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**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 September 2003**

The Finnish Government has requested the publication of this report.

Strasbourg, 14 June 2004

**CONTENTS**

Copy of the letter transmitting the CPT's report .....4

**I. INTRODUCTION.....5**

**A. Dates of the visit and composition of the delegation .....5**

**B. Establishments visited.....6**

**C. Consultations held by the delegation and co-operation encountered.....6**

**II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED .....8**

**A. Police establishments .....8**

1. Preliminary remarks .....8

2. Ill-treatment .....9

3. Safeguards against ill-treatment .....9

4. Conditions of detention .....12

5. Remand detention in police establishments.....13

    a. activities .....13

    b. health care .....14

    c. other issues .....15

**B. Foreign nationals detained under aliens legislation.....17**

1. Preliminary remarks .....17

2. Ill-treatment .....17

3. Helsinki Custody Unit for Aliens .....18

    a. introduction .....18

    b. conditions of detention .....19

*i. material conditions* .....19

*ii. activities* .....19

    c. health care .....20

    d. other issues .....21

4. Detention in police and Frontier Guard establishments .....22

5. Safeguards .....23

6. Deportation of foreign nationals by plane or other means of transport .....24

**C. Prisons .....26**

1.	Preliminary remarks .....	26
2.	Ill-treatment and inter-prisoner violence .....	27
3.	Conditions of detention .....	28
a.	material conditions .....	28
b.	activities .....	30
4.	Health care .....	32
5.	Other issues.....	34
a.	discipline and solitary confinement .....	34
b.	contact with the outside world .....	35
c.	information for inmates.....	36
d.	independent inspections .....	36
e.	intoxicant-related issues .....	36
<b>D.</b>	<b>Niuvanniemi Hospital .....</b>	<b>38</b>
1.	Preliminary remarks .....	38
2.	Living conditions of patients .....	39
3.	Staff and treatment.....	39
4.	Means of restraint/seclusion .....	41
5.	Safeguards .....	43
<b>III.</b>	<b>RECAPITULATION AND CONCLUSIONS .....</b>	<b>46</b>
<b>APPENDIX I:</b>		
	<b>“DEPORTATION OF FOREIGN NATIONALS BY AIR”: EXTRACT FROM THE 13<sup>TH</sup> GENERAL REPORT ON THE CPT’S ACTIVITIES (2002–2003).....</b>	<b>52</b>
<b>APPENDIX II:</b>		
	<b>LIST OF THE CPT’S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION .....</b>	<b>58</b>
<b>APPENDIX III:</b>		
	<b>LIST OF THE NATIONAL AUTHORITIES AND ORGANISATIONS WITH WHICH THE CPT’S DELEGATION HELD CONSULTATIONS.....</b>	<b>69</b>

**Copy of the letter transmitting the CPT's report**

Strasbourg, 8 April 2004

Dear Sirs,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I 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) following its visit to Finland from 7 to 17 September 2003. The report was adopted by the CPT at its 53rd meeting, held from 1 to 5 March 2004.

I would draw your attention in particular to paragraph 146 of the report, in which the CPT requests the Finnish authorities to provide **within six months** a response setting out the action taken upon its visit report. The CPT would ask, in the event of the response being forwarded in Finnish, that it be accompanied by an English or French translation. It would be most helpful if the Finnish authorities could provide a copy of the response in electronic form.

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

Yours faithfully,

Silvia CASALE  
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 (hereinafter referred to as “the Convention”), a delegation of the CPT visited Finland from 7 to 17 September 2003. The visit formed part of the Committee's programme of periodic visits for 2003, and was the third periodic visit to Finland to be carried out by the CPT (the first periodic visit having taken place in May 1992, and the second in June 1998).<sup>1</sup>

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

- Andres LEHTMETS, 1st Vice-President of the CPT (Head of Delegation)
- Eugenijus GEFENAS
- Ingrid LYCKE ELLINGSEN
- Mauro PALMA
- Pieter Reinhard STOFFELEN

who were supported by Wolfgang RAU, Head of Unit, and Borys WÓDZ from the CPT's Secretariat.

They were assisted by:

- Andrew RUTHERFORD (Professor of Criminology, Dean of Faculty of Law, Southampton University, United Kingdom), expert
- Helena KARUNEN (interpreter)
- Kirsi LAMMI (interpreter)
- Liisa LEPPÄNEN (interpreter)
- Heli Heljä Maria MÄNTYRANTA (interpreter)
- Katja RANTA-AHO (interpreter)
- Pia VON ESSEN (interpreter).

