



CPT/Inf (99) 9

**Report to the Finnish Government
on the visit to Finland carried out by
the European Committee for the Prevention
of Torture and Inhuman or Degrading
Treatment or Punishment (CPT)
from 7 to 17 June 1998**

This report was made public by the Finnish Government on 5 May 1999.

Strasbourg, 11 May 1999

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Copy of the letter transmitting the CPT's report

Strasbourg, 29 March 1999

Dear Mr Taimisto,

In pursuance of Article 10, paragraph 1, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment, I have the honour to enclose herewith the report to the Government of Finland drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after its visit to Finland from 7 to 17 June 1998. The report was adopted by the CPT at its thirty-eighth meeting, held from 9 to 12 March 1999.

I would draw your attention in particular to paragraph 165 of the report, in which the CPT requests the Finnish authorities to provide an interim and a follow-up report on action taken upon its report. The CPT would be grateful if it were possible, in the event of the reports forwarded being in Finnish, for them to be accompanied by an English or French translation. It would also be most helpful if the Finnish authorities could provide a copy of the reports in a computer-readable form.

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

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

Yours sincerely,

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

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I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereafter referred to as "the Convention"), a delegation of the CPT carried out a visit to Finland from 7 to 17 June 1998. The visit formed part of the CPT's programme of periodic visits for 1998, and was the second periodic visit to Finland to be carried out by the Committee¹.

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

- Mrs Ingrid LYCKE ELLINGSEN, First Vice-President of the CPT, Head of the delegation;
- Mr Jón BJARMAN;
- Mrs Renate KICKER;
- Mr Andres LEHTMETS;
- Mr Miklós MAGYAR.

They were assisted by:

- Mr Gordon LAKES, former Deputy Director General of the Prison Service of England and Wales (expert);
- Mrs Helena Maria KARUNEN (interpreter) (from 11 to 17 June);
- Mrs Kirsi Hannele LAMMI (interpreter) (from 10 to 12 June);
- Mrs Heli Maria MÄNTYRANTA (interpreter) (from 8 to 16 June);
- Mrs Katja Mariia RANTA-AHO (interpreter) (from 7 to 17 June);
- Mrs Leena Marja SUOMAA (interpreter) (from 8 to 10 June);
- Mrs Anna-Riitta VUORIKOSKI (interpreter) (from 7 to 9 and 13 to 16 June);

¹ The first periodic visit to Finland took place in May 1992. The report on that visit has been published as document CPT/Inf (93) 8, and the responses of the Finnish Government as documents CPT/Inf (93) 16 and CPT/Inf (94) 3.

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

- Mrs Geneviève MAYER, Deputy Secretary of the CPT;
- Mr Edo KORLJAN;
- Mr Borys WÓDZ.

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Police Department of Helsinki Local District (*)
- Helsinki Mobile Police Airport Unit
- Helsinki Police Detoxification Centre(*) (Helsinki Custodial Shelter)
- Police Department of Imatra Local District
- Police Department of Joensuu Local District
- Police Department of Lappeenranta Local District
- Police Department of Rovaniemi Local District

Frontier Guard establishments

- Nuijamaa Border Post

Prisons

- Helsinki Central Prison(*)
- Riihimäki Central Prison

Psychiatric establishments

- Muurola Psychiatric Hospital

* Establishment visited for the first time in 1992.

C. Consultations held by the delegation

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

A list of the national authorities, organisations and persons with whom the delegation held talks is set out in Appendix II to this report.

D. Co-operation encountered by the delegation

5. The CPT wishes at the outset to underline that the degree of co-operation which prevailed during the visit was exemplary, at both national and local level.

The talks with the national authorities, both at the beginning and at the end of the visit, took place in a spirit of close co-operation. Fruitful discussions were held with Mr Jussi JÄRVENTOUS, the Minister of Justice, Ms Kirsti RISSANEN, Secretary-General at the Ministry of Justice, Mr Markku SALMINEN, Director General of the Prison Administration, Mr Esa VESTERBACKA, Deputy Director General of the Prison Administration, Mr Reijo NAULAPÄÄ, National Police Commissioner, Mr Risto VEIJALAINEN, Director General of the Immigration Department of the Ministry of the Interior, Mr Mervi VIRTANEN, Director of the Migration Division of the Ministry of Labour, and Mr Pekka JÄRVINEN, Government Counsellor at the Ministry of Social Affairs and Health, as well as with numerous other senior officials from the ministries concerned.

Further, the delegation held detailed consultations with Mr Paavo NIKULA, the Chancellor of Justice, Ms Riitta-Leena PAUNIO, Deputy Ombudsman, and Mr Antti SEPPÄLÄ, the Ombudsman for Foreigners.

Finally, the CPT wishes to underline the assistance provided to the delegation by the Government's liaison officer, Mr Hannu TAIMISTO, not only during, but also before and after the CPT's visit to Finland.

6. It should be added that the delegation received a very satisfactory reception at and, in particular, rapid access to all the establishments visited, including places which had not been notified in advance of the CPT's intention to carry out a visit. Indeed, it would appear that the management of nearly all the places of detention visited had been informed of the possibility of a visit by the Committee and were reasonably knowledgeable about its mandate.

7. The CPT is pleased to note that, taken as a whole, the content of its ongoing dialogue with the Finnish authorities since 1992, and its delegation's findings during the 1998 visit, indicate that those authorities are committed to taking positive action to implement the Committee's recommendations.

In short, co-operation between the CPT and the Finnish authorities has to date been fully in compliance with Article 3 of the Convention.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police and Frontier Guard establishments

1. Preliminary remarks

8. The basic rules and practice concerning the detention and treatment of criminal suspects by the police have not changed since the CPT's first periodic visit to Finland. They were summarised in the report drawn up following that visit (cf. document CPT/Inf (93) 8, paragraphs 9 and 10)². In particular, the delegation found that, as had been the case in 1992, considerable numbers of criminal suspects remanded in custody were returned to police premises and remained there during part or all of the period of pre-trial investigation. Five of the seven police establishments visited in 1998 (the Police Departments of Helsinki, Imatra, Joensuu, Lappeenranta and Rovaniemi Local Districts) have been accredited by the Ministry of Justice, under Section 1 of the Remand Imprisonment Act (615/1974), for the detention of remand prisoners.

In its first report, the CPT underlined that it would be preferable, from the standpoint of the prevention of ill-treatment, for all persons placed on remand to be held on premises managed and staffed by the prison authorities. Of course, such an approach would not necessarily exclude further questioning of criminal suspects by the police. In their interim response, the Finnish authorities indicated that they would not be opposed to the above-mentioned approach.

The CPT recommends that the Finnish authorities seek to ensure that, whenever proximity allows, persons remanded in custody are transferred to a prison.

9. All the police establishments visited in 1998 could be used to accommodate persons detained under the Aliens legislation (cf. the Aliens' Act 378/1991, last amended in December 1997). The delegation was told that the periods of detention tended to last on average approximately three weeks. However, examination of relevant registers at the Police Department of Helsinki Local District revealed that persons deprived of their liberty in that establishment under the Aliens' Act had frequently been detained for periods varying from one to two months and that, on one occasion, the period of detention had lasted six months. According to the information received by the delegation, such persons might also be placed in a local prison.

² It should be noted, however, that the 1995 Police Act contains new provisions concerning apprehension of persons by the police, e.g. persons who must be protected from an immediate danger threatening life, bodily integrity or health, if they are unable to take care of themselves; persons likely to commit an offence or cause a notable disturbance or an immediate danger to public order and safety; or a "refractory person".

10. It is axiomatic that conditions in a police station or a prison will often, if not always, be inappropriate for this type of deprivation of liberty. If it is deemed necessary to deprive persons of their liberty under the Aliens' Act, it would be far preferable to accommodate them in centres specifically designed for that purpose, offering material conditions and a regime appropriate to the legal status of such persons and staffed by suitably qualified personnel.

In this context, the CPT has noted with interest that the "Government's Decision-in-Principle on an Immigration and Refugee Policy Programme" of 16 October 1997 foresees that the Ministry of the Interior and the Ministry of Labour will urgently examine the possibilities of establishing detention facilities for aliens within the existing reception centres for asylum seekers. **The CPT recommends that the Finnish authorities give a high priority to the implementation of these plans, taking due account of the above remarks.**

2. Ill-treatment

11. Since the first periodic visit, an express prohibition of torture or any other inhuman or degrading treatment or punishment has been introduced into Finnish law, through amendments made to the Finnish Constitution by Act No. 969/1995. The CPT welcomes this development.

12. As had been the case during the 1992 visit, the CPT's delegation did not hear any allegations of torture of persons detained by the police or the Frontier Guard in Finland, and gathered no other evidence of such treatment. Further, the CPT's delegation did not receive any credible recent allegations of other forms of severe physical ill-treatment of detained persons by police or Frontier Guard officers.

However, the delegation was informed about an investigation, which had started in April 1998, concerning the alleged ill-treatment of a foreigner detained at the Police Department of Helsinki Local District between 28 June and 23 July 1996. By letter of 8 January 1999, the Finnish authorities informed the CPT that the investigation into this case was still pending and that "so far no disciplinary measures have been taken as the investigation is unfinished and the suspected offender has not been individualised". **The CPT would like to receive full information about the outcome of the above-mentioned investigation, together with details of any disciplinary or other action taken by the Finnish authorities in this respect.**

13. It should also be noted that in the Police Department of Lappeenranta Local District, the delegation's medical members met a detainee who bore marks consistent with his allegations that, when apprehended, handcuffs had been applied too tightly and had been used to lift him.

The CPT fully recognises that apprehending a suspect may frequently be a hazardous task, particularly if the person concerned resists and/or police officers have reason to believe that he might be armed and dangerous. The circumstances may be such that the apprehended person suffers injuries, without this being the result of a deliberate intention to inflict ill-treatment. However, no more force than is strictly necessary should be used when apprehending a person.

The CPT invites the Finnish authorities to remind police officers of this principle in an appropriate manner.

14. Finally, in order to gain a nationwide picture, **the CPT wishes to receive the following information, in respect of 1997 and 1998:**

- **the number of complaints of ill-treatment by the police lodged and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;**
- **an account of disciplinary/criminal sanctions imposed on the grounds of ill-treatment by the police.**

In this respect, the CPT wishes to clarify that its request for information concerns the total number of complaints regarding the ill-treatment of persons by police officers made during the above-mentioned period (and not just the number of cases that have subsequently been transferred by the police to public prosecutors), as well as the follow-up reserved to those complaints (any disciplinary or criminal proceedings and any sanctions imposed).

3. Conditions of detention in police and Frontier Guard establishments

a. introduction

15. The CPT wishes to recall the general criteria which guide its activities in this area.

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

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

16. In most countries visited by the CPT, persons are held for only a relatively short time on police premises. However, as already indicated (cf. paragraphs 8 and 9, above), in Finland remand prisoners and persons detained under the Aliens legislation are often held for prolonged periods (on occasion, for months) in police establishments. Such persons are entitled to expect a better material environment than the elementary requirements described above, as well as an appropriate regime.

Although the detention facilities in the police establishments visited were on the whole quite satisfactory for the initial period of police custody (i.e. maximum 96 hours), none of the establishments visited offered suitable conditions of detention for persons detained for lengthy periods.

b. situation in the establishments visited

i) *follow-up visits*

17. The material conditions of detention at the Police Department of Helsinki Local District were described in paragraphs 16 and 17 of the CPT's first visit report. The remarks made in that report regarding the satisfactory size and equipment of the cells remain valid. However, the delegation which carried out the 1998 visit noted with concern that the cell lighting left much to be desired; access to natural light was mostly poor and the standard of artificial lighting barely acceptable. This is of particular concern with respect to the many persons detained for prolonged periods (on remand; under the Aliens legislation) at this establishment. Moreover, unlike in 1992, many of the cells were dirty and in a poor state of decoration.

The CPT recommends that the Finnish authorities remedy the above-mentioned shortcomings.

18. As regards the regime offered to persons detained for prolonged periods, there had been some modest improvements as regards out-of-cell activities, such as a possibility for a limited number of persons to use a fitness room and a sauna. Nevertheless, they still spent the bulk of their day confined in their cells (where they could read, listen to the radio or – for those accommodated in one of the 16 single cells equipped with appropriate sockets – watch television).

Outdoor exercise – 1,5 hours per day – took place in the facilities already described in paragraph 23 of document CPT/Inf (93) 8. Although slightly improved since the CPT's first visit (by installing benches and small roofs allowing persons detained to rest and, if necessary, protect themselves from rain or snow, as well as by enlarging one of the "cages" in order to allow up to five persons to exercise together), they were still of oppressive design, too small and inappropriately sited.

19. The CPT wishes to recall that remand prisoners should be able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activities of a varied nature. In the light of the above, and without prejudice to the general recommendation made in paragraph 8, **the CPT reiterates the recommendation made in the report on its 1992 visit that if a satisfactory regime of activities cannot be provided to remand prisoners held at the Police Department of Helsinki Local District, the accreditation of this establishment as a suitable place to hold such prisoners be withdrawn. As regards persons detained under the Aliens legislation, the CPT recalls its recommendation made in paragraph 10.**

20. Conditions of detention at the Helsinki Custodial Shelter (i.e. the Helsinki Detoxification Centre) were criticised in the report on the 1992 visit (cf. paragraphs 19 and 20 of document CPT/Inf (93) 8). The CPT's delegation which carried out the 1998 visit was pleased to note some improvements, in particular the reduction in the permitted normal occupancy level of the cells (to a maximum of three persons in the former 5 – 6 person cells; maximum of two persons in the former 3 – 4 person cells; and one person in the former double cells). However, the cells were in a poor state of repair and decoration, and intoxicated persons held in the Centre were seldom provided with a mattress, the decision in that respect apparently remaining within the discretion of the officer on duty.

The delegation was informed that plans had been drawn up for the renovation of the Helsinki Detoxification Centre. **The CPT would like to receive further information on this subject.**

Further, **the CPT recommends that steps be taken immediately to ensure that all intoxicated persons are provided with mattresses which are fireproof and fitted with washable covers.**

ii) establishments visited for the first time

21. Conditions of detention at the Helsinki Mobile Police Airport Unit, as well as at the Police Departments of Imatra and Joensuu Local Districts, could be described as satisfactory for the maximum period of police custody (i.e. 96 hours). The size of the cells was adequate for their intended occupancy (for example, the single occupancy cells measured from 5 to 10 m²); further, they were well lit and ventilated, and suitably equipped.

