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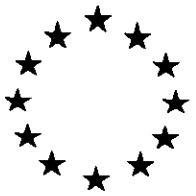

CPT/Inf (93) 16
Or. English

Response of the Finnish Government to the report of the European Committee for the Prevention of torture and inhuman or degrading treatment or punishment (CPT) on its visit to Finland from 10 to 20 May 1992

The Finnish authorities have decided to publish this document.
The CPT's report on its visit to Finland (CPT/Inf (92) 4)
has already been made public.

Strasbourg, 26 August 1993

RESPONSE OF THE FINNISH GOVERNMENT TO THE REPORT OF THE EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT) ON ITS VISIT TO FINLAND FROM 10 TO 20 MAY 1992

PREFACE

This is the reply of the Government of Finland to the recommendations, comments and requests for further information contained in the report on the visit to Finland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment of Punishment (CPT) from 10 to 20 May 1992

This interim report by the Government of Finland covers all the issues raised in the summary of the report (APPENDIX I). It uses the same headings as the CPT report, and in replying to specific points reference is made to the corresponding paragraphs in the report.

The Government of Finland appreciates the detailed observations made by the CPT in its report and notes with satisfaction that

"The delegation heard no allegations of torture or other forms of physical ill-treatment of those deprived of their liberty in police establishments in Finland, nor was any other evidence of such treatment found by the delegation during the visit."

"The delegation heard no allegations of torture or other forms of ill-treatment of detainees by prison staff in the establishments visited. Further, the CPT's delegation heard very few allegations of such treatment having occurred in other establishments in Finland."

The dialogue initiated by the CPT provides the Finnish authorities with a foundation for the evaluation and enhancement of their activities in pursuance with the principle of cooperation incorporated in the European Convention.

A. Police establishments

1. General information

requests for information

- a detailed explanation of the practical operation of section 1 of the Remand Imprisonment Act, together with copies of any subordinate legislation which contains provisions for its implementation (paragraph 11).

An amendment to section 1 of the Remand Imprisonment Act entered into force on 1 October 1987. It provides that remand prisoners may be held, apart from general (i.e. local) prisons, also in other establishments approved by the Ministry of Justice for the detention of remand prisoners. The purpose of amending the Act was not to transfer the responsibility for the detention of remand prisoners to the police; local prisons continue to be the primary places of detention. Rather, the purpose was to safeguard, on one hand, the interests of criminal investigation in extensive criminal cases, and, on the other hand, to achieve purposeful and economical arrangements for transport related to trials, interrogations and similar. At the entry into force of the amendment, there were seven local prisons; currently they number nine. The northernmost local prison is in Oulu.

Prior to designation as a place of detention for remand prisoners, a police establishment is inspected by the Ministry of Justice. The basic criterium for designation is that the establishment has an officer on duty 24 hours

a day. Other criteria include cleanliness of the premises, availability of medical services, possibility to take care of personal hygiene, possibilities to receive visits from a lawyer and family members, and access to outdoor exercise facilities.

In principle, remand prisoners are held on police premises only in exceptional cases. The reasons for doing so include:

- criminal suspects are difficult to isolate from one another in a prison, which may obstruct the investigation

- identification of prisoners by the party or witness is more difficult to arrange in a prison,

- repeated interrogations and display of evidence pose greater problems if carried out in a prison,

- remand prisoners need to be protected from revenge by other prisoners; in many cases, remand prisoners request to be held on police premises,

- police premises allow greater flexibility for visits by family and friends.

The Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) considered as a drawback the fact that the regime applied to remand prisoners detained on police premises does not permit activities outside the cells. The CPT recommended that the Ministry of Justice withdraw the accreditation given to Helsinki, Hämeenlinna and Turku Police Departments as suitable places to hold detainees on remand, unless these establishments provide those on remand with a regime which allows them to spend a reasonable part of the day (eight

hours or more) outside their cells engaged in purposeful activity of a varied nature. The CPT also recommended that a review be carried out in other police districts which have been accredited by the Ministry of Justice for the detention of remand prisoners.

A prisoner on remand is not obliged to work or study in the establishment. If he prefers to work, he should, as far as possible, be given an opportunity to do so (section 11 (1) of the Remand Imprisonment Act).

Local prisons hold not only remand prisoners but also those serving a term of imprisonment for nonpayment of fines as well as sentenced prisoners. Work opportunities provided by local prisons are rather limited, but prisoners are also involved in household duties and maintenance work. In addition to work, local prisons offer, to varying degrees, study opportunities, together with other activities aimed at rehabilitation or providing a meaningful way to pass the time. These activities are, however, not specifically reserved to those detained on remand but it is mostly the sentenced prisoners who participate in them.

The Remand Imprisonment Act contains a number of provisions restricting both the freedom of remand prisoners and the regime applicable to them. Their freedom may be restricted to the extent that the purpose and security of detention as well as the maintenance of order require (section 2). As far as possible, remand prisoners must be held in single rooms, and they may not without their consent be placed in the same cell with any other prisoners than those on remand. They may not be held in the same cell with another prisoner if this endangers the security or the order in the prison, or the investigation of the crime. They may attend religious ceremonies or

participate in free-time activities together with other prisoners provided that this does not endanger the purpose of detention. As far as possible, any communication between prisoners on remand which may endager the investigation of the crime must be prevented (section 6). While the pre-trial investigation is in progress, the prisoner may be denied access to any other persons than immediate family members if the visits can be presumed to prejudice the purpose of detention (section 13). Similar restrictions exist on the use of telephone, radio and television, on correspondence, and on the personal belongings permitted.

If on the grounds of pre-trial investigation a remand prisoner is placed under restrictions of the above kind as regards communication with other prisoners and the outside world, these restrictions must also be observed in the local prison. This means that, whether on police premises or in a local prison, a remand prisoner may have to spend the better part of the day confined to his cell.

In principle, the detention of remand prisoners in police establishments should be seen as an exceptional procedure which is clearly justified in each individual case. Also, in most cases the detention period is short. The Ministry of Justice and the Ministry of the Interior do not therefore consider the recommendation made by the CPT for a review of the police premises very meaningful.

According to section 13 of the Remand Imprisonment Act a letter addressed by a remand prisoner to the Ministry of Justice or other authority supervising the operations of a prison or other place of detention must be delivered immediately and without inspection. The Ministry of Justice can, either on the basis of complaints or for other reasons, reconsider the accreditation given to an

establishment for holding remand prisoners. The Ministry of Justice has received very few complaints about police premises or the regimes applied in those premises. For the above reasons, no decisions have been taken to withdraw accreditation.

Nevertheless, an effort has been made by Helsinki Police Department to provide conditions with maximum variation. This is exemplified by the services available to remand prisoners: a library, laundry services and provision of clothes, canteen, social services, dental care, possibility to practise religion, and visiting arrangements on a case by case basis as agreed by the investigator.

In future, the police will endeavour to improve the conditions where remand prisoners are held along the lines recommended by the CPT, but it is not possible in police premises to keep the doors of cells unlocked for eight hours a day or to provide meaningful work. It should however be noted that a detainee held by Helsinki Police Department has more extensive rights to receive and keep a number of commodities (including a television, personal computer, and reading materials) as well as to receive visitors than is the case in the local prison.

It may be added that, as a whole, the possibility to hold remand prisoners on police premises on certain terms under section 1 of the Remand Imprisonment Act has been an appropriate practical solution with very few disadvantages.

INSTRUCTIONS FOR THE TREATMENT OF DETAINEES (Appendix 1)

2. Torture and other forms of ill-treatment

requests for information

- information on the number of complaints of ill-treatment by police officers made in Finland during 1991 and 1992 and on the number of cases in which disciplinary/criminal proceedings were initiated, with an indication of any sanctions imposed (paragraph 13)

- information on the circumstances under which Chapter 26 of the Penal Code (on false and unsubstantiated denunciations) may be invoked in relation to allegations of ill-treatment by police officers (paragraph 13).

Statistics on complaints about ill-treatment made in 1991 and 1992 are enclosed (Appendix 2).

The threshold is high for prosecuting persons for unfounded complaints under Chapter 26 of the Criminal Code (false and unsubstantiated denunciations). In practice it is very seldom that authorities have reported unsubstantiated denunciations to police.

In many cases such denunciations are made out of spite or by unbalanced persons. Authoritites have adopted the view that making complaints is in a way one of the citizen's fundamental rights; therefore, even where manifestly unfounded, they have not led to criminal charges.

A person may in principle be prosecuted under Chapter 26 in cases where the complaint has caused the party in question financial loss or great mental suffering due to excessive publicity or similar, or where the complaint contains an accusation of an offence committed in office,

is manifestly unfounded and not the least evidence can be found to support it. In practice, it is only in the few very aggravated cases that authorities have taken this opportunity to initiate criminal proceedings.

3. Conditions of detention in the police establishments visited

a) recommendations

- the permitted occupancy levels in the cells at the Helsinki Police Detoxification Centre to be reduced (paragraph 20)

The number of intoxicated persons taken into custody in Finland has been decreasing over the years.

The Act on the Treatment of Inebriates (461/73) provides that police must take intoxicated persons to a detoxification centre and, where this is not possible, to another place designed for holding intoxicated persons. As there is only one detoxification centre in Finland, police still have to hold intoxicated persons in their premises. Police have taken some measures of their own to reduce the number of inebriates taken into custody, for example, by taking the persons to their homes, whenever possible. As a result, the number of intoxicated persons taken into custody has decreased as follows:

1988	1989	1990	1991	1992
172863	149667	142851	135548	114401

As the care of inebriates falls within the responsibilities of the Ministry for Social Affairs and Health, a working group was set up by the Ministry to reduce the need for taking intoxicated persons into custody. It reported in 1988 (Working Group Report 1988:3). In order to initiate the measures recommended in the report, the Minister for Social Affairs and Health together with the Minister for Interior sent a letter

(249/632/20.6.1988) to the local authorities in both sectors of administration. The letter urged them to establish local working groups, as proposed in the report, to reduce the number of those taken into custody because of intoxication and to explore means of replacing the practice of taking intoxicated persons into custody. Subsequently, the Ministers in both sectors have sent another joint letter (2/632/92, 13.5.1992, Appendix 3) to the authorities in administrative sectors in order to stimulate the activities of local working groups.

In addition, on 14 May 1992 the Police Department of the Ministry of the Interior sent (Appendix 4) a letter to Provincial Police Commissioners instructing the police to take into custody only those inebriates who have committed crimes, or acted violently, or caused a great deal of disturbance, or who are unable to look after themselves and therefore risk losing their life or health. As a result of this letter, the number of those taken into custody for intoxication decreased by as many as 21,147 in 1992, an annual reduction of 15.6 per cent.

The rate of reduction in Helsinki Police Department has been greater than elsewhere in the country. The number of cases for 1991 was 33,513, whereas in 1992, the figure was down to 25,857. This represents a decrease of 7,656 cases, or 22.8 per cent. The trend for reduction continues in Helsinki. The figure for the first quarter of 1993 was 5,878 cases, as compared to 7,571 for the same period in 1992; the decrease was 22.4 per cent.

The Helsinki Police premises in Töölö (the Töölö premises) for intoxicated persons have 45 cells (varying in size for three to six persons). In 1992 some 15,000 intoxicated persons were held there; this gives an average of 40 persons a day. Approximately twenty persons were held at

any given time, but during weekends the number could be considerably higher. Following the CPT's recommendations to reduce the occupancy levels, measures have already been taken by modifying the practical arrangements for custody.

- the regimes applied to remand prisoners in Helsinki, Hämeenlinna and Turku Police Stations to be reviewed in order to ascertain whether they are capable of offering a satisfactory regime to those detained on remand and if that appears unrealistic, the accreditation of those establishments by the Ministry of Justice as suitable places to hold detainees on remand to be withdrawn (paragraph 25)

- a similar review to be conducted in other police establishments which have been accredited by the Ministry of Justice for the detention of remand prisoners (paragraph 25)

The information provided above on the detention of remand prisoners states that it is not always possible to offer remand prisoners a meaningful regime as recommended by the CPT. This is true whether the prisoners are held in police custody or in a local prison. Therefore the Ministries of the Interior and Justice do not consider it appropriate to conduct a review of the premises accredited for the detention of remand prisoner or to withdraw accreditation of the premises inspected by the CPT.

b) comment

- it would be preferable to provide all intoxicated persons with mattresses (paragraph 17)

The police agree in principle with the CPT that also intoxicated persons held by the police should be provided

with mattresses to sleep on. Experiments to this end will be undertaken shortly, to provide a basis for a decision on the use of mattresses.

4. Safeguards against the ill-treatment of persons detained by the police

a) recommendations

- an apprehended person to be expressly guaranteed the right to inform without delay a relative or third party of his situation (paragraph 28)

Under the terms of Chapter 1, section 7 of the Coercive Criminal Investigation Means Act, the relatives or friends of a person who has been arrested must be informed of the arrest. In contrast, the relatives or friends of an apprehended person need not be informed. According to Chapter 1 section 2(2) of the Act, an apprehended person must be either released or arrested within 24 hours.

Chapter 1 section 7(2) of the Act provides for the same conditions for apprehension and for arrest, but a decision to apprehend a person may be taken by an official other than a police officer with power to make an arrest, if the carrying out of the arrest might otherwise be jeopardized. A police officer must without delay inform the official with power to make an arrest of the fact that a person has been apprehended.

Whether the detention begins at the moment of arrest or the moment of apprehension, a notification must be given no later than four days from the beginning of the detention, because that is the latest point of time for remanding a suspect for trial. The crucial question therefore is when exactly it is that the right/obligation to notify a relative begins.

It is not clear from the travaux preparatoirs of the Act

why an arrested person should have, but an apprehended person not have, the right to notify a relative of his situation. There is no reason why the current Act should place in a different position those who are apprehended in order to execute a warrant for arrest from those who are first apprehended and then arrested. As for the former, the time of notification is calculated from the actual moment of apprehension, because that is when the arrest also takes place.

In any case, the Ministry of the Interior has issued instructions to the effect that the provisions relating to persons under arrest also apply, where appropriate, to persons who have been apprehended. This means that the police are under obligation to notify a person's relatives also in cases of apprehension, or to permit the person to do so himself, in pursuance of the terms of the Act applicable to persons who have been arrested. In practice, the information of the fact that a person has been apprehended has generally been given when the suspect is apprehended. It deserves to be mentioned that in cases where an apprehended person objects to notification, this can only be done by the police for well-founded reasons. Because in many cases the act of apprehension only lasts a very short period of time, it is not appropriate to inform a relative of the measure.

If the instructions issued by the Ministry of the Interior are inadequate, the Ministries of Justice and the Interior are prepared to amend the law to comply with the CPT's recommendation.

- 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 clearly circumscribed and 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 senior officer or public prosecutor) and to an express time limit (paragraph 30)

According to Chapter 1 section 7(2) of the Coercive Criminal Investigation Means Act an arrested person has the right to have the fact of his detention notified to a relative or other third party as soon as it does not cause specific harm to the clarification of the crime.

The travaux prepartoirs to the relevant section of the Act says that "the notification is ... an important legal safeguard for the arrested person and also one of the characteristics of a state governed by the rule of law. Therefore, the notification may be overlooked only for exceptional reasons; for example, in cases where the person to be notified may be suspected to have aided and abetted the crime under investigation or where he is likely to alert the accomplices still at liberty" (Government Bill 14/1985 vp. p. 52). Although it is undeniable that the right to notify one's family or other third party is a "characteristic of a state governed by the rule of law", it should be noted that there is no express provision to this effect in the Covenant on Civil and Political Rights or in the European Convention on Human Rights. Both treaties contain only provisions on the right of the detainee to be immediately informed of the reasons of his detention.

The CPT recognizes that the exercise of the right of the detainee to notify his relatives of the detention cannot be guaranteed without exceptions; these can be made in order "to protect the interests of justice". It is presumed that the CPT would approve of failure to notify a detainee's relatives of the situation in the cases

illustrated in the travaux preparatoirs to section 7.

The wording of the section does not accurately reflect its purpose, as expressed in the travaux preparatoirs. The travaux preparatoirs state that the main principle is the exercise of the right to notify, and deviations could be made only for exceptionally well-founded reasons. In contrast, the law has been formulated so as to allow discretion in granting the right on the basis of specific harm possibly caused by the exercise of the right, and the obligation to inform the relatives is made subject to the fact that no such harm can be observed. The Ministries of Justice and the Interior believe that this section of the law could be worded differently: first, to define the main rule, which is that at the request of the arrested person his relatives must be immediately notified of the detention, and then to state the exceptions which allow to postpone the notification.

On each detainee, a form is completed which contains a space to indicate whether or not he has notified his relatives of the situation. In cases where notification is not permitted for reasons of criminal investigation at the time of the apprehension and therefore has to be delayed, this fact together with reasons therefor must be recorded in a space reserved for further details. Instructions to police officers on this procedure are part of their training; also, the instructions for the completion of the forms are quite explicit. If the CPT believes that the form should be improved in this respect, the Ministry of the Interior is prepared to do so.

As regards legal safeguards, reference is made to section 22 (1)(10) of the Decree on Pre-Trial Investigation and Coercive Means, which might be made more explicit in the way proposed by the CPT (to record any delay in

notification and the reasons). Possibly instructions on this procedure could be issued to the effect that a decision to postpone the notification should be taken by the officer in charge of the investigation or the officer with power to make an arrest.

Under the current legislation, the absolute time limit for the delay of notification is the decision to remand a person for imprisonment, which must be taken within four days from the moment of detention. If less discretion is exercised in postponing notification, the Ministries of Justice and the Interior doubt whether an earlier time limit than the current one is required.

- the existing provisions on the right of access to a lawyer to be reviewed in order to ensure that they include the right for the person in custody to consult in private with a lawyer (paragraph 32)

Under section 12 of the Remand Imprisonment Act a remand prisoner has the right to be in contact with counsel, through visits or otherwise. This right is also afforded to an apprehended or arrested person. The section prohibits from listening to a detainee's consultations with counsel unless there are justified grounds to suspect that the right of access is abused. The CPT's recommendation for a detainee's right to consult in private with his counsel is thus part of the existing law.

The CPT recommends that a person arrested or remanded for trial should have the right to consult in private with other independent and reliable counsel, if because of a suspected breach consultations in private between a suspect and his counsel cannot be permitted.

In Finland, the system of advocacy is not based on monopoly. Under Finnish law, the trial representative of a criminal suspect need not be a lawyer (i.e. a member of the Finnish Bar Association) or even have a degree in law. Chapter 15 section 2 of the Code of Judicial Procedure provides that, apart from a lawyer (Finnish: "asianajaja", Swedish: "advokat"), any honest and capable person who has full legal capacity may act as a trial representative. This being the case, and because the police or prison officials have no practical opportunity to verify whether a representative meets the above qualifications, it is obvious that the authorities must, as an exceptional measure, have a possibility to deny a suspect the right to consult his counsel in private.