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<sup>1</sup> The Committee's reports on its first and second periodic visits to Finland, as well as the responses of the Finnish authorities, have been made public at the request of the Finnish authorities (cf. documents CPT/Inf (93) 8, CPT/Inf (93) 16, CPT/Inf (94) 3, CPT/Inf (99) 9, CPT/Inf (99) 14 and CPT/Inf (2000) 14).

**B. Establishments visited**

3. The delegation visited the following places of detention:

Police establishments

- Helsinki Police Department
- Helsinki Mobile Police Airport Unit
- Kuopio District Police Station
- Lahti District Police Station
- Porvoo District Police Station
- Tampere District Police Station
- Turku District Police Station
- Ylä-Savo District Police Station, Iisalmi

Border Guard establishments

- Helsinki West Harbour Crossing Point

Establishments for persons detained under aliens legislation

- Helsinki Custody Unit

Prisons

- Kuopio Prison
- Prison of South-Western Finland, Turku (former Turku Remand Prison)
- Sukeva Prison

Psychiatric establishments

- Niuvanniemi State Mental Hospital, Kuopio

**C. Consultations held by the delegation and co-operation encountered**

4. In addition to meeting local officials at the establishments visited, the delegation held talks with the competent national authorities and with representatives of several non-governmental organisations active in areas of concern to the CPT. A list of the national authorities and organisations consulted during the visit is set out in Appendix III to this report.

5. As had been the case during the previous visits to Finland, the delegation's meetings with national authorities - both at the start and the end of the visit - took place in a spirit of close co-operation. The CPT is grateful for the time devoted to its delegation by the Minister of Justice, Johannes KOSKINEN, the Minister of the Interior, Kari RAJAMÄKI, the Minister of Social Affairs and Health, Sinikka MÖNKÄRE, the Parliamentary Ombudsman, Riitta-Leena PAUNIO, and the Deputy Chancellor of Justice, Jaakko JONKKA.

The delegation also held fruitful discussions with senior officials from the Ministries of Justice, Interior, and Social Affairs and Health, as well as with officials responsible for migration affairs at the Ministry of Labour, and with Mikko PUUMALAINEN, Ombudsman for Minorities.

The CPT wishes to highlight the assistance and information received during and after the visit from the Committee's liaison officer Ulla MOHELL, Counsellor of Legislation at the Ministry of Justice.

6. Cooperation from management and staff at local level was also excellent. In particular, the delegation had a very good reception at, and rapid access to, all of the places of detention visited, including those which had not been notified in advance of the CPT's intention to carry out a visit. The management of the establishments visited had been made aware of the possibility of a visit by the Committee and, in general, had a good understanding of its mandate and powers.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Police establishments

#### 1. Preliminary remarks

7. The legal and regulatory framework governing the detention of persons by the police has remained basically unchanged since the previous visit (cf. paragraph 8 of CPT/Inf (99) 9). The maximum period of police custody of persons suspected of having committed a criminal offence is 96 hours.

8. As was the case during previous visits, it is still common in Finland for persons to be held on remand in police establishments (during part or all of the period of pre-trial investigation). At the time of the visit, some 120 remand prisoners were placed in such establishments (usually referred to as "police prisons") throughout the country<sup>2</sup>, for periods which could vary from a few weeks to – on occasion – up to 4 months. The establishments concerned were accredited by the Ministry of Justice for that purpose. All but one (the Helsinki Mobile Police Airport Unit) of the police facilities visited by the delegation had such an accreditation.

The CPT will examine the situation of remand prisoners on police premises later in the report. At this stage, it wishes to stress once more that remand prisoners should not, in principle, be held in police cells. Such a practice - which entails a risk of abuse of discretionary power (cf. paragraph 30) - is all the more inappropriate bearing in mind that the detention facilities of law enforcement agencies will often not be suitable for long periods of detention. This has again been confirmed during the 2003 visit. It is also noteworthy in this regard that senior police officers with whom the delegation spoke at the outset of the 2003 visit acknowledged that "police prisons" are not in a position to offer conditions of detention comparable to those in remand prisons.