Conditions of detention were also on the whole satisfactory at the Police Departments of Lappeenranta and Rovaniemi Local Districts (as to the size of the cells, it was entirely acceptable – for example, 13 m² for double cells at the Police Department of Lappeenranta Local District, which were, moreover, mostly used to accommodate only one person). However, the ventilation in the cells at the latter establishment appeared to be poor and the call system in some of the cells was out of order. Moreover, the state of decoration and cleanliness of the cells in both establishments left something to be desired. **The CPT invites the Finnish authorities to remedy these shortcomings.**

22. None of the above police departments offered suitable conditions for persons detained for lengthy periods. In particular, the situation with respect to the regime offered to such persons was similar to that observed in the Police Department of Helsinki Local District (cf. paragraph 18, above), and in some cases even worse (for example, persons detained at the Police Department of Lappeenranta Local District only benefited from 30 minutes of daily outdoor exercise). Moreover, all of the exercise yards were inappropriately sited and of oppressive design, and most of them were too small (in particular, the outdoor exercise yard at the Police Department of Rovaniemi Local District measured barely 9 m²).

Further, access to natural light in the cells of these police departments was almost invariably very poor (although the artificial lighting could be considered acceptable); this is a particularly important failing given the prolonged period of detention and the very limited out-of-cell activities.

The CPT recommends that steps be taken to develop the regime of activities for remand prisoners held at the Police Departments of Imatra, Joensuu, Lappeenranta and Rovaniemi Local Districts, and if necessary at other police departments, having regard to the general remarks made in paragraph 19. Immediate steps must be taken to ensure that such persons held at the Police Department of Lappeenranta Local District are allowed one hour of outdoor exercise per day. The Finnish authorities are also invited to explore the possibility of improving access to natural light in the cells of the above-mentioned police departments.

As regards persons detained under the Aliens legislation, reference is made to the recommendation made in paragraph 10.

23. All the above-mentioned police establishments possessed special cells designed to accommodate intoxicated persons. The size and basic equipment of these cells call for no particular comment from the CPT. However, the delegation observed that intoxicated persons were only exceptionally provided with mattresses; in the vast majority of cases, such persons were placed on the bare floor. In this context, **the CPT refers to the recommendation made in paragraph 20.**

24. In the course of its 1998 visit, the CPT's delegation visited one Frontier Guard establishment – the Nuijamaa Border Post. This establishment possessed two cells, of which one was not used to accommodate detained persons; the other was used for periods of detention not exceeding 24 hours. The operational cell measured 7 m², was well lit (including good access to natural light) and ventilated, and adequately equipped. Further, it was clean and in a good state of repair.

Consequently, conditions were generally satisfactory for short-term detention. However, the delegation noted that neither a mattress nor blankets were available. Moreover, there seemed to exist no arrangements for the provision of food to persons who were obliged to stay longer than a few hours.

The CPT recommends that anyone obliged to stay overnight in custody at the Nuijamaa Border Post be provided with a mattress and blankets. The CPT also invites the Finnish authorities to verify that persons detained at this establishment are given food at appropriate times (cf. paragraph 15, above).

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25. During the 1998 visit, the delegation was informed that persons who had been refused entry to Finland could be kept under police surveillance in the ordinary transit area for passengers at Helsinki International Airport, including overnight.

Such persons should be provided with suitable means for sleeping, and have access to their luggage and to suitably equipped sanitary and washing facilities. Further, the provision of food and, if necessary, access to medical care should be guaranteed. **The CPT would like to be informed whether these requirements are met in respect of persons kept under police surveillance in the transit zone of Helsinki International Airport.**

4. Safeguards against the ill-treatment of persons deprived of their liberty

a. introduction

26. The CPT recalls that it attaches particular importance to three rights for persons detained by the police:

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

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

27. In its report on the 1992 visit, the CPT made certain recommendations concerning safeguards for persons detained by the police. Following that report, the Finnish authorities took measures to implement some of those recommendations. Nevertheless, the CPT would like to raise various issues which still need to be addressed.

b. notification of custody

28. The current Instructions for the Treatment of Detainees, issued by the Ministry of the Interior, stipulate (Section 7 (2)) that apprehended/arrested persons have the right to notify the next-of-kin or another appropriate person of their situation "as soon as this no longer causes any special hindrance to the investigation of the crime".

Further, the Finnish authorities indicated in their response to the CPT's report on its 1992 periodic visit to Finland (cf. pages 16 and 17 of document CPT/Inf (93) 16) that whenever the exercise of this right is delayed, the decision and the reasons for it are duly recorded in writing.

29. The above-mentioned measures go some way towards meeting the CPT's concerns in this area. Nevertheless, it remains the case that the police have a broad discretionary power to hold a person for up to 96 hours (i.e. until the first remand hearing) without any notification of his apprehension/arrest being given to his family or other persons with whom he has a close relationship. The CPT fully recognises that the denial for a brief period of the right of notification of custody may exceptionally be necessary in order to protect the interests of justice. However, in the Committee's view, the possibility to delay for up to four days the exercise of this right is not justifiable.

Consequently, **the CPT recommends that the period during which an apprehended/arrested person can be denied the right to notify his next-of-kin or another appropriate person of his situation be shortened substantially; in the Committee's opinion, a maximum period of 48 hours would strike a better balance between the requirements of the investigation and the interests of detained persons.**

Further, **the CPT recommends that the types of situation in which the exercise of the right of notification of custody may be delayed be spelt out more clearly;** the notion "special hindrance to the investigation of the crime" is too vague.

30. In the report on the 1992 visit, the CPT also suggested that any delay in the exercise of the right of an apprehended/arrested person to notify his next-of-kin or another appropriate person of his situation should require the approval of a senior police officer or a public prosecutor. In their follow-up report (cf. pages 4 and 5 of document CPT/Inf (94) 3), the Finnish authorities commented that according to the instructions currently in force, the decision to delay the notification rests primarily with the police officer in charge of the investigation and – "as a secondary alternative" – a senior police officer with the right to arrest. **The CPT considers that it would be highly desirable for any delay in the exercise of a person's right to notify someone of his situation to be always subject to the approval of a senior police officer with the right to arrest.**

c. access to a lawyer

31. Under Section 10 of the Pre-Trial Investigation Act, persons detained by the police have the right of access to a lawyer as from the outset of their custody. However, the delegation which carried out the 1998 visit was told – by both police officers and detained persons - that in practice persons detained by the police were usually offered access to a lawyer only at the beginning of the first interrogation. **The CPT recommends that the Finnish authorities take appropriate measures to ensure that the right of access to a lawyer from the very outset of custody, as guaranteed in Section 10 of the Pre-Trial Investigation Act, is rendered fully effective in practice** (cf. also paragraph 39 below).

32. In the report on the 1992 visit (cf. CPT/Inf (93) 8, paragraph 32), the CPT expressed concern about the possibility to breach the confidentiality of detainee-lawyer consultations in certain circumstances. For the right of access to a lawyer to be fully effective as a means of preventing ill-treatment, it must include the right for the person in custody to consult in private with a lawyer. The CPT recognises that in order to protect the interests of justice, it may be necessary in exceptional cases to place restrictions upon the right of access to a particular lawyer chosen by the detainee. However, in such cases, unrestricted access to (including the right to consult in private with) another independent lawyer, who can be trusted not to jeopardise the legitimate interests of the police investigation, should be arranged.

The Finnish authorities subsequently informed the CPT that "the Ministry of Justice and the Ministry of the Interior will issue an order to clarify the interpretation of this provision, to the effect that in cases where unsupervised visits cannot be permitted for fear of abuse a remand prisoner or an arrested person must be given an opportunity to select a lawyer from among the members of the Finnish Bar Association with whom he can confer in private" (cf. page 5 of document CPT/Inf (94) 3). However, as far as the CPT can ascertain, such an order has not yet been issued. Further, the delegation which carried out the 1998 visit was told by the police officers present in the Police Department of Joensuu Local District that, on occasion, police officers could still be present during consultations between persons detained and their lawyers.

Consequently, **the CPT would like to receive the comments of the Finnish authorities on this question.**

33. Further, in paragraph 33 of the report on the 1992 visit, the CPT noted that under Section 31 of the 1987 Pre-Trial Investigation Act, the officer in charge of the investigation may prohibit the presence of a lawyer during interrogations for "important reasons related to the investigation"; it requested the Finnish authorities to provide information about the operation of this provision. The Finnish authorities subsequently informed the Committee (cf. Appendix 5 to document CPT/Inf (93) 16 and pages 5 – 6 of document CPT/Inf (94) 3) that this possibility is practically never used.

While welcoming this position, the CPT wishes to stress that in its opinion, persons detained by the police should be entitled to have a lawyer present during any interrogation conducted by the police (whether this be during or after the initial period of police custody). Naturally, the fact that a detained person has stated that he wishes to have access to a lawyer should not prevent the police from beginning to question him on urgent matters before the lawyer arrives. Provision might also be made for the replacement of a lawyer who impedes the proper conduct of an interrogation, though any such possibility should be closely circumscribed and made subject to appropriate safeguards. **The CPT recommends that the legal situation in this respect be brought into line with these remarks.**

d. access to a doctor

34. The situation with respect to access of persons apprehended/arrested by the police to a doctor remained very much the same as during the first visit. Although the exercise of this right did not seem to pose any particular problems in practice (including the right to be examined by a doctor of one's own choice), there were still no specific provisions regarding this right. **The CPT recommends that such provisions be adopted.**

35. The CPT has some misgivings about the arrangements for providing health care to persons remanded into custody in police establishments in Finland. Only one of the Police Departments visited – namely the Police Department of Helsinki Local District – possessed its own medical service, composed of one full-time nurse (present from 8 am to 3 pm every weekday and available on call) and a part-time general practitioner (he held surgeries at the establishment for 2 – 3 hours three times a week and was also on call at other times). Other Police Departments relied on the general medical services in the towns in which they were located.

Despite regularly holding some 40 persons remanded into custody and, on occasion, significantly more, there was no health-care staff present at night and over weekends at the Police Department of Helsinki Local District. Further, the CPT has serious reservations about the practice observed in this establishment concerning the distribution of medicines. By the "Instructions regarding medical care in police prison" of 19 November 1997, the general practitioner had given general authority to the nurse to issue certain antibiotics, sedatives and other psychiatric medication, without the prisoner concerned being subject to a prior medical examination by a doctor. Moreover, non-medical staff were authorised to dispense on their own initiative certain medication (including prescription drugs, such as those against asthma or heart diseases and painkillers). This is not an acceptable practice.

In the CPT's opinion, the issue of prescription drugs to persons detained by the police should always be authorised by a doctor for an individual patient after a prior thorough medical examination and diagnosis, and the nurse should only be authorised to dispense on her own initiative non-prescription drugs. Further, non-medical staff should never be authorised to dispense any medication on their own initiative. **The Committee recommends that the "Instructions regarding medical care in police prison" of 19 November 1997 be amended in the light of the above remarks.**

36. The CPT also recommends that steps be taken to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present at the Police Department of Helsinki Local District, including at night and over weekends.

As regards the other police establishments accredited to hold remand prisoners, the CPT recommends that arrangements be made for regular, e.g. daily, visits by a nurse. Such a nurse could in particular receive requests from persons detained to see a doctor, ensure the distribution of prescribed medicines, control the establishments' stock of medicine, and keep the medical files.

37. As regards health care provided to persons held at the Helsinki Detoxification Centre, the CPT welcomes the improvement observed in the nursing cover since its first visit. At the time of the 1998 visit, there were two full-time nurses at the Centre, one of whom had undergone psychiatric nursing training. They organised their working schedules so as to be present when their services were the most needed (i.e. in the evenings, during weekends and on public holidays). However, they were still not able to ensure an ongoing presence over a 24-hour period, seven days a week. In their absence, the evaluation of the state of health of persons admitted, and any decision to call the local emergency service or the city duty doctor, remained the responsibility of ordinary police staff.

Non-medical members of staff expressed their disquiet with this situation. They indicated that they had not benefited from any specialised training in the care of intoxicated persons and in the recognition of conditions which could be mistaken for a state of intoxication, and that their only experience in this matter was that acquired during their work at the Centre. The delegation was also informed that a third nursing post had been authorised, but not yet filled.

The CPT recommends that measures be taken to ensure that a nurse is present at all times at the Helsinki Detoxification Centre. The CPT also wishes to reiterate the recommendation made in paragraph 39, second sub-paragraph, of the first visit report, that all staff of the Centre receive specialised training in the care of intoxicated persons and in the recognition of conditions which could be mistaken for a state of intoxication.

38. Finally, the delegation which carried out the 1998 visit found that the stigmatising practice continued of recording information concerning the medical condition of a detainee on the door of the cell, in particular with regard to detainees known to be HIV positive. **The CPT recommends that measures be taken without delay in order to ensure that identifying marks associated with a particular medical condition are no longer displayed on the cell doors.**

e. information on rights

39. In its first visit report, the CPT stressed the importance which it attaches to persons detained by the police being immediately informed of all their rights in a language which they understand. The delegation which carried out the second periodic visit noted with satisfaction that forms had been devised in nine languages to provide information on their rights to persons held in police custody. However, in certain police establishments visited outside Helsinki such forms were either not available (the information on rights being provided orally to persons detained), or only available in Finnish or Swedish. Further, no written information on rights was available to persons detained at the Nuijamaa Border Post.

The CPT recommends that steps be taken to ensure that the above-mentioned forms are made available to all persons in police and Frontier Guard custody, as from the very outset of their deprivation of liberty and in an appropriate range of languages.

The CPT is pleased to note that persons detained by the police were always requested to confirm with their signature the fact of having been informed of their rights.

f. code of conduct for police interrogations

40. The CPT recommended in its first report that a code of conduct for police interrogations be drawn up by the Finnish authorities (cf. paragraph 45 of document CPT/Inf (93) 8). In their replies to that report (cf. page 21 of document CPT/Inf (93) 16 and pages 8 to 9 of document CPT/Inf (94) 3), the Finnish authorities provided detailed information about the contents of the relevant legislation, as well as about the training received by police officers in this respect. Further, they informed the CPT that a special "PIN" form had been devised, setting out the specific rights and obligations of persons detained during interrogation, which may be handed out to such persons before the interrogation starts.

The CPT welcomes the measures taken. However, the purpose of the CPT's recommendation was to ensure that a code of conduct for police interrogations be drawn up for police officers. One of the principal advantages of such a code of conduct would be to underpin the lessons taught during police training. Therefore, **the CPT recommends that the Finnish authorities reconsider the possibility of drawing up such a code of conduct for police officers.**

g. procedures for examining complaints against the police

41. It is axiomatic that the existence of effective procedures for examining complaints against the police is an important safeguard against the ill-treatment of persons deprived of their liberty. The imposition of appropriate disciplinary and/or criminal penalties in those cases where evidence of wrongdoing emerges can have a powerful dissuasive effect on police officers who might otherwise be minded to engage in ill-treatment.

