or to life imprisonment.

197. As regards **general health care services** in the Central Prison, the delegation was on the whole favourably impressed by the out-patient care provided. However, the CPT has recommended improvements as regards the provision of dental and psychiatric or psychological care, and to medical screening procedures on admission.

The CPT has made a number of detailed comments on the subject of transmissible diseases. The Committee is particularly concerned by the rising prevalence of tuberculosis and has, inter alia, suggested ways of rendering current screening procedures more effective. Further, it has recommended that appropriate measures be taken to combat the transmission of hepatitis B.

198. The **Prison Hospital** at the Central Prison provided in-patient care to inmates from all prisons in Estonia. The hospital's health-care staff were sufficient in number, adequately trained, and committed. However, despite their efforts, the material conditions in the hospital were such that care was seriously sub-standard. The hospital was both overcrowded and in a poor state of repair. The negative effects of this situation upon patients' lives were exacerbated by the fact that, with the exception of those suffering from tuberculosis, patients were offered no outdoor exercise or other activities.

The CPT has stressed that given the importance of the establishment's nationwide function, the action required to ensure that patients are cared for in an adequate hospital setting should not be delayed by the uncertainty which surrounds the future of the Central Prison. It has recommended that plans be drawn up urgently to remedy the current shortcomings concerning in-patient hospital care for prisoners in Estonia. As regards more particularly prisoners undergoing in-patient psychiatric treatment, the Committee has emphasised that efforts should be made to develop psycho-social therapeutic activities and to adapt them to the individual needs of patients.

199. The CPT has made a number of recommendations and comments about a variety of **other issues arising out of the visits to the Central and Tallinn Prisons** (e.g. contact with the outside world, information for prisoners, discipline, complaints and inspection procedures, immigration detainees). In particular, it has recommended that the Estonian authorities ensure that complaints by prisoners are promptly delivered to the appropriate authority, and that a system of visits to prisons by an independent body be maintained.

As for the minute (in many cases less than 0.5 m²) "waiting cubicles" which littered the Central Prison, they were the subject of an immediate observation at the end of the visit; the CPT's delegation stated that they should be withdrawn from service as holding facilities.

200. At Viljandi Juvenile Prison, the CPT's delegation focused its attention on disciplinary arrangements, about which it had received negative reports. Conditions in the establishment's two kartsers were totally unacceptable; at the end of the visit they were the subject of an immediate observation, to the effect that they should be withdrawn from service. The CPT has made certain additional recommendations concerning the conditions of detention in the other disciplinary cells/isolation rooms in the establishment; in particular, the cells should be equipped with a table and chair, and inmates placed within them should be allowed reading matter and guaranteed ready access to a proper lavatory at all times.

201. Subjecting a juvenile to the disciplinary sanction of cellular confinement must be considered as an exceptional measure. Consequently, the CPT has expressed concern about the frequency with which that sanction is imposed at Viljandi Juvenile Prison; it was far from clear that the sanction was always proportional to the offence. The CPT has recommended that the competent national authorities review the approach being followed at Viljandi Juvenile Prison as regards disciplinary sanctions, and more particularly sanctions involving placement in a disciplinary cell/closed isolation room.

202. More generally, the CPT has recommended that the Estonian authorities persevere in their efforts to improve material conditions at Viljandi Juvenile Prison.

C. Psychiatric facilities

203. The delegation heard no allegations of ill-treatment of patients by staff in the forensic section of Tallinn Psychiatric Hospital located at the Central Prison or at Tartu University Psychiatric Hospital. Some allegations of ill-treatment by staff (in particular, security guards) were heard in Unit 13 of Tallinn Psychiatric Hospital. The CPT has recommended that the unit's staff be reminded that the ill-treatment of patients is not acceptable and will be dealt with severely. The Committee has also underlined that it is not appropriate for a security guard without any medical or psychological training to be given the main responsibility for interventions to contain, restrain and move agitated or violent patients. Such tasks should be carried out by nursing staff with the help of aides, following instructions given by medical staff.

204. Many allegations were heard of ill-treatment of patients at **Valkla Social Welfare House**. Most of the allegations related to Unit 4, which held some 45 seriously mentally ill or mentally retarded patients. The principal forms of ill-treatment alleged were bites, punches and kicks inflicted by other patients employed as "guards". During its visit, the CPT's delegation itself observed patients being slapped, kicked and roughly handled in the presence of members of staff by other patients acting as guards. Medical evidence of ill-treatment at the establishment was also gathered. Further, the CPT's delegation was told that a small group of patients accommodated in Unit 4 had taken to sexually abusing and exploiting fellow patients. Staff and patients expressed the view that - due to a lack of effective staff supervision at night - little could be done about this situation.