In the above context, the CPT learned with interest about draft legislation according to which the court when deciding on - or extending – the preventive measure of remand in custody must also systematically take a reasoned decision on the place (i.e. a police facility or a prison) where such custody is to be carried out. This is not the case at present. More generally, the aforementioned draft legislation is apparently intended to reduce the number of persons remanded in custody on police premises and the overall duration of such custody. **The CPT would like to receive more precise information about the proposed new legislation, as well as the envisaged date of its entry into force.**

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<sup>2</sup> At the same time, there were some 500 remand prisoners in establishments run by the Prison Administration.



## 2. Ill-treatment

9. The CPT's delegation heard no allegations of recent ill-treatment of persons held in police establishments, and found no other evidence of such treatment. Moreover, the great majority of persons met by the CPT's delegation who were or who had previously been detained by the police indicated that they had been correctly treated by the police throughout their period in custody. All of the information at the CPT's disposal indicates that persons deprived of their liberty by the Finnish police run little risk of being ill-treated.

10. However, the delegation gathered information about a case involving the forceful administration of sedating and neuroleptic medication by police personnel, without proper medical examination by a doctor, to several members of the same family in the context of their deportation. This case will be discussed in greater detail in Section II. B. of this report.

## 3. Safeguards against ill-treatment

11. In the reports on the previous visits to Finland, the CPT made a number of recommendations and comments as regards safeguards for persons detained by the police. The information gathered in the course of the 2003 visit suggests that there remains some room for improvement in this area.

12. Regarding notification of custody, the vast majority of detained persons met by the delegation confirmed that they had been able to have their family informed shortly after apprehension, or at the latest at the beginning of the first interview with an investigating officer (i.e. usually within 12 hours from apprehension); however, a few allegations were heard about notification having been delayed significantly or refused altogether until the end of police custody.

In the report on the 1998 visit, the CPT recommended 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 (e.g. to 48 hours). The Committee also 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 (cf. paragraph 29 of CPT/Inf (99) 9).

In their response (cf. page 15 of CPT/Inf (99) 14), the Finnish authorities stressed that these matters would be addressed in the context of the planned amendments to the Pre-Trial Investigation Act and Coercive Measures Act. However, such amendments had not yet been introduced at the time of the 2003 visit. **The CPT must therefore reiterate the above-mentioned recommendations on this subject.**

13. In respect of access to a lawyer, the CPT recommended in its report on the 1998 visit that the 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.

During the 2003 visit, the delegation found that, frequently, access to a lawyer continued to be granted to persons in police custody only at the beginning of the first formal questioning. Further, in a few cases, the delegation heard complaints from persons who had been detained by the police that they had only been able to meet their lawyer at the first remand hearing<sup>3</sup>. Consequently, **the CPT reiterates its recommendation that steps be taken to ensure that all persons detained by the police enjoy effectively the right of access to a lawyer as from the very outset of custody.**

14. In the previous reports, the CPT expressed concern about the possibility to breach the confidentiality of detainee-lawyer meetings in certain circumstances. The new Instructions on the Treatment of Apprehended and Arrested Persons, issued by the Ministry of the Interior on 31 January 2003, stipulate that, in the event that access to a particular lawyer is denied, the person detained has the right to choose another lawyer. However, the instructions still authorise police officers to be present during consultation between a detained person and his lawyer, when "there is a justified cause to suspect misuse".

In the report of the 1998 visit, the Committee recognised that 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 another independent lawyer (including the right to consult with him/her in private) should be guaranteed. **The CPT recommends that the Instructions on the Treatment of Apprehended and Arrested Persons be amended accordingly.**

15. Many of the detained persons interviewed by the delegation had used (and appreciated) the services of *ex officio* lawyers during the initial period of police custody. However, the delegation heard some complaints that the police had prevented detained persons from choosing freely their lawyer and imposed on them *ex officio* lawyers who were said by the persons concerned to be "working with the police". **The CPT would like to receive the comments of the Finnish authorities on this question. The Committee also wishes to be informed about the operation of the system of legal assistance for detained persons.**

16. Regarding access to a doctor<sup>4</sup> for persons detained by the police, the relevant instructions<sup>5</sup> clearly impose an obligation on the police to provide health care to persons in their custody. However, the existing provisions still do not address certain points which have been the subject of recommendations in previous visit reports, and more particularly that a detained person should have the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police. Consequently, **the CPT reiterates its recommendation on this matter.**

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<sup>3</sup> The Parliamentary Ombudsman informed the delegation that her office had received a number of similar complaints in the course of 2002.

<sup>4</sup> As regards access to health care for persons remanded in custody held in police establishments, cf. section 5.b.