42. According to the information received by the delegation, the procedures for examining complaints of ill-treatment by police officers in Finland have changed as from 1 December 1997. Since that date, the investigation of such cases has become the formal responsibility of the National Public Prosecutor's Office. When examining such complaints, it is assisted by the staff of the National Police Commissioner or, in any event, by the staff of police units other than those of the suspected police officers.

The CPT welcomes these changes, which give the mechanism for examining complaints against the police a more independent character. However, it emerged from meetings with the representatives of the Ministry of the Interior, and some other persons, that under the new system the police are still in practice conducting inquiries into their own shortcomings. **The CPT would welcome the Finnish authorities' remarks on this question.**

h. persons detained under the Aliens legislation

43. The Committee wishes to stress that the safeguards against ill-treatment of persons deprived of their liberty, set out in paragraphs 28 to 39, should also apply to persons detained under the Aliens' legislation.

The procedure provided for by the Aliens Act stipulates that foreigners have, throughout the whole procedure, the right of access to a lawyer and they may be offered free legal aid. Under the above procedure, they may also be assisted by interpreters. It should also be noted that asylum seekers receive an information brochure (available in 11 languages) drawn up by the Ministry of the Interior, which sets out the applicable procedure and the rights of the persons concerned. **The CPT would like to know whether a similar information brochure exists for aliens not requesting asylum who are detained in police establishments.**

44. The CPT is also attentive to the manner in which expulsion orders issued in respect of foreign nationals are enforced in practice. Law enforcement officials may on occasion have to use force in order to effect such a removal. However, the force used should be no more than is strictly necessary. In this respect, the CPT would like to recall that, by letter of 3 March 1998, the President of the CPT requested the Finnish authorities to provide detailed information (including the texts of relevant legal provisions) on the means of coercion which law enforcement officials in Finland are authorised to use when enforcing an expulsion order of a person deprived of his liberty under the Aliens legislation. To date, no reply has been received from the Finnish authorities to the above-mentioned letter. **The CPT trusts that such a reply will be forwarded in the near future.**

45. The risk of persons detained under the Aliens legislation being ill-treated in the countries which the CPT visits, whether at the time of apprehension, whilst detained, or in the context of removal, is not the only subject of interest to the Committee. Indeed, the prohibition of torture and inhuman or degrading treatment or punishment also embraces the obligation not to send a person to a country where there are substantial grounds for believing that he would run a real risk of being subjected to torture or ill-treatment.

In this respect, the CPT is pleased to note that the Aliens Act provides that no-one may be returned to an area where he may be subjected to inhuman treatment or to persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, or to an area from which he could be further sent to such an area.

46. The applicable procedure should offer persons detained under the Aliens legislation a real opportunity to present their cases, and officials entrusted with handling such cases should be provided with appropriate training and have access to objective and independent information about the human rights situation in other countries (cf. also Recommendation No. R (98) 15 of the Committee of Ministers of the Council of Europe, on the training of officials who first come into contact with asylum-seekers, in particular at border points). Further, in view of the potential gravity of the interests at stake, the Committee considers that all decisions involving the removal of a person from a State's territory should be appealable before another body of an independent nature prior to their implementation.

47. As regards the applicable procedure in Finland, it would appear in the main to offer the persons concerned an adequate opportunity to present their case. Negative decisions concerning asylum requests and decisions to refuse entry or to deport are either appealable to an administrative court or subject to an automatic revision by such a court. However, **the CPT would like to receive full information on the procedure before the administrative courts when considering appeals against or revising such decisions and, in particular, to be informed whether the person concerned has the right to be heard by the court.**

Further, **the CPT would like to be informed of the specific training provided to officials of the Directorate of Immigration and of the passport control authorities for carrying out their tasks, and of their sources of information as regards the human rights situation in other countries. The CPT would also like to receive information on any monitoring or follow-up carried out by the Finnish authorities as regards the situation of persons following their expulsion from Finland.**

Finally, the CPT understands that, although aliens have a right to appeal to the Provincial Administrative Court against a decision of passport control authorities to refuse them entry, such an appeal does not have suspensive effect in certain cases³. Admittedly, any alien arriving at a border who expressly requests asylum is subject to a distinct procedure, incorporating a right of appeal with suspensive effect or the automatic revision of a negative decision by a court. Nevertheless, as matters stand, the CPT is not entirely convinced that everyone who runs a risk of ill-treatment if refused entry and removed from the country will be identified. **The CPT would like to receive the comments of the Finnish authorities on this issue.**

³ In particular, if the alien is refused entry on the ground that he does not hold the passport, visa or residence permit required for entry.

B. Prisons

1. Preliminary remarks

48. The CPT's second periodic visit to Finland included visits to two prison establishments: Helsinki Central Prison received a follow-up visit, while Riihimäki Central Prison was visited for the first time.

49. At the time of the second visit, Helsinki Central Prison was accommodating 212 prisoners, i.e. some 100 fewer than in 1992; most of the prisoners were sentenced. The official capacity remained at 331. The prison had undergone renovation of a high standard since the 1992 visit. However, the renovation work had been delayed due to financial constraints and was still in process at the time of the second visit (see paragraphs 63 to 66 below).

50. Riihimäki Central Prison is situated in the town of the same name, located some 80 km north of Helsinki. It was built in 1929 and has an official capacity of 234. At the time of the visit, the establishment was accommodating 173 prisoners; 165 men serving sentences of up to eight years imprisonment and eight, life sentences. Several parts of the establishment's premises were of a low standard. However, plans had been drawn up for the renovation of the prison, a budget of 125 million Finnish marks having been approved for this purpose.

At the beginning of the visit, the delegation was informed by representatives of the Prison Administration that the atmosphere within the establishment had recently been adversely affected by a conflict between staff and management. At the time of the visit, the Director of the prison was about to retire and the authorities hoped to be able to appoint a replacement soon. **The CPT would like to be informed about the present situation in this respect.**

2. Ill-treatment

51. The CPT's delegation did not hear any allegation of torture in the establishments visited and did not receive any other evidence of such treatment. Further, it did not receive any allegation of recent severe physical ill-treatment of prisoners by prison staff at either of the prisons.

52. However, one allegation of severe ill-treatment, dating back to 28 December 1997, was heard at Helsinki Central Prison. The prisoner concerned stated that, whilst placed in an isolation room, he was stripped naked, handcuffed to an iron bedstead, hosed with water and kicked by prison officers.

The delegation raised this matter with the Finnish authorities, which by letter of 21 December 1998 provided an account of the case. According to the information supplied, after having been brought to a surveillance cell because he had assaulted a member of staff and was still displaying aggressive behaviour, the prisoner had been hosed with water by prison officers in order to enable them to close the cell door. It was also stated that it had been necessary to handcuff him for about three hours. Further, it was indicated that according to the prisoner's medical file, a medical doctor who subsequently examined him observed that his right elbow and right hand knuckles were somewhat swollen and the supination of his elbow joint, somewhat restricted.

53. It is undeniable that, in certain circumstances, the use of force may be necessary to control disruptive prisoners. However, in the CPT's opinion, spraying with water a recalcitrant prisoner who is not acting in concert with others cannot be justified. It notes with satisfaction that this opinion is shared by the Department of Prison Administration, which stated in the above-mentioned letter that it does not consider coercive means of this kind to be acceptable. **The CPT recommends that appropriate instructions be issued on this subject.**

Further, the CPT would like to have a detailed account of the authorised means of coercion in Finnish prisons, as well as of the training received by prison staff in control and restraint techniques vis-à-vis recalcitrant prisoners.

54. It should also be mentioned that the delegation found in the prison staff's office on Ward II, Level 3 of Riihimäki Prison, a baseball bat and two non-standard wooden batons. When asked about the reasons for the presence of these objects, the staff present told the delegation that they were only of symbolic significance in representing their authority.

The delegation requested that the above-mentioned objects be removed immediately. **The CPT would like to receive confirmation that this has been done.**

55. In its first report (cf. CPT/Inf (93) 8, paragraphs 60 to 66), the CPT expressed serious concern about the problem of inter-prisoner violence in Helsinki Central Prison. It recommended that the Finnish authorities carry out a detailed examination of this problem and draw up an appropriate plan of action. In their responses, the Finnish authorities announced several measures in order to address the problem (cf. pages 29 to 30 of doc. CPT/Inf (93) 6 and page 14 of doc. CPT/Inf (94) 3).

56. However, information gathered during the second visit demonstrated that this phenomenon was still prevalent throughout the Finnish prison system⁴; this was acknowledged at both national and local levels. The identified causes for this situation were similar to those described in the CPT's first report (availability of drugs within prison; drug-related debts; gang-related violence).

⁴ According to the latest survey conducted by the Prison Administration in 1996, there were 23 such incidents that year in Finnish prisons resulting in serious injuries to prisoners, of which seven occurred in Helsinki Central Prison.

57. As far as Helsinki Central Prison is concerned, it emerged from the discussions with both the management and staff of the establishment that, despite a reduction in the recorded level of inter-prisoner violence in recent years (partly attributed to the improvement of local procedures for the control of the dealing in and consumption of drugs within the establishment, as well as to the improvement of material conditions resulting from the refurbishment programme), fights between prisoners were still frequent.

Shortly before the delegation's visit, two detainees were assaulted by other inmates. In the first case, a prisoner was struck in the face on 28 May 1998 and sustained a 6cm-long wound under the left eye. In the second case, a detainee was assaulted on 5 June 1998 in the shower room by another inmate; according to the prisoner's medical file, he displayed several head wounds and his left arm had been broken. Between mid-March and mid-May 1998, two similar cases had been recorded by the health-care service of the prison.

Approximately 20% of the prison population (as compared to 15% in 1992) had asked to be accommodated separately from other inmates. They were no longer housed in the isolation unit; however, the cellular accommodation reserved for them was in a poor state of decoration and clearly in need of refurbishment (see paragraph 66 below). In addition, for half of them, out-of-cell activities were limited to one hour of outdoor exercise per day and, when sufficient staff was available, to three hours of sports activities per week.

In this context, the Director of the establishment also expressed concern that the planned reduction of prison staff could lead to an increase of violence.

58. At Riihimäki Central Prison, approximately 25% of the prison population were, on their own request, accommodated separately from the rest of the prison population in various units (including the isolation/disciplinary unit), according to a gradation ranging from "fearful ones" ("pelkolas") to "most fearful ones". As in Helsinki Central Prison, they had very few opportunities for out-of-cell activities and the majority of the "most fearful ones" - held in the isolation/disciplinary unit - were afraid to take outdoor exercise (due to a shortage of staff, there was no possibility for them to take outdoor exercise separately from other prisoners).

59. The CPT notes that the Finnish authorities are well aware of the problem of inter-prisoner violence and fully recognise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might cause them harm.

However, the time is ripe to move beyond monitoring the phenomenon and to establish a coherent strategy in order to tackle it. More needs to be done to minimise the opportunity for strong and robust prisoners to prey upon the weak.

60. As emphasised in paragraph 64 of the CPT's first report, addressing the phenomenon of inter-prisoner violence requires of a prison's staff that it be alert to signs of trouble and both resolved and properly trained to intervene when necessary. The existence of positive relations between staff and prisoners, based on the notions of secure custody and care, is a decisive factor in this context; this will depend in large measure on staff possessing appropriate interpersonal communication skills. Further, management must be prepared to fully support staff in the exercise of their authority. Specific security measures adapted to the particular characteristics of the situation encountered (including effective search procedures) may also be required. However, such measures can never be more than an adjunct to the above-mentioned basic imperatives.

It is also obvious that an effective strategy to tackle inter-prisoner violence should seek to ensure that prison staff are placed in a position to exercise their authority in an appropriate manner. Consequently, the level of staff must be sufficient to enable prison officials to more closely supervise the activities of prisoners and effectively to support each other in the exercise of their supervisory tasks.

Further, in paragraph 139 of its first report, the CPT underlined that the placement of different categories of prisoners in shared living areas can create a risk to the safety and well being of the inmates concerned. It also stressed that it will often be unrealistic to expect a single establishment to provide all of the different regime and security conditions which will be required for diverse categories of prisoners. The result of a failure to take full account of this consideration may be that prisoners are placed in institutions which are unable to provide them with an appropriate regime.

The Finnish authorities informed the CPT that, according to the 1993 Instructions from the Ministry of Justice on the placement of prisoners, the "main criteria continues to be the prisoner's domicile" and that there is a "conscious attempt in Finland not to categorise prisoners on penal institutions, for degree of risk or security". However, the second visit to Finland showed clearly that there is a need for the prison system as a whole to address more closely the issue of appropriate classification and distribution of diverse categories of prisoners.

Moreover, it is axiomatic that the provision of appropriate programmes of activities (cf. also paragraphs 70 and 79) could significantly contribute to the reduction of the problem of inter-prisoner violence.

The CPT recommends that the Finnish authorities develop and implement a comprehensive strategy to combat inter-prisoner violence, in the light of the above remarks. Further, immediate steps must be taken to ensure that vulnerable prisoners at Riihimäki Central Prison are able to take daily outdoor exercise in safety.

61. Finally, the proper recording of incidents occurring in prisons is essential for efficient prison management and adequate supervision. Without such recording, it will be impossible to analyse accurately the overall situation and to draw the appropriate conclusions.

The delegation which carried out the second visit noted that there was no systematic recording of incidents in Helsinki Central Prison. **The CPT recommends that such a system be introduced in that establishment and, if necessary, in other prisons.**

3. Conditions of detention

a. follow-up visit to Helsinki Central Prison

i) *material conditions*

62. As was the case in 1992, the prison was not overcrowded. Prisoners were accommodated one to a cell throughout the establishment, except for the "travelling cells" (see paragraph 112 below).

A general description of prisoner accommodation was given in paragraphs 79 to 83 of the CPT's first report. From the very outset, the CPT would like to put on record that, contrary to the situation observed in 1992, the general state of cleanliness of the establishment was satisfactory.

63. Since 1992, major refurbishment work has been undertaken in the establishment. It concerned the "day cells"⁵ (i.e. ordinary detention units, the rehabilitation and drug-free units, and the isolation and disciplinary units).

In the ordinary detention units and the rehabilitation and drug-free units, material conditions were now of a very high standard. The cells remained of an adequate size (between 8 m² and 9 m², as far as the living area is concerned), and, since 1992, had been fitted with a partitioned sanitary facility (including in a number of cells, a shower). More generally, the cells were well equipped, lit and ventilated.

The isolation unit, which was criticised by the CPT in the first report (cf. paragraph 70), also offered at present conditions of a very high standard. The cells of this unit were of satisfactory size (about 11 m²) and, like the above-mentioned cells, included a separate sanitary facility. They were equipped in a satisfactory manner and were well lit and ventilated. At present, this separate unit possessed its own kitchen, dining room, sauna, gym, shower and other facilities.