The CPT believes that a right to consult in private with another reliable lawyer is an effective means of preventing ill-treatment. Under Finnish circumstances this means however has little practical value because, for one thing, the letters addressed by a person under arrest or on remand to the Parliamentary Ombudsman must not be inspected. If a person in custody has been ill-treated, he can always submit to the Parliamentary Ombudsman a written request for investigation, which is delivered immediately and without examination.

The Ministries of Justice and the Interior are therefore not convinced of the need to change the existing law as recommended by the CPT. There is however no reason, in cases where a person in custody has been denied the right to consult in private with his own counsel, not to be permitted to consult with a member of the Finnish Bar Association of his choice, something that is already an established practice.

- all medical examinations of persons in police custody to

be undertaken out of the hearing and, preferably, out of the sight of police officers (unless the doctor concerned requests otherwise) (paragraph 36)

- the results of every medical examination, as well as any relevant statements by the detainee and the doctor's conclusions, to be recorded in writing by the doctor and made available to the detainee and his lawyer (paragraph 36)

In principle, the medical examinations of detainees are currently undertaken out of hearing, but not out of sight, of police officers. It is appropriate to conduct them in full view of police officers particularly in cases where the detainee is violent or otherwise unpredictable. The police are responsible also for the personal safety of the examining doctor, although he may not consider this very important. Nevertheless, an attempt is made to take the doctor's views into account. Another consideration is that the police have to prevent any situation where taking of hostages might occur, as well as attempts by the detainee to escape. For a police officer in the exericse of his duty, this is also a matter of legal safeguards. In addition, the police are bound by the regulation that the police officer present in the examination or within sight must be of the same sex as the detainee who is being examined.

The police have no objection to the results of medical examinations being made available to the detainee's counsel.

- improvements to be made to the medical service provided at Helsinki Police Detoxification Centre and, in particular, the presence of a nurse in the Centre at weekends to be guaranteed (paragraph 39)

- staff in all detoxification centres to receive specialised training in the care of intoxicated persons and in the recognition of conditions which could be mistaken for a state of intoxication (paragraph 39)

The Töölö premises in Helsinki have two full-time nurses whose working hours are weighted in favour of weekends. An extract of their working schedule is enclosed (Appendix 6). The Police Station in Pasila has one full-time nurse working in the premises where detainees are held.

In addition to the above services, some public health centres are on duty 24 hours a day and also a doctor on duty can be called (tel: 008). The police cooperate with the Helsinki social and health care authorities to provide adequate social and health care services at the töölö premises. The police believe that the health care services provided in Helsinki to the detainees and intoxicated persons are in order and, to say the least, at a satisfactory level.

The staff dealing with intoxicated persons receive continuous training from the employer and the City of Helsinki.

- a form setting out the rights of persons in police custody in a straightforward manner to be given systematically to detainees at the outset of their custody. This form to be available in a an appropriate range of languages. Further, detainees to be asked to sign a statement attesting that they have been informed of their rights (paragraph 43)

The detainee is asked to sign a form about his detention specifying that he has been informed of the reason for his detention and that he has handed over his belongings. It

may be considered whether it is appropriate to add new items for the detainee to sign as recommended by the CPT, i.e. by asking the detainee to confirm with his signature that he has been informed of his rights or whether the same results could be achieved by improving the form.

A booklet on the rights of detainees is being prepared on the basis of the CPT recommendations. In addition to EC languages, it will be translated at least into Russian and Estonian.

- a code of conduct for police interrogations to be drawn up (paragraph 45)

The police do not necessarily consider the CPT's recommendation for a code of conduct for interrogations appropriate. Police officers receive continuing training in interrogation techniques and strategies. Training to that effect is given by an internal working group at the Police Academy. Moreover, the regulations in law on interrogations are quite explicit and detailed. Nevertheless, the police will consider the necessity of producing a leaflet for clients about the interrogation procedure on the basis of the recommendations of the CPT.

- the possibility of making the electronic recording of police interrogations a standard practice to be examined, the system to be introduced to offer all appropriate guarantees (paragraph 48).

The police do not believe that it is appropriate to record interrogations as a standard practice. Recording should be possible but not mandatory or automatic. In most cases, recording makes the person to be interrogated (and, occasionally, also the interrogator) freeze and therefore results in the loss of a confidential athmosphere which

police officers always try to create. Another factor is that a major part of the interrogations are held elsewhere than police stations where the practical arrangements for recording cannot easily be made in the manner proposed by the CPT.

- the Finnish authorities to endeavour to develop a single and comprehensive custody record for each person detained (paragraph 49).

A separate record containing adequate information on the detainees always exists. In larger police departments it may be kept in more than one place. The information recorded is available to the detainee's counsel on request. Efforts are underway to create a computerized custody record operating on the national and local levels, as part of the development of other police data systems.

b) comments

- it is inappropriate to record the fact that a detainee is HIV-positive on the door of a cell (paragraph 40)

- a continuing programme of information for police officers in general on the subject of AIDS (risks of transmission and means of protection) is most important (paragraph 40)

The police disagree with the CPT on the propriety of recording information on the door of the cell to the effect that the detainee is HIV-positive or has AIDS. The recording is necessary for the occupational safety of the staff and to ensure that other clients are not placed, even by mistake, in the same cell, thus risking their safety.

Outsiders cannot see the warning on the door (a magnetic

sign); therefore, its existence does not undermine the detainee's privacy. Other detainees will not see inside the cell, even if they happpened to walk past it.

It might be added that warrants of apprehension issued by police specify that the person sought is known to be HIV positive or have AIDS, if this is the case. In order to guarantee the safety at work of the staff in hospitals, a sign is posted in the small anteroom or on a communicating door leading to the sickroom, indicating the risk of transmittance and the need for blood precautions.

The police have the necessary information and instructions on AIDS. In addition, the City of Helsinki, for example, has a continuing programme of information sessions for the police and others. Every police patrol in Helsinki has received a safety precautions kit against AIDS.

c) requests for information

- information about the operation of section 31 of the Pre-Trial Investigation Act in practice; in particular, on the percentage of cases in which lawyers were excluded from interrogations under that provision during 1991 and 1992 (paragraph 33)

- the comments of the Finnish authorities on the fact that it is extremely rare for a lawyer to become involved before the arrest of his or her client (paragraph 34)

It is true that the detainee's counsel is rarely present during the pre-trial investigation and interrogations which take place prior to the arrest. There is nothing to prevent the counsel from being present, and before the interrogation starts the detainee is informed of the right to use counsel. It is up to the detainee to decide

whether or not he or she wants to have counsel; the police will not take the initiative of providing a lawyer but it is for the detainee to obtain one after being informed of that possibility.

Statistics on the exclusion of counsel are enclosed (Appendix 5).

- Informationon whether the right of a person in police custody to be examined by a doctor of his own choice is expressly guaranteed by law (paragraph 35)

There is no provision in law on the right of an arrested person to choose the doctor who examines him. As far as possible, the person to be examined is heard when deciding on the doctor who undertakes the examination and an effort is made to select the doctor in agreement with the arrested person. The arrested person has access to the doctor employed at the place of detention, doctors at health care centres, outpatient departments of public hospitals, and the doctors on duty in the public health care system. There is nothing to prevent an arrested person from using a private doctor of his choice at his own expense.

- the views of the Finnish authorities on the possibility of locating detoxification facilities within hospitals, rather than on police premises (paragraph 39)

The police believe that detoxification facilities could well be located in hospitals or health centres rather than on police premises. Strictly speaking, only those intoxicated persons are a police matter who are dangerous or violent. The rest fall rather within the responsibility of health care services.

Plans have been drawn up to transfer the responsibility of handling intoxicated persons from the police to the health care services but, due to the current economic situation, no practical steps have been taken.

- copies of any guidelines or regulations on the procedures to be followed by the police in respect of detainees who are known to be HIV+ or to have developed AIDS (paragraph 40)

As an example, instructions issued by Helsinki police department on the treatment of detainees who are HIV positive or have AIDS are enclosed (Appendix 7).

- full information on the circumstances of all deaths in the Helsinki Police Detoxification Centre in 1991 and 1992, including results of any enquiries which were carried out (paragraph 41)

The total of deaths whilst in police custody numbered fourteen for 1991 and 1992. An autopsy by a forensic expert and a police investigation were conducted in each case, and the cases were submitted to the public prosecutor for judicial evaluation and consideration for prosecution. No charges were brought against the police in any of the cases.

- the comments of the Finnish authorities on the use of police officers as witnesses during interrogations, and clarification about the precise role of a witness in the interrogation procedure (paragraph 47)

The police have reservations about using as witness in interrogations persons other than those employed by the police and acting as witness as part of their official duties. The purpose of a witness is to ensure and, as

necessary, ascertain that the interrogation is conducted in accordance with the relevant law and regulations and instructions and that inappropriate methods have not been used. The witness certifies this in signing a report of interrogations, which is also signed by the person being interrogated and the interrogator. The police are responsible for finding out all the facts, whether against or in favour of the suspect. The role of the police in the pre-trial investigation is thus that of an impartial investigator. Other factors speaking against the use of other persons as witness include:

- protection of the privacy of the person to be interrogated
- obligation to ensure confidentiality
- practical arrangements - availability of outside witnesses
- problem of compensation - who would shoulder the expenses for the use of an outside witness
- reliability

- information about the progress being made towards the creation of an independent mechanism for examining complaints about the treatment of detainees whilst in police custody (paragraph 51)

Consideration has been given to an independent body to investigate offences allegedly committed by the police and a working group established to discuss the matter produced a report. In principle, the police are not in any way opposed to creating such an independent body. As yet, the report has not led to practical steps. Reports of offences by the police in Helsinki are at present investigated by a special unit of Helsinki police department, whose members are appointed for a one-year

term. Investigations are also carried out by the National Bureau of Investigation and criminal investigation units on the provincial level.

- the comments of the Finnish authorities on the practice of holding remand prisoners on police premises (paragraph 53)

As was stated above in the paragraph concerning remand prisoners, it is rather an exception than a rule to hold persons remanded for trial on police premises. The court may decide to place a remand prisoner on police premises if an application to that effect is made, stating the grounds as referred to in the chapter on remand prisoners. In many cases, the police make the application at the request of the remand prisoner or in his best interest.

When the investigation of a case has reached a stage where it is no longer necessary to hold a remand priosoner on police premises, he may be placed into a local prison; usually this takes place on police initiative.
In principle, the police are not opposed to the approach taken in Stockholm, for example, where the so-called police prison for holding persons remanded for trial is in practical terms administered by the prison authorities. But this does not make the premises any more suitable for the purpose for which they are used.

B. Prisons

1. Torture and other forms of ill-treatment

a) recommendation

- The Finnish authorities to carry out a detailed examination of the problem of inter-prisoner violence in Helsinki Central Prison and, taking into account the remarks in paragraphs 60 to 64, to draw up an appropriate plan of action (paragraph 65)

The elimination of disturbances created in the enforcement of sentences is one of the areas which are in the focus of projects designed to improve safety in the prisons.

Inter-prisoner violence is a serious cause of concern, and systematic long-term efforts will be made to counter it. This requires very costly changes in the prisons, including structural modifications in the old buildings (such as new and functional division into units as part of major renovations, and fitting of cell doors with locks that can be used by the prisoners themselves).

Safety in the prisons will be improved by using the staff in a more effective and purposeful manner. The working hours and presence of staff will be targetted to take better into account the needs of prisoners. Measures to encourage interaction between prisoners and staff include the further development of the job descriptions of prison officers, training for senior staff to meet the needs of a particular prison, review of working methods, and increased motivation. It is hoped that through a more effective presence of the prison staff greater safety will be achieved among prisoners.

By reviewing the regime applied in Helsinki Central Prison and staggering the working hours prisoners will be placed into smaller groups which can be controlled better.

The placement of prisoners in different prisons is monitored constantly. When necessary, prisoners are transferred from one prison to another in order to dismantle power structures: prisoners who exercise power over other inmates are transferred to other prisons, and prisoners who are afraid are placed in prisons where they have no reason to isolate themselves out of fear for other prisoners.

In Helsinki Central Prison measures have been taken to improve the safety. In the renovations of the cells west, new small units were built within the larger section, which facilitates the control over the entire section. The activities have been planned in such a manner as to promote safety and to decrease inter-prisoner violence. The section will be operational in autumn 1993. Plans to renovate the cells east will address the safety needs.

Moreover, the supervision of those areas of the prison that are known to be problematic as well as the monitoring of the movements of prisoners have been intensified. In-service training for staff pays increasing attention to the need to improve safety and to the importance of the presence and participation of the staff. On 30 April 1993, a working group was set up to produce plans for specialized training for the inspection of prisons.

The effects of the above measures on inter-prisoner violence will be subject to follow-up. If these measures turn out to be inadequate, the Prison Administration Department will propose a study, sufficiently independent of the administration, of the reasons of inter-prisoner

violence and on the ways to eliminate them.

b) requests for information

- information on the number of complaints of ill-treatment by prison officers, if any, made in Finland during 1991 and 1992 and on the number of cases in which disciplinary/ criminal proceedings were initiated, with an indication on any sanctions imposed (paragraph 59).

In Finland, prisoners have an unrestricted right to write to the Ministry of Justice, the Prison Administration Department therein, and the authorities responsible for legality control, the most important of the latter in this case being the Parliamentary Ombudsman.

No statistics are compiled by content of the letters reaching the Prison Administration Department. Complaints of ill-treatment by a prison officer amount to a few dozen a year. For the most part they involve cases in which ill-treatment is perceived where officers have in actual fact carried out appropriate measures or taken decisions in application of the regime followed in the prison. The majority of the complaints by prisoners relate to failure to grant the request of the prisoner for leave, unsupervised visit by a relative or other privilege that is at the discretion of the staff; the complaints also carry a request that the matter be reconsidered. Some letters are inquiries of the regulations in force and the procedures followed. None of the complaints have alleged ill-treatment or other serious abuses by the staff.

The Prison Administration Department provides, on request, comments on the complaints about prison administration addressed to the Parliamentary Ombudsman. The Department does not comment on all of the complaints received by the

Ombudsman. In 1991, the Department gave its views in 74 cases; nine of them can be regarded as complaints of alleged ill-treatment. In 1992, the Department commented on 76 cases, eight of which were of alleged ill-treatment. Two of the cases in which decision was taken led to further measures. The measures amounted to the drawing of the regulations in force to the attention of the particular official. Neither of the cases alleged the use of violence by the staff.

In Finland, disciplinary matters involving civil servants are considered by a body of officials functioning in every sector of administration. The members serve in the capacity of judges; the chairperson and vice-chairperson must have a law degree. Both the administrative unit where the body functions and the most representative officers' associations are represented. The body applies, as appropriate, the procedure used in courts. Disciplinary matters involving staff of the prison administration are submitted to consideration by a body of officers in the Prison Administration Department.

In 1991 and 1992 four disciplinary cases were considered by the board of officers in the Prison Administration Department. None of the cases entailed misconduct in office or negligence of official duties with respect to the treatment of prisoners or their rights. Two cases were of negligence of official duties in connection with an escape of a prisoner and the other two of negligence unrelated to the treatment of prisoners. The Prison Administration Department of the Ministry of Justice does not know of any cases in 1991 and 1992 where criminal proceedings were initiated because of alleged ill-treatment of prisoners.

- details of the action taken to implement the

recommendations in the report of the Working Group on Increasing the Efficiency of Drug Abuse Prevention and Welfare for Abusers of Drugs and Other Intoxicants during the Time of Imprisonment (paragraph 66)

The Working Group submitted its report on 30 April 1991. In its report the Working Group drew attention to the importance of increasing the efficiency of internal inspection and of the supervision of prisoners. The working group recommended that, at the same time, preventive work should be intensified and more information be given to prisoners both about the negative effects of the abuse of intoxicants and about treatment facilities. These measures should be carried out in cooperation with the social welfare authorities and non-governmental organizaitons engaged in the care of intoxicant abusers. The working group emphasized the importance of increasing the staff's knowlege of drug abuse prevention, particularly of the effects of various narcotics and intoxicants and of the treatment and rehabilitation services available.

A number of proposals by the Working Group require legislative changes. The Prison Administration Department is preparing to amend the legislation on the enforcement of sentences in order to incorporate the most important provisions proposed by the Working Group for the increase of inspections and the powers of officers. The provisions include those on the searching of visitors on certain conditions and refusal of visits, and more precise provisions on the searching of prisoners. However, visits by close family members could not be totally denied because of suspicion of drug carrying, but visits should take place under carefully controlled circumstances.

Another proposed provision is that for the electronic

surveillance of phonecalls to and from the prisoner, on the condition that both the prisoner and the other person are aware of the surveillance. Surveillance would not be permitted of phonecalls between the prisoner and his counsel and of calls to supervisory authorities.

Provisions on compulsory urine screening are proposed, in order to detect whether or not a prisoner has taken drugs. A sample would be required in cases where a prisoner is suspected of being under the influence of drugs. Also, submission to a test could be tied to transfer to a unit which require an undertaking by the prisoner to lead a life without drugs.

The division of responsibilities and expenses between the various authorities in fields of intoxicant abuse prevention, health care, and social services are discussed by a working group established by the Ministry for Social Affairs and Health on 3 may 1993. The Prison Administration Department is represented in the working group.
Education related to the abuse of drugs has been considerably increased at all levels in the training of staff within the past three years. It is a regular part of the study programmes for both the basic examination in prison administration qualifying for the post of officer and a further examination for the duties of senior officer. The in-service education for the entire staff in prison administration has featured fairly extensive seminars on drug problems, with participants from nearly every prison. Plans for the future are to shift focus in education to the particular needs of each prison.
Education programmes benefit form the expertise provided by the Police Academy and the welfare services for intoxicant abusers.

2. Solitary confinement

a) recommendations

- steps to be taken without delay to improve the material conditions of detention of all prisoners held in the isolation unit at Helsinki Central Prison for whatever reason (paragraph 71)

- prisoners held in the isolation unit at Helsinki Central Prison who are not undergoing cellular confinement as a disciplinary punishment to be accommodated in cells which contain the same equipment as that found in ordinary cells in the establishment (paragraph 71)

The isolation unit of Helsinki Central Prison is located in the section of day cells east where renovations will begin in 1994. The cells used for solitary confinement will have to be rebuilt, to meet reasonable standards for the accommodation of prisoners. These cells currently hold also prisoners seeking voluntary isolation ("pelkääjät"). They can be immediately fitted with the same equipment as ordinary cells.

- the regime applied to prisoners held in solitary confinement for non-disciplinary reasons in Helsinki Central Prison to be reviewed in order to ensure that they are offered purposeful activities and appropriate human contact (paragraph 73)

Mainly for security reasons, the activities provided to prisoners held in solitary confinement at their own request have to be arranged on premises separated from those used by other prisoners. The provision of purposeful activities requires that separate premises exist. Helsinki Central Prison is aware of the problem

and, with the new premises to be taken into use by the isolation unit in autumn 1993, the recommendations made by the CPT will be followed as carefully as possible.