Valkla Social Welfare House was pervaded by a pernicious culture of violence, where discipline and control were entrusted to staff having no specialised training, who in turn delegated many of the more challenging tasks to other patients. More generally, the establishment was not adequately resourced (particularly in terms of staff) properly to discharge its function of caring for and providing rehabilitation services to mentally ill or severely mentally retarded persons. At the end of the visit, the CPT's delegation made an immediate observation, calling for the situation in Unit 4 to be reviewed. Further, the CPT has recommended that an in-depth and independent review and audit be made of Valkla Social Welfare House in its entirety, in order fully to establish the causes of the serious problems brought to light during the visit and to take appropriate remedial action.

205. The CPT has made certain recommendations concerning patients' living conditions and treatment in the **forensic sections of Tallinn Psychiatric Hospital**. In particular, the Committee has recommended that steps be taken to develop psycho-social therapeutic activities for patients at the forensic psychiatric section in the Central Prison; the provision of such activities would facilitate rather than interfere with the patients' assessment. The Committee has also recommended that plans for a new forensic unit to replace Unit 13 be given a high priority; this should make it possible to improve substantially upon the existing programmes of therapeutic activities and rehabilitation.

The delegation formed a favourable impression of patients' living conditions and treatment at **Tartu University Psychiatric Hospital**. However, certain recommendations have been made in relation to safeguards concerning involuntary admission, consent to treatment, and the use of isolation and means of physical restraint.

D. Action on the CPT's recommendations, comments and requests for information

206. As already indicated, a number of immediate observations were made by the CPT's delegation at the end of the visit, in pursuance of Article 8, paragraph 5, of the Convention. The CPT greatly regrets that, to date, no response has been received to those observations. With reference to the principle of cooperation set out in Article 3 of the Convention, the CPT has called upon the Estonian authorities to provide such a response without further delay.

207. The various recommendations, comments and requests for information formulated by the CPT in this visit report are summarised in Appendix I.

As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the CPT requests the Estonian authorities:

- i. to provide within six months an interim report giving details of how it is intended to implement the CPT's recommendations and, as the case may be, providing an account of action already taken;
- ii. to provide within twelve months a follow-up report providing a full account of action taken to implement the CPT's recommendations.

The CPT trusts that it will also be possible for the Estonian authorities to provide in the above-mentioned interim report reactions to the comments formulated in this report which are summarised in Appendix I as well as replies to the requests for information made.

APPENDIX I

**SUMMARY OF THE CPT'S RECOMMENDATIONS,
COMMENTS AND REQUESTS FOR INFORMATION**

A. Police establishments

1. Preliminary remarks

requests for information

- clarification as to the legal value of statements made to the criminal police prior to the first interrogation by an investigator (paragraph 10);
- changes made in the course of 1997 to the structures of the National Police Board (paragraph 14).

2. Torture and other forms of physical ill-treatment

recommendations

- a very high priority to be given to professional training for police officers of all ranks and categories, taking into account the remarks made in paragraph 19; experts not belonging to the police force should be involved in this training (paragraph 19);
- an aptitude for interpersonal communication to be a major factor in the process of recruiting police officers and, during the training of such officers, considerable emphasis to be placed on acquiring and developing interpersonal communication skills (paragraph 19);
- the relevant national authorities as well as senior police officers to make it clear to police officers that the ill-treatment of persons in their custody is not acceptable and will be dealt with severely (paragraph 20);
- all criminal suspects taken into police custody to be brought promptly before a judge (paragraph 21);
- whenever a judge receives an allegation of ill-treatment by the police, or observes that a criminal suspect brought before him may have been a victim of ill-treatment, he should immediately request a medical examination of the person concerned and bring the matter to the attention of the relevant public prosecutor (paragraph 21);
- the return of prisoners to police premises to require the express authorisation of the competent judicial authority (paragraph 23);

- in respect of every occasion on which inmates are removed from prison at the request of an investigator, a formal record to be kept of the reason for their removal and of all measures (questioning, identification parades, etc.) taken during their presence on police premises (paragraph 23).

comments

- it would be far preferable for further questioning of persons committed to prison to take place in prison rather than on police premises (paragraph 23).

requests for information

- in respect of 1996 and 1997:
 - . the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;
 - . an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by the police (paragraph 22);
- detailed information on the administrative procedures applied in cases involving allegations of ill-treatment by the police, including as regards the safeguards which ensure their objectivity (paragraph 22).