As for the disciplinary unit, reference is made to paragraph 100 below.

64. The night cells in the west wing, criticised in paragraph 81 of the first report, had been taken out of service and were in the process of being completely refurbished. However, the delegation was told by the Director that the resources allocated for this purpose (i.e. a total of 16 million Finnish marks at a rate of 4 million per year) were insufficient.

⁵ The prison staff still uses the terms "day cells" and "night cells" to indicate different parts of the prison, although these designations relate to a system of allocation that is no longer in use.

65. Conditions in other "night cells" areas had not changed since 1992 and remained of an unacceptable standard. This was in particular the case for the east wing, which accommodated the psychiatric unit (see paragraph 81 of the first report). The cells in this unit had been repainted; however, they were still of an inadequate size (just over 4m²), had no access to direct light and were not equipped with a heating and ventilation system. The same situation prevailed on the two other levels of this wing, which, in addition, had not benefited from repainting.

It must be added that, at night, prisoners held in this wing had still to use buckets for the purpose of complying with the needs of nature, a practice that the CPT criticised already in its first report. Due to a shortage of staff, it was not possible to unlock prisoners during the night in order to allow them access to the toilet facilities situated in this wing.

The CPT regrets that the east wing is scheduled to be the last to be refurbished.

66. The delegation which carried out the 1998 visit also observed that the cellular accommodation currently reserved for fearful prisoners, although offering on the whole acceptable material conditions (see paragraph 80 of the report on the first visit), was presently in a poor state of decoration and in clear need of refurbishment.

67. The CPT recommends that the Finnish authorities vigorously pursue the implementation of the renovation programme in Helsinki Central Prison and, in this context, take fully into account the remarks made in paragraphs 64 to 66. The refurbishment should inter alia ensure that all prisoners in Helsinki Central Prison have access to toilet facilities at all times, including at night.

ii) activities

68. In paragraph 85 of its first report, the CPT indicated that there was considerable room for improvement in the work and educational activities offered at Helsinki Central Prison.

In their interim report (page 49, doc. CPT/Inf (93) 16), the Finnish authorities gave detailed statistics and information on this issue. The goal fixed in 1992/1993 was to have 59% of prisoners engaged in activities of various kinds (work, training and education).

The delegation which carried out the second visit was provided with up-to-date statistics, showing a very positive trend as regards the proportion of the prison population engaged in purposeful activities. The 1997 target of 67% prisoners engaged in working activities in the well-equipped workshops (described in paragraph 84 of the first report), in cleaning/maintenance work, or in education had been achieved.

69. However, the CPT notes with concern that the equivalent target for 1998 had been reduced to 63%. In practice, this implies that some 80 prisoners did not benefit from regular organised activities.

Moreover, the Director expressed concern about the planned closing down of the woodworking shop, which would further reduce work opportunities.

70. As was emphasised in the first report (paragraph 85), Helsinki Central Prison is an establishment for sentenced prisoners. Such prisoners are entitled to expect a full programme of work, educational and sports activities and, as far as possible, individual custody plans should be drawn up.

In this respect, the CPT wishes to stress that the provision of appropriate work for sentenced prisoners is a fundamental part of the rehabilitation process. Further, for their psychological well-being, remand prisoners should, whenever possible, also be offered work. It follows that the employment situation in a prison should not be dictated exclusively by market forces.

The CPT recommends that the Finnish authorities make substantial efforts to provide more work and educational opportunities for prisoners at Helsinki Central Prison, in the light of the above remarks.

b. Riihimäki Central Prison

i) *material conditions*

71. Prisoners were accommodated in four wards (i.e., Wards I to IV). All cells were designed for single occupancy and their size - ranging from 7 to 9m² - was, in principle, satisfactory. However, the 7m² cells, which formed the bulk of the establishment's accommodation, were quite narrow (less than 2 metres wide)⁶.

All cells in the ordinary accommodation units had adequate access to natural light, and the artificial lighting varied from acceptable to good. However, ventilation left something to be desired in certain areas.

Cells were reasonably furnished (bed, table, chair, cupboard, shelves and washbasin) and prisoners were allowed to keep personal belongings, including TV, radio sets, books etc. However, the furniture was mostly outdated and in need of replacement.

The general state of repair of the buildings was very poor. Many cells were dilapidated, traces of water seepage could be noticed on the walls and high humidity affected the living areas.

In addition, many of the cells and communal areas were dirty.

72. The great majority of the cells in the establishment did not have integral sanitation and, in the few cells that did, the toilet facility was not partitioned off.

During daytime, prisoners at work or on association had access to the communal toilet facilities located in each unit. However, in Ward II, Level 3 and Ward III, Level 2, where prisoners were locked up for most of the day, complaints were heard about delay in granting access to the unit toilets.

⁶ As for the isolation/disciplinary unit, reference is made to paragraph 101 below.

At night, prisoners had to use buckets or other available means in order to comply with the needs of nature. In this regard, the prison authorities stated that the staffing level at night did not enable prisoners to be granted ready access to toilet facilities.

73. The CPT must state again that it disapproves of the practice of prisoners discharging human waste in buckets in their cells. Either a toilet facility should be located in cellular accommodation (preferably in a sanitary annex) or means should exist enabling prisoners who need to use such a facility to be released from their cells without undue delay at all times. In this regard, the CPT was pleased to note that the approved refurbishment programme of the prison includes the installation of integral sanitation in all cells (i.e., by turning three cells into two, using the one in the middle to build sanitary annexes). However, it was noted with regret that this programme was not due to be completed until the year 2008.

74. The CPT recommends that the refurbishment programme of Riihimäki Central Prison be accelerated. Pending the completion of this programme, instructions should be given that any request made by a prisoner to be released from his cell during the day in order to use a toilet facility must be granted without delay, unless significant security considerations require otherwise. Further, immediate steps must be taken to improve the level of cleanliness of the cells and the communal areas and to provide prisoners with appropriate cleaning products for their cells.

ii) activities

75. As regards **work activities**, Riihimäki Central Prison had various workshops (metal and woodworking, painting, mechanics, packing) producing high quality work for outside companies and serving also for vocational purposes; however, it appeared that these workshops were currently underused, employing only fourteen prisoners. Fifty prisoners were engaged in work in various other services of the prison (laundry, kitchen, maintenance activities, heating plant, cleaning, in-cell work). Nine prisoners were engaged in **vocational training** and four in **rehabilitation activities**.

At the time of the visit, **educational activities** had stopped for the summer holiday. However, the delegation was informed that from January to May 1998, 26 prisoners went to primary and secondary school courses (13 hours per week) and ten were studying in their cells.

The establishment also possessed a well-stocked **library** which, as the delegation could observe, was widely used by prisoners.

76. As regards sport, during the summer, prisoners had access within the exercise yard to various activities (weight training, football, etc.). They could also use a large and well-equipped sports hall, situated outside the prison perimeter and shared with a local school. However, it would seem that shortage of escorting staff often limited access to this excellent facility. **The CPT would like to receive the comments of the Finnish authorities on this issue.**

77. Despite the above, the fact remained that almost half of the prison population had no form of regular organised activities. Their out-of-cell time was limited to four to five hours per day, i.e. one hour outdoor exercise and three to four hours association either within their unit or with prisoners from other units.

78. Prison staff affirmed that the opportunities for activities available at the prison did not appear to be attractive for prisoners. However, it also transpired from discussions with staff responsible for the workshops that the criteria used in selecting prisoners for the workshops were quite restrictive, e.g. preference given to skilled and productive persons.

More generally, from discussions with staff from the social services it emerged that there was no comprehensive programme designed to develop custody plans for prisoners nor any structured programme to prepare prisoners for release.

The above state of affairs is all the more of concern, bearing in mind that prisoners at Riihimäki Central Prison are serving long or very long sentences.

79. Persons serving lengthy sentences should have access to a wide range of purposeful activities (work, preferably with vocational value; education; sport; recreation/association). Moreover, they should be able to exercise a degree of choice over the manner in which their time is spent, thus fostering a sense of autonomy and personal responsibility. Additional steps should be taken to lend meaning to their period of imprisonment; in particular, the provision of individualised custody plans and appropriate psycho-social support are important elements in assisting such prisoners to come to terms with their period of incarceration and, in due course, to prepare for release.

The CPT recommends the Finnish authorities to develop the regime offered to prisoners at Riihimäki Central Prison, having regard to the above remarks. In this regard, a high priority should be given to fully exploiting the potential offered by the existing workshops.

4. Health care

a. staff and facilities

80. Health care at Helsinki Central Prison was provided by two distinct services: the "out-patient" service (i.e. general prison medical service) and the psychiatric unit (on which cf. paragraphs 85 to 88).

81. The out-patient service was staffed by a general practitioner, who worked three days per week, a dentist, who held consultations three days per week, two full-time psychologists and one full-time occupational therapist. Ambulant psychiatric care was provided by the psychiatrist who was attached to the psychiatric unit.

The medical team was assisted by seven nurses working on a full-time basis. However, no nurse was present after 6 p.m. during weekdays and 4 p.m. on weekends, though they remained on call.

On the whole, the above mentioned resources can be considered as just about adequate, having regard to the number of prisoners held in the establishment. However, **it would be preferable to augment the presence of a doctor; ideally, there should be a full-time general practitioner.** Further, **the CPT wishes to reiterate the recommendation made in the report on the 1992 visit that steps be taken to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present at Helsinki Central Prison, including at night.**

82. Health care staff at Riihimäki Central Prison comprised a general practitioner and a dentist, both working three days per week. In addition, one psychologist was employed by the prison. They were assisted by three full-time nurses – including one fully trained psychiatric nurse - providing cover from 6.30 a.m. to 4.30 p.m. on weekdays and weekends. However, as in Helsinki Central Prison, there was no nurse in attendance during the night.

Having regard to the prison's actual occupancy level (173), the general health care resources can be considered as adequate. However, **were the prison to operate at full capacity (234), the presence of a doctor in the establishment, and the nursing resources, should be increased accordingly. In addition, the recommendation referred to in paragraph 81 above applies equally to Riihimäki Central Prison.**

83. The CPT was concerned to note that in recent times there had been no regular visits by a psychiatrist to Riihimäki Central Prison. In any prison there will be inmates who, whilst not requiring admission to a psychiatric institution, would benefit from appropriate psychiatric care. The observations of the delegation's psychiatrists, based on interviews of prisoners and the examination of medical files, suggested that certain prisoners at Riihimäki Central Prison in need of such care were not receiving it. **The CPT recommends that the Finnish authorities take the necessary steps to reintroduce regular visits by a psychiatrist to Riihimäki Central Prison.**

84. The facilities available to the health care services in Helsinki Central Prison during the 1992 visit were described as rather dated (paragraph 100 of the first report). Since that time, the facilities have been renovated and the services were on the whole of a high standard (cf. however, paragraph 87 as regards the psychiatric unit).

The health care facilities in Riihimäki Central Prison were also of satisfactory standard and do not call for any specific comment.

b. psychiatric unit at Helsinki Central Prison

85. The psychiatric unit at Helsinki Central Prison had fifteen beds, and at the time of the visit was accommodating ten patients on a voluntary basis⁷. It comprised a team of a full-time psychiatrist (also in charge of ambulant psychiatric care for the general prison population), a psychologist and an occupational therapist, all employed on a full-time basis. They were supported by eight full-time nurses, trained in psychiatric care. Such a staffing level is in principle quite sufficient.

86. However, none of the unit's nurses were present at night, nor was there an on call system for them (in case of need, a nurse of the general medical service would be called in).

The profile of the patients held in the psychiatric unit calls for the permanent presence of a nurse (i.e. on a 24-hrs basis) trained in psychiatric care. **The CPT recommends that the Finnish authorities take steps to ensure such a presence in the psychiatric unit.**

87. As mentioned in paragraph 65 above, material conditions within the unit were of an unacceptable standard; they did not offer a positive therapeutic environment and consequently clearly hampered the good work done by the staff. The CPT has already recommended that the authorities vigorously pursue the renovation programme of the wing which accommodated *inter alia* the psychiatric unit (cf. paragraph 67).

The delegation was also informed that it was planned to transfer the psychiatric unit to another prison establishment. **The CPT would like to be informed of any development in this respect.**

88. Information gathered during the visit indicated that custodial staff on night duty could place psychiatric patients from the unit in isolation, without prior authorisation of health care staff. In their previously-mentioned letter of 21 December 1998, the Finnish authorities subsequently informed the CPT that in the event of incidents involving psychiatric patients, they were dealt with in the same manner as other prisoners.

⁷ The unit provides psychiatric services for prisoners coming from seven different Finnish prisons who have agreed to their transfer to a psychiatric facility. The most frequent diagnoses are depression, psychosis, anxiety, suicide risk and drug/alcohol-related psychiatric problems. Treatments available in the unit include pharmacotherapy, occupational therapy, group therapy and individual therapy. Prisoners in need of psychiatric care and who do not agree to their transfer can be sent to Turku Prison Mental Hospital; their involuntary placement is based on the 1990 Mental Health Act.

The CPT considers that **in a health care facility such as the psychiatric unit at Helsinki Central Prison, the management of violent and/or agitated patients should be the responsibility of health care staff. Further, all assistance by custodial staff in dealing with such patients should be provided under the authority and close supervision of the health care staff.** Implementation of the recommendation made in paragraph 86 above will enable this to be the case, even at night.

c. medical screening on arrival

89. The delegation which carried out 1998 visit noted that the situation concerning medical screening on arrival was the same as that described in paragraph 103 of the first report.

In Helsinki Central Prison, medical screening consisted of an interview by a nurse, who referred the prisoner to the doctor when she thought that there was a need for an examination or when the prisoner so requested (if the nurse considered that there was no urgency, the prisoner concerned could have to wait up to two weeks before being examined by a doctor).

At Riihimäki Central Prison, custodial staff asked newly arrived prisoners about their state of health and, if they considered it appropriate in the light of the prisoners replies, would refer them to a nurse.

90. In the CPT's opinion, every prisoner should be properly interviewed and physically examined by a medical doctor as soon as possible after his admission; save for in exceptional circumstances, the interview/examination should be carried out on the day of admission, especially insofar as persons entering the prison system are concerned. However, a newly arrived prisoner's first point of contact with the health care service could be a fully qualified nurse who reports to a doctor.

The CPT recommends that the Finnish authorities review the medical screening of newly arrived prisoners, in the light of the above-mentioned remarks.

d. suicide prevention

91. In its first report, the CPT recommended that the Finnish authorities draw up a suicide prevention programme for prisons (paragraph 110). In their interim response (pages 56-57), the Finnish authorities provided detailed information about the measures envisaged in this respect.