- any prisoner placed in solitary confinement or whose solitary confinement has been renewed to be informed in writing of the reasons for the decision, unless compelling security requirements dictate otherwise, and to be given an opportunity to present his views on the matter to the relevant authority before any decision on placement in, or renewal of, solitary confinement is taken, (paragraph 74)

- the position of a prisoner held in solitary confinement for an extended period to be subject to a full review (including a psychiatric assessment) at least every three months (paragraph 74)

The Prison Administration Department will during the current year issue new instructions on the application of chapter 3 section 9 of the Enforcement of Sentences Decree concerning solitary confinement, taking into account the recommendation by the CPT for informing the prisoner in writing of the reasons for solitary confinement.

The prisoner is heard before any decision is taken on solitary confinement.

The CPT recommends that the position of a prisoner to be placed in solitary confinement for an extended period be reviewed (including a psychiatric assessment) at least every three months. According to the existing law on solitary confinement, however, the necessity of solitary confinement must be reviewed at intervals of not exceeding one month. The law also requires that the director and the doctor of the prison monitor the health and other circumstances of the person held in solitary confinement.

This being the case, the authorities dismiss as unnecessary the CPT's recommendation for a separate review with a psychiatric assessment every three months; the doctor's duty to monitor prisoners' health covers their psychiatric state.

- the Finnish authorities to take the necessary steps to ensure that whenever a prisoner in solitary confinement asks for a medical doctor - or a prison officer asks for one on his behalf - the doctor is called immediately to examine the prisoner. The results of the medical examination, including an assessment of the prisoner's mental and pshysical state and, if necessary, the likely consequences of continuing solitary confinement, to be set out in a written report and sent to the relevant authorities, (paragraph 76)

When a decision is taken to hold a prisoner in solitary confinement in order to prevent an occurrence which seriously endangers order in the prison, the director is, when taking the decision and enforcing it, required by law to consult the prison doctor, and the decision must be reviewed at least every month. A prisoner can also be placed in cellular confinement (for a maximum period of 20 days) as a disciplinary punishment or at his own request. The Decree on Prison Administration in force at the time of the CPT's visit provided for supervision by the prison doctor of the health of prisoners in solitary confinement and the circumstances of that confinement. Due to an administrative reform, that provision is no longer in force legally, but it exists in the instructions issued by the Prison Administration Department that continue to be in force. These instructions on the supervision of the health of prisoners advise staff to pay attention particularly to questions of psychiatric health.

The instructions also state that medical personnel must be called if the measure of placing a prisoner in solitary confinement requires the use of force. The prisoner has a right to a medical examination so that it can be verified that coercive measures have been used in a correct relation to the measure.

In practice, the monitoring of the health of prisoners in solitary confinement in most prisons is through prison officers reporting to the nurse. In two or three central prisons, the nurses visit the isolation unit daily. The prisoners have access to a nurse whenever they so request or can contact the nurse or the doctor in writing. When a prisoner expresses his wish to see a doctor, the nurse evaluates the urgency of his need and, accordingly, makes an appointment with the doctor or refers him to a health centre or hospital outside the prison. If a prisoner, while the nurse is not on duty, expresses an urgent need to see a doctor, or the staff observes him to need a doctor, he is taken to a health centre or hospital.

This approach has worked well, and complaints by prisoners have not revealed any instances where a justified request by a prisoner to see a doctor has not been granted. In Finland it would be impossible to create a system where a doctor agrees to call any time at the prisoner's request, irrespective of medical need.

The content of medical records and the confidentiality of such information are regulated by the Act on the Patient's Rights and Status. Instructions on the preparation and keeping of the records have been issued by the Ministry of Social Affairs and Health. The Act and the instructions are applicable to patients in prisons. Additional instructions have been issued by the Prison Administration Department on the monitoring of the health of prisoners,

handling of health records and the confidentiality of information concerning prisoners' health. The doctor is obliged to make a written record of his observations in the relevant documents. The instructions require the doctor to inform the director of the prison on his own initiative of any matter relating to the health or care of the prisoner that he considers to be important for the safety or treatment of the prisoner. The information cannot be given without the prisoner's permission. If information needs to be given without permission, it must not reveal the nature of the illness. Only information which is indispensible for the treatment of the prisoner, for example about the risk of suicide, may be given.

b) comment

- the CPT's observations on the treatment of those held in solitary confinement (paragraphs 69 to 76) apply equally to prisoners classified under the Dangerous Recidivists Act who are held under such conditions (paragraph 78)

Section 1 of the Dangerous Recividists Act states that when sentencing a person at the request of the public prosecutor in accordance with the conditions stipulated in the section to a pre-determined term of imprisonment, the court may at the same time decide that the person be held in preventive detention. The sentenced offender has a right of appeal against the sentence and the decision on placing him in solitary confinement to the Court of Appeal and, if his application is considered admissible, to the Supreme Court.

When the judgment has become final, the Prison Court has to take decision on the measure of preventive detention. That decision cannot be appealed. However, the Court must review the matter in accordance with section 9(2) of the

Dangerous Recidivists Act if it becomes apparent that the measure was based on an error or if new information is available to suggest that preventice detention is manifestly unnecessary.

According to section 13 of the Decree on Preventive Detention for Dangerous Recidivists a prisoner placed in preventive detention as a dangerous recidivist is in general subject to the same legal provisions as are sentenced prisoners. No special institutions exist for those in preventive detention but they are held in ordinary units among other prisoners.

The essential meaning of preventive detention is that, in contrast with other prisoners, the person will not be eligible for parole before he has completed his sentence but, in a security measure, he has to serve the entire term of imprisonment in detention.

Section 15 (c) of the Act on Dangerous Recidivists further stipulates that, unless a person held in preventive detention is released on parole, the measure of extending detention must be reviewed by the Prison Court at least every six months. The possibility of extending preventive detention after the completion of the sentence has become theoretical; this measure has never been taken during the current legislation, which has been in force since 1971.

The Prison Court operates as any other court, and its members act in the capacity of judge. Its four members are appointed by the President. Two members must have experience of working as judges; the other two are a psychiatrist and a layman. The Director General of the Prison Administration Department is a member of the Court ex officio. The Court is chaired by one of the lawyer members, who has usually served as a high court judge.

c) requests for information

- the routes of appeal open to prisoners to contest a solitary confinement measure (paragraph 74)

Chapter 3 section 9 of the Enforcement of Sentences Decree authorizes the director of the prison to take decision on the placement in solitary confinement for the reasons specified by law. Such reasons are preventing a prisoner from seriously endangering the life and health of other persons, prevention of evident attempt to escape or release a prisoner, prevention of regular use of narcotics or a continued narcotics offence, and prevention of similar acts which seriously endanger the order in the prison. The measure must be reviewed every month.

Section 72 of the Decree on Prison Administration provides for hearing the prisoner before any decision is taken on solitary confinement. According to section 73 the prisoner has no appeal against the decision taken by the director. Instead, he has an unrestricted right to complain to the supervisory authorities.

Section 73 of the Decree grants the prisoner a right to appeal to the Prison Administration Department of the Ministry of Justice against any decision by the board of directors of the prison to impose a loss of remission as a disciplinary sanction in excess of ten days or in excess of a total of thirty days during one term of imprisonment. There is no appeal against other decisions taken as a disciplinary sanction.

A decision taken by the Ministry of Justice cannot be appealed, unless permitted by specific provisions in law.

As regards legal remedies available under the Dangerous

Recidivists Act, reference is made to the discussion of paragraph 78 above.

- the number of prisoners currently classified under the Dangerous Recidivists Act and, in respect of each of them, the total length of time during which they have been subject to a solitary confinement-type of regime (paragraph 78)

- information about any steps being taken to repeal the Dangerous Recidivists Act (paragraph 78)

The dangerous recidivists placed in preventive detention are held in certain prisons where they occupy cells in ordinary units amongst other prisoners. Preventive detention does not mean that they are isolated from other prisoners or held in solitary confinement. In individual cases where solitary confinement has been used, it has been because of the prisoner's own conduct which has undermined the security in the prison. Since 1971, two prisoners have been held in solitary confinement for extended periods.

The numbers of prisoners classified under the Dangerous Recidivists Act are shown in the statistics below.

Year	Number of prisoners in preventive detention at the beginning of the year
1980	8
1981	12
1982	13
1983	12
1984	10
1985	13
1986	15

1987	14
1988	14
1989	13
1990	11
1991	10
1992	10
1993	11

The institution of preventive detention is under review by a working group preparing a comprehensive reform of the Penal Code.

3. Conditions of detention in general

a) recommendations

- the plans to renovate the night cells west and psychiatric unit cell areas in Helsinki Central Prison to include:

- enlargement of the cells (or the removal from service as living accommodation for prisoners of any cells which cannot be enlarge);

- the provision of adequate ventilation, light (including daylight) and heating as well as of ready access at all times to a toilet facility (paragraph 82)

The intention is to move the psychiatric unit into the new Vantaa Local Prison, for which plans have been drawn but whose construction will depend on the availability of financial resources. The night cells west have to be used for accommodation during the renovation period. The current plan is to remove the night cells from service as soon as the renovation of other cell areas has been completed. The intention is to dismantle them or rebuild them for future use.

- any request by a prisoner in Hämeenlinna Central Prison to be released from his or her cell during the day in order to use a toilet facility to be granted, unless significant security considerations require otherwise (paragraph 89)

Hämeenlinna Central Prison will release the prisoners from their cells to use a toilet during the day.

- plans to be drawn up to give all prisoners in Hämeenlinna Central Prison ready access to toilet facilities at all times, including at night (paragraph 89)

It is impracticable to require that the plans recommended by the CPT to be drawn up to give all prisoners in Hämeenlinna Central Prison access to toilet facilities at all times be put into effect at this stage. The Prison Administration Department believes that the provision of such access in all prisons is indispensable and will attach special importance to finding practical solutions to the problem in the connection of structural changes and reallocation of premises. In Hämeenlinna, this objective will not be fully attained until each cell has a toilet facility of its own. Staff on duty at night are few, and for security reasons it is impossible to give all prisoners access to a toilet at night. For a special reason, such as illness, a prisoner is in any case released to use a toilet at night.

b) comments

- it would be preferable for the integral sanitation facilities in Helsinki Central Prison to be partioned off from the living areas in the cells (paragraph 80)

Two types of access to sanitation facilities will be provided after the completion of the renovation of the Prison. In the open small units (day cells west), prisoners will have ready access to the communal sanitation facilities also at night. They will be provided keys to open the door of their cell. In the unit next due for renovation, one cell in three will be partioned off for use by the prisoners in the two neighbouring cells as a separate shower room and toilet. Otherwise, it is very difficult in small cells to provide

sanitation facilities which are separate from the living areas.

- the Finnish authorities are invited to take the necessary remedial measures to address the poor general state of repair in Helsinki Central Prison and the dirty condition of some areas (paragraph 83)

The building which houses the cells at Helsinki Central Prison will be fully renovated in the years to come. The work has started on the day cells west which will be completed by the end of the current year. This will be followed by the renovation of the day cells east and, finally, of the day cells north. Because of the limited amount of money available for the purpose the completion of each phase is expected to take two to three years. The areas to be rebuilt will be fitted with central heating and automatic ventilation. Most of the cells will be fitted with toilets and wash basis, some also with a shower. The furniture will be: bed, chair, desk, bookshelf, two lockers and notice board. The technical equipment will be: central heating, hot and cold water, automatic ventilation, fire alarm, call system, receiver for PA system, tv antenna, overhead light, and reading-lamp. Of the 84 day cells west, eight has been fitted with a separate shower and toilet facilities. Because of the small size of the units (nine to twelve persons), the prisoners in the other cells may use their own keys for access to the communal sanitation facilities.

The large central halls will be devided both horizontally and vertically into small units, each with their own facilities for the various activities. This division will decrease the possiblity of inter-prisoner violence and thereby the number of prisoners who fear for their safety.

Prisons have drawn up a cleaning plan, which defines the manner and frequency of cleaning of the particular premises as well as the person in charge. The cleaning plan for Helsinki Central Prison was checked and approved by the Prison Administration Department in 1989.

The senior officer and the officers on each floor are responsible for the cleanliness in the cell units where prisoners are accommodated, and the overseer of each workshop is responsible for the condition of the working areas respectively. The cleaning is carried out by the prisoners. A cleaner or a cleaning team from among the prisoners is appointed to clean the communal areas, such as the corridors and washrooms. Each prisoner cleans his own cell.

As a result of the CPT's report, senior officers in Helsinki Central Prison have been urged to improve the general cleanliness of the units. The basic idea that the prisoners take care of the cleaning under the supervision of the staff has not been revised. This practice is in conformity with the objective of involving the prisoners in the regime of the prison.

The best way to raise the level of hygiene in Helsinki Central Prison under the current system is by instilling more positive attitudes to cleaning among the staff. The necessary basic information is part of the basic training for officers, and the employer also pays for training courses in cleaning.

In their comments on the dirty condition of the isolation unit, Helsinki Central Prison stated that the prisoners occupying the unit refuse to work, take drugs, are violent or afraid of other prisoners. Not all of them are easily motivated to clean their cells. The cells can be cleaned

more thoroughly only when empty. In addition, the bad state of repair makes maintenance of hygienic standards difficult. Despite these difficult circumstances, the cleanliness of these premises continues to be in focus. As for the other parts of the prison, improvements have been achieved during the spring of 1993. For example, waste is taken out daily from the living quarters, and discarded materials from the workshop areas have been taken away. In an attempt to make the night cell units more pleasant harmonized curtains have been introduced to the doors of the cells.

On 10 May 1993, inspectors of the Prison Administration Department visited Helsinki Central Prison to scrutinize the standard of hygiene. Sub-standard conditions were found to still exist in the isolation unit, and the Prison was urged to carry out a thorough cleaning.

- prisoners should have access to programmes of activities which enable them to spend a reasonable part of the day (eight hours or more) outside their cells, engaged in purposeful activities of varied nature (group association activities, education, sport, work with vocational value). Further, the different legal status and needs of sentenced and remand prisoners should be reflected in the regimes applied to them (paragraph 96)

One of the essential requirements imposed on prisons is the provision of a meaningful regime to the prisoners. The aim is to ensure the maximum number of prisoners a possibility to work or study. If a prisoner lacks aptitude for either, he should have an opportunity to the kind of rehabilitation that helps him to maintain or improve his ability to function. In providing a full daily regime (of at least eight hours) of work, study and rehabilitation, an attempt is made, as necessary, to

incorporate guided free-time activities, sports, and unstructured opportunities to spend free time.

The goal for 1993 is to make a daily regime available to at least 70 per cent of the daily population. Ways to reach this goal include offering more varied work opportunities and improved practical guidance, more varied programme of vocational training and training preparing for it, opportunities for the necessary general education, and daily activities aimed at rehabilitation and the maintenance of an ability to function. In defining this goal, the fact was taken into account that some ten to twenty per cent of the registered prisoners are not involved in the activities because of leave, court appearance or similar. Remand prisoners are not subject to the daily regime but they can participate if they wish. In 1992, the daily average for prisoners not covered by the regime was 132.

c) requests for information

- the comments of Finnish authorities on the sufficiency of the range of work and educational activities available to prisoners at Helsinki Central Prison, as well as detailed statistics on the number and types of work and educational places available in the establishment (paragraph 85)

The Prison Administration Department has set out the following goals for the participation of prisoners in work, training and other daily activities at Helsinki Central Prison for 1992 and 1993 (daily average of prisoners participating in each activity). For 1992, also achievement is indicated.

Type of activity		**Achieved**	
Work	**Goal**	**1992**	**1993**
Production:			
woodworking		13	
printing		12	
metal industry		24	
car repair shop		2	
Production, total	**80**	**51**	**55**
Domestic work, maintenance:			
kitchen duties, laundering etc.		24	
maintenance of buildings		19	
renovation and repairs		33	
Domestic etc., total	**75**	**76**	**80**
Work, total	**155**	**127**	**135**
Training and education etc.			
Basic education and vocational training	40	29	35
Other (rehabilitation etc.)	*	5	15
(* contained in the above)			
Training etc., total	**40**	**34**	**50**
Total of prisoners involved	**195 (59%)**	**161 (51,7%)**	
Prisoners excluded			
because of illness		58	
difficult to mobilize		34	
temporary absence (on leave, appearing in court etc.)		59	
Prisoners excluded, total	**135**	**151**	**125**
Number of prisoners, daily average	**330**	**311**	**310**

As is evident from the above table, the goals set for the involvement of prisoners in 1992 were not reached. Continuing general education was available at the comprehensive school and secondary levels. Special groups, such as Roma people and foreigners were provided

education, as necesary, in the form of courses lasting three to four months. Vocational training or courses preparing for it were not available on a continuing basis. The situation was aggravated by the scarcity of activities available to prisoners partly incapable for work, those with multiple problems, and those who do not participate in any activities.

The Prison Administration Department has drawn the attention of Helsinki Central Prison to the above facts when setting the goals for 1993. In particular, the Department has required that activities be made available on a part-time basis to those who are, for various reasons, unable to work or study full time. The most important goal for the current year is to improve the content of the regime available in such a manner as to be more accessible to prisoners who are not fully capable for work and to those who have a tendency to isolate.

- the percentage of prisoners in Hämeenlinna Central Prison who have access to work and/or educational places (paragraph 90)

In 1993, the daily average of prisoners in Hämeenlinna Central Prison is estimated at 220, which breaks down as 90 women, 70 men, and 60 placed in the prison hospital.

The goals set for Hämeenlinna Central Prison by the Prison Administration Department require that of the 160 prisoners held there any given day (excluding those at hospital) an average of 114 prisoners (71 per cent) are involved in full-time activities, such as work, education and rehabilitation. In addition, activities designed to activate or rehabilitate are available on a part-time basis to some twenty prisoners (thirteen per cent) who are unable for physical, psychological or some other reasons

to participate in the full-time activities. Another twenty prisoners are estimated to be excluded from the activities on any given day because of court proceedings, transfer to another prison or for some other reason. The number of prisoners totally excluded from the regime applied in the Prison is less than five (three per cent). This figure contains the prisoners caring for their baby in prison.

On 17 May 1993, 64 men and 82 women prisoners, or a total of 146, were registered in the Central Prison, excluding another 30 prisoners in the hospital. The figures also contain those absent either because of leave, court proceedings or for some other reason. All men were engaged in work or study except one who is difficult to place and two or three new arrivals who were waiting to be placed. The officials in Hämeenlinnan Central Prison believe that the prison will be able to continue providing a near 100 per cent access to the male population.