3. Conditions of detention

recommendations

- immediate steps to be taken to ensure that all persons detained in police arrest houses:
 - . are provided with a mattress, blankets and sheets, which are cleaned at appropriate intervals;
 - . have the necessary basic personal hygiene products (soap, toothbrush and paste, towel, sanitary towels, etc.) at their disposal;
 - . are allowed to take a hot shower at least once a week;
 - . receive the necessary materials to maintain their cells in a clean and hygienic state (paragraph 39);

- immediate steps to be taken to:
 - . improve cell lighting in arrest houses (artificial lighting should be sufficient to enable detained persons to read, sleeping periods excluded and, as far as possible, there should be access to natural light) and to verify that cell ventilation and heating are adequate;
 - . increase substantially the amount of food provided to persons detained in arrest houses and to ensure that they have ready access to drinking water;
 - . ensure that arrest houses possess a stock of appropriate reading matter for distribution to detained persons;
 - . review health care cover in arrest houses, taking into account the remarks in paragraphs 36 and 37 (paragraph 39);
- the possibility of offering outdoor exercise to persons detained in police arrest houses to be examined as a matter of urgency (paragraph 39);
- the recommendations made in paragraph 39 apply mutatis mutandis to the detention facility at Harju Police District Headquarters (paragraph 41);
- anyone detained for an extended period at the Harju Police District Headquarters to be held in one of the detention facility's larger cells, equipped with a platform on which it is possible to lie down (paragraph 41);
- steps to be taken to remedy the shortcomings identified in the cells of Elva and Lasnamäe Police Stations; in particular, anyone held within them overnight to be provided with a mattress (paragraph 42);
- conditions of detention in all police stations in Estonia to be reviewed, having regard to the criteria set out in paragraph 24 (paragraph 42).

requests for information

- comments of the Estonian authorities on the issue of the unsuitability of existing police arrest house facilities for prolonged periods of detention (paragraph 40).

4. Safeguards against the ill-treatment of detained persons

recommendations

- measures to be taken to ensure that persons apprehended by the police are entitled, as from the outset of their custody:
 - . to inform a relative or a third party of their choice of their detention by the police;
 - . to have access to a lawyer; this right should include the right to contact and to be visited by the lawyer (in both cases under conditions guaranteeing the confidentiality of the discussions) and, in principle, the right to his presence during questioning, including by the criminal police (paragraph 46);
- the possibility exceptionally to delay the exercise of the right to have the fact of one's custody notified to a relative or other third party to be more closely circumscribed, made subject to appropriate safeguards (e.g. any such delay to be recorded in writing together with the reasons therefor and to require the approval of a public prosecutor) and strictly limited in time (paragraph 47);
- a doctor to be called without delay whenever a person in police custody requests a medical examination; police officers should not seek to vet such requests (paragraph 50);
- all medical examinations of persons in police custody to be conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police officers (paragraph 50);
- a person taken into police custody to have the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities (paragraph 51);
- a form setting out in a straightforward manner the rights of persons taken into police custody to be systematically given to such persons at the very outset of their deprivation of liberty; the form to be available in an appropriate range of languages (paragraph 52);
- a code of conduct for police interviews to be drawn up. In addition to reiterating the total prohibition of ill-treatment, the code should deal, inter alia, with the following: the systematic informing of the detainee of the identity (name and/or number) of those present at the interview; the permissible length of an interview; rest periods between interviews and breaks during an interview; places in which interviews may take place; whether the detainee may be required to remain standing while being questioned; the questioning of persons who are under the influence of drugs, alcohol or medicine, or who are in a state of shock. It should also be stipulated that a systematic record be kept of the times at which interviews start and end, the persons present during each interview and any request made by the detainee during the interview. The position of specially vulnerable persons (for example, the young, those who are mentally disabled or mentally ill) should be subject to specific safeguards (paragraph 54);

- steps to be taken to ensure that whenever a person is detained in a police establishment, for whatever reason or length of time, the fact of his detention is recorded without delay (paragraph 55);
- the relevant prosecuting/judicial authorities throughout the country to be encouraged to carry out regular and unannounced visits to places where persons are detained by the police (paragraph 58).