Nevertheless, information gathered during the second periodic visit indicated that there was still room for progress in this area. At Helsinki Central Prison, the delegation received conflicting information as regards the very existence of guidelines on suicide prevention and their implementation. At Riihimäki Central Prison, it was clearly stated that there was no policy on the prevention of suicide. **The CPT would like to be informed of whether guidelines on suicide prevention have been issued and, in the affirmative, to be provided with a copy of them as well as an account of the progress made in ensuring their implementation throughout the Finnish prison system.**

e. drug-related issues

92. The delegation was impressed in both prisons visited by the quality of the programmes available in the drug-free and drug-support units. The treatments offered included occupational activities, individual and group psychotherapy as well as relapse prevention and preparation for release programmes.

That said, the units only had a very limited number of places. Both the delegation's own observations and the meetings held with health care staff at the two establishments showed that a number of other inmates (about half of the prison population were drug abusers) could have benefited from the programmes offered in those units. **The CPT recommends that the Finnish authorities endeavour to increase the number of places in the drug treatment units at Helsinki and Riihimäki Central Prisons.**

5. Other issues related to the CPT's mandate

a. discipline and solitary confinement

93. The Enforcement of Sentences Decree, which regulates disciplinary procedures (cf. paragraph 127 of the CPT's report on the first visit to Finland), was amended in 1995. The types of disciplinary sanctions which may be imposed remain unchanged. The most severe disciplinary sanction, solitary confinement, may be imposed for a period of up to seven days by an establishment's director and up to twenty days by the Prison Board. If a prisoner has been held in solitary confinement for twenty consecutive days, seven days must elapse before another period of solitary confinement may be imposed.

94. In its previous report, the CPT noted that a prisoner had the **right to a hearing** prior to the imposition of a disciplinary sanction and that the director of the establishment together with a member of the Prison Board (in the most serious cases, the Board itself) must review every disciplinary decision (cf. paragraph 129, of Doc. CPT/Inf (93) 8). However, the CPT noted that a prisoner could only appeal against the imposition of a loss of remission, but not against any other type of disciplinary sanction, including solitary confinement. It therefore recommended that the right of appeal to a higher authority be introduced in respect of **all types of disciplinary sanctions**.

95. In their interim report (cf. page 70, Doc. CPT/Inf (93) 16), the Finnish authorities indicated that "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 this context." Subsequently, in their follow-up report, the Finnish authorities stated that a working group was currently examining the question of rights of appeal with respect to disciplinary sanctions and any decisions involving prisoners' isolation (cf. in particular, CPT/Inf (94) 3, page 21).

Despite the modification of the Enforcement of Sentences Decree and the Decree on Prison Administration, during the second periodic visit it became apparent that prisoners still did not have the right to appeal against all disciplinary sanctions, as the CPT had recommended in its previous report. Consequently, **the CPT must reiterate that recommendation**.

96. The CPT's delegation also noted that there was no central record kept of disciplinary charges brought against prisoners, or of the outcome of any subsequent proceedings, in either of the prisons. **The CPT considers that each prison establishment should be required to maintain a consolidated record of all disciplinary proceedings and decisions, which can be scrutinised by prison managers, officials of the Prison Administration and inspectorial bodies** (see also paragraph 107 below).

97. As for the non-voluntary placement of prisoners in solitary confinement for other than disciplinary reasons, the CPT made several recommendations in its first report (paragraph 74) concerning the safeguards to be offered to such prisoners. Since the first visit, the applicable regulations had been modified, and the CPT welcomes the fact that several of its recommendations have been taken into account. According to the Instructions of the Prison Administration Department issued on 16 February 1994⁸, any prisoner placed in solitary confinement must be informed in writing of the reasons for the decision and that the measure will be reviewed after one month (considering, inter alia, the effects of isolation on the prisoner's health). Further, there must be a hearing of the prisoner concerned before any decision on solitary confinement is taken. **In this respect, the CPT would like to receive confirmation that the above safeguards also apply in case of renewal of solitary confinement.**

98. It appears from the responses of the Finnish authorities (CPT/Inf (93) 16, page 40), as well as from the observations made by the CPT's delegation during its second periodic visit, that prisoners do not have a specific right of appeal against a decision of placement in solitary confinement or the renewal of such placement. **The CPT recommends that a right of appeal be introduced.**

99. At the time of the visit, no one was placed in non-voluntary solitary confinement at Helsinki Central Prison. At Riihimäki Central Prison, three prisoners were segregated from the rest of the prison population in accordance with the above provisions; however, they were placed in an ordinary detention unit (in Ward I), together with other prisoners ("fearful ones"), segregated at their own request; both categories of prisoners were subjected to the same regime (see paragraph 77).

100. The material conditions in the isolation unit of **Helsinki Central Prison** have already been described in paragraph 63 above, where the CPT commented the quality of the renovation which had taken place. The disciplinary unit, which had also been renovated, comprised seven adequately equipped cells of a satisfactory size (10 m²). However, each cell window had been fitted with a metal screen, restricting access to natural light and adversely affecting the quality of the ventilation. **The CPT recommends that the Finnish authorities remedy this shortcoming.**

101. The isolation/disciplinary unit of **Riihimäki Central Prison**, located in Ward IV, Level 1, contained ten cells for isolation/disciplinary purposes as well as ten cells reserved for the "most fearful" prisoners.

The isolation/disciplinary cells measured between 6 to 8m² and had adequate access to natural light and artificial lighting. Unfortunately, these were the only positive features of the cells. The ventilation left a great deal to be desired. Further, the cells were equipped with a narrow (50 cm) concrete platform, containing a trough and fitted on one end with a built-in toilet. The design of these platforms did not allow the proper use of mattresses, which as a result had to be placed on the floor. Moreover, the cells had no access to running water and their general level of cleanliness fell short of an acceptable standard.

⁸ Instruction 4/011/94 of 16 February 1994 on the Application of Chapter 3, paragraph 9.2 of the Regulation on the Execution of Sentences (concerning non-voluntary placement in solitary confinement).

On a more positive note, the cells reserved for the "most fearful ones" were quite spacious (9 m²) and much better equipped (with a WC, a washbasin with hot and cold water and a power point). They were also reasonably well furnished (for example, with a bed, a chair or stool, a TV and/or a radio and one or more cupboards).

The CPT recommends that the Finnish authorities improve without delay material conditions in the isolation/disciplinary cells in Ward IV, Level 1 of Riihimäki Central Prison, in the light of the above remarks. In the context of the renovation of the prison, the authorities should also equip the isolation/disciplinary cells with a table and chair (if necessary, fixed to the floor).

102. It should be added that the unit also contained an "observation cell" in which prisoners considered to be suicidal or likely to injure themselves could be located. Surveillance was maintained via an internally mounted CCTV camera. This cell was dirty and badly ventilated and the level of artificial lighting was poor. The delegation was informed that prisoners placed there would often be stripped of their clothes and left naked in the cell. Such a practice is completely unacceptable.

The CPT recommends that the practice of placing prisoners naked in the observation cell be ended immediately; prisoners placed in this cell should be provided with tear-proof clothing and bedding. In addition, the CPT recommends that the Finnish authorities remedy the material shortcomings described above.

103. Finally, the delegation was informed about plans to build a special security unit in Helsinki Central Prison for disruptive prisoners and those presenting a security risk. Apparently, 20 million Finnish marks have been allocated for this purpose. **The CPT would like to know whether the Finnish authorities intend to implement those plans, and if so, to be provided with full details about the planned security unit (its capacity, material conditions, proposed regime, etc.)**

b. complaints and inspection procedures

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

The CPT also attaches particular importance to regular visits to a prison establishment by an independent body (for example, a visiting committee or a judge), with authority to receive-and, if necessary, take action on-prisoners' complaints and to visit all the prison facilities.

105. The complaints procedure available to prisoners was described in paragraph 131 of the Committee's first report. In their interim report (pages 70-71, doc CPT/Inf (93)16), the Finnish authorities provided additional information on the right of prisoners to submit written complaints on a confidential basis to several bodies, both within and outside the prison system, including various international human rights bodies (cf. also paragraph 111 below). Further, the information booklet for prisoners issued in January 1997 expressly refers to the various entities with which a prisoner can correspond without prior scrutiny.

106. However, the delegation which carried out the second periodic visit to Finland heard several allegations from inmates in both establishments visited that they had not received a reply, or received very late replies, to their complaints addressed to the prison director.

The CPT would like to receive the comments of the Finnish authorities on this issue. In addition, in the light of other observations made, the CPT would like to be informed of the status of the recommendations made by the Parliamentary Ombudsman to the relevant authorities in respect of complaints received from prisoners.

107. In paragraph 131 of its first report, the CPT stressed that the work done by the Parliamentary Ombudsman in visiting prison establishments was most impressive; however, it commented that given the broad range of other fields of public administration which are subject to his review, it may be difficult for him to supervise and inspect each and every prison establishment in Finland on an ongoing basis. Therefore, the Committee recommended that the Finnish authorities explore the possibility of establishing a system under which each prison establishment would be visited on a regular basis by an independent body, authorised to inspect the prison's premises and to receive complaints from inmates about their treatment in the establishment. In this respect, the Finnish authorities stated in their interim response (cf. doc CPT/Inf (93) 6, page 72) that in view of the regular and careful supervision exercised by the Parliamentary Ombudsman, there was no immediate need to establish another system of visits as recommended by the CPT.

108. During the second periodic visit, it became clear from discussions with the Deputy Parliamentary Ombudsman and other representatives of the Ombudsman's Office that, due to the workload, the number of inspections actually carried out had decreased. Central prisons were visited once every two years, and other prison establishments once every three to four years. It was expected, however, that the recent nomination of an additional Deputy Ombudsman responsible for prison and police establishments would improve the situation in this respect. **The CPT would like to be informed of any progress achieved in this area, in particular of the number of visits carried out by the Deputy Parliamentary Ombudsman and the results of such visits (i.e. reports drawn up, action taken, proposals made etc).**

Further, in the light of the above, the CPT remains of the opinion that inspections by the Deputy Ombudsman could usefully be supplemented by a system of regular visits to prison establishments by another independent body, as described in paragraph 104 above. **The Committee therefore invites the Finnish authorities to reconsider the recommendation made in paragraph 132 of its first report.**

c. contact with the outside world

109. In paragraph 134 of the first report, the CPT reached the conclusion that the arrangements for visits in the establishments visited at that time were satisfactory. The same conclusion applies to the visiting arrangements at Riihimäki Central Prison, where prisoners were entitled to 8 hours of ordinary visits and 3 hours of unsupervised visits per month with close relatives or other persons approved by the prison authorities. The visiting facilities do not call for any specific comments.

However, "fearful" prisoners at Riihimäki Central Prison informed the delegation that it was difficult for them to use the ordinary visiting facilities, a state of affairs confirmed by prison staff. As a result, their contact with members of their families and/or friends was rather limited. **The CPT recommends that the Finnish authorities verify the visiting arrangements for "fearful" prisoners in this establishment.**

110. At Helsinki Central Prison, prisoners were allowed six hours per month of ordinary visiting time⁹, as compared to eight hours in Riihimäki. This was apparently due to the limited capacity of the visiting facilities, a situation confirmed by prison staff. **The CPT would like to receive the comments of the Finnish authorities on this matter.**

111. As already noted in the first report, prisoners had access to the telephone and were able to send and receive letters. In this respect, the Committee is pleased to note that prisoners are allowed to send letters on a confidential basis to the President of the CPT.

d. "travelling cells"

112. As during the 1992 visit, prisoners in transit were accommodated in so-called "travelling cells" (matkaselli). The six travelling cells in Helsinki Central Prison were renovated to a satisfactory standard. However, the permitted occupancy level was excessive (up to three persons could be accommodated overnight, and sometimes even longer, in 8m²). The situation in this respect was even worse in Riihimäki Central Prison (two prisoners in transit could be held in a 5m² cell, and up to four prisoners in an 8m² cell).

A cell measuring 5m² is just adequate for accommodating overnight one person, and an 8m² cell should not accommodate more than two persons for extended periods. **The CPT recommends that the Finnish authorities reduce the permitted occupancy levels of the travelling cells, in the light of the above remarks.**

113. Finally, the CPT noted that a new local prison, planned to serve the Helsinki metropolitan area, will include a special unit for transit prisoners and for those whose stay is expected to be of a short duration. **The CPT would like to be informed of any progress in this respect.**

⁹ As in Riihimäki, there were also entitled to 3 hours of unsupervised visits, in addition to ordinary visits.

- e. access to toilet facilities

114. In its first report, the CPT noted that the practice of slopping out was still a feature in prisons, or parts of prisons, in Finland. It requested further information on this situation together with details of any plans of the Finnish authorities to bring an end to this practice. During the second periodic visit, the delegation was informed by senior officials of the Prison Department that, out of approximately 2900 prisoners throughout Finland, some 1000 still had no integral sanitation in their cells. **The CPT would like to know whether the Finnish authorities have established a programme with a clear timetable for entirely eliminating the practice of slopping out.**

C. Muurola Psychiatric Hospital

1. Preliminary remarks

115. Muurola Psychiatric Hospital is located on a large site in Muurola village some 25 km South-West outside of Rovaniemi and forms part of the Rovaniemi Central Hospital. The psychiatric hospital was originally situated in the town of Rovaniemi and moved to its present location in 1974. From an initial capacity of 600 beds, it has nowadays 110 beds. This was the result of the change in emphasis from institutional to community-based treatment throughout Finland.

The delegation was informed of the on-going discussion about relocating the hospital back to Rovaniemi. **The CPT would like to receive further information on this issue.**

116. The hospital cares for both voluntary patients and persons placed there involuntarily under Section 8 of the Mental Health Act (No. 1116/1990)¹⁰. This provision stipulates that a person can only be obliged to undergo treatment in a psychiatric hospital:

- i) if he is diagnosed as mentally ill,
- ii) if he needs treatment for a mental illness which, if not treated, would become considerably worse or severely endanger his health or safety or the health or safety of others, and
- iii) if all other mental health services are inapplicable or inadequate.

117. At the time of the CPT's visit, the hospital was accommodating 96 in-patients (of whom 19 were involuntary, 16 men and 3 women). As far as the length of stay is concerned, under the Mental Health Act, a person can be involuntarily placed in a psychiatric institution for treatment for a maximum of three months on the basis of a psychiatrist's decision. After this period, the need for treatment has to be assessed again and the placement of the patient for treatment can be extended for a further period of up to 3 months (i.e. maximum of 6 months); the decision to extend the placement of the patient has to be submitted immediately for the approval of the provincial administrative court. At the end of this six-month period, the need for treatment has to be assessed anew.

The delegation was informed that the average length of stay in the hospital was some two months. However, some patients had been staying in the hospital more than one year.