Of the some 75 women prisoners present on any day, 50 to 55 work or study (67 to 73 per cent). An average of two to four prisoners (three to five per cent) have been excepted from work, three (four per cent) are difficult to place to work, three to five (four to seven per cent) are ill, and six to seven women (eight to nine per cent) are on maternity leave or take care of their baby. The Prison estimates that on a given day an average of six prisoners (eight per cent) are excluded from the activities owing to unwillingness to work or inability to work with other prisoners.

An average of ten prisoners of those in the prison hospital are engaged in a variety of maintenance work in the hospital.

c) requests for information

- notification of bringing into service of the new Hämeenlinna Local Prison premises and confirmation that the present prison premises will no longer be used to accommodate prisoners once the new buildings are brought into service (paragraph 94)

Häme Local Prison was founded on 1 January 1993 by a decree given on 11 December 1992. It was brought into service on 15 March 1993; the prisoners in the Local Prison unit in Hämeenlinna were moved to the new prison in Kylmäkoski. The old local prison is now vacant and it will never be used as a prison. The Prison Administration Department, National Board of Antiquities and Historical Monuments and the authorities of Hämeenlinna are negotiating on the future use of the prison. A proposal has been made to turn the premises into a prison museum.

- full information on the nature and capacities of the programmes of activities planned for the new Hämeenlinna Local Prison (paragraph 96)

The new Häme Local Prison is able to accommodate 102 prisoners. It is expected to hold an average of 90 prisoners at any given time which breaks down as 60 sentenced prisoners and 30 remand prisoners.

Modern workshops are designed for 30 to 40 persons. They offer assembly work, metalwork, painting, and service of vehicles. In addition, maintenance and repairs, and domestic work can employ ten to fifteen prisoners on a daily basis. Workshops have also been built in the living areas for sentenced and remand prisoners who are not fully capable for work as well as for prisoners in solitary confinement. The work opportunities are designed to

enable both prisoners serving a sentence and remand prisoners to be placed, as necessary, in part-time work. The above activities are envisaged to cover 60 per cent of the daily population.

The Local Prison will provide study opportunities for young offenders of school age and for those who suspended studies because of detention. It is also envisaged that vocational training together with training preparing for working life will be given in the form of courses.

4. Medical issues

a) recommendations

- someone competent to provide first aid always to be present in prison premises, preferably someone with a recognized nursing qualification (paragraph 101)

Training in providing first aid is part of the prison officers training programmes. In addition, a number of the nurses are qualified first aid teachers; both they and medical personnel in the occupational health service have provided training in first aid. In many prisons, the majority of the officers are trained in giving first aid.

The Prison Administration Department appreciates the CPT's proposal and will require that staff qualified in providing first always be present in the prisons. The prisons will be requested to maintain a register of staff members who have received training in first aid and who have maintained their skills.

In contrast, to carry out the recommendation for a nurse always to be present even in establishments holding only a few dozen prisoners would require increasing the medical staff manyfold, which is quite impossible to do considering the austerity measures applicable to the entire public personnel expenditure in the country. The recommended arrangement would also be an inappropriate use of resources because the greatest need for an active input from the nurses is during the day.

- every newly arrived prisoner to be properly interviewed and, if necessary, physically examined by a medical doctor as soon as possible after his admission; save for in

exceptional circumstances, this interview/examination to be carried out on the day of admission, especially in respect of persons beginning a period of imprisonment (paragraph 104)

The instructions issued by the Prison Administration Department require that the staff check on arrival the general condition and state of health of remand prisoners and prisoners admitted to serve a sentence and, if necessary, take immediate steps to have the prisoner examined and treated properly. The Department knows of no errors or omissions in this respect.

The basic examination for prison officers contains a course in health care, which trains the staff in recognizing symptoms of the most common illnesses, and provides information about treatments. In the absence of a doctor, prisoners in need of urgent attention by a medical doctor are taken to a health centre or hospital for examination. To have a doctor interview all persons admitted to a prison even for a couple of days, including those who report healthy and capable for work, cannot be regarded as an appropriate use of a highly qualified workforce, or even practicable. Doing so would require a considerable increase in the number of doctors employed by the prisons. The nurses conducting the interviews on admission have high professional qualifications and will refer the prisoner to a doctor in cases where this is justified or requested by the prisoner. Moreover, each prisoner is given an information package about health services available to the prisoners and access to a doctor.

- a suicide prevention programme for prisons to be drawn up, taking into account inter alia the points made by the CPT in paragraphs 108 and 109 (paragraph 110)

The suicide rate is exceptionally high in Finnish society at large. Since the mid-1980s it has remained at a particularly high level. An expert working group for suicide prevention has been set up to be in charge of a national prevention project. It would seem that the goal of reducing the suicide rate by 25 per cent by the year 1995 will not be achieved. The identification of those at risk for suicide appears to be no easy task even for health care professionals.

Those responsible for the health care of prisoners have followed the suicide prevention project with great interest and adopted the recommendations that have emerged from its work. A study on the causes of death of prisoners in 1969 to 1992 will be completed soon. It specifically focuses on the circumstances where most cases of suicide occur. In this respect, it is the closed insitutions and particularly the cells in their isolation units that seem to pose the greatest risk.

As was observed by the CPT, suicide prevention and identification of those at risk should be seen as the responsibility of all staff members. The primary importance of passing information from the officers working in close contact with the prisoners to the health care personnel has therefore been reiterated in various contexts. Suicide risk and suicide prevention are topics discussed as part of a number of subjects taught to the officers while in training: health education, psychiatry, psychology, treatment of prisoners. In one individual case of suicide the Prison Administration Department drew the attention of the director of Helsinki Central Prison to the necessity of monitoring the health, and psychiatric health in particular, of isolated prisoners, and of keeping the health care personnel informed thereof (paragraph 107).

The basic training given by the Prison Staff Training Centre provides information about the identification of suicide risk and suicide prevention in several subjects, especially in psychology, health education (psychiatry) and the treatment of prisoners.

The Centre's training programme for autumn 1993 contains a seminar on suicide prevention and identification of suicide risk in prison. The seminar is intented for all staff and particularly for those working in closed institutions.

After the study on the causes of death in prison is completed and the experiences from the seminar evaluated, decision will be made on the forms which education for suicide prevention should take in the future and the necessity of drawing up a particular suicide prevention programme. It is obvious that better results can be achieved by improving the conditions and treatment of all prisoners, by creating more dynamic professional skills based on good two-way communication, reducing the use of solitary confinement as a disciplinary measure, diminishing the time of holding prisoners locked in their cells, and by facilitating contacts with the outside world, rather than by directing attention and measures to individual prisoners. In renewing medical questionnaires and other health care documents special attention will be paid to the identification of possible suicide risk in interviews conducted on arrival.

- at Turku Prison Mental Hospital:

- plans to be drawn up designed to give all patients ready access to toilet facilities at all times, including at night (paragraph 114)

The basic structural design of the Hospital is the product

of renovations in the 1970s.

Eight single cells on two floors are without toilet facilities, and the patients have to rely on plastic buckets. It is impossible to take prisoners one by one to the toilet outside regular working hours when only three staff are on duty. The cells are rather small and would become even smaller if an area for toilet facilites was to be partioned off from the living area. The walls between the cells are very thick. The cost of building lavatories between the cells to serve two neighbouring cells would be relatively high. A preliminary plan is to separate the corridor on which the eight cells are located with a barred wall and fit the doors of cells with an electronic lock to be operated from the duty room to release prisoners one by one to use the toilet opposite to their cells.

- the possiblility to be explored of offering additional forms of occupational therapy (paragraph 118)

The Prison Administration Department has for a long time been concerned about the few opportunities for occupational therapy in Turku Prison Mental Hospital. The Hospital had plans to employ an occupational therapist, but they had to be renounced for now because of the reduction of the working hours of the nursing staff and the requirement imposed by the government for the reduction of staff in state administration in general. An attempt will be made by changing the shifts worked by the staff to find more persons to work in the daytime and to train interested psychiatric nurses to take up responsibilities in the nature of occupational therapy. The envisaged renovation of the hospital or the construction of a new building will take into account the space needed for occupational therapy.

- the material conditions of detention in the isolation rooms to be improved and, as a matter of urgency, the call system to be rendered operative (paragraph 122)

The maintenance of isolation rooms is a long-standing problem because durable materials and equipment are not easily found. The vinyl floor covering had to be removed, and the floors are now of painted concrete with uneven surfaces. The surfaces could be filled and given a new coating of paint, but it is hoped that a more lasting fixing method can be found for vinyl, which is a more pleasant floor surface than concrete.

The call system currently in use in isolation rooms is of a built-in type; nevertheless, it breaks down easily. The Hospital is looking for a more reliable type of equipment for installation during the current year.

- the practice of the routine use of isolation cells for the observation of newly admitted patients to cease (paragraph 122)

- the decision on placement of patients in isolation to be taken by a doctor and the reason for making such placements to be recorded in writing and made available to the patient, unless clinically inappropriate (paragraph 122)

The Hospital states that the CPT's belief that newly admitted patients are routinely placed in isolation is erroneous. Only patients arriving at night and involuntary patients who are known to be restless and violent are placed in isolation directly. In the daytime, the decision on placement of a patient in isolation is made by the doctor on duty; placement in isolation made at other times is subjected for approval by a doctor at the

earliest opportunity. The decision and its reasons are always recorded in writing and notified to the patient as far as possible. Decisions on the extension of isolation are reviewed and recorded daily.

According to the Mental Health Act, the patient's right to self-determination may be restricted and coercive measures taken in cases where the patient has been admitted for observation in order to determine whether there are gorunds for involuntary treatment, and in cases where he has been subjected to involuntary treatment. Restrictions and coercive measures may be used only to the extent absolutely necessary for the treatment of the illness or the safety of the patient or other persons.

The placement in isolation is comparable to coercive means referred to in the Act. Therefore, the isolation of an involuntary patient who is violent is in compliance with law. Equally lawful is the isolation of a patient who has arrived at night if he is admitted for observation and the isolation is necessary pursuant to the terms of the Mental Health Act.

After discussing a complaint made by a prisoner, the Prison Administration Department has recently reminded the doctor in charge of the Hospital that the decision for involuntary isolation of a patient should always be made by a doctor and that the reasons, as required by law, should be recorded in the prisoner's medical report.

The Prison Administration Department will monitor the isolation procedures followed at the Hospital to ensure that the decisions are made in the manner recommended by the CPT.

b) comments

- it would be desirable to supplement the current health care team at Kerava Juvenile Prison by ensuring the presence of a nurse in the establishment at weekends (paragraph 100)

Until 1986, Kerava Juvenile Prison had a nurse on duty also at weekends. Even with a larger population at the time, this arrangement turned out to be superfluous in proportion to the amount of work. It is the opinion of the director of the Prison as well as the impression of the Prison Administration Department that the present arrangement works quite well.

In an emergency, the prisoner is taken to the nearest health centre or hospital. This has worked without no problems. To have a nurse on duty at weekends would require more staff or a considerable decrease of the hours worked by the three nurses - one of whom is a qualified psychiatric nurse - during the week. The current system can be further justified by the fact the Prison is located in a town, with a number of external health services available at a short distance. Also, the prisoners at Kerava are, on an average, younger and healthier than often is the case in prisons which hold older recidivists suffering from severe alchoholism and other health problems. These prisons may be located in the sparsely populated countryside a long way from the closest health centre and hospital. These prisons have also adopted a five-day week for the nursing staff, which affords the nurses a better opportunity to concentrate on the problems of substance abusers and their health education.

Reference is also made to the reply to the recommendation concerning first aid preparedness.

- The Finnish authorities are invited to consider providing patients at Turku Prison Mental Hospital with lockable space in which to keep their personal belongings (paragraph 115)

Lockable space will be provided to prisoners during 1993.

- external control and supervision of the quality of medical care provided in a hospital is an important safeguard for both patients and staff (paragraph 123)

Prisoners have a right to make a complaint about the care and treatment they have received to the Head of Prison Medical Services in the Prison Administration Department. Complaints are an importantant source of information about Turku Prison Mental Hospital and other hospitals within the prison system from the point of view of supervision and guidance. In addition, the operations of the Mental Hospital are being reviewed in their entirety in a working group responsible for drawing up plans for the renovation of the Hospital or for a new building. The working group is chaired by the Head of Prison Medical Services.

Each doctor and member of health care personnel - including those working in prisons - is in the exercise of his or her professional duties subject to the control of the National Board of Medico-legal Affairs and the provincial (regional) social affairs and health care authorities. Another supervisory authority is the Parliamentary Ombudsman, who supervises the legality of the activities of health care personnel and hospitals both by examining complaints made by prisoners and visiting institutions. In accordance with instructions from the Prison Administration Department, the health visitor of the City of Turku inspects Turku Prison Mental Hospital at least once a year for observance of hygienic standards. Representatives of the state regional occupational health

centre carry out visits to examine the possible health hazards caused by the work and working conditions in the Hospital.
In addition, an external expert checks the Hospital's dispensary once a year.

The Act on the Patient's Rights and Status provides for a complaints procedure which may be used by a patient unsatisfied with the standard of medical care or treatment he or she has received. The complaint is addressed to the person responsible for the health care services provided by a medical unit. Recourse to that remedy does not restrict the patient's right to lodge a complaint with the national authorities supervising the standard of medical care. Yet another supervisory official is the Patient Ombudsman. Each medical unit is required under the Act to have an Ombudsman to advise and assist patients and to promote respect for their rights. The Act on Patients' Rights and Status is also applicable to the Prison Mental Hospital.

c) requests for information

- information about the existence of any formal guarantees of the clinical independence of doctors working in Finnish prisons (paragraph 102)

The professional independence of doctors and the treatment of patients who are prisoners by affording the same quality of care and the same rights as are available to any other patients has been taken for granted for a long time both in the instructions issued by the Department of Prison Administration and in the training of staff. The professional independence of doctors is based on a Hippocratic oath given under legislation regulating the practice of medicine. As a formal guarantee, the prison

doctor is in the practice of his or her profession subject to the same control of the authorities supervising the quality of medical care as is any other doctor.

In prisons, the doctor's professional independence is also protected by the strict confidentiality of the information he or she has received from the patient and the keeping of medical records in such a way that persons other than medical staff have no access to them. While it is the Prison Administration Department which approves the basic stock of drugs for prisons and recommends restrictions in the prescription of preparations which cause dependency, the instructions also stress that exceptions may be made for special medicinal reasons in individual cases.

In practice, pressure against the professional independence of doctors has been exercised by the other staff, in such issues as the obligation to remain silent (especially in the case of HIV infection), participation in measures to supervise and contol patients, and the patient's right to self-determination and physical integrity (in hunger strikes and suspected drug smuggling). The strong professional identity of the health care personnel has however helped to withstand these pressures. Currently a legislative change is underway to require a prisoner to give a urine sample by order of prison officers. In order to protect the confidence of prisoners in medical personnel it is important that prison officers are trained in carrying out these screenings for drugs.

The only situation where the doctor is not entirely independent in the treatment of a patient but needs permission from the Head of Prison Medical Services is in cases of referral to external medical care. In these cases the patient has normally already been urgently taken

to receive treatment and the granting of permission is a mere formality. In cases other than emergencies permission is rarely denied, and even then only following a consultation with the prison doctor.

- the approach followed concerning HIV testing of newly-arrived prisoners (paragraph 105)

- copies of any instructions or guidelines that might have been drawn up by the central authorities concerning the approach to be adopted vis-a-vis HIV+ prisoners and prisoners who have developed AIDS (paragraph 105)

The policy adopted by prisons with respect to HIV follows recommendations by WHO and the Council of Europe and the general approach in Finland. Its cornerstones are education and information given to prisoners and staff, voluntary testing and easy access to tests, strict confidentiality of information related to HIV infection, right of an infected prisoner to proper care and support as well as to normal treatment in prison, and practical possibilities for prisoners to protect themselves from infection. For the latter, the Prison Adminstration Department has instructed that condoms and effecient yet safe detergents be available to prisoners. The information package on basic hygiene given to every prisoner contains information on ways to protect against infection, use of comdoms, cleaning of syringes and needles, and on the possibility of obtaining further information and a HIV test conducted by a nurse in full confidentiality.

In the interview carried out on arrival, a nurse also inquires about the use of drugs. Tests are recommended especially to prisoners who have taken drugs intravenously, and information is supplied on ways to

minimize the risk of infection. The test result is given to the prisoner by the nurse (in case of a positive result, by the doctor) in person.

- the number and causes of deaths in Finnish prisons over the last three years (paragraph 110)

year	deaths	natural	suicide	violent	accident	uncertain
1990	16	6	8	1*	1	-
1991	13	3*	9	-	1	-
1992	20	8	10*	-	1	1

* one prisoner in each group died while on leave, some died in a hospital outside the prison

- the views of the Finnish authorities on the possibility of reinforcing external control and supervision of the quality of the psychiatric services at Turku Prison Mental Hospital (paragraph 123)

The Prison Administration Department believes that adequate external control and supervision is achieved through the systems described in reply to the comment in paragraph 123 and dismisses the creation of an external body solely for Turku Prison Mental Hospital. Instead, inspections and participation by the Head of Prison Medical Services in the result management of the Hospital will be increased.

5. Other issues of relevance to the CPT's mandate

a) recommendations

- the use made of the disciplinary cells for women at Hämeenlinna Central Prison to be reviewed, in light of the CPT's remarks (paragraph 128)

The isolation cells for women at Hämeenlinna Central Prison are used to enforce punishments for disciplinary reasons. The average length of punishment is two to three days, and the maximum length is ten days. Prisoners who cannot manage in the ordinary unit are, in an exceptional measure, placed in the isolation cells at their own request. In any case, they are returned into the ordinary cells within a week.

The CPT's recommendations on the size and furniture of the cells can be observed as part of the Prison's construction programme.

- a right of appeal to a higher authority to be introduced in respect of all types of disciplinary sanctions (paragraph 129)

A prisoner has a right of appeal only in cases where a loss of remission exceeding ten days was imposed on him as an unconditional disciplinary sanction. Appeal must be lodged with the Ministry of Justice (Prison Administration Department where decision on the case is taken by the Director General, upon submission by another official). There is no appeal against the decision by the Ministry of Justice.

Chapter 2 section 10 a of the Enforecement of Sentences

Decree provides that

> the sanctions that may be imposed by the director are a warning, a loss of privileges for a maximum of fourteen days, and solitary confinement for a maximum of seven days
>
> the sanctions that may be imposed by the board of directors are a warning, a loss of priveleges for a maximum of thirty days, solitary confinemnt for a maximum of twenty days or loss of remission (a maximum of twenty days).

A loss of priveleges may refer to free-time activities, use of library, purchases within the prison, use of money, purchase of publications or sports equipment outside the prison, and right to listen to the radio or watch television. This list is exhaustive.

Every year, some 1 800 disciplinary sanctions are imposed, 1 300 of which are solitary confinement measures. Of the latter, more than 90 per cent are for a maximum period of seven days. A loss of remission is imposed in approximately 60 cases a year.