comments

- the fundamental safeguards offered to persons in police custody would be reinforced if a single and comprehensive custody record were to be kept for each person detained, in which would be recorded all aspects of his custody and all the action taken in connection with it (time of and reason(s) for the arrest; when informed of rights; signs of injury, mental disorder, etc.; contact with and/or visits by a relative, lawyer, doctor or consular officer; when offered food; when questioned; when brought before a judge; when released, etc.) (paragraph 56).

requests for information

- information on the establishment of an ombudsman in Estonia, including on any powers concerning the supervision of conditions of detention and the treatment of persons deprived of their liberty which it is envisaged to give to the ombudsman (paragraph 59).

B. Prisons

1. Preliminary remarks

recommendations

- special measures to be introduced with a view to providing more work places for prisoners (paragraph 66);
- appropriate steps to be taken to fill all vacant prison staff posts (paragraph 67).

comments

- the Estonian authorities are invited to take into account the remarks concerning the prison population made in paragraph 65 (paragraph 65).

requests for information

- measures taken to render employment in the Estonian prison system more attractive (paragraph 67).

2. Torture and other forms of ill-treatment

recommendations

- an aptitude for interpersonal communication to be a major factor in the process of recruiting prison officers and, during the induction and in-service training of such officers, considerable emphasis to be placed on acquiring and developing interpersonal communication skills; building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation (paragraph 70);
- if it is considered necessary for prison officers to carry truncheons, they should be hidden from view (paragraph 71).

requests for information

- in the light of criminal actions initiated by the State Prosecution Service, has the Estonian prison service had carried out an enquiry of a general nature into whether prison officers at Ämara Prison are on occasion abusing their authority and ill-treating inmates (paragraph 69);
- strategies developed by the Estonian authorities with a view to addressing the problem of inter-prisoner violence (paragraph 72).

3. The Central Prison (and Tallinn Prison)

a. the remand population

recommendations

- the policy of transferring prisoners from the Central Prison to other establishments to be pursued actively (paragraph 79);
- no more than four prisoners to be held per cell in Blocks 1 and 2 of Tallinn Prison (paragraph 79);
- as remand prisoners are transferred away from the Central Prison, emphasis to be placed on reducing cell occupancy levels rather than on closing specific sections of the establishment (paragraph 79);
- any cells measuring less than 6 m² to be taken out of service as prisoner accommodation (paragraph 79);
- immediate steps to be taken to provide remand prisoners with all the items necessary to maintain an appropriate level of personal hygiene (paragraph 79);

- steps to be taken as a matter of urgency to improve radically the regime activities for remand prisoners at the Central and Tallinn Prisons; the aim should be to ensure that all such prisoners in Estonia are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activities of a varied nature (group association activities; work, preferably with vocational value; education; sport) (paragraph 80).

requests for information

- comments on the question of the future of the Central Prison (paragraph 78).

b. prisoners sentenced to death or to life imprisonment

recommendations

- urgent steps to be taken to develop the regimes offered to prisoners sentenced to death or to life imprisonment, taking due account of the remarks made in paragraphs 83 and 84; if necessary, the Code of Execution Procedure should be amended (paragraph 85).

comments

- the routine handcuffing of prisoners sentenced to death or to life imprisonment when taken out of their cells would appear not to be in accordance with the 1987 European Prison Rules (paragraph 85);
- the Estonian authorities are invited to consider possible forms of assistance with a view to overcoming the problems experienced by prisoners sentenced to death or to life imprisonment as regards contact with the outside world (paragraph 86).

c. the sentenced prisoner workforce

comments

- the occupancy level of the dormitories in the Central Prison accommodating working sentenced prisoners was high (e.g. 31 beds in approximately 85 m²) (paragraph 87).

d. general health care services in the Central Prison

recommendations

- steps to be taken without delay to fill the vacant full-time post for a dentist and to provide appropriate dental care - including conservative dentistry - to prisoners; this treatment should be free of charge for those prisoners not in a position to pay for it (paragraph 89);