¹⁰ The delegation was informed that persons found to be criminally irresponsible were normally placed in Vasaa and Niuvanniemi psychiatric hospitals.

2. Ill-treatment

118. The delegation heard no allegations, and gathered no other evidence, of ill-treatment of patients by members of staff. The atmosphere throughout the hospital was very relaxed and staff/patient relationships appeared to be positive and constructive. More generally, the CPT wishes to place on record the devotion to patient care observed among the staff at Muurola Psychiatric Hospital.

119. Notwithstanding this positive finding, and in order to enable the CPT to obtain a nationwide view of the situation, **it would like to receive, in respect of 1997 and 1998, the following information:**

- **the number of complaints of ill-treatment lodged against health care staff in psychiatric establishments in Finland;**
- an account of sanctions imposed following such complaints.

3. Staff

120. The medical team comprised eight medical doctors: a Chief Medical Doctor (a psychiatrist not involved in clinical work), four other psychiatrists, one neurologist and two doctors undergoing training. Such a team could be considered as adequate, in view of the number of patients in the hospital. That said, the delegation was informed that two doctors were expected to vacate their posts during 1998.

The CPT would like to be informed about the present number of medical doctors working in the hospital.

121. The CPT noted that there was no medical doctor present at night and over the weekends. Doctors were on call from Rovaniemi (25 km away). This situation is all the more of concern bearing in mind that, according to information received from the staff, approximately 70% of the patients admitted to the hospital for observation arrive outside normal working hours. In addition, the situation is not in conformity with the Instruction of the Chief Medical Doctor dated 10 March 1998, which stipulates that when a patient is admitted to the hospital, a doctor will immediately and personally examine him/her.

The CPT recommends that appropriate steps be taken to ensure that a doctor is always present on the hospital premises.

122. The number and qualifications of nursing staff was impressive. There were a total of 102 nurses, of whom 40 had 3,5 years of training in psychiatry (psychiatric nurses) and 62 had 1,5 years training (mental health nurses). Each patient had been allocated to a named nurse, who was responsible for supervising the treatment programme and monitoring the patient's progress. This is a most welcome measure.

123. As regards staff qualified to provide therapeutic activities, the hospital had 2 full-time psychologists, 11 full-time occupational therapists, 3 full-time physiotherapists and 2 social workers (one of them acting as the Patients' Ombudsman-cf. paragraph 141 below). Such a staffing level can be considered as adequate. There was a vacant post for a music therapist and the CPT trusts that steps will be taken to fill this post.

4. Patients' living conditions

124. Voluntary and involuntary patients were accommodated in three buildings. The main building comprised three closed wards: ward 1, which dealt with acute cases and new admissions; ward 3, a closed rehabilitation ward for the treatment of difficult - mostly long stay - patients; ward 6, a psycho-geriatric ward. Two other, open, wards (2 and 4) were situated in a separate building; the former accommodated acute cases, and the latter served for short rehabilitation.

In addition, six patients were living in apartment-like accommodation in an independent unit (a half-way house).

125. The delegation was impressed by the high standard of the material conditions in all the wards visited, and by their cleanliness and state of repair. Patients were accommodated in single or double rooms of adequate size (respectively 8 and 14 m²), which were well lit (natural and artificial lighting), heated and ventilated. The rooms, to which patients had access at all times, were equipped in a satisfactory manner: beds, lockable cupboards, a table and chairs. Sanitary facilities in all wards were of very good standard and access to them was possible at all times. Further, each ward had a communal room, equipped with modern furniture, TV, video, books, newspapers, magazines and board games.

Particular attention had been paid to the decoration of both patients' rooms and communal/recreational areas, where the provision of curtains, pictures, plants and flowers created a congenial and welcoming environment and provided patients with visual stimulation.

126. It should also be noted that the patients were allowed to wear their own clothes. The CPT welcomes this step, which is conducive to strengthening patients' personal identity and self-esteem.

127. The delegation was also impressed by the modern and well-equipped hospital kitchen. In particular, the delegation was pleased to note that the kitchen staff took into account not only the caloric content of the food, but also the way it was presented and served.

128. To sum up, the material conditions offered at the hospital were entirely satisfactory and, in particular, constituted a positive therapeutic environment.

5. Treatment

129. The quality of psychiatric treatment provided to patients was on the whole very good and, in particular, was based on an individualised approach. The hospital provided for a wide range of treatments, including psychopharmacologic medication, individual psychotherapy, group psychotherapy, rehabilitative psycho-social therapy, family therapy, occupational therapy and physiotherapy. With regard to the psychopharmacological treatment, the delegation did not observe any indications of overmedication.

Occupational therapy, available to patients from both the open and closed wards, included sewing, weaving, wooden and metal handicrafts, art therapy, carpentry work, cooking and gardening.

130. In addition, patients had access to different sport activities, either indoors (i.e. gym, swimming pool in Rovaniemi) or outdoors (i.e., skiing, cycling, riding). Patients who were placed in closed wards had daily access to outside exercise. Further, the hospital possessed a well-stocked library and a music hall.

131. The delegation was informed that electroconvulsive therapy (ECT) was only rarely used (twice in 1997 and once in 1998), and always in its modified form (with anaesthetic and muscle relaxants). It was administered by specially trained staff in a specifically designated and equipped room, whose equipment was regularly checked.

Recourse to ECT was recorded in individual medical files. **The CPT recommends that, in addition, the use of ECT be recorded in a specific register established for that purpose.**

132. Patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis should not be construed as authorising treatment without his consent.

The delegation observed that before beginning a treatment, the medical staff always sought a patient's consent, which was duly recorded on a special form. Both voluntary and involuntary patients were informed about the medication and its possible side effects, the treatment itself and its expected duration. Further, certain forms of treatment (e.g. ECT, depot injections) were not normally administered without the patient's informed consent. However, the delegation was informed that other forms of treatment could be administered by the doctor to involuntary patients without their informed consent; in this regard, reference was made to the general authorisation to treat patients against their will and without a prior request for a second medical opinion, contained in the Mental Health Act.

In the CPT's opinion, any derogation from the fundamental principle of consent to treatment should be not only based upon law but also related to clearly and strictly defined exceptional circumstances. As it stands, the Mental Health Act does not appear to meet the latter requirement. **The CPT would like to receive the comments of the Finnish authorities on this question.**

6. Means of restraint

133. The delegation was informed at Muurola Psychiatric Hospital that recourse could be had to seclusion and to instruments of physical restraint.

In any psychiatric establishment, the restraint of agitated and/or violent patients may on occasion be necessary. However, this is a subject of particular concern to the CPT, given the potential for abuse and ill-treatment.

134. As regards seclusion, staff stated that it was used only as a last resort and every effort was made to return the patient concerned to normal conditions as soon as possible. This was confirmed by patients interviewed. Whenever a patient was placed in seclusion, a nurse was either in attendance or carried out regular checks every fifteen minutes. Moreover, every recourse to a seclusion measure had to have prior doctor's authorisation or be immediately brought to his attention.

Several wards had seclusion rooms. Conditions within them were quite satisfactory, save for the absence of a call-system and non-visibility of the certain parts of the room from the outside. **The CPT invites the Finnish authorities to remedy these deficiencies.**

135. As for instruments of physical restraint, they were used in the case of patients displaying disturbed or aggressive behaviour, and only if initial non-physical attempts to restrain (e.g. verbal instruction) and manual control had failed. When, exceptionally, it was necessary to have resort to instruments of physical restraint, the patient was secured to a bed by leather straps for the shortest possible period. As for seclusion, there was a nurse in attendance and the use of physical restraint had to have prior doctor's authorisation or immediately brought to his attention.

136. Staff in psychiatric establishments should receive training in both non-physical and manual control techniques vis-à-vis agitated or violent patients. Indeed, the possession of such skills will enable staff to choose the most appropriate response when confronted by difficult situations, thereby significantly reducing the risk of injuries to patients and staff. In this respect, the CPT was pleased to note that a special training programme had started in 1996 in Muurola, notably in non-physical and manual control techniques vis-à-vis agitated or violent patients, non-verbal communication, and the control of aggression and fear. **The CPT would like to be informed whether such training programmes have been offered to staff in other psychiatric institutions in Finland.**

137. Resort to isolation and instruments of physical restraint are recorded in detail in the patient's file and in a so-called "Doctor's Order Book".

For its part, the CPT considers that every instance of the physical restraint of a patient (manual control, use of instruments of physical restraint, seclusion) should be recorded in a specific register established for this purpose. The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff. This will greatly facilitate both the management of such incidents and the insight into the extent of their occurrence. **The CPT recommends the Finnish authorities to take appropriate steps in this respect.**

7. Safeguards in the context of involuntary placement

138. Mentally ill and mentally handicapped persons are particularly vulnerable and should therefore benefit from safeguards in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. It follows that involuntary placement in a psychiatric establishment should always be surrounded by appropriate safeguards¹¹. In particular, the procedure by which involuntary placement is decided should offer guarantees of independence and impartiality as well as of objective medical expertise, and the need for such a placement should be reviewed at regular intervals. Further, it is axiomatic that a person who is involuntarily placed in a psychiatric establishment by a non-judicial authority must have the right to bring proceedings by which the lawfulness of his detention shall be decided speedily by a court.

Other safeguards should deal with such matters as an effective complaints procedure, the maintenance of contact with the outside world, and the external supervision of psychiatric establishments.

139. The CPT has some misgivings concerning the existing procedure for involuntary placement in a psychiatric hospital. Under the current provisions of the Mental Health Act, in order to determine whether the conditions for involuntary psychiatric treatment are met, persons may be admitted to hospital for observation for up to four days on the basis of a written statement (referral for observation) by only one physician, who does not necessarily have to be a psychiatrist.

Such a procedure might well be considered appropriate for emergency situations. However, in the absence of urgency, the CPT considers that the placement of a person against his will in a psychiatric hospital for observation should always be based on the recommendation of at least one psychiatrist, preferably two, and that the actual decision on placement should be taken by a body which is independent from the psychiatrist(s) recommending placement.

Within four days of admission, the responsible physician in the hospital must produce a written statement "on observation", including an opinion on whether or not the conditions for ordering treatment against the patient's will are met. The final decision is made by the chief medical doctor of the institution concerned. The CPT is pleased to note that the opinion of a patient who is under observation must be sought before a decision to order treatment is taken, and the family of the patient concerned must also in principle be consulted. As already indicated in paragraph 117 above, the decision ordering treatment is valid for three months and a subsequent decision to continue treatment for a further period of up to three months must be submitted immediately to the provincial administrative court for approval.

Further, according to Section 24 of this Act, patients can lodge an appeal with the provincial administrative court against a decision ordering/continuing treatment in a psychiatric hospital. However, no provision appears to have been made for the appointment of a person to assist the patient to decide whether to lodge such an appeal.

¹¹ One of the most important of those safeguards - free and informed consent to treatment - has already been mentioned (cf. paragraph 132 above).

Reference should also be made to certain information gathered from medical staff at Muurola Hospital concerning the applicable procedure. It would appear that there is no requirement for a second independent medical opinion in the context of appeals against decisions to order treatment in a psychiatric hospital and that, despite the provisions of Section 27 of the Mental Health Act, patients were rarely represented by lawyers in case of appeal. In addition, the delegation was informed that in practice, the competent court in Rovaniemi based its decision on the hospital documents/records relating to the patient and only exceptionally heard the patient.

140. The CPT would like to receive the comments of the Finnish authorities on the issues raised in paragraph 139 and to be informed whether a reinforcement of safeguards vis-à-vis involuntary placement is being planned within the context of the drafting of the new Mental Health Act.

The CPT would also like to be informed of the avenues open to a person admitted to hospital for observation to challenge the lawfulness of his deprivation of liberty during the initial four days of placement.

141. With respect to the complaints procedure, the patients could turn to the Patients Ombudsman at the hospital, who assists them to process their complaints both on the internal level and to outside bodies. Information concerning patients' rights was available on each ward's notice board, specifically mentioning the role of the Patients Ombudsman. In addition, patients had unrestricted access to outside bodies.

The CPT welcomes these positive measures. However, their efficiency could be greatly enhanced by the drawing up of an introductory brochure, setting out the hospital routine and patients' rights. The brochure could be given to the patients on admission, as well as to their families. **The CPT invites the Finnish authorities to draw up such a brochure in languages commonly spoken by patients.**

142. The maintenance of contact with the outside world is essential, not only for the prevention of ill-treatment but also from a therapeutic standpoint. The delegation was pleased to note that at Muurola Hospital, particular attention was paid to maintaining close links with families and the wider community. Subject to the patient's consent, family members could visit at any time and participate in a comprehensive and varied programme of therapeutic activities. In practice, family visitors were allowed access at almost any time and a guest room was available for overnight stays.

In addition, patients had access to the telephone and were able to send and receive correspondence.

143. The CPT also attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body, responsible for the inspection of patients' care. This body should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make necessary recommendations.

In this respect, the delegation was informed that the Office of the Parliamentary Ombudsman is empowered to visit psychiatric establishments and that its officials had visited a certain number of psychiatric institutions in Finland in 1997, including Muurola Psychiatric Hospital.

Whilst welcoming this situation, **the CPT would like to be informed whether the Finnish authorities consider that the Office of the Parliamentary Ombudsman is in a position to visit all psychiatric institutions on a regular and frequent basis and, if not, whether a supplementary system of visits by another outside body is envisaged.**

III. RECAPITULATION AND CONCLUSIONS

A. Police and Frontier Guard establishments

144. The CPT's delegation did not hear any allegations of torture of persons detained by the police or the Frontier Guard in Finland, and gathered no other evidence of such treatment. Further, it did not receive any credible recent allegations of other forms of severe physical ill-treatment of detained persons by police or Frontier Guard officers.

However, in the light of the information gathered during the visit, the CPT has invited the Finnish authorities to remind police officers in an appropriate manner that no more force than is strictly necessary should be used when apprehending a person.

145. The delegation found that, as had been the case in 1992, considerable numbers of criminal suspects remanded in custody were returned to police premises and remained there during part or all of the period of pre-trial investigation. It would be preferable from the standpoint of the prevention of ill-treatment for all persons placed on remand to be held on premises managed and staffed by the prison authorities. Consequently, the CPT has recommended that the Finnish authorities seek to ensure that, whenever proximity allows, persons remanded in custody are transferred to a prison.

146. All the police establishments visited in 1998 could be used to accommodate persons detained under the Aliens legislation, the period of detention frequently being from one to two months. Further, the delegation was informed that such detainees might also be placed in a local prison. The CPT has stressed that conditions in a police station or a prison will often, if not always, be inappropriate for this type of deprivation of liberty. If it is deemed necessary to deprive persons of their liberty under the Aliens' Act, it would be far preferable to accommodate them in centres specifically designed for that purpose, offering material conditions and a regime appropriate to the legal status of such persons and staffed by suitably qualified personnel. Consequently, the CPT has recommended that a high priority be given to the implementation of plans to establish detention facilities for aliens within the existing reception centres for asylum seekers.