Of the disciplinary sanctions, about one third is imposed for violation of rules relating to the use of intoxicants, another for breach of rules concerning prison leave, close to ten per cent for refusal to work, about two per cent for violence, and the remainder for other breach of order.

As the CPT observes, prisoners have a right of appeal in respect of disciplinary sanctions only in cases were a loss of remission was imposed of more than ten days. They have no right of appeal regarding other types of disciplinary sanctions, but they have the recourse of making a complaint to the Ministry of Justice or the

Parliamentary Ombudsman. The merits of the complaint are then examined by requesting the director of the prison in question to provide an explanation. The Prison Administration Department of the Ministry of Justice then decides on the basis of the explanation whether or not the director or the board of directors has exceeded the margin of appreciation in imposing the sanction. The supervisory authority - in this case the Prison Administration Department or the Parliamentary Omdusman - has no power to change an incorrect decision, but in practice the director or the board rectifies the decision if found to be incorrect.

In prison administration, the major practical difference between appeal and complaint is that a complaint has no effect on the implementation of the measure. The advantage that a disciplinary sanctions system has over a criminal justice system is that the measure may be imposed and implemented directly after a breach took place. The pedagogical and preventive effects of the sanctions is therefore greater than of those imposed by a court. If a right of appeal existed regarding disciplinary sanctions, the cases would have to be decided as a matter of urgency, because appeal has the effect of postponing implementation. Also, the question of resources of the appeal authorities would have to be considered.

Further, it is open to question whether a reasonable level of legal safeguards really requires that a right of appeal is introduced with respect to disciplinary sanctions irrespective of the degree of severity. The majority of disciplinary sanctions are imposed, following an established practice, for violations of rules in cases which are uncontested. It might be considered that a reasonable level of legal safeguards presupposes the right of appeal mainly with respect to those disciplinary

sanctions that extend the imprisonment (i.e. postpone release on parole).

The extension of the right of appeal is a major policy reform which in the opinion of the Ministry of Justice cannot be considered independently of the enforcement system as a whole. The Ministry is exploring the possibility of initiating a comprehensive reform of the Enforcement of Sentences Decree. The issue of the extension of the right of appeal will be examined in that context.

- the possibility to be explored of establishing a system under which each prison establishment would be visited on a regular basis by an independent body, possessing powers to inspect the prison's premises and hear complaints from inmates about their treatment in the establishment (pargraph 132)

Legislation on prison administration provides that, letters addressed by a prisoner to the supervisory authorities or to his lawyer or counsel must be forwarded immediately and without examination. The regulations say that letters must not be opened or examined when addressed to the President of the Republic, Chancellor of Justice, Parliamentary Ombudsman, Ministry of Justice, Prison Administration Department in the Ministry of Justice or, in matters relating to health care, Ministry of Social Affairs and Health or a National Board responsible to the Ministry, or Provincial Government. Letters addressed to the European Commission on Human Rights and the UN Human Rights Committee must also be forwarded unopened and without scrutiny. Prisoners have thus been guaranteed the right to take their case to a Finnish authority or an international supervisory body in the form of a complaint.

The Finnish prison system is regularly inspected by the Parliamentary Ombudsman. He or she is a person of known expertise in law elected by Parliament in its regular session for a four-year term to supervise, in accordance with the Instruction adopted by Parliament, that courts, other authorities and civil servants in the exercise of their functions, employees of public-law organizaitons and all those performing public functions respect law and fulfil their responsibilities. Parliament also elects for four-year terms an Assistant Parliamentary Ombudsman charged with assisting the Omdusman and discharging his or her tasks as necessary, and a Deputy to perform the duties of the Assistant Parliamentary Ombudsman when the latter is incapacitated. It is the Assistant Parliamentary Ombudsman who is charged with the supervison of the prison system.

The Instruction for the Parliamentary Ombudsman obliges him or her make visits in order to gain knowledge of the matters falling within the Ombudsman's competence. In particular the Ombudsman is to visit prisons and other closed institutions and inquire about the treatment of persons held there and other matters of relevance to them. In practical terms this means that the Assistant Parliamentary Ombudsman eventually visits all prisons, making a number of visits each year. During the visits, both prisoners and staff have an unrestricted opportunity to discuss with the Assistant Ombudsman. The Ombudsman is authorized by the rules of procedure to take measures in cases where a judge or other civil servant or employee in the service of a public-law organization has made himself guilty of deceit, partiality or gross negligence, violated the legal rights of a citizen or exceeded his powers.

Section 92 (2) of the Finnish Constitution Act states that every citizen who has suffered a violation of rights or

harm as a result of an unlawful act or omission by a public servant is entitled to demand that he be sentenced to a punishment and pay compensation or to report him for prosecution, as stipulated by law.

In practice, a few claims brought by prisoners against prison administration officers are heard by public courts every year. They are usually dismissed as unfounded.

The regular and careful supervision exercised by the Parliamentary Ombudsman together with the other safeguards mentioned correspond to the supervision that could be exercised by an independent body, and there is no immediate need for establishing such a body in Finland.

- the internal rules of every prison establishment, together with other basic information about prisoners' rights, to be available to inmates in a variety of languages (paragraph 142)

- foreign prisoners to have an effective right to the assistance of an interpreter when required to participate in proceedings which concern them (including internal disciplinary proceedings) (paragraph 142)

There are few foreign prisoners in Finland, although their number has increased in recent years. On 1 June 1993 they numbered 52.

Foreign prisoners are not held in every prison. In their placement, factors such as the availability of interpretation is considered. In April 1993, foreign prisoners were held in nine prisons, and most of them were placed in a limited number of prisons. For example, there were sixteen foreign prisoners in Helsinki Local Prison and eight in Helsinki Central Prison.

The Prison Administration Department is preparing a leaflet for foreign prisoners on the most important aspects of serving a prison sentence, including information on accommodation, keeping of personal belongings, work, and releasing. The leaflet will be translated into the most commonly used languages. Some prisons have produced instructions for foreign prisoners, including translations on the regime applied in the prison.

Provisions on the obligation of the authorities to provide interpretation exist in section 22 of the Act on Administrative Procedure, section 37 of the Act on Pre-Trial Investigation, and section 68 of the Aliens' Act.

Most prisons still have little or no experience of foreign prisoners. A number of foreign prisoners have lived in Finland for a long time, and with them it is possible to communicate in Finnish.

Many prisoners also know English. Generally all prisons have staff who know English. Problems have arisen with respect to languages with fewer speakers in Finland. Another problem is the remote location of some prisons, which makes finding interpreters more difficult. In trying to find interpreters prisons sometimes turn to embassies and consular officials. In some cases the prisoner's counsel or the authorities previously in charge of the case have been able to advise how to contact interpreters. In university cities it is easy to find interpreters of less commonly spoken languages. Helsinki Central Prison also uses telephone interpreters.

The situation of foreign prisoners has been discussed in in-service training. An example is the training session arranged in March under the heading of "Foreign cultures

meet in prison", with an exchange of information about different cultures and of experiences relating to foreign prisoners. Practical information on interpretation services was also provided. Because of great demand another course was given in May.

The need for a practical knowledge of languages is emphasized in the recruitment and training of staff. Finnish language courses are available to foreign prisoners who are serving a longer sentence, at least in Helsinki Local Prison and Helsinki Central Prison. With a larger number of foreign prisoners, the prisons in the Helsinki metropolitan area have been very active in efforts to improve the situation of foreign prisoners.

The policy of placing foreign prisoners mainly in prisons located in urban areas has served to reduce problems of interpretation.

b) comments

- aptitude for interpersonal communication should be a major factor in the process of recruiting prison personnel and, during training, considerable emphasis should be placed on developing interpersonal skills, based on respect for human dignity (paragraph 124)

In the selection of students for the basic examination in prison administration the following qualifications are examined: organization skills, observation skills, high self-esteem, good sense of reality, empathy, cooperation and communication skills, sense of responsibility, ability to control conflicts, mental alertness, and good spoken and written Finnish/Swedish. The selection process contains a written examination (with an essay to illustrate the applicant's motivation) and an interview.

The importance of improving interpersonal communication skills is understood in training both from the viewpoint of the treatment of prisoners and from the security point of view.

- it would be desirable for the disciplinary cells in the isolation unit at Helsinki Central Prison to be equipped with a table and chair, if necessary fixed to the floor (paragraph 128)

Renovation of the part of Helsinki Central Prison with isolation cells will begin next year. The CPT's comment can be accommodated in that process. Some cells currently in use are being equipped with a table and chair.

- the Finnish authorities are invited to consider adding the President of the CPT to the list of authorities to whom prisoners' letters must be forwarded without examination (paragraph 136)

The proposed amendments to the legislation on the enforcement of sentences and to the Pre-Trial Investigation Act contain provisions to the effect that letters addressed by prisoners to, for example, international human rights bodies must be forwarded at once and without examination. This formulation covers the CPT and its President.

c) requests for information

- clarification on whether the "new officials introductory course" for prison officers is offered as a from of in-service training, rather than provided as a mandatory training period before prison officers take up their duties (paragraph 126)

- the percentage of prison officers who studied for the basic and higher examinations in prison administration in 1991 and 1992 (paragraph 126)

The "new officials introductory course" referred to in paragraph 126 is not designed for prison guards but for officials who have been trained in a field other than prison administration and who need basic information about prison administration in their work. Problems occurred in the basic training of prison officers at a time when a shortage of labour forced the administration to rapidly employ a number of new officials as prison officers; persons with a background of vocational training were not available in sufficient numbers. With the deterioration of the labour market situation this problem has disappeared, and those entering the prison administration as prison officers usually have a certificate of basic vocational training.

In 1991, a total of 144 persons studied for the basic examination in prison administration. When admitted, they were not part of the staff of the prison administration. After five months of study, they started to receive a salary from the prison administration. These 144 students represented nine per cent of the total staff (1612), inclusive of the management, chiefs of labour colonies and officers in charge of maintenance. The respective figures for 1992 were 183 and twelve per cent (1569).

In 1991 a higher examination, which qualified for the post of senior prison officer, was completed by 24 persons, which amounted to 1.2 per cent of the entire staff.

- any planned special arrangements to assist visitors to travel to the new Hämeenlinna Local Prison, and the existence of any such special arrangements elsewhere in

Finland (paragraph 135)

No special arrangements have been made for visitors to travel to the new Häme Local Prison. The Prison was brought into service on 15 March 1993, and during the first month of operation the number of visitors exceeded that in the old prison. Public transport services between the prison and the nearby city of Tampere are reasonable; as yet there is no need for special arrangements. No such arrangements have been made elsewhere in Finland.

- the comments of the Finnish authorities on the observations made in paragraphs 137 to 139 about the policy on the placement of prisoners (paragraph 139)

The Ministry of Justice issued new instructions as of 20 January 1993 on the placement of prisoners in penal institutions. The main criterium continues be the prisoner's domicile. Prisoners of under eighteen years of age may be placed only in certain prisons. Non-compliance with the instructions is permitted for special reasons; for example, because of the availability of a regime (work, education, rehabilitation) suitable to the prisoner. Placement may also be made contrary to the instructions in cases where this is necessary for the security and order of the prison or for the safety of the prisoner.

Persons remanded in custody, but also sentenced prisoners and prisoners who serve imprisonment for nonpayment of fines, are placed into local prisons. The placement of remand and sentenced prisoners into the same units (paragraph 138) is not seen as a problem in Finland in cases where there is no need for reasons of investigation to restrict the remand prisoners' participation in the

activities provided in the prison. Remand prisoners may, on their approval, be placed in the same cell with prisoners other than those on remand, unless this creates a risk to the security or order in the prison or endangers the investigation (section 6 of the Remand Imprisonment Act).

In Kerava Juvenile Prison, first-timers of various ages and those under-21-year-olds who were not sentenced to serve their term in the juvenile unit, from the Province of Uusimaa, are placed in the units designed for non-juvenile prisoners. The placement of a juvenile offender in the same cell with an adult usually takes place at the offender's request or because he gets better along with adults than his peers. The experience in Finland is that disturbances and bullying are more common where juvenile offenders are accommodated within their own age group. However, Finland has ratified the UN Convention on the Rights of the Child, and accordingly prepares to implement instructions in conformity with Article 37 (c) on separating offenders younger than eighteen from adults unless it is considered to be in the child's interest not to do so.

The CPT has focused attention on the placement of different categories of prisoners in shared living areas and observed that this may endanger the safety and well-being of the prisoners (paragraph 139). The practice is on one hand due to the large size of the living areas in old prison buildings. In the renovation of these buildings living areas are usually restructured into smaller units, which have the advantage of being safer for the prisoners. On the other hand, there is a conscious attempt in Finland not to categorize prisoners or penal institutions for degree of risk or security. Prisoners who are capable of work and suitable for open institutions

are usually placed in an open prison at a time when they have less than a year to serve. An amendment to law is under preparation allowing the placement of a prisoner who is not fully capable of work into an open institution.

- the comments of the Finnish authorities on the adequacy of the current system of "travelling cells" (paragraph 140)

The "travelling cells" of a prison serve as a temporary place of accommodation for inmates who, because of judicial proceedings, transport and similar, have to spend the night in a prison other than their regular place of detention. Also those prisoners are placed in travelling cells who because of transport connections arrive when the reception office is closed.

For reasons of security and order it is not advisable to place prisoners from other institutions in the prison's living areas. The system of "travelling cells" is considered to be a good one, and purposeful from the point of view of order. Unfortunately, the "travelling cells" in Finnish prisons are large rooms shared by a number of persons, and may be unsafe for some prisoners. Prisoners who fear for their safety are not placed in such cells.

The Prison Administration Department believes that the system of "travelling cells" continues to be necessary. Single rooms will be introduced and the fitting of travelling cells will be improved in the renovation of prisons.

- information on the practice of slopping out in the Finnish prison system and details of plans to bring an end to that practice (paragraph 143)

Finnish closed prisons have a capacity of 3000, of which a third is in cells without separate toilet facilities. In some of these cells (open units) prisoners have access to a toilet facility at all times; in other units prisoners can be released by an officer to use a toilet at night, but units continue to exist where prisoners are not permitted to leave their cells to use a toilet facility at night because of the reduced number of staff on duty.

With the renovation of prisons, most of the cells will be equipped with separate toilet facilities, but this process will take time. Reference is made to the comments provided under paragraph 89.

- information about the existing practice of carrying firearms in direct contact with prisoners, including, in particular:

- a list of the establishemnts in which staff have been authorized by the Director to carry firearms,

- details of instructions/guidelines concerning the situations in which prison officers may use their firearms

- details of the training given to prison officers in the use of their firearms (paragraph 146)

Section 58 of the Decree on Prison Administration states that the provision of firearms and other security equipment to prison officers is subject to decision by the Ministry of Justice.

The decision of 17 March 1980 by the Ministry of Justice authorizes the Director to determine the duties in which

firearms must be carried. The carrying of arms other than chemical mace should be avoided inside the prison building. While on duty, staff may not carry firearms personally owned by them, and firearms given to them in the line of duty may not be carried off duty.

Weapons which may be carried by a prison officer on duty are a chemical mace and a pistol or revolver. The firearms given to a particular officer are for his use only. The above Ministry of Justice decision will be amended to replace the current practice with a system where firearms are assigned to a particular place of service or duty. In the new system, the number of firearms in a prison will correspond to the duties where, by order of the Director, arms should be carried. This will considerably reduce the number of firearms in use in prisons.

The firearms are assigned to particular duties (and not given to particular officers) in the following prisons: Sukeva Central Prison, Riihimäki Central Prison, Hämeenlinna Central Prison, Kerava Juvenile Prison, Uusimaa Local Prison, Mikkeli Local Prison, Vaasa Local Prison, Oulu Local Prison, and Pohjois-Karjala Local Prison.

The firearms are assigned to particular officers in the following prisons: Helsinki Central Prison, Turku Central Prison, Konnunsuo Central Prison, Pelso Central Prison, Helsinki Local Prison, Turku Local Prison, and Kuopio Local Prison.

Sukeva Training Centre, Vilppula Prison, and Kestilä Prison do not have any firearms.

Open prisons do not have any firearms, with the exception

of Huittinen Open Prison, which is authorized by section 2 of Prisoner Transportation Guidelines to provide firearms to staff because of their transportation functions.

The use of firearms as part of the use of force is regulated by law.

Section 8 of Chapter 3 of the Penal Code regulates the right to the use of force in the exercice of official duties that can be justified by the nature of the duties and the danger of resistance. Section 8 (2) provides for a right to such use of force as is justified by the circumstances in order to effect apprehension, prevent escape or to maintain order in cases where a person to be apprehended, arrested or imprisoned resists or attempts to avoid apprehension by escaping, and in cases where a convicted prisoner or other apprehended, arrested or imprisoned person attempts to escape or resists a prison officer or other person who is charged with preventing him or her from escaping or who is restoring him or to order.

Further, the right to defense as referred to in section 6 of chapter 3 of the Penal Code is permitted for the protection of life, physical integrity, freedom, property, and domestic peace, provided that the right is invoked in protection against an unjustified attack which is on-going or imminent (self-defense).

The Director of the prison must inform the Prison Administration Department in writing of the use of firearms on duty. In the case of bodily harm a police investigation must always be requested.

It is emphasized in training unequivocally that the use of force must be justifiable in a particular situation and in correct proportion to the resistance or threat encountered

and restricted to what is absolutely necessary.

The basic examination for prison officers provides information about the instructions and guidelines on the use of force and guidance for their interpretation and application. Practical training in carrying and using arms as well as shooting practice is part of the examination.

It is the duty of the chief of guards in each prison to ensure that the staff practice at using firearms. The person ordered to carry arms is obliged by regulations every year to participate in shooting practice and other training provided by the prison. Separate instructions have been issued on shooting practice.

It is for the chief of guards in each penal institution to ensure that the staff is trained in the use of firearms. According to instructions from the Prison Administration Department, prisons should organize shooting practice every year, with the purpose of checking the firearms given for official use and training the staff in using them.

The practical arrangement of the shooting practice is for each officer first to shoot with his gun three to five separate trial shots, and then to compete in shooting two five-shot series. In the first series, there is a minute's shooting time per shot, and every shot is shown separately. The second series is rapid fire, with a one-minute shooting time. Records have to maintained of shooting practice, indicating the results of each officer and the specifics of his gun, and those officers who did not participate and why.

- the views of the Finnish authorities on the possibility of revising the current policy on the carrying of firearms

by prison staff in direct contact with prisoners (paragraph 146)

The carrying of firearms has a long tradition in prison administration, but they are used rarely in practice.

Firearms will continue to be a feature of prison administration in some ways, above all for reasons of self-defence. In practice, the number of firearms will considerably diminish by the introduction in all prisons of a system of attaching firearms to specific duties or places of work instead of distributing them to particular officers.

By providng intensified training, including training in attitudes, and sufficient other means for the use of force together with self-defence skills (truncheons, shields, chemical maces) the need for carrying firearms, and thereby the risk of miscalculations with serious consequences, will be reduced.