<sup>5</sup> Point 2.2.11 of the Instructions on the Treatment of Apprehended and Arrested Persons.

17. In the reports drawn up after the previous visits, the CPT stressed the importance which it attaches to persons detained by the police being immediately informed of their rights in a language which they understand. Most of the persons interviewed who were or had previously been detained by the police confirmed that they had been informed about their rights shortly after apprehension (at the latest at the beginning of the first formal questioning). Further, as in 1998, detainees were always requested to certify with their signature that they had been informed of their rights. The CPT welcomes this state of affairs.

That said, proper *written* information on detainees' rights was not available in all of the police establishments visited. The most favourable situation was observed at Helsinki Police Department, where an information sheet in nine languages, referring to the rights of notification of custody and of access to a lawyer and a doctor, was provided to detained persons; in most of the other establishments, the only written information on rights was the so-called "PIN form", available in no other languages than Finnish and Swedish. Further, the only right referred to in that form was right of access to a lawyer. **The CPT recommends that steps be taken to ensure that forms setting out the rights of notification of custody and of access to a lawyer and a doctor are made available to all persons in police custody throughout the country, as from the very outset of their deprivation of liberty. Those forms should be available in an appropriate range of languages. The persons concerned should be requested to confirm with their signature that they have been provided with the forms.**

18. In its report on the 1998 visit, the CPT described the system for the investigation of complaints about the conduct of police officers, under which the Prosecutor General entrusts each year one of the State Prosecutors with carrying out such investigations. The information gathered before and during the 2003 visit suggests that this mechanism is functioning independently and that it enjoys public confidence. In addition, persons who are - or have previously been - detained by the police have the right to send confidential complaints to the Parliamentary Ombudsman<sup>6</sup>.

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

In Finland, the Parliamentary Ombudsman is empowered to carry out visits to police establishments. While welcoming this possibility, the CPT considers that it does not fully meet the objective outlined above; given the very wide scope of the Parliamentary Ombudsman's mandate and the available resources, it is unrealistic to expect the Ombudsman's Office to carry out the kind of continuous monitoring of police stations advocated by the CPT<sup>7</sup>. Further, visits by the Parliamentary Ombudsman are not of an unannounced nature<sup>8</sup>.

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<sup>6</sup> In 2002, the Office of the Parliamentary Ombudsman received 427 complaints concerning the police (mostly relating to "preliminary criminal investigations and the use of coercive measures"). Cf. Parliamentary Ombudsman of Finland, Summary of the Annual Report 2002, p. 23.

<sup>7</sup> A mere 8 police establishments were visited by the Parliamentary Ombudsman in the course of 2002. Cf. Parliamentary Ombudsman of Finland, Summary of the Annual Report 2002, p. 11.

<sup>8</sup> Cf. Parliamentary Ombudsman of Finland, Summary of the Annual Report 2002, p. 24.

**The Committee would welcome the comments of the Finnish authorities on this matter, especially in view of the signature by Finland of the Optional Protocol to the United Nations Convention against Torture, which provides for the setting-up, designation or maintaining of one or several visiting bodies for the prevention of ill-treatment.**

#### **4. Conditions of detention**

20. In the 1998 report (cf. paragraph 16 of CPT/Inf (99) 9), the CPT stated that the detention facilities in the police establishments visited were, on the whole, quite satisfactory for the initial period of police custody (i.e. a maximum of 96 hours)<sup>9</sup>; however, none of the establishments seen at the time offered suitable conditions for persons detained for lengthy periods (e.g. remand prisoners). This conclusion also applies to the establishments visited by the delegation in 2003.

21. Regarding police establishments already visited in 1998, conditions of detention at Helsinki Police Department were virtually identical to those described in the 1998 report (cf. paragraphs 17 and 21 of CPT/Inf (99) 9). The shortcomings observed in 1998 had not been remedied (e.g. poor access to natural light, weak artificial lighting). Further, many of the cells seen in 2003 were dilapidated, and in a few cells the bedding provided to detainees was dirty and torn. Moreover, several detainees accommodated in cells without a toilet complained about delays (of up to 1 hour) in having access to the communal facilities; some of the detained persons also complained that it was not possible to obtain hygiene items (towels; toothbrush/paste, etc.) free-of-charge.