- steps to be taken without delay to remedy the shortcoming observed as regards the provision of out-patient psychiatric or psychological care for inmates at the Central Prison (paragraph 90);
- the manner in which medical screening on admission is carried out at the Central Prison to be reviewed, in the light of the remarks made in paragraph 92; in particular, patients to be made aware of the medical nature of the screening process, and to be provided with information about the tests to be performed and, subsequently, of the results thereof (paragraph 92);
- measures to be taken to ensure the confidentiality of medical interviews with newly-arrived inmates (paragraph 92);
- the record drawn up following the medical examination of a newly-admitted prisoner (or a prisoner transferred or returning to the establishment) to contain (i) an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment), (ii) an account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of (i) and (ii). Further, the result of the medical examination to be made available to the prisoner concerned. The same approach to be followed whenever a prisoner is medically examined following a violent incident in prison (paragraph 95);
- prison health care services to assume a more active role in monitoring living conditions in Estonian prisons and, if necessary, to advocate appropriate measures with a view to promoting the health of prisoners (paragraph 97);
- information about transmissible diseases (in particular hepatitis, AIDS, tuberculosis, dermatological infections) to be regularly provided - including in writing - to both prisoners and prison staff (paragraph 98);
- the manner in which prisoners are being screened for tuberculosis to be reviewed, in the light of the remarks made in paragraph 99 (paragraph 99);
- appropriate measures to be taken to combat the transmission of hepatitis B, having regard to the remarks in paragraph 101 (paragraph 101);
- prisoners who are screened for HIV to be provided with appropriate counselling before and - if necessary - after the test (paragraph 102).

comments

- it is desirable that written information be provided to prisoners on their arrival, making them aware of the existence and operation of the health care service and reminding them of basic hygiene measures (paragraph 92).

requests for information

- comments on the subject of multi-drug resistant forms of tuberculosis, having regard to the remarks made in paragraph 100 (paragraph 100);

- comments on HIV antibody testing, having regard to the remarks made in paragraph 102 (paragraph 102).

e. the Prison Hospital in the Central Prison

recommendations

- plans to be drawn up urgently to remedy the current shortcomings concerning in-patient hospital care for prisoners in Estonia (paragraph 109);
- immediate steps to be taken to:
 - . reduce overcrowding at the Prison Hospital;
 - . provide activities to patients (reading, games and other forms of recreation);
 - . ensure that all patients are offered at least one hour of outdoor exercise every day, unless there are medical reasons to the contrary;
 - . guarantee ready access of health care staff to patients at all times;
 - . bring into service the four additional rooms intended for patients suffering from tuberculosis (paragraph 109);
- the level of care offered to prisoners undergoing in-patient psychiatric treatment at the Prison Hospital to be reviewed; particular efforts to be made to develop psycho-social therapeutic activities and to adapt them to the individual needs of patients (paragraph 109).

requests for information

- comments on the question of admission of prisoners to civil hospitals (paragraph 104).

4. Other issues arising out of the visits to the Central and Tallinn Prisons

recommendations

- the question of visits for remand prisoners to be reviewed, in the light of the remarks in paragraph 111 (paragraph 111);
- the visiting entitlement of quarantine sentenced prisoners to be increased (paragraph 112);
- all newly-admitted prisoners to be supplied with written information on the regime in force in the establishment and on their rights and duties, in a language which they understand. Prisoners should record that they have received such information (paragraph 116);

- the material deficiencies observed in the disciplinary cells at the Central and Tallinn Prisons to be rectified, and the permitted occupancy levels in the disciplinary cells at Tallinn Prison to be reduced (paragraph 118);
- persons placed in a disciplinary cell to be allowed to have access to reading matter (paragraph 119);
- steps to be taken to improve - and more particularly to enlarge - the outdoor exercise facilities for inmates placed in the disciplinary unit at Tallinn Prison (paragraph 120);
- the activities offered to sentenced prisoners retrograded to a quarantine regime to be developed (paragraph 121);
- the Estonian authorities to ensure that complaints by prisoners are promptly delivered to the appropriate authority; if necessary, prisoners - including those placed in a disciplinary cell - to be supplied with writing material for this purpose (paragraph 124);
- a system of visits by an independent body to prisons for both sentenced and remand prisoners to be maintained, taking into account the remarks in paragraph 125 (paragraph 125);
- immediate steps to be taken:
 - . to remedy the shortcomings observed in the sanitary facilities used by immigration detainees held at Tallinn Prison;
 - . to offer a wider range of activities to immigration detainees, in particular to those held for prolonged periods (paragraph 128).