Translation

APPENDIX 1

MINISTRY OF THE INTERIOR
Police Department
PO Box 257
00171 Helsinki
11 February 1985

217/601/11.2.1985

Nr 217/601/85

Instructions for the treatment of detainees

The Ministry of the Interior issues the following instructions for the treatment of detainees:

Section 1

Scope of application

For the purposes of this decision, a detainee shall refer to a person who has been apprehended or arrested and who is held in police custody.

This decision shall apply also to all detainees held in police custody for any legal reason other than crime.

Instructions for the treatment of inebriates taken into custody have been issued in a Letter of Instructions for the Police 1/1980. In the treatment of remand prisoners and sentenced prisoners, the Remand Imprisonment Act (615/74) and the Enforcement of Sentences Decree shall apply, unless their position as apprehended or arrested persons requires otherwise.

Section 2

Treatment of detainees

Detainees shall be treated with fairness and with respect for their human dignity. Their freedom may be restricted only to the extent necessary for the purposes of the coercive measure, security of detention and order.

Section 3
Preliminary search

A preliminary search of a detainee shall be carried out at the moment of apprehension. Objects shall be removed which may jeopardize the act of apprehension and transfer of the detainee or which the detainee may use to harm himself or other persons.

When apprehending and transfering detainees care shall be taken that none of their personal belongings are left behind.

Section 4
Transportation of detainees

When transported from one place to another, detainees shall be guarded, and undue attention shall be avoided.

Section 5
Search

Prior to being placed in a cell, a detainee shall be searched. Another search and a bodily search shall be conducted as necessary.

Any objects as well as medicinal and other substances shall be removed which may endanger the security of detention, maintenance of order in the place of detention or which the person may use to harm himself or other persons.

Detainees may be permitted to keep their watches and wedding and engagement rings. Money and other valuables shall be removed.

Search and bodily search shall be conducted with discretion and preferably in the presence of a witness. They shall not be carried out by or in the presence of persons of different sex than the detainee, except for doctors and other medical personnel. However, objects which can be clearly detected and which are a health, safety or security risk may be removed by persons of different sex if the detainee will not surrender them when requested.

Section 6
Examination for other details

In the search of a detainee, attention shall be paid to medical reports, prescriptions, instructions for the treatment of illness, and codes for illness. The detainee shall be asked about his illnesses or injuries and their causes.

The detainee shall be inquired about any specific dates within the period of detention, such as for appearing in court, or other dates and time limits which cannot be overlooked without a prejudice to his rights.

The officer in charge of the case shall be immediately informed of any details of this examination which require further measures.

Section 7
Information of the deprivation of liberty

The detainee shall be informed of the reason of detention as soon as he has been declared under arrest or

apprehended pursuant to a warrant of arrest.

The detainee's family or other person close to him shall be informed of the deprivation of liberty, as requested by the detainee, as soon as this does not jeopardize the clarification of the case. The information shall not be given against the detainee's will, unless there are special reasons for doing so.

Decision on the provision of information concerning the detainee shall be taken by the officer responsible for the decision on the coercive measure.

Section 8
Guarding

Detainees shall be held under guard. The purpose of guarding is to prevent detainees from escaping, communicating without permission, causing disorder, and harming themselves or other persons.

Unless the investigation or other measures require otherwise, the detainee shall be held in a closed cell where he shall be observed as required under the circumstances. He shall have a possibility to contact a guard at any time.

With a view to emergencies, the keys to the cell and the place of custody shall be kept in such a manner that also persons other than the guards can take rescue measures.

Section 9
Holding in custody

Detainees of different sex shall not be placed in the same cell. Sentenced prisoners, remand prisoners, and those detained for other reasons shall, as far as feasible, be

held separately. Remand prisoners and persons arrested on suspicion of crime shall be held in solitary confinement, if possible.

It is permissible to place remand prisoners and other detainees in the same cell for a lack of space or for other specific reasons, provided that this does not prejudice the purpose of the coercive measure.

A juvenile offender shall be separated from other detainees, when possible.

A detainee who has a communicable disease shall be isolated from other detainees.

Section 10
Transfer of detainees

Detainees shall be transferred from one authority to another only pursuant to a transfer order or other lawful document. If during the transfer the driver is changed, the receiving officer must confirm the change with his signature.

The personal belongings of each detainee shall be kept in such a manner as not to be lost or be mistaken for those of other detainees. At the end of the transfer, the receiving officer shall confirm the presence of the belongings with his signature.

Any illness of the detainee and the treatment prescribed for it, details of the security of detention, as well as dates for court appearance and other specific dates within the period of detention shall be notified to the receiving authorities.

Section 11

Order and cleanliness

The guard shall instruct the detainee in observing order and cleanliness as well as in keeping his cell clean. The detainee shall be given every day a possibility to wash as is customary, and to shave and to wash more thoroughly at least once a week.

Section 12
Health care

Medical and health care as well as medication prescribed by a doctor shall be provided to the detainee, as necessary. On doctor's orders the detainee shall be taken to be examined and treated. Special diets shall be taken into consideration in the provision of health care.

Pregnant women and women who have recently given birth shall be given the health care as required by their condition.

Detainees shall be given the medicine prescribed by a doctor. Medicines taken away from detainees shall be given according to the instructions, unless there is reason to suspect abuse. The taking of medicine shall be supervised in order to prevent abuse.

Close family members shall be informed in case of a detainee's serious illness.

Section 13
Right of access

Detainees shall have a right of access to a senior police officer in charge of the treatment of detainees and the chief of the police district to present his case.

Detainees shall be given an opportunity to discuss personal matters with a suitable person. Women detainees shall be, as far as possible, given a possibility for discussion with someone of their own sex.

Detainees may receive visitors under necessary guard. While pre-trial investigation is underway, the officer in charge may refuse visits deemed to prejudice the purpose of the detention, if abuse of the right cannot be prevented through supervision. The supervisory officer shall have right to interrupt the visit in cases where he observes something that may prejudice the investigation or the security of detention.

Section 14
Counsel

Parties shall have a right to use counsel in pre-trial investigations.

A suspect who has been apprehended, arrested or remanded for custody shall have a right to communicate with his counsel through visits, by letter and by telephone, as specified in sections 12 and 13 (b) of the Remand Imprisonment Act.

Those entitled to act as counsel in pre-trial investigation shall be lawyers in private practice and those within the legal aid system, and other persons qualified as trial representatives who have a law degree or who generally act as representatives before court.

Persons not permitted to act as counsel in pre-trial investigation are those who:
1) have acted as advisor to the suspect in the case under investigation, and those who
2) are suspected of, accused of or convicted for a crime

which will diminish their reliability as counsel.

The competence of counsel shall be determined by the officer in charge of the investigation. If a person wishing to act as a detainee's counsel in a pre-trial investigation has been refused the right to do so, the detainee shall have a possibility to have counsel who meets the qualifications. The investigation need not be postponed for this reason.

Section 15

Correspondence, mail and reading materials

Detainees shall have a right to correspond and write. They shall be supplied with the necessary materials.

Letters, messages and other mail sent by or addressed to detainees may be examined and intercepted if reasons of investigation and the security of detention so require. Letters from detainees to the President, Parliamentary Ombudsman, Chancellor of Justice, Ministry of Justice, Ministry of the Interior, Provincial Government, and Chief of the Police District shall be forwarded immediately and without examination. Letters addressed by detainees to their counsel shall not be examined or intercepted, unless reasons exist to prohibit any communication between the detainee and the counsel pursuant to section 14.

Detainees shall have a right to read. They shall be permitted to acquire and possess newspapers, periodicals and other reading materials, unless the contents prejudice the purpose of the detention. Detainees shall be provided with suitable reading materials on request.

Decision on the examination and forwarding of letters, messages and other mail as well as on the acquisition and possession of reading materials shall be taken by the

officer who took the decision on the coercive measure. If the forwarding and possession of the above items are prohibited, the items shall be returned to the detainee when he is released, unless other lawful grounds exist for the police or other authorities to retain them.

Section 16

The use of telephone

The chief of the police district or the officer who took the decision on the coercive measure may permit, in application of the instructions on the right of access and on correspodence, the detainee to use telephone. A charge shall be made in accordance with the general tariff, unless the officer who gave the permission decides differently on grounds of the detainee's indigence or for other justified reason.

Section 17

Permission to leave the place of detention

The chief of the police district may give the detainee permission to leave the place of detention, under guard, to visit a close family member who is seriously ill or to attend the funeral of a close family member or for other particularly important reason.

Section 18

Keeping and returning the detainee's personal belongings

Good care shall be taken of the detainee's personal belongings which were removed from him; they shall be kept separate from those of other detainees. They shall be returned to the detainee at the end of the detention period, unless lawful grounds exist for the police to retain them. At this request or with his consent the detainee's belongings may be given to a person of his

designation, unless lawful grounds exist to prevent this.

If the detainee has belongings which the police cannot or have no reason to take care of and which would be neglected, they shall be sent to a place of his choice, or the social welfare or other relevant authorities shall be notified of their existence. Items in the detainee's possession or taken away from him which have gone bad may be disposed of in the presence of a witness.

Section 19
Personal matters and the use of money

Detainees shall be, as far as possible, afforded assistance in attending to personal matters which they cannot manage themselves because of the deprivation of liberty and which cannot be postponed.

Detainees may, unless this is to the prejudice of the purpose of detention, receive and acquire, at their own cost and through a police officer working on his case or a guard, reasonable amounts of foodstuffs, softdrinks, tobacco, clothes and reading materials. These items shall be inspected in the presence of the detainee or a witness.

No remuneration or commission shall be accepted for attending to the detainee's affairs. Trading and other transactions between the staff and detainees shall be prohibited.

Section 20
Rest

Detainees shall be allowed to rest between 9 pm and 6 am. During this time they shall not, without a compelling reason, be interrogated without their consent; neither shall any other measures regarding them be taken.

Detainees shall not unnecessarily be disturbed during their rest at night. Their wishes regarding lighting shall be granted as far as feasible.

Detainees shall be provided with bedclothes for the night and at their request for use at other times. The bedclothes shall be changed when necessary and whenever a detainee is released or transferred.

Section 21

Food

Detainees shall be given the kind of food provided for in the instructions given by the Ministry of the Interior. They shall have a right to receive fresh drinking water. Whenever possible, they shall be provided with hot water to prepare coffee, tea or other drinks if they so request.

If a medical report or other circumstances indicate that an ordinary diet is not appropriate for a detainee because of illness or for other reasons, he shall be given special food or measures referred to in section 12 (1) shall be taken with respect to him.

Section 22

Clothing

Detainees shall have a right to wear their own clothes. Suitable clothes shall be given to a detainee whose clothes have been taken away for reasons of criminal investigation or health. Detainees shall be given an opportunity every week to change or wash clothes.

Section 23

Outdoor exercise

Detainees shall have a possibility to exercise outside

their cells or stay outdoor for a minimum of thirty minutes at least two days a week. Exercise facilities indoors or outdoors shall be provided on a daily basis, if this can be arranged without risking the security of detention.

Section 24
Smoking

Detainees may smoke and possess the necessary items, unless the chief of the police district or other officer responsible for the security of detention prohibits it on grounds of fire precautions or security. Whenever possible, smokers and non-smokers shall be placed in different cells. Smoking in the cell shall be prohibited if one of the detainees held there so requires. In cases where smoking in the cell is not permitted, the detainees shall be given an opportunity to smoke elsewhere.

Section 25
Work

A detainee shall be permitted to carry out work in the cell if he has the necessary materials and equipment, provided that this can be done without prejudice to the purpose of the coercive measure and without disturbing other detainees.

Section 26
The use of force

The use of force against detainees is regulated by chapter 3 section 8 of the Penal Code. The procedure to be followed in cases where the use of force or other measures causes injury or damage is provided for in section 28 of the Police Act (84/66).

Section 27
Placement into isolation and chaining

In order to restrain his violent behaviour a detainee may be placed into isolation, as necessary.

Detainees shall not be be chained unless this is necessary in order to prevent them from escaping during apprehension or transportation or to prevent violent behaviour which has not been contained by other means and which may endanger the detainee's or other persons' safety or result in considerable damage to property. Chaining shall not be continued longer than is necessary.

On account of the detainee's violent behaviour and the need to restrain him a doctor shall be consulted if necessary.

Decision on the placement into isolation and chaining shall be taken by a senior police officer. Under compelling circumstances these measures may be taken without such decision. In this case the measure shall be reported to a senior police officer at the first opportunity for final decision.

Section 28
Cells

The cells used to hold detainees shall meet hygienic standards as regards heating, air-conditioning, lighting and cleanliness.

The cells shall be inspected as necessary. Special attention shall be paid to the security and the condition of the security equipment.

Section 29

Responsibility for treatment

Responsibility for the custody of a detainee shall lie with the police who maintain the place of detention. The officer who took the decision on the coercive measure and the police officer investigating the case shall inform the guards of the details relating to the detainee which are necessary for the security of detention, for the prevention of unauthorized communication, and for health care.

Section 30

Custody register

The following information about detention shall be recorded:

1) personal details of detainee
2) suspected crime
3) any special ground of arrest referred to in chapter 1 section 3 (2) (a), (b) and (c) of the Coercive Criminal Investigation Means Act
4) name of officer who decided on arrest
5) time of apprehension, or time of arrival for pre-trial investigation as referred to in chapter 1 of section 13 (1) of the Coercive Criminal Investigation Means Act
6) time of taking decision on arrest
7) time of informing detainee of the remand order
8) time of making a request for remand and of making a remand order
9) time of release
10) when and to whom the notification referred to in chapter 1 section 7 (2) of the Coercive Criminal Investigation Means Act was made, and the reason for making it without the detainee's consent if this was the case, and
11) chaining and placement into isolation of detainee together with the reason for and duration of the measure.

In addition, the following information shall be recorded:
1) belongings removed from detainee as a result of the preliminary search (section 3), search and bodily search (section 5)
2) illnesses and injuries of the detainee (section 6), provision of medical and health care and medication, medicine given, reporting of the illness (section 12), and hearing the doctor (section 27)
3) dates for court proceedings and other specific dates and time limits (section 6)
4) confiscation of letters, messages, other mail, and reading materials (section 15)
5) leaving of the place of detention (section 17)
6) use of the detainee's money (section 19 (a)), and
7) return of belongings removed by the police to the detainee or third person, and disposal of belongings (section 15 and 18).

The receipt of the belongings returned by the police to the detainee or third party shall be acknowledged by signature or else they shall be returned in the presence of a witness or otherwise verifiably. A request for the return of the personal belongings to a person other than the detainee as well as the detainee's consent for the disposal of his belongings shall be in writing. The use of the detainee's money for the purposes referred to in section 19 shall be confirmed by signature.

Section 13
Miscellaneous instructions

What was said above of the police district and the chief of the police district shall also apply to the National Bureau of Investigation, Security Police, Mobile Police and their chiefs as well as to the Investigation Bureau of the National Bureau of Investigation and the chief of the Provincial Bureau, as appropriate.

Detainees shall be informed of their right of access to the instructions for the treatment of detainees, which shall be held in such a way as to enable the detainees to see and read them.

Section 32

Entry into force

This decision shall enter into force on 1 April 1985. It shall repeal the decision on the treatment of detainees issued by the Ministry of the Interior on 24 January 1975 and published in Instructions for the Police 1/1972.

Ministry of the Interior — Kaisa Raatikainen

National Police Commissioner — Olli Urponen

Translation
MINISTRY OF THE INTERIOR
Police Department

Nr Pkl 1/17 March 1980

Treatment of inebriates

In a decision taken today, the Ministry of the Interior has issued the following instructions for the treatment of inebriates:

Section 1
An inebriate

For the purposes of this decision, an inebriate shall refer to a person who has been apprehended under section 20 of the Police Act.

Section 2
Treatment of inebriates

Inebriates shall be treated with fairness and with respect for their human dignity.

Section 3
Reasons of taking into custody

An inebriate may be taken into custody if this is necessary considering the degree of his intoxication and state of health as well as the maintenance of order and security.

If a person who has been taken to the place of custody is no longer in such a state of intoxication that taking him into custody is necessary he shall be released without delay.

Section 4
Care and treatment

As far as possible, an inebriate shall receive the care and other treatment required by his degree of intoxication and state of health. The measures of taking him into custody shall be unedertaken with appropriate attention and caution.

Section 5
Illnesses

In the treatment of inebriates special attention shall be paid to any illness which resembles intoxication.

If it is found that an inebriate carries emblems or hospital, first aid or membership cards which facilitate the identification of an illness, special attention shall be paid to his condition.

Section 6
Taking an inebriate to be examined and treated

An inebriate shall be taken immediately for medical examination or treatment, if he is inconscious, if the degree of intoxication requires it, or if an injury or illness is detected which appears to render medical examination or treatment necessary. The same applies in cases where an intebriate requests medical examination or treatment, and there is no reason to consider the request unfounded.

If an inebriate has been removed for medical examination or treatment, or if he has to stay in hospital, or if he has been transported to the place of custody by an ambulance crew, the name and official position of the person taking the measure shall be recorded in a report made about the inebriate.

Section 7
Preliminary search

A preliminary search of an inebriate shall be carried out at the moment of apprehension. Objects shall be removed which may jeopardize the act of apprehension or trasportation as well as objects which the inebriate may use to harm himself or other persons.

When apprehending and transporting an inebriate care shall be taken that none of his personal belongings are left behind.

Section 8
Transportation

In the transportation of inebriates undue attention shall be avoided.

During transportation, the officer accompanying an inebriate shall travel in the same part of the vehicle as the inebriate, if necessary and possible under the circumstances.

Section 9
Search

When being taken into custody an inebriate shall be searched. Any objects shall be removed which may endager the detention or maintenance of order in the place of

custody as well as objects which the inebriate may use to harm himself or other persons. His money and valuables shall also be removed.

The search shall be conducted with discretion and preferably in the presence of a witness.

Search may not be carried out by or in the presence of a person of different sex than the inebriate, except for doctors or other medical personnel.

However, objects which can be clearly detected and which are a health, safety or security risk may be removed by persons of different sex if the detainee will not surrender them when requested.

Section 10
Supervision

While being transported and held in custody, an inebriate shall be placed in a position appropriate in his state of intoxication and health. In particular, attention shall be paid to a risk of suffocation resulting from nausea.

An inebriate shall not be left unsupervised for a longer period or without a possibility to contact supervising personnel.

Special attention shall be paid to an inebriate's restlessness, immobility over a period of time as well as to changes in the degree of intoxication and consciousness and the state of health.

Section 11
Medication

Medicines carried by an inebriate shall be removed for the

period of custody.

If an inebriate wishes to take medicine he had on him, special attention shall be paid when giving it to him to the combined effect of alcohol and the medication. As necessary, a doctor, pharmacy or the inebriate's family shall be consulted or the iebriate taken away to receive care or to be examined.