147. Conditions of detention in the police and Frontier Guard establishments visited were on the whole quite satisfactory for the maximum period of police custody (i.e. up to 96 hours). However, the CPT noted with concern that the material conditions of detention in the Police Department of Helsinki Local District had deteriorated since the first periodic visit. It has recommended that steps be taken to remedy the shortcomings observed, concerning in particular the cell lighting and the state of cleanliness and decoration of cells.

148. None of the police establishments visited offered suitable conditions for persons detained for lengthy periods. More particularly, in the police departments visited which were accredited by the Ministry of Justice for the detention of remand prisoners, the regime offered to such prisoners remained unsatisfactory. They were still spending the bulk of their day confined to their cells and on occasion were even not guaranteed one hour of outdoor exercise per day. Moreover, all exercise yards seen were of an oppressive design and inappropriately sited, and most of them were too small.

Remand prisoners should be able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activities of a varied nature. Consequently (and without prejudice to the general recommendation referred to in paragraph 145), the CPT has reiterated the recommendation made after its 1992 visit that if a satisfactory regime of activities cannot be provided to remand prisoners at the Police Department of Helsinki Local District, the accreditation of this establishment as a suitable place to hold such prisoners be withdrawn. Similarly, the CPT has recommended that steps be taken to develop the regime of activities for remand prisoners held at the other accredited police establishments visited (Imatra, Joensuu, Lappeenranta and Rovaniemi) and, if necessary, at other police departments. Immediate steps must be taken to ensure that remand prisoners held in police establishments are allowed one hour of outdoor exercise per day.

149. Some improvements had been made at Helsinki Custodial Shelter (i.e. Helsinki Detoxification Centre) compared to the situation observed in 1992, in particular as regards cell occupancy levels. However, the CPT has recommended that steps be taken immediately to ensure that all intoxicated persons are provided with fireproof mattresses, fitted with washable covers, not only in the Helsinki establishment but also in any police establishment which accommodates intoxicated persons. In addition, the CPT has recommended that measures be taken to ensure that a nurse is present at all times at the Helsinki Detoxification Centre. The CPT has also sought information about the plans to renovate this establishment; at the time of the 1998 visit, the cells were in a poor state of decoration.

150. As regards formal safeguards against ill-treatment of persons detained by the police, the CPT has reviewed the situation concerning three rights to which it attaches particular importance, namely the right of those concerned to inform a close relative or another third party of their choice of their situation, the right of access to a lawyer and the right of access to a doctor.

At the time of the CPT's 1998 visit, it remained the case that the police had a broad discretionary power to hold a person for up to 96 hours without any notification being given to his family or other persons with whom he has a close relationship. The CPT has recommended that this period be shortened substantially; a maximum period of up to 48 hours would strike a better balance between the requirements of the investigation and the interests of detained persons. Further, the Committee has recommended that the types of situation in which the exercise of the right of notification of custody may be delayed be spelt out more clearly.

As regards the right of access to a lawyer, it appeared that, despite the express legal provisions guaranteeing that right as from the outset of custody, in practice persons detained by the police were usually offered access to a lawyer only at the beginning of the first interrogation. Consequently, the CPT has recommended that appropriate measures be taken with a view to ensuring that the right of access to a lawyer *from the outset of custody* is rendered fully effective in practice.

The CPT has also recommended that specific provisions be adopted concerning the right of persons in police custody to have access to a doctor.

Recommendations and requests for information have also been made in respect of several other issues (a code of conduct for police interrogations, procedures for examining complaints against the police, specific safeguards for persons detained under Aliens legislation).

151. The CPT has expressed misgivings about the arrangements for providing health care to persons remanded into custody in police establishments in Finland, and more particularly about the practice of distribution of medicines at the Police Department of Helsinki Local District. As regards the latter establishment, the Committee has stressed in particular that the issue of prescription drugs to persons detained by the police should always be authorised by a doctor for an individual patient after a prior thorough medical examination and diagnosis, and that the nurse should only be authorised to dispense on her own initiative non-prescription drugs. It has been recommended that the applicable instructions be amended accordingly. The CPT has also recommended that someone qualified to provide first aid, preferably with a recognised nursing qualification, always be present at the Helsinki establishment, including at night and over weekends.

More generally, it has been recommended that arrangements be made for regular visits by a nurse to police establishments accredited to hold remand prisoners.

B. Prisons

152. The CPT's delegation did not hear any allegation of torture in Helsinki and Riihimäki Central Prisons and did not receive any other evidence of such treatment. Further, it did not receive any allegation of recent severe ill-treatment of prisoners by prison staff at either of those establishments.

However, one allegation of severe ill-treatment, dating back to December 1997, was heard at Helsinki Central Prison. The Finnish authorities subsequently provided the delegation with an account of the case. In the light of the information provided, the CPT has stressed that spraying with water a recalcitrant prisoner who is not acting in concert with others cannot be justified; it has recommended that appropriate instructions be issued on this subject.

153. The information gathered during the 1998 visit demonstrated that the phenomenon of inter-prisoner violence was still prevalent throughout the Finnish prison system. The CPT has noted that the Finnish authorities are well aware of the problem and fully recognise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might cause them harm. However, more needs to be done to minimise the opportunity for strong and robust prisoners to prey upon the weak.

In its report, the CPT has identified some of the issues to be addressed when tackling this problem, and has recommended the Finnish authorities to develop and implement a comprehensive strategy to combat inter-prisoner violence.

154. Concerning conditions of detention, major refurbishment work had been undertaken in Helsinki Central Prison since the CPT's 1992 visit and material conditions in the renovated part of the establishment were of a very high standard. However, conditions in non-renovated parts remained unacceptable. Moreover, in those parts of the prison, prisoners still had to use buckets at night for the purpose of complying with needs of nature, a practice already criticised by the CPT in its first report. The CPT has recommended that the Finnish authorities vigorously pursue the implementation of the renovation programme of the prison, which should, inter alia, ensure that all prisoners have access to toilet facilities at all times, including at night.

Shortcomings in material conditions of detention were also observed at Riihimäki Central Prison. Many of the cells were in a dilapidated state and dirty, and the general state of repair of the buildings was very poor. Moreover, the great majority of the cells in the establishment did not have integral sanitation; as a result, prisoners did not have access to a proper toilet facility at night. The CPT has recommended that the refurbishment programme of the establishment be accelerated, and that immediate steps be taken to improve the level of cleanliness of the cells and the communal areas and to provide prisoners with appropriate cleaning products for their cells.

155. The CPT has also made recommendations designed to further develop regime activities offered to prisoners at the Helsinki and Riihimäki establishments. In this connection, the CPT has inter alia stressed that provision of appropriate work for sentenced prisoners is a fundamental part of the rehabilitation process; it follows that the employment situation in a prison should not be dictated exclusively by market forces. The CPT has also sketched out the criteria which should be met by regimes applied to persons serving lengthy sentences.

156. As regards health care services, staffing levels in both prisons visited were on the whole adequate. However, the Committee has reiterated its recommendation that someone qualified to provide first aid, preferably with a recognised nursing qualification, always be present in prison establishments, including at night. It has also recommended that regular visits by a psychiatrist to Riihimäki Central Prison be reintroduced.

The facilities available to the health care services were satisfactory, with the notable exception of the psychiatric unit at Helsinki Central Prison.

157. Staffing levels in the psychiatric unit at Helsinki Central Prison were in principle quite sufficient. However, the delegation was concerned to note that none of the unit's nurses were present at night or were on call. The profile of patients held in the unit calls for the permanent presence of a nurse trained in psychiatric care. The CPT has therefore recommended that steps be taken to ensure such a presence. Implementation of this recommendation will inter alia ensure that the management of violent and/or agitated patients always remains the responsibility of health care staff.

Material conditions within the unit, located in the non-renovated part of the prison, were of an unacceptable standard. They did not offer a positive therapeutic environment and clearly hampered the good work done by the staff. As already mentioned, the CPT has recommended that the Finnish authorities vigorously pursue the renovation of the wing concerned.

158. The CPT has made a number of recommendations, comments and requests for information on various other issues relating to its mandate (discipline and solitary confinement, complaints and inspection procedures, contact with the outside world, "travelling cells" and access to toilet facilities). Particular attention has been paid to the question of safeguards for prisoners placed in non-voluntary solitary confinement, both for disciplinary and other reasons.

The CPT has expressed concern about the material conditions in the isolation/disciplinary unit of Riihimäki Central Prison. The Committee has also recommended that the practice of placing prisoners naked in the "observation cell" at that establishment be ended immediately, and that material shortcomings observed in the cell be remedied.

Further, the CPT has sought information on whether a programme, with a clear timetable, for entirely eliminating the practice of slopping out in the Finnish prison system has been established.

C. Muurola Psychiatric Hospital

159. The CPT's delegation heard no allegations, and gathered no other evidence, of ill-treatment of patients by members of staff at Muurola Psychiatric Hospital. The atmosphere throughout the hospital was very relaxed and staff/patient relationships appeared to be positive and constructive. The CPT wishes to place on record the devotion to care observed among the staff at the hospital.

160. The hospital was well-endowed with doctors, nurses and other staff qualified to provide therapeutic activities. Further, the qualifications of the nursing staff, all of whom had benefitted from training in psychiatry, was impressive. However, the CPT was concerned to note that no medical doctor was present in the establishment at night and over the weekends. It has recommended that appropriate steps be taken to ensure that a doctor is always present on the hospital premises.

161. Patients' living conditions were entirely satisfactory and constituted in particular a positive therapeutic environment.

The quality of psychiatric treatment provided to patients was also very good and, in particular, was based on an individualised approach. The hospital provided for a wide range of treatments, including psychopharmacologic medication, individual psychotherapy, group psychotherapy, rehabilitative psycho-social therapy, family therapy, occupational therapy and physiotherapy. With regard to the psychopharmacological treatment, no indications of overmedication were observed.

162. The approach followed at the hospital as regards recourse to means of restraint (seclusion, instruments of physical restraint, etc.) was quite satisfactory and calls for no particular comments. However, the CPT has recommended that every instance of the physical restraint of a patient be recorded in a specific register established for this purpose. This will greatly facilitate both the management of such incidents and the insight into the extent of their occurrence.

163. The CPT has also examined in some detail the question of safeguards in the context of involuntary placement in a psychiatric establishment (procedures for involuntary placement, contact with the outside world, visits to a psychiatric establishment by an independent outside body). The Committee has in particular sought the comments of the Finnish authorities on various aspects of the procedure for involuntary placement. In this connection, it has stressed inter alia that in the absence of urgency, the placement of a person against his will in a psychiatric hospital for observation should always be based on the recommendation of at least one psychiatrist, preferably two, and that the actual decision on placement should be taken by a body which is independent from the psychiatrist(s) recommending placement.

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

164. The various recommendations, comments and requests for information formulated by the CPT are summarised in Appendix I.

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

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

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

APPENDIX I

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

A. Police and Frontier Guard establishments

1. Preliminary remarks

recommendations

- seek to ensure that, whenever proximity allows, prisoners remanded in custody are transferred to a prison (paragraph 8);
- a high priority to be given to the implementation of plans to establish detention facilities for aliens within the existing reception centres for asylum seekers (paragraphs 10, 19 and 22).

2. Ill-treatment

comments

- the Finnish authorities are invited to remind police officers in an appropriate manner that no more force than is strictly necessary should be used when apprehending a person (paragraph 13).

requests for information

- the outcome of the investigation concerning the alleged ill-treatment of a foreigner detained at the Police Department of Helsinki Local District between 28 June and 23 July 1996, together with details of any disciplinary or other action taken in this respect (paragraph 12);
- in respect of 1997 and 1998:
 - . the number of complaints of ill-treatment by the police lodged and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;
 - . an account of the disciplinary/criminal sanctions imposed on the grounds of ill-treatment by the police (paragraph 14).

3. Conditions of detention in police and Frontier Guard establishments

recommendations

- the shortcomings in respect of cell lighting, cleanliness and state of decoration of the cells at the Police Department of Helsinki Local District to be remedied (paragraph 17);
- if a satisfactory regime of activities cannot be provided to remand prisoners held at the Police Department of Helsinki Local District, the accreditation of this establishment as a suitable place to hold such prisoners to be withdrawn (paragraph 19);
- steps to be taken immediately to ensure that all intoxicated persons taken into custody are provided with mattresses which are fireproof and fitted with washable covers (paragraphs 20 and 23);
- steps to be taken to develop the regime of activities for remand prisoners held at the Police Departments of Imatra, Joensuu, Lappeenranta and Rovaniemi Local Districts, and if necessary at other police departments, having regard to the general remarks made in paragraph 19 (paragraph 22);
- immediate steps to be taken to ensure that remand prisoners held at the Police Department of Lappeenranta Local District are allowed one hour of outdoor exercise per day (paragraph 22);
- anyone obliged to stay overnight in custody at the Nuijamaa Border Post to be provided with a mattress and blankets (paragraph 24).

comments

- the Finnish authorities are invited to remedy the material shortcomings described in paragraph 21 in respect of the Police Departments of Lappeenranta and Rovaniemi Local Districts (paragraph 21);
- the Finnish authorities are invited to explore the possibility of improving access to natural light in the cells of the Police Departments of Imatra, Joensuu, Lappeenranta and Rovaniemi Local Districts (paragraph 22);
- the Finnish authorities are invited to verify that persons detained at the Nuijamaa Border Post are given food at appropriate times (paragraph 24).

requests for information

- further information on the plans to renovate the Helsinki Detoxification Centre (paragraph 20);
- whether persons kept under police surveillance in the transit zone of Helsinki International Airport are provided with food and suitable means for sleeping, and guaranteed access to their luggage, to suitably equipped sanitary and washing facilities and, if necessary, to medical care (paragraph 25).