comments

- the Estonian authorities are invited to review visiting arrangements in prisons in order to ensure as far as possible that prisoners are able to receive visits under reasonably open conditions (paragraph 113);
- the Estonian authorities are invited to examine whether the control of prisoners' correspondence is causing excessive delays and, if appropriate, to take remedial action (paragraph 114);
- it would be useful if a description of the main features of the prison's regime, a list of prisoners' rights and duties and a summary of the avenues of appeal open to them were to be posted on prison notice boards; this information should be available in an appropriate range of languages (paragraph 116);
- the Estonian authorities are invited to add the President of the CPT to the list of authorities with whom prisoners can communicate by confidential letter (paragraph 124);
- the Estonian authorities are invited to review their policy concerning immigration detainees, in the light of the remarks in paragraph 129 (paragraph 129).

requests for information

- whether disciplinary procedures in Estonia provide prisoners with a right to be heard on the subject of the offences which it is alleged they have committed and to appeal to a higher authority against any sanctions imposed (paragraph 122).

5. Viljandi Juvenile Prison

recommendations

- the closed isolation rooms used for disciplinary purposes to be equipped with a table and chair, if necessary fixed to the floor (paragraph 134);
- inmates placed within the isolation rooms to be guaranteed ready access to a proper lavatory at all times (paragraph 134);
- all inmates at Viljandi Juvenile Prison subject to cellular confinement as a punishment to be allowed access to reading matter (paragraph 134);
- the approach being followed at Viljandi Juvenile Prison as regards disciplinary sanctions, and more particularly sanctions involving placement in a disciplinary cell/closed isolation room, to be reviewed (paragraph 135);
- the Estonian authorities to persevere in their efforts to improve material conditions at Viljandi Juvenile Prison (paragraph 136).

comments

- it would be desirable for the closed isolation rooms to be equipped with a call system (paragraph 134).

requests for information

- a full account of the educational and vocational activities offered to inmates at Viljandi Juvenile Prison, including a breakdown of the number of inmates involved in each activity (paragraph 137);
- has the gymnasium now been brought back into service (paragraph 137).

C. Psychiatric facilities

1. Safeguards in the context of involuntary admission/consent to treatment

comments

- the CPT trusts that the activities of the Psychiatric Patient Advocacy Association will be extended to all psychiatric establishments in Estonia (paragraph 144).

requests for information

- comments on the legal provisions and current practice concerning patients' informed consent to psychiatric treatment and the information to be provided to patients following treatment (paragraph 143).

2. Forensic sections of Tallinn Psychiatric Hospital

recommendations

- the deficiencies as regards the living conditions of patients in the forensic psychiatric section at the Central Prison to be remedied (paragraph 146);
- steps to be taken to develop psycho-social therapeutic activities for patients at the forensic psychiatric section in the Central Prison (paragraph 147);
- the current staff arrangements and training in Unit 13 of Tallinn Psychiatric Hospital to be reviewed, in the light of the remarks made in paragraph 153 (paragraph 153);
- staff in Unit 13 to be reminded that the ill-treatment of patients is not acceptable and will be dealt with severely (paragraph 154);
- appropriate steps to be taken towards minimising the risk of inter-patient sexual abuse/exploitation in Unit 13 (paragraph 154);
- plans concerning the opening of a new forensic unit in Tallinn Psychiatric Hospital to be given a high priority (paragraph 155);
- the hours of attendance by a psychiatrist in Unit 13 to be increased (paragraph 155);
- patients in Unit 13 without a personal income or support from relatives or friends to be provided with appropriate means, so as to allow them to develop a sense of autonomy and acquire basic commodities (paragraph 155);

- patients in Unit 13 to be allowed to wear their own clothes during the day or provided with appropriate non-uniform garments (paragraph 155);
- staff in Unit 13 to persevere in their efforts to develop the range of therapeutic activities offered to patients (paragraph 155).

requests for information

- detailed information about the planned new forensic unit (living conditions; arrangements for the distribution of patients into different groups and for their supervision; envisaged programmes of therapeutic activities and rehabilitation, including of an individualised nature; staffing levels, etc.) (paragraph 155);

3. Tartu University Psychiatric Hospital

recommendations

- steps to be taken to ensure that all safeguards concerning the involuntary admission of patients to a psychiatric hospital are rendered fully effective in practice (paragraph 158);
- all competent patients to be provided systematically with relevant information about their condition and the treatment prescribed for them. Relevant information should also be provided to patients following treatment (results, etc.) (paragraph 159);
- clear guidelines to be set out by the medical direction of the hospital defining the use of isolation for children (paragraph 161);
- any use of isolation or physical restraint in respect of a patient:
 - . to be either expressly ordered by a medical doctor or immediately brought to the attention of such a doctor with a view to seeking approval;
 - . to be recorded in both the patient's file and in an appropriate register, with an indication of the time at which the measure began and ended, the circumstances of the case, the reasons for resorting to such means and an account of any injuries sustained by patients or staff (paragraph 162).

requests for information

- comments on the extent of the use of modified ECT at Tartu University Psychiatric Hospital (paragraph 160).