Section 12
Food

While in custody, an inebriate shall be given enough water to drink and, if necessary given the period of custody, food.

Section 13
Holding certain inebriates separate

Inebriates of different sex may not be held in the same room.

Inebriates who are under eighteen years old shall as far as possible be held separate from adult inebriates.

Section 14
Children and young persons

Inebriates who are under fifteen years old shall be placed into care of their guardian or social authorities. If this is not feasible, they can be taken into custody. The guradian or social authorities shall be notified of the measure without delay. They shall also be informed that they can collect the inebriate from the place of custody.

As far as possible, the guardian shall be informed of the taking into custody of other inebriates who are under the

age of eighteen. The guardian shall be given an opportunity to collect the inebriate from the place of custody.

Section 15
Military persons

A military person, if apprehended because of intoxication in an area where there is a garrison, shall in the first place be taken to the main guard. If this is not feasible, he shall be handed over to senior military officers as soon as he has become sober.

Seciton 16
Keeping and returning of belongings

Good care shall be taken of an inebriate's belongings which were removed from him; they shall be kept separate from those of other inebriates. They shall be returned to the inebriate before he leaves the place of custody, unless separate provisions exist with respect to an object or substance.

The belongings shall be returned against signature of receipt. If a person held in custody refuses to sign a receipt, the belongings shall be returned to him in the presence of a witness.

Section 17
Alcolic substances

Alcoholic drinks, beer, other alcoholic substances and denaturalized alcolic substances removed from an inebriate may be returned to him when he has sobered up. The substances in opened containers may be disposed of immediately.

A record shall be made of the presence of above substances as well as of measures taken with respect to them in the report about the inebriate.

Section 18
Coercive measures

The right to use coercive measures with respect to inebriates is regulated under chapter 3 section 8 of the Penal Code.

If the use of coercive measures results in injury or damage, the principles established in section 28 of the Police Act shall be followed.

Section 19
Containment of violent behaviour

In order to restrain his violent behaviour an inebriate shall be placed into isolation whenever possible.

An inebriate may be chained to restrain violent behaviour which has not been contained by other means and which may endanger the inebriate's or other persons' safety or result in considerable damage to property. Chaining shall not be continued longer than necessary. Special consideration shall be given to the chaining of those under eighteen.

Section 20
Decision on chaining

Decision on chaining shall be taken by a senior police officer. Under compelling circumstances this measure may be taken without such decision. In this case the measure shall be reported to a senior police officer at the first opportunity for final decision.

Section 21
Custody reports

When taking an inebriate into custody a report shall be made thereof in accordance with separate instructions. A report shall also be made of release from custody.

Items to be reported are any complaints or comments made by the person taken into custody regarding custody and treatment. Any injuries detected at time of taking the person into custody and releasing him shall also be reported.

Information about the custody of an inebriate shall not be divulged to third parties.

Section 22
Notification of custody

An inebriate's family and employer shall be notified of the fact of custody, if this is requested by the inebriate and if such notification is not regarded as manifestly superfluous.

Notification of custody shall also be made under section 16 of the Act on the Treatment of Inebriates.

Section 23
Further measures

For possible further measures, it shall be ascertained before placing a person into custody whether a warrant of apprehension has been issued for him and whether he is suspected of a crime.

Section 24
Place of custody

The heating, air-conditioning, lighting and cleanliness of the place of custody shall meet reasonable hygienic standards.

The premises shall be inspected as necessary. Special care shall be taken of the security equipment.

Section 25
Responsbility for custody

Responsibility for the custody of an ineberiate shall lie with the police at the place of custody.

Section 26
Cooperation with other authorities

In matters relating to inebriates, police shall cooperate with local social welfare and health care authorities.

Section 27
Entry into force

This decision shall enter into force on 1 June 1980.

The Act on the Treatment of Inebriates together with this decision shall be available in places of custody.

Helsinki, 17 March 1980

Ministry of the Interior Eino Uusitalo
National Police Commissioner Erkki J. Korhonen

Translation

APPENDIX 2

Complaints and reported offences

Nr / Unfounded / Reprimand or opinion stated by authority / Disciplinary action / Warning / Offence reported to police / Referred to public prosecutor for charges / fine / dismissed / Trasferred / Decision not known / Pending

(Provincial Government
or other)
Provincial Government
- Uusimaa
- Turku and Pori
- Häme
- Kymi
- Mikkeli
- Kuopio
- Pohjois-Karjala
- Vaasa
- Keski-Suomi
- Oulu
- Lappi
- Helsinki
Parliamentary Ombudsman
Chancellor of Justice
Prison Administration Dept
National Bureau of
Investigation
Total

x) Offence reported in the Province of Mikkeli in 1991 and 1992 concerns the same person. He was convicted in 1992, and discharged and sentenced to ten months' imprisonment.

In some reported offences, a complaint was lodged first, followed by report to police. In other cases, the matter was reported to police directly.

"Transferred" refers to cases transferred to the competent authorities or the police for investigation.

Liite 2

1991

		Kantelu tai rikosilmoitus									
		Ei ai-	Huom. t	Kurinp.	Var.	Rik.ilm.	SJP/	Sakko	Siirr.	Päätös	Kesken
	kpl	hetta	käsitys				Hylätty		muualle	ei tied.	
Ulh	29	5	5			19	17	2			
T&P	17	12							4		
Häme	69	52				17					
Kymi	3	3				4	3	1			
Mikkeli	2	2				4	3			x)	
Kuopio	21	18	3								
P-Karjala	9	9									
Vaasa	3	3				2	1			1	
K-Suomi	1	1									
Oulu	17	16	2			11					
Lappi	1	1									
Helsinki	41	21	2			24	11		2	6	
EOA	20	17	3								
OKA	3	3									
VAHO	2	2									
KRP	4	4				4	4				
Yhteensä	**242**	**169**	**15**	**0**	**0**	**85**	**39**	**3**	**6**	**7**	**0**

1992

	Kpl	Ei ai-	Huom.t	Kurinp.	Var	Rik.ilm	Sjp/	Sakko	Siirr.	Päätös	Kesken
		hetta	käsitys				Hylätty		muualle	ei tied	
Ulh	32	12	3			17	17				
T&P	14	9					5				
Häme	57	36			1	21					
Kymi	9	8				7	6	1			
Mikkeli	0	0				2	1			x)	
Kuopio	23	21	2								
P-Karjala	18	18									
Vaasa	2	2				3	2			1	
K-Suomi	2	2									
Oulu	23	21	2			12					
Lappi	4	2				2					
Helsinki	58	23	2			22	5		2	12	4
EOA	27	24	3								
OKA	10	7							3		
VAHO	1	1									
KRP	6	6				6	6				
Yhteensä	**286**	**192**	**12**	**0**	**1**	**92**	**42**	**1**	**5**	**13**	**4**

x) Mikkelin läänissä vuodelta 1991 ja 1992 on rikosilmoitus samaa henkilöä vastaan. Tuomittu 1992. Seuraamus: Viraltapano ja 10 kk vankeutta

Osassa rikosilmoituksia on ensin tehty kantelu, josta sittemmin on kirjattu rikosilmoitus
Osassa tapauksia on tehty suoraan rikosilmoitus

Siirretty - sarakkeessa ovat tiedot niistä tapauksista, jotka on siirretty joko toimivaltaiselle viranomaiselle tai ne on siirretty tutkittavksi rikosilmoituksina

Translation APPENDIX 3

MINISTRY FOR SOCIAL AFFAIRS AND HEALTH

MINISTRY OF THE INTERIOR 13 May 1992 2/632/92

For those listed under distribution

Letter of 12 May 1988 from the Ministry for Social Affairs and Health and the Ministry of the Interior

Reduction of custody cases

Since 1988, efforts have been made to reduce the large number of persons taken into police custody by improving collaboration between the police and the social welfare and health care authorities. Some progress has been made: the number of custody cases diminished by 28 per cent between 1987 and 1991. However, the initial goal was to reduce the number of cases by half from 1987 to 1993.

The police aim at taking into custody primarily those intoxicated persons who have committed crimes or are violent as well as those who risk their lives or health as a result of intoxication. As regards intoxicated persons, the Ministry of Social Welfare and Health aims at providing the necessary services for those who are problem users, young, homeless, disabled, sick or in a crisis.

The achieved reduction in the number of custody cases is largely a result of alternatives to traditional methods adopted by the police. Measures by the social welfare and health care sector have also played a role. The fact is however that alternatives to custody have been slow to

emerge. Also, the cooperation between the police and the social and health sector needs to be further intensified with a view to establishing detoxification centres and to levelling the large geographical discrepancies in the number of custody cases.

The practical guidance for the reduction of custody cases has been given by local working groups convened by the police. This form of work has yielded good experience. Geographical differences are noticeable in the activities of the working groups and some indication exists that the work has ceased in some cases. This conclusion is supported by the fact that within the past two years the reduction of custody cases has been only four to five per cent a year.

In order to reduce the number of custody cases further the efforts of the working groups should be intensified and revived, where necessary. In addition to the means in use, the group should review possibilities for providing such facilities as detoxification centres for problem users and explore alternatives to police custody. In diversifying the provision of alternatives, the authorities should bear in mind the possibility of participation by voluntary groups and other non-governmental organizations.

Minister for Social Affaris and Health

Jorma Huuhtanen

Minister of the Interior

Mauri Pekkarinen

DISTRIBUTION
Provincial Government Departments for Social Affairs and Health
Provincial Government Police Bureaus
Municipal Boards for Social Affairs
Municipal Boards for Health

Material for the reduction of custody cases:
Reducing the Need for Taking Abusers of Intoxicants into Custody: Working Group Report (Ministry for Social Affairs and Health 3/1988)
Intoxication and the Provision of Treatment and Rehabilitation (publication by the Ministry for Social Affairs and Health 20/91)
Letter Nr 2479/632/88 of 20 June 1988 to Pronvincial Police Commissioners and Chiefs of Police from the Ministry of the Interior Police Department

Translation APPENDIX 4

Ministry of the Interior
Police Department

14 May 1992

To:Provincial Police Commissioners

Re: Letter Nr 2/632/92 of 13 May 1992 from the Ministry of the Interior and the Ministry for Social Affairs and Health
Subject: REDUCTION OF THE NUMBER OF PERSONS TAKEN INTO CUSTODY FOR INTOXICATION

The Advisory Board for Police Affairs proposed in the report it submitted to the Minister of the Interior on 5 November 1991 that the division of responsibilities between the police and the social and welfare authorities should be further improved. This means that only those intoxicated persons should be taken into police custody who are violent, cause disturbance, commit crimes or who may need to be taken home.

The Ministry of the Interior has, in a joint letter with the Ministry for Social Affairs and Health Nr 246/632/20 June 1988 urged the chiefs of police districts to ensure that the local working group envisaged in the report by the Ministry for Social Affairs and Health Working Group for the Reduction of Custody Cases 1988:3 be appointed and that the working groups become active without delay. The police were made responsible for convening the local working groups.

With a view to giving effect to the proposal of the

Advisory Board and to intensifying the efforts of local working groups proposed in the Working Group report, the Supreme Command of the Police, after consulting with the Ministry for Social Affairs and Health, advises the police districts to check whether the working groups are active and, if not, to ensure that they resume their work. The intention is for the working groups to operate on a continuing basis and to monitor the trends in the number of custody cases in their regions and to cooperate in finding permanent solutions for a long-term reduction of the number of persons taken into custody.

The local working groups should take steps for intoxicated persons to be taken to detoxification centres referred to in sections 2 and 3 of the Act on the Treatment of Inebriates where they can receive medical care needed in that condition. Because intoxication as such is not a crime, police have no reason to restrict the freedom of a person merely for the purposes of detoxification, except in cases where the person has committed a crime or he has acted violently, caused a great deal of disturbance, or where his life or health is at risk.

Especially in the of case of problem users and heavily intoxicated persons, the assessment of the health of persons taken into custody often requires great medical expertise, which police do not have. The working group should, taking into account the resources available locally, aim at a situation where intoxicated persons are taken to a place where their condition can be assessed and medical care be provided. Health care authorities should be contacted for agreement on the provision of suitable premises to ensure medical services. Likewise, the working group should examine, together with the municipal authorities, the possibility of finding a place for long-term abusers of alcohol to use on a voluntary basis for detoxification. The persons should have a possibility to

stay on the premises,have food, wash, and launder their clothes.

The working groups should establish themselves and endeavour to carry into practice the proposal made by the Advisory Board and to reach the goals set in the report of the Working Group bearing in mind that the police will in future discontinue the practice of taking intoxicated persons into custody except for the cases cited above.

The Provincial Government Police Bureaus are urged to transmit the letter sent by the Ministries (dated 13 May 1992) together with this letter to police districts and tp ensure that the working groups adopt the principles expressed in this letter as the foundation of their actions.

Inspector General of the Police Reijo Naulapää

Chief Superintendent
Hannu Hannula

APPENDX Letter by the Ministry for Social Affairs and Health and the Minisitry of the Interior of 13 May 1992

FOR INFORMATION
Secretary General
Ministry for Social Affairs and Health
National Board for Social Affairs
National Board for Health
Ministry of the Interior/Rescue Department
Union of Finnish Towns
Finnish Municipal Association

APPENDIX 5

COUNSEL EXCLUDED FROM INTERROGATIONS

Province/Unit	Nr	%	Nr	%
	1991		1992	
Uusimaa	2	0	0	0
Turku and Pori	12	0	16	0
Häme	0	0	0	0
Kymi	0	0	0	0
Mikkeli	0	0	0	0
Kuopio	0	0	0	0
Pohjois-Karjala	0	0	0	0
Keski-Suomi	0	0	0	0
Vaasa	0	0	0	0
Oulu	0	0	0	0
Lappi	0	0	0	0
Helsinki Police	0	0	0	0
National Bureau of Investigation	0	0	0	0
Total	**14**	**0**	**16**	**0**

In the Province of Uusimaa, there were two cases of counsel being excluded, out of a total 100 000 cases of interrogation in 1992.
This represents some 0.0002 % of the total figure for interrogations.

No statistics as such are compiled of the number of interrogations.

Translation

APPENDIX 6

Helsinki Detoxification Centre has two full-time nurses. Their shifts are staggered in such a way that they are present at a time when the largest number of persons are taken into custody. Their shifts over a period of three weeks is as follows:

Nurse 1		Nurse 2
	Week I	
Mon	off duty	off duty
Tue	off duty	1pm - 9.30pm
Wed	1pm - 9.30pm	7am - 3pm
Thu	12 - 9.30pm	7am - 3pm
Fri	6pm >	11am - 6.30pm
Sat	> 7am; 6pm >	off duty
Sun	> 7am	off duty
	Week II	
Mon	off duty	off duty
Tue	off duty	1pm - 9.30pm
Wed	off duty	1pm - 9.30pm
Thu	12 - 9.30pm	7am - 3pm
Fri	6pm >	11am - 6.30pm
Sat	> 7am; 6pm >	off duty
Sun	> 7am	off duty
	Week III	
Mon	off duty	off duty
Tue	off duty	off duty
Wed	1pm - 9.30pm	7am - 3pm
Thu	12 - 9.30pm	7am - 3pm
Fri	11am - 6.30pm	6pm >
Sat	off duty	> 7am; 6pm >
Sun	off duty	> 7am

Translation
HELSINKI POLICE DEPARTMENT

APPENDIX 7
PERMANENT INSTRUCTION
Nr 24/1987/H
8 may 1987

Instructions for the protection of the personnel against HIV and other communicable diseases and for the treatment of persons who have or are suspected of having AIDS

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1 GENERAL

The personnel of the Police Department shall in the performance of their official duties observe these instructions for the protection against HIV infection and other communicable diseases and for the treatment of persons suffering or suspected of suffering from AIDS.

Persons who have AIDS or HIV infection or other communicable disease shall be treated objectively and with respect for their human dignity.

In the treatment of a person subjected to police action safety at work considerations shall be borne in mind, and working techniques shall be acquired to prevent viral transmission.

A person suffering from a communicable disease who is in need of medical treatment shall not be taken into custody for intoxication or detained in police custody before a medical examination has been carried out and he has received the necessary treatment. A person who is ill shall be taken for medical examination by a doctor, preferably by ambulance. It is for the doctor to decide whether the person can be taken into police custody or whether he will stay in hospital.

2 SAFEGUARDS AGAINST HIV INFECTION

2.1 HIV and AIDS

AIDS is an infectious disease caused by HIV, which is closely related to a leucaemia virus. It has been known only since the early 1980s. Not everybody who is infected by HIV develops AIDS. The current data suggests that the majority of those who are infected remain without symptoms, although all persons who have been infected carry the virus for the rest of their lives. It would seem that five to twenty per cent of those infected develop AIDS within two to five years.

HIV proliferates in the body and invades certain white blood cells, T helper lymphocytes which play an important role in the immune system. The virus gradually destroys these cells, leading to diminished resistance and, as a result, to various infectious diseases and certain malignant tumours which are otherwise rare.

The virus also enters the brain and causes some patients a fatal inflammation of the central nervous system. AIDS is the final stage of the disease, marking the total destruction of the immune system.

The number of AIDS patients doubles in Europe at six-to-nine-month intervals and in USA at ten-to-eight-month intervals. No vaccine has so far been developed, and no cure is known.

2.2 HIV transmission

HIV is nearly always transmitted in sexual or blood contact.

HIV has been isolated from a number of different samples

such as white cell fraction, (periphereal blood, bonemarrow specimen), plasma and serum, sperm, vaginal discharges, saliva, lachrymal fluid, urine, lumbar fluid, lung lavage liquid, and tissue samples (blood cells, brain tissue, lymphoid tissue and lung tissue).

However, AIDS is not transmitted very easily. It is not transmitted through shaking hands, or through using food utensils, or public premises, vehicles or public toilets.

The disease is prevalent in risk groups who are mostly homosexual and bisexual men with several sex partners. Other groups at risk are intravenous drug users, haemophiliacs, and persons who have sexual contact with prostitutes.

Transmission takes place through blood and semen. Drug users are infected by sharing needles or syringes with infected people.

2.3 Individual safeguards against AIDS

Persons taking care of AIDS patients are not at any particular risk, if they avoid contact with blood. Equally, the risk of police personnel of being infected by HIV in the course of their work is limited; no police officer is known to have been infected in his work.

The risk of transmission is however real in cases where police action is directed to a person carrying HIV, and his blood or secretion or tarnished objects are handled, with some of the blood or secretion entering into lesions or open cuts in the skin. HIV can also be transmitted by sharp and pricking objects which cut wounds in the skin and are tarnished with blood or secretion.

Hazardous situations arise in the context of apprehension,

transportation, placement into custody, and search carried out in order to secure some of the other tasks; in the use of force; and in the handling of dead bodies.