4. Safeguards against the ill-treatment of persons deprived of their liberty

recommendations

- the period during which an apprehended/arrested person can be denied the right to notify his next-of-kin or another appropriate person of his situation to be shortened substantially; a maximum period of 48 hours would strike a better balance between the requirements of the investigation and the interests of detained persons (paragraph 29);
- the types of situation in which the exercise of the right of notification of custody may be delayed to be spelt out more clearly (paragraph 29);
- appropriate measures to be taken to ensure that the right of access to a lawyer from the very outset of custody, as guaranteed in Section 10 of the Pre-Trial Investigation Act, is rendered fully effective in practice (paragraph 31);
- the legal situation in respect of the presence of a lawyer during police interrogations to be brought into line with the remarks made in paragraph 33 (paragraph 33);
- specific provisions regarding the right of access to a doctor to be adopted (paragraph 34);
- the "Instruction regarding medical care in police prison" of 19 November 1997 to be amended, in the light of the remarks made in paragraph 35 (paragraph 35);
- steps to be taken to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present at the Police Department of Helsinki Local District, including at night and over weekends (paragraph 36);
- arrangements to be made for regular, e.g. daily, visits by a nurse to other police establishments accredited to hold remand prisoners (paragraph 36);
- measures to be taken in order to ensure that a nurse is present at all times at the Helsinki Detoxification Centre (paragraph 37);
- all staff of the Helsinki Detoxification Centre 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 37);

- measures to be taken without delay in order to ensure that identifying marks associated with a particular medical condition are no longer displayed on cell doors at Helsinki Detoxification Centre (paragraph 38);
- steps to be taken to ensure that the information forms on the rights of persons taken into custody are made available to all such persons in police and Frontier Guard custody, as from the very outset of their deprivation of liberty and in an appropriate range of languages (paragraph 39);
- the possibility of drawing up a code of conduct for police interrogations to be reconsidered (paragraph 40).

comments

- it would be highly desirable for any delay in the exercise of a person's right to notify someone of his situation to be always subject to the approval of a senior police officer with the right to arrest (paragraph 30);
- the CPT trusts that a reply to the letter of the President of the CPT dated 3 March 1998 requesting detailed information (including the text of relevant provisions) on the means of coercion which law enforcement officials in Finland are authorised to use when enforcing an expulsion order will be forwarded in the near future (paragraph 44);

requests for information

- the comments of the Finnish authorities on the question concerning confidential access to a lawyer raised in paragraph 32 (paragraph 32);
- the Finnish authorities' remarks concerning the information received by the delegation that under the new system for the examination of complaints of ill-treatment by police officers, the police are still in practice conducting inquiries into their own shortcomings (paragraph 42);
- whether an information brochure, setting out in various languages the procedure applicable and the rights of the persons concerned, exists for aliens not requesting asylum who are detained in police establishments (paragraph 43);
- full information on the procedure before the administrative courts when considering appeals against, or revising, negative decisions concerning asylum requests or decisions to refuse entry or to deport; in particular, whether the person concerned has the right to be heard by the court (paragraph 47);
- the specific training provided to officials of the Directorate of Immigration and of the passport control authorities for carrying out their tasks, and their sources of information as regards the human rights situation in other countries (paragraph 47);
- information on any monitoring or follow-up carried out by the Finnish authorities as regards the situation of persons following their expulsion from Finland (paragraph 47);
- the comments of the Finnish authorities on the issue raised in the third sub-paragraph of paragraph 47 (paragraph 47).

B. Prisons

1. Preliminary remarks

requests for information

- the present situation in respect of the management of Riihimäki Central Prison (paragraph 50).

2. Ill-treatment

recommendations

- appropriate instructions to be issued to prohibit the spraying with water of a recalcitrant prisoner who is not acting in concert with others (paragraph 53);
- develop and implement a comprehensive strategy to combat inter-prisoner violence, in the light of the remarks made in paragraph 60 (paragraph 60);
- immediate steps to be taken to ensure that vulnerable prisoners at Riihimäki Central Prison are able to take daily outdoor exercise in safety (paragraph 60);
- a system of recording incidents to be introduced in Helsinki Central Prison and, if necessary, in other prisons (paragraph 61).

requests for information

- a detailed account of the authorised means of coercion in Finnish prisons, as well as of the training received by prison staff in control and restraint techniques vis-à-vis recalcitrant prisoners (paragraph 53);
- confirmation that the baseball bat and the two non-standard wooden batons found in the prison staff's office in Ward II, Level 3 at Riihimäki Central Prison have been removed (paragraph 54).

3. Conditions of detention

recommendations

- the implementation of the renovation programme in Helsinki Central Prison to be vigorously pursued and, in this context, the remarks made in paragraphs 64 to 66 be taken fully into account. The refurbishment should inter alia ensure that all prisoners in Helsinki Central Prison have access to toilet facilities at all times, including at night (paragraph 67);
- substantial efforts to be made to provide more work and educational opportunities for prisoners in Helsinki Central Prison (paragraph 70);

- the refurbishment programme of Riihimäki Central Prison to be accelerated. Pending completion of this programme, instructions to be given that any request made by a prisoner to be released from his cell during the day in order to use a toilet facility must be granted without delay, unless significant security considerations require otherwise (paragraph 74);
- immediate steps to be taken at Riihimäki Central Prison to improve the level of cleanliness of the cells and the communal areas and to provide prisoners with appropriate cleaning products for their cells (paragraph 74);
- the regime offered to prisoners at Riihimäki Central Prison to be developed, in the light of the remarks made in paragraph 79. In this regard, a high priority to be given to fully exploiting the potential offered by the existing workshops (paragraph 79).

requests for information

- the comments of the Finnish authorities on the apparently limited access to the well-equipped sports hall at Riihimäki Central Prison (paragraph 76).

4. Health care

recommendations

- steps to be taken to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present at Helsinki and Riihimäki Central Prisons, including at night (paragraphs 81 and 82);
- the necessary steps to be taken to reintroduce regular visits by a psychiatrist to Riihimäki Central Prison (paragraph 83);
- steps to be taken to ensure the permanent presence of a nurse trained in psychiatric care in the psychiatric unit at Helsinki Central Prison (paragraph 86);
- the medical screening of newly arrived prisoners to be reviewed, in the light of the remarks made in paragraphs 89 and 90 (paragraph 90);
- the Finnish authorities to endeavour to increase the number of places in the drug treatment units at Helsinki and Riihimäki Central Prisons (paragraph 92).

comments

- it would be preferable to augment the presence of a doctor at Helsinki Central Prison; ideally, there should be a full-time general practitioner (paragraph 81);
- were Riihimäki Central Prison to operate at full capacity, the presence of a doctor in the establishment and the nursing resources should be increased accordingly (paragraph 82);

- in a health care facility such as the psychiatric unit at Helsinki Central Prison, the management of violent and/or agitated patients should be the responsibility of health care staff. All assistance by custodial staff in dealing with such patients should be provided under the authority and close supervision of the health care staff (paragraph 88).

requests for information

- developments concerning the planned transfer of the psychiatric unit at Helsinki Central Prison to another prison establishment (paragraph 87);
- whether guidelines on suicide prevention have been issued; in the affirmative, a copy of them as well as an account of the progress made in ensuring their implementation throughout the Finnish prison system (paragraph 91).

5. Other issues related to the CPT's mandate

recommendations

- a right of appeal to a higher authority to be introduced in respect of all disciplinary sanctions (paragraph 95);
- a right of appeal against a decision of placement, or renewal of placement, in solitary confinement to be introduced (paragraph 98);
- the shortcoming in respect of natural light and ventilation observed in the disciplinary cells at Helsinki Central Prison to be remedied (paragraph 100);
- material conditions in the isolation/disciplinary cells in Ward IV, Level 1 of Riihimäki Central Prison to be improved without delay, in the light of the remarks made in paragraph 101. In the context of the renovation of the prison, the authorities also to equip the isolation/disciplinary cells with a table and chair (if necessary fixed to the floor) (paragraph 101);
- the practice of placing prisoners naked in the observation cell at Riihimäki Central Prison to be ended immediately; prisoners placed in this cell to be provided with tear-proof clothing and bedding (paragraph 102);
- the material shortcomings in respect of cleanliness, ventilation and artificial lighting in the observation cell at Riihimäki Central Prison to be remedied (paragraph 102);
- the visiting arrangements for "fearful" prisoners at Riihimäki Central Prison to be reviewed (paragraph 109);
- the permitting occupancy levels of the travelling cells at Helsinki and Riihimäki Central Prisons to be reduced, in the light of the remarks made in paragraph 112 (paragraph 112).

comments

- each prison establishment should be required to maintain a consolidated record of all disciplinary proceedings and decisions, which can be scrutinised by prison managers, officials of the Prison Administration and inspectorial bodies (paragraph 96);
- the Finnish authorities are invited to reconsider the CPT's recommendation that they explore the possibility of establishing a system under which each prison would be visited on a regular basis by an independent body, authorised to inspect the prison's premises and to receive complaints from inmates about their treatment in the establishment (paragraph 108).

requests for information

- confirmation that the safeguards contained in Instruction 4/011/94 of the Prison Administration in respect of the placement of a prisoner in non-voluntary solitary confinement for other than disciplinary reasons also apply in case of renewal of the solitary confinement measure (paragraph 97);
- whether the Finnish authorities intend to implement plans to build a special security unit in Helsinki Central Prison; if so, full details about this unit (capacity, material conditions, proposed regime, etc.) (paragraph 103);
- comments of the Finnish authorities on allegations heard from inmates in Helsinki and Riihimäki Central Prisons that they had not received a reply, or received very late replies, to their complaints addressed to the prison director (paragraph 106);
- the status of recommendations made by the Parliamentary Ombudsman to the relevant authorities in respect of complaints received from prisoners (paragraph 106);
- the comments of the Finnish authorities on the apparent limited capacity of Helsinki Central Prison's visiting facilities (paragraph 110);
- progress concerning the plans for a new local prison for the Helsinki metropolitan area, referred to in paragraph 113 (paragraph 113);
- whether the Finnish authorities have established a programme with a clear timetable for entirely eliminating the practice of slopping out (paragraph 114).

C. Muurola Psychiatric Hospital

1. Preliminary remarks

requests for information

- further information on the plans to relocate Muurola Psychiatric Hospital to Rovaniemi (paragraph 115);

2. Ill-treatment

requests for information

- in respect of 1997 and 1998 :
 - . the number of complaints of ill-treatment lodged against health care staff in psychiatric establishments in Finland;
 - . an account of sanctions imposed following such complaints (paragraph 119).

3. Staff

recommendations

- appropriate steps to be taken to ensure that a doctor is always present on the premises of Muurola Psychiatric Hospital (paragraph 121).

requests for information

- the present number of medical doctors working in the hospital (paragraph 120).

4. Treatment

recommendations

- the use of electro-convulsive therapy (ECT) to be recorded in a specific register established for that purpose (paragraph 131).

comments

- comments on the issue raised in paragraph 132 concerning derogations to the principle of consent to treatment (paragraph 132).

5. Means of restraint

recommendations

- every instance of the physical restraint of a patient (manual control, use of instruments of physical restraint, seclusion) to be recorded in a specific register established for that purpose. The entry to include the time at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff (paragraph 137).

comments

- the Finnish authorities are invited to remedy the deficiencies observed in the seclusion rooms at Muurola Psychiatric Hospital (paragraph 134).

requests for information

- whether training programmes in non-physical and manual control techniques vis-à-vis agitated or violent patients have been offered to staff in other psychiatric institutions in Finland (paragraph 136).

6. Safeguards in the context of involuntary placement

comments

- the Finnish authorities are invited to draw up an introductory brochure, setting out the hospital routine and patients' rights in languages commonly spoken by patients (paragraph 141).

requests for information

- comments on the issues raised in paragraph 139 concerning the procedure for involuntary placement in a psychiatric hospital (paragraph 140);
- whether a reinforcement of safeguards vis-à-vis involuntary placement is being planned within the context of the drafting of the new Mental Health Act (paragraph 140);
- the avenues open to a person admitted to hospital for observation to challenge the lawfulness of his deprivation of liberty during the initial four days of placement (paragraph 140);
- whether the Finnish authorities consider that the Office of the Parliamentary Ombudsman is in a position to visit all psychiatric institutions on a regular and frequent basis and, if not, whether a supplementary system of visits by another outside body is envisaged (paragraph 143).

APPENDIX II

**LIST OF THE NATIONAL AUTHORITIES AND OTHER PERSONS
WITH WHOM THE CPT'S DELEGATION HELD CONSULTATIONS**

A. Ministerial authorities

Ministry of Justice

Mr Jussi JÄRVENTAUS	Minister of Justice
Ms Kirsti RISSANEN	Secretary General
Mr Hannu TAIMISTO	Senior Ministerial Secretary
Mr Markku SALMINEN	Director General of the Prison Administration
Mr Esa VESTERBACKA	Deputy Director General
Mr Arto KUJALA	Head of Division, Prison Work and Real Estate Administration
Mr Jari LOHI	Director, Prison Administration
Ms Eeva VIRKKUNEN	Head of Division, Prison Education and Social Activities
Ms Leena ARPO	Chief Medical Officer
Ms Leena KUUSAMA	Government Counsellor

Ministry of the Interior

Police Department

Mr Reijo NAULAPÄÄ	National Police Commissioner
Mr Ari-Pekka CALIN	Chief Superintendent, Police Activities Unit (Use of force and Detention)

Mr Hannu HANNULA	Chief Superintendent, Police Activities Unit (Remand Prisoners)
Mr Kimmo MARKKULA	Chief Superintendent, Police Activities Unit (Pre-Trial Investigations)
Mr Karri RANTAMA	Chief Superintendent, Police Activities Unit
Mr Jyrhi WASATJERNA	Chief Superintendent, Staff Unit

Immigration Department

Mr Risto VEIJALAINEN	Director General
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Ministry of Social Affairs and Health

Mr Pekka JÄRVINEN	Government Counsellor
Ms Paula PALORANTA	Senior Officer
Mr Harri SINTONEN	Senior Officer, Legal Affairs
Mr Timo TUORI	Senior Medical Officer, National Research and Development Centre for Welfare and Health
Mr Eira HELLBOM	Senior Medical Officer, National Board for Medico- legal Affairs
Ms Kerstin KRONQVIST	Senior Medical Officer, National Board for Medico- legal Affairs
Mr Antti MARTILA	Senior Medical Officer, National Board for Medico- legal Affairs
Mr Antti SEPPÄLÄ	Ombudsman for Foreigners
Ms Outi SALMINEN	Senior Adviser, Office of the Ombudsman for Foreigners

Ministry of Labour

Mr Mervi VIRTANEN	Director of the Migration Division
Mr Jouni HELENIUS	Senior Adviser, Migration Division

B. Office of the Chancellor of Justice

Mr Paavo NIKULA	Chancellor of Justice
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C. Office of the Parliamentary Ombudsman

Ms Riitta-Leena PAUNIO	Deputy Ombudsman
Mr Karri HUTTUNEN	Inspector, Police Matters
Mr Raino MARTTUNEN	Legal Officer, Aliens and Defence Forces
Mr Karri OJALA	Legal Officer, Prisons
Ms Jussi PAJUJOJA	Legal Officer, Police Prisons

D. City of Helsinki Social Services Department

Mr Veikko PYYKKÖNEN	Manager
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E. Non-Governmental Organisations

Refugee Advice Center

Lawyers for Human Rights

Finnish Red Cross

Finnish League for Human Rights