4. Valkla Social Welfare House

recommendations

- an in-depth and independent review and audit to be made of Valkla Social Welfare House in its entirety, in order fully to establish the causes of the serious problems brought to light during the CPT's visit and to take appropriate remedial action. Such a review should address inter alia the following issues: the management structure; the resources required, in particular in terms of doctors, nurses and therapists; the number of patients that can adequately be cared for in the establishment; the disciplinary and control arrangements (which should be entrusted to trained medical and nursing staff); the organisation, purpose and operation of Unit 4. Further, the question of safeguards offered to patients and supervision of the establishment by outside bodies should also be given careful consideration (paragraph 172);
- staff at Valkla Social Welfare House to be reminded that:
 - . the ill-treatment of patients is not acceptable and will be dealt with severely;
 - . they have a duty to protect patients from other residents who might wish to cause them harm
(paragraph 173);
- an immediate end to be put to the practice of using patients as guards (paragraph 173);
- the sanitary facilities in Units A, B and C to be renovated, and all such facilities to be kept in an appropriate state of hygiene (paragraph 173);
- efforts to be made to provide a more congenial and personalised surrounding for patients; further, patients should be provided with lockable space in which to keep their personal belongings (paragraph 173).

comments

- the CPT trusts that, as the number of staff increases, particular attention will be paid to developing activities with a therapeutic and rehabilitative value for patients; wholly dependent and bed-bound patients should also benefit from appropriate mental stimulation (paragraph 174).

D. Other establishments

1. Ministry of Defence detention facility, Tallinn

recommendations

- immediate steps to be taken to ensure that all persons held in military detention facilities are provided with a mattress and blankets at night (paragraph 177);
- the disciplinary regulations to be revised in the light of the remarks in paragraph 178; pending such a revision, administrative action to be taken to ensure that all persons held in military detention facilities are provided - as from the first day of detention - with food at appropriate times, including at least one full meal every day (paragraph 178);
- all persons held in military detention facilities (including conscripts who have committed disciplinary violations) to be allowed access to reading matter, which should not be limited to military rules and the Bible (paragraph 178).

requests for information

- any developments concerning the military rules on disciplinary arrest (paragraph 179).

2. Border guard detention facilities, Narva

recommendations

- the recommendation made in paragraph 177 also applies to persons held in the Narva Border Guard detention facilities (paragraph 181);
- steps to be taken to improve the lighting in the locked room and kartser of the Border Guard barracks complex near Narva (paragraph 181).

APPENDIX II

**NATIONAL AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS
WITH WHICH THE DELEGATION HELD CONSULTATIONS**

A. Ministerial authorities

Ministry of Internal Affairs

Mr Priit Kelder Vice-Chancellor

National Police Board

Mr Henn Markson Director

Ministry of Social Affairs

Mr Arvi Vask Vice-Chancellor
Mr Andres Lehtmets Advisor, Head Doctor of
Tallinn Psychiatric Hospital
Ms Aive Sarjas Head of the Department of Social Welfare

Estonian Citizenship and Migration Board

Ms Jaanika Holsting Head of the Internment Bureau

Ministry of Justice

Mr Juhan Parts Vice-Chancellor
Ms Imbi Markus Head of the Foreign Relations Bureau

Estonian Prison Board

Mr Valeri Kravets Deputy Director General
Mr Meelis Taniel Deputy Director in Charge of Economic Questions
Mr Urmo Paal Head of the Supervision Department

Ministry of Defence

Mr Hermann Simm Head of the State Secret Maintenance Board

B. Other authorities

Mr Feliks Saarevet
Ms Merle Parts
Mr Toomas Tomberg

Deputy State Prosecutor
Judge at Tallinn City Court
Public prosecutor, Tallinn

C. Non-governmental organisations

Estonian Institute for Human Rights
Estonian Psychiatric Patient Advocacy Association