Safeguards to be adopted to reduce the risk of infection:

Use disposable gloves whenever blood, secretion and tarnished objects need to be handled. Do no wear gloves to touch surfaces or objects which are also handled without gloves. Remove gloves directly after completing your task and put them into a plastic garbage bag. Wash hands with soap and water, also after wearing gloves. Gloves may be substituted for plastic bags in emergency.

Wash and disinfect hands and skin tarnished with blood and secretion at once.

Clean surfaces (e.g. service counter) tarnished with blood or secretion at once with disposable towels and disinfectant containing clorine. Put the towels into a garbage bag immediately.

Wash and disinfect clothes and vehicles soiled with blood or secretion and clean directly.

To reduce the risk of infection, keep clients with blood on them separate from other clients in police custody.

Disinfection may be requested from the Disinfection Service of the Health Care Department (Tel 70991) in cases where police uniforms, premises or vehicles have been badly soiled with the blood or secretion of a person who is known to carry HIV or who can reasonably be suspected thereof.

2.4 Elimination of the virus

It is known that HIV is eliminated at temperatures of +56-68 degrees Centigrade within 30 to 300 minutes. For example, washing clothes in a wasing machine will kill it at 60 degrees. Also, 40 to 60 per cent alcohol destroys the virus. Disinfectants which contain chlorine also kill it. Klorite, for example, diluted for normal use, destroys it in a minute. A disinfectant called Hibitane is available at the various workplaces within the Police Department to eliminate the virus through disinfection.

2.5 Holding an HIV carrier in police custody

If a carrier of HIV or a person reasonably suspected of being one is intoxicated, he may be placed into custody in the Helsinki Police premises in Töölö. Also persons detained under the Police Act and remanded for custody by the uniformed police on criminal grounds shall be held there. Those detained by the Criminal Police are held on the premises of the Police Station in Pasila.

An HIV carrier shall be held in a cell separate from other persons. Disposable plates and utensils shall be used to serve meals, and the person may be given a garbage bag for his own use, as necessary.

If there is need to transfer an HIV carrier from a department or office to another, the receiving officer shall be informed of the HIV infection.

A person who has AIDS and needs medical attention shall be taken to Aurora Hospital. An HIV carrier who needs treatment for his injuries shall be taken to a first aid clinic. If an HIV carrier requires treatment under the Mental Health Act a doctor shall be called to the police premises.

2.6 Measures to be taken in accidents

If a person treating an HIV carrier or handling his belongings receives a cut or a prick and there is reason to suspect infection, do as follows:

- squeeze blood out of the cut lightly
- rinse the cut with disinfectant and a lot of water
- go to a health centre for an AIDS test without delay

Follow-up: test the person transmitting infection; if the test result is positive, test the staff member again.

2.7 Notification of accidents

Under the Accident Insurance Act, an industrial accident to an employee shall be notified to the employer at once. Because even a minor industrial accident may, after a number of years, lead to a disability pension, it is important that the details of industrial accidents are recorded from the outset.

Therefore, accidents involving personnel shall be reported to the appropriate bureau of investigation on Form S, together with specific details. Form S need not be completed if the accident is reported on Form R.

2.8 Compensation of damage caused in the exercise of duties (Decrees 794 and 881/80)

A person who is employed by the state shall be entitled to compensation, on certain conditions, for the damage caused to his clothes or other property in the exercise of his duties. An application for compensation shall be filed with the Finnish State Treasury within three months of the incident. Because the Treasury may, as necessary, request

the comments of the Police Department on the need of compensation, a reliable account of the accident and other necessary evidence shall be enclosed with the application.

Therefore, every member of the Police Department who seeks compensation for damaged clothes or other property shall report the details of the accident at once to the appropriate bureau of investigation on Form S. If the details of the accident are reported on Form R , Form S need not be completed.

3 PROTECTION AGAINST OTHER COMMUNICABLE DISEASES

3.1 Police assistance to health care authorities

The Act on Communicable Diseases (583/86) divides communicable diseases into three categories: those that are generally dangerous, those that must be reported, and other communicable diseases.

The Decree on Communicable Diseases (786/86) classifies HIV infection under diseases which have to be reported.

The Act places police under an obligation to render assistance to health care authorities at the request of the City Health Board in order to prevent the spreading of a communicable disease which is generally dangerous. Such assistance shall be the responsibility of the Transport and Alchohol Department.

3.2 Protection against other communicable diseases

In the treatment of persons suffering from a communicable disease, the above instructions on safeguards against HIV shall apply, as appropriate. In the provision of assistance to health care authorities their instructions shall apply.

Police Commissioner Tapani Elomaa

Acting Director Tapani Luoma
Administrative Department

Translation

MINISTRY OF JUSTICE

PRISON ADMINISTRATION DEPARTMENT 1022/441/91

9 september 1991

To: Medical personnel of prisons and Turku Prison Mental Hospital

HEALTH EDUCATION

The Prison Administration Department is sending samples of health education material on HIV prepared by the Finnish AIDS Information and Support Centre. The leaflets are available from the Centre; P.O.Box 106, 00161 Helsinki, tel. 90-175 822. Other leaflets available in the series "Kondomi rauhoittaa" (Use condom, be reassured), in addition to the enclosed sample materials, are "Puhu pelkosi" (Talk about your fears) and "Yksin yössä" (Alone in the night), providing information on the Centre and tests, and leaflet Nr 3 entitled "Spermalasti Hot Rubberissa" (A load of sperm in a Hot Rubber), designed for those with homosexual relationships.

The Department would like to reiterate that, around the world, prisons are seen as central to combatting HIV infections, and education and information as the best tools. In particular, information to prisoners must be on a conitinuing basis, but it is also important to keep the staff abreast with developments in the subject. The leaflet "Yhdessä AIDSia vastaan" (Combatting AIDS together) gives details of information packages available from the AIDS Information and Support Centre. The Department has sent a letter (Dno 1592/14/88 of 10 June 1988) to the effect that it will provide funding for health education on AIDS to prisoners under budgetary item 25.50.21.3-2 on the basis of bills received.

Director General K.J.Lång

Head of Prison Medical Services Leena Arpo

Translation
MINISTRY OF JUSTICE
PRISON ADMINISTRATION DEPARTMENT
10 June 1988 1592/14/88

To: Prison directors and chief medical officer of Turku Prison Mental Hospital

EDUCATION ON AIDS
Several institutions within the prison administration have already undertaken to educate staff on AIDS, using either doctors in their staff or those from the outside. It has become evident from various occasions that factual and up-to-date information continues to be needed. In addition, prisoners should be given systematic information and advice on AIDS and other communicable diseases.

While the prison administration does not know of any person to have become infected with HIV, the Department deems it important that both the staff and the prisoners are given health education on the subject. Education may be provided on a number of days to permit maximum participation by staff members. Prisoners should be given such education at least annually. Education plays an important role in removing anxiety, reducing the risk of transmission, and in treating humanely and professionally persons who fear transmission or have been infected. Information on AIDS is an essential component of education about human relationships and sex, but also of education about drugs, because the number of new cases of HIV infections among intravenous drug users is increasing the world over.

The Finnish AIDS Information and Support Centre has agreed to offer their education services to the prison administration. On 24 May 1988 the Prison Staff Training

Centre devoted the day to information on AIDS as part of the basic examination for prison officers. One of the lecturers was Markku Salmen, a specialist nurse and lecturer from the Information and Support Centre who has gained considerable practical knowledge in working in an AIDS hospital in the USA for three years. He is at the disposal of prisons for education purposes. Lectures cost 300 marks per hour, plus travel expenses. Two to three-hour lectures are recommended. The Centre is located at Linnankatu 2 B, postal address P O Box 106, 00161 Helsinki, and the telephone number is 90-175822.

The Prison Administration Department provides funding for information on AIDS to prisoners under budgetary item 25.50.21.3-2 on the basis of bills received. For staff, the funding must be secured from the Department in advance.

Director General of Prison Administration K.J.Lång

Head of Prison Medical Services Leena Arpo

For information: Chief Inspector Tytti Toukkari
Financial office
Finnish AIDS Information and Support Centre

Translation

MINISTRY OF JUSTICE INSTRUCTION Nr17/4/91/7.10.1991

PRISON ADMINISTRATION DEPARTMENT

7 October 1991

Subject: Availability of condoms in prisons
Competence: Section 10 of the Remand Imprisonment Act, chapter 2 section 8 of the Enforcement of Sentences Decree, and sections 34, 35 and 77 of the Decree on Prison Administration
Effective: as of 7 October 1991 until further notice
Repealing: "Supply of condoms in prisons", letter nr 254/44/87, of 30 March 1987, from the Prison Administration Department

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AVAILABILITY OF CONDOMS IN PRISONS

An increasing number of those infected with HIV are intravenous drug users. In many countries, there is larger proportion of infected persons among prisoners than among the population on average. In prisons the virus may transmitted not only through unclean syringes and needles used to inject drugs but also through homosexual partners. WHO and the Parliament of the Council of Europe have stressed the responsibility of prison administration officials in preventing HIV infections.

The most important aspect of preventing HIV is information. A key element is to provide information on the risk of transmission present in unprotected intercourse and on the need to learn to use a condom. The principle of normalcy adopted in prison administration means that prisoners must have access to the information

and other preventive health care which meets the same standards as that available to people at liberty.

A WHO expert group, which consisted of experts in health care and in the treatment of prisoners as well as of experts of administration in both fields, has recommended that, in order to reduce the risk of transmission, consideration should be given to making condoms available in prisons. The Parliament of the Council of Europe recommended in 1988 that the Committee of Ministers urge the goverments of the member states to ensure that prisoners have access to condoms.

With reference to the above, the Ministry of Justice Prison Administration Department issues the following instructions on the availability of condoms in prisons:

1. Released prisoners and prisoners going on prison leave

Each prisoner who is released or is going on leave may be given a package of five condoms free of charge. The Prison Administration Department believes that the most appropriate way of providing them is when prisoners are changing clothes. Discretion should be observed in supplying them.

2. Other prisoners

The establishments should ensure that condoms are readily available to prisoners, without attracting undue attention. Because the provision of condoms should be seen as part of the prevention of HIV infections and other sexually transmitted diseases, the Department deems it appropriate that condoms be available at least from the medical personnel. A reasonable number of condoms may be

given to prisoners free of charge. In addition, care should be taken to ensure that condoms are available in the premises designed for unsupervised visits by the family.

Director General of Prison Administration K.J.Lång

Head of Prison Medical Services Leena Arpo

Translation

MINISTRY OF JUSTICE **INSTRUCTION**

Nr 2/4/92

PRISON ADMINISTRATION DEPARTMENT 30 January 1992

Subject: Prisoners' personal hygiene
Competence: Sections 34, 35 and 77 of the Decree on Prison Administration
Effective: as of 15 February until further notice
Repealing: Circular Nr 451/7/18 of 25 November 1985

PRISONERS' PERSONAL HYGIENE

Chapter 2 section 8 of the Enforcement of Sentences Decree provides that care must be taken of prisoners' health. With respect to remand prisoners, a corresponding provision can be found in section 10 of the Remand Imprisonment Act. Chapter 3 section 4 of the Enforcement of Sentences Decree places prisoners under an obligation to observe cleanliness in and outside of a penal institution. Remand prisoners are, under section 8 of the Remand Imprisonment Act, required to observe cleanliness. According to section 35 of the Decree on Prison Administration prisoners should receive guidance in taking care of personal hygiene.

To permit prisoners to fulfil their obligation regarding standards of personal hygiene and to apply in practice the guidance received, the Ministry of Justice Prison Administration Department issues the following instructions:

1. Basic hygiene kit

A basic hygiene kit shall be provided free of charge to every remand and sentenced prisoner and to every prisoner serving a term of prisonment for non-payment of fines.

The kit contains a soap, toothbrush, toothpaste, cup, toothpicks, package of disposable razor blades, comb, shampoo, package of tissues, and a leaflet on health care in prison administration.

2. Purchase of basic hygiene packs and distribution to prisoners

A basic hygiene kit shall be given to a prisoner on arrival at a penal institution. A new kit shall be provided following a year's uninterrupted imprisonment. Upon transfer to another institution a prisoner shall not be entitled to receive a new kit. Basic hygiene kits shall also be distributed in open prisons. Instructions regarding prisoners' clothes shall apply as regards the purchase, distribution and receipt of the kits. The fact of handing over a kit to a prisoner together with a date thereof shall be recorded in a register of the prisoner's outfit. The consumption of basic hygiene kits shall be subject to accounting in an institution.

3. Possession of basic hygiene kits

Basic hygiene kits shall be given over to the personal possession of prisoners. The possession of items and substances contained in the kits shall be subject to the provisions of the Enforcement of Sentences Decree on personal belongings.

4. Other ways of ensuring personal hygiene

Communal washrooms in institutions shall be fitted with shampoo and soap dispensers.

Women shall be provided with the necessary amount of sanitary towels and tampons.

Care shall also be taken to ensure that effective and safe disinfectants are available in washrooms. Medical personnel shall be consulted about their choice.

Director General of Prison Administration K.J.Lång

Head of Prison Medical Services Leena Arpo

Translation

MINISTRY OF JUSTICE

PRISON ADMINISTRATION DEPARTMENT

Helsinki 17 November 1986

Medical personnel in prisons

The Ministry of Justice Prison Administration Department is sending for your information a memorandum on the treatment of HIV positive prisoners within the prison system. The memorandum was a subject of discussion at a meeting of prison directors.

Director General of Prison Administration K.J.Lång

Acting Head of Prison Medical Services Christine Hedman

MINISTRY OF JUSTICE
PRISON ADMINISTRATION DEPARTMENT
Christine Hedman
Acting Head of Medical Services

Memorandum
20 October 1986
2543/44/86

TREATMENT OF HIV POSITIVE PATIENTS IN THE PRISON SYSTEM

While there have so far been no HIV-positive prisoners in the prison system it is expected that a number of questions will arise regarding accommodation and placement of prisoners, safety at work and similar, if prisoners with HIV enter the system. Specific instructions for the treatment of HIV-positive prisoners are difficult to give; the approach will have to be case by case. This memorandum addresses some of the problems.

HIV tests in the prison are voluntary and subject to the prisoners' consent. The confidential nature of test results should be respected by addressing the letters containing them directly to the medical personnel. In cases where a prisoner informs the prison doctor about his HIV infection this should be reported to the Head of Prison Medical Services, as should be information about the samples taken in the prison which have tested positive.

On learning about a positive result the prison doctor should notify it to the prisoner in a private consultation without delay. The doctor should inform the patient about the relevant facts and find out about his situation and his reactions. The patient may be respond to the news by going into shock, and should therefore receive psychological support, if necessary. The doctor should ascertain the risk posed by the prisoner as a transmitter. The doctor should also consult the patient as to whether he allows the fact of his HIV infection to be reported to

the prison director. If the prisoner permits this, the director should be notified accordingly. The director should also be reminded to keep the matter in confidence. The doctor should refer the patient to an appropriate place of treatment without delay: either to the nearest university hospital or Aurora Hospital in Helsinki.

Following the detection of a patient's HIV infection, the question of his placement and accomodation arises. According to the instructions issued to hospitals by the National Board of Health, a patient infected with HIV may generally be placed in a room shared by other patients; in prison conditions, this would mean a cell shared with other prisoners. Single rooms with a toilet and a shower might be used to accommodate patients who are very ill or suffer from a severe case of diarrhea. However, these patients should not be placed in cell with the slopping out system, beacuse it is unnecessary to cause exposure to secretions that can be avoided. Factors affecting the placement of a patient include the doctor's assessment and considerations relating to the patient as a person.

If the patient's behaviour gives reason to fear that transmission is more probable than usually is the case, i.e. the patient has a tendency to slash himself or uses intravenous drugs even in prison, special measures should be taken which should be discussed with the Prison Administration Department. In such cases, the risk of transmission caused by the patient would have to be reported to the management of the prison for safety at work considerations. The patient should in any case be placed in a single room with a toilet. The same isolation measures are applicable as apply to patients with hepatitis B. The medical personnel should instruct the officers charged with the treatment of such a patient infected with HIV of in protection and cleaning methods. Such HIV-positive prisoners may be placed only in certain

prisons. A consideration in the placement of HIV-positive prisoners is the fact that, at least in the early stages, they probably need to go frequently to the civilian hospital treating them (Aurora hospital, university hospitals).

An HIV-positive prisoner who has symptoms of AIDS is to be treated according to the instruction of the doctor of the relevant hospital. If it becomes necessary to treat him in a civilian hospital, this is arranged. In some cases treatment in Hämeenlinna Prison Hospital and other prison medical units may be possible. Patients with terminal AIDS are likely to seek pardon, or, as far as possible, they will be treated outside the prison, or possibly the enforcement of the sentence will be suspended.

If an HIV-positive patient behaves appropriately and does not cause any particular risk of transmission, he may work as normal. In placing him, it should however be borne in mind that it may not be advisable to place him in a job with a high risk of accident and an increased probability of bloody open cuts.

An HIV-positive prisoner can use a prison toilet, bathroom, sauna and other communal facilities. They should be cleaned in the ordinary manner. Attention will probably be paid in prisons to disinfecting all surfaces stained with blood or secretions with two-per cent chloramine or other suitable disinfectant.

An HIV-positive prisoner can participate in free-time activities in the usual way.

If other prisoners are aware that a prisoner is HIV-positive and subject him to harassment, the prisoner's physical safety should be guaranteed and his possibility to use sauna and free-time and other facilities ensured.

Normal every-day contacts with other people are equally a fundamental right of those prisoners who have an HIV infection or AIDS.

The personnel who are aware of a prisoner's HIV infection should try to give him psychological support.

In the care of all HIV-positive prisoners, the Head of Prison Medical Services should be consulted as a matter of routine.

Staff and prisoners should be informed about HIV infection and AIDS. Information should be available on the communicability of the disease.

Safety at work considerations should not be overlooked. The National Board of Health has issued instructions on guaranteeing the safety at work of medical personnel in prisons. They should provide training and information to prison officers and prisoner at this early stage, although no HIV-positive prisoners have been detected. In such training, emphasis should lie on safeguards in case of potential blood contact, methods of removing blood and secretions and similar aspects. Safeguards should be taken with respect to all blood, as an HIV-negative person may be a carrier, either because he was infected recently or because not all carriers become positive. If a member of the staff has come into contact with a prisoner's blood, the prisoner may be requested to submit to a blood test or the result of an earlier test be notified to that staff member at the prisoner's consent. In cases where a staff member has come into contact with a prisoner's blood in a work situation and fears transmission an HIV test may be taken as part of the occupational medical care.

The overall possibility that the infection should be transmitted from a prisoner to a guard is practically nil. Only a couple of cases are known in the world where health care personnel were infected in the performance of their duties; the virus was transmitted after several pricks of needle which was in direct contact with the patient's blood. Hundreds of similar cases are known where the virus was not transmitted. Also the risk of a prisoner transmitting the virus to another prisoner is negligible; this could generally take place between homosexual partners or in intravenous use of drugs, possibly also through unclean tattooing needles.