In this connection, the delegation was informed that a comprehensive refurbishment of Helsinki Police Department would be carried out shortly, which would rectify most of the shortcomings identified. **The CPT recommends that the refurbishment programme be carried out without further delay; the Committee wishes to receive full details of the detention facilities as and when refurbished.**

The conditions at the Helsinki Mobile Police Airport Unit remained satisfactory for the initial period of police custody, and no persons were held there for longer periods.

22. Regarding the police establishments visited for the first time, conditions were found to be satisfactory at Kuopio, Lahti and Tampere District Police Stations for 96-hour detention periods. The cells were of an adequate size for their intended occupancy (e.g. 6 m<sup>2</sup> for a single cell; 14 m<sup>2</sup> for a double), well lit and ventilated, and suitably equipped.

By contrast, conditions of detention were not of an acceptable standard at Porvoo, Turku, and Ylä-Savo (Iisalmi) District Police Stations. At Porvoo, cells were in a poor state of repair and cleanliness, and the bedding provided to detainees was far from clean. At Turku, many of the cells were poorly lit and ventilated, and their cleanliness also left something to be desired. Cells at Ylä-Savo District Police Station presented major deficiencies concerning the in-cell lighting and ventilation as well as their cleanliness and state of repair.

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<sup>9</sup> Police establishments can also accommodate persons detained under aliens legislation (cf. paragraph 50).

**The CPT recommends that steps be taken at Porvoo and Turku District Police Stations to address the shortcomings observed.** Regarding the Ylä-Savo District Police Station in Iisalmi, the CPT has noted that the establishment was to be replaced by a new facility in 2004; **it would like to receive detailed information about the new facility.**

23. With the exception of Helsinki Police Department, the establishments visited possessed special cells designed to accommodate intoxicated persons. The size and equipment of these cells call for no particular comments from the CPT. However, while intoxicated persons at Iisalmi, Kuopio, Porvoo, Tampere and Turku were systematically provided with special fire-proof and washable mattresses, this was not the case at Lahti District Police Station. As a result, several such persons seen at that establishment were lying directly on the concrete floor. **The CPT recommends that steps be taken to ensure that, throughout Finland, all intoxicated persons held by the police are provided with suitable mattresses.**

## **5. Remand detention in police establishments**

### a. activities

24. None of the police establishments visited in 2003 offered a suitable regime for persons on remand. Such inmates spent almost all their time locked up in their cells with hardly anything to occupy their time. There were no jobs available, no sports activities (except at Helsinki Police Department, which had a small gym), and only some of the establishments offered remand prisoners books (and a very modest selection at that). Newspapers, magazines, radio and TV sets were allowed; however, most of the cells were not equipped with power-points, therefore preventing efficient access to TV (detained persons had to use battery-operated sets).

Even regular outdoor exercise of one hour per day was not guaranteed in all establishments, and the facilities used for such exercise were of an oppressive design and frequently too small for real physical exertion.

This unacceptable state of affairs has been allowed to continue for far too long.

25. As a matter of principle, all persons remanded in custody - irrespective of their place of detention, the authority responsible for their custody or the state of the proceedings brought against them - should be able to spend a reasonable part of the day outside their cells, engaged in purposeful activity of a varied nature. During the 2003 visit, senior police officers informed the delegation that possibilities to enlarge the offer of activities to remand prisoners in police establishments would be explored, taking into account the "objective difficulties". In the CPT's view, it is highly doubtful whether it will be possible to improve the current situation considerably, given the material constraints imposed by the premises concerned.

**The CPT's previous recommendations on this subject remain valid, namely:**

- **to ensure that all remand prisoners held in police establishments are offered at least one hour of outdoor exercise every day;**
- **to develop the regime of activities for remand prisoners held in police establishments.**

In this latter respect, **the Finnish authorities should seek ways of improving detainees' possibilities for association - preferably outside their cells or, if this is not feasible, inside the cells (naturally, subject to an assessment of the security risk individual detainees may represent and to the interests of the investigation).**

Of course, **the objective should be to cease holding remand prisoners in police establishments** (cf. paragraph 8).

b. health care

26. In principle, the health-care services provided to remand prisoners held in police establishments should be equivalent to those available in ordinary remand prisons.

Three of the establishments visited (Helsinki, Lahti and Tampere) had an in-house medical service. Helsinki Police Department was attended by a doctor three times per week (for a total of some 6 hours), and employed a full-time nurse. Lahti District Police Station had the services of a full-time nurse, who was present at the establishment every working day as well as every second weekend. In Tampere, there was a nurse (present each working day between 9.00 am and 4.00 pm) and a general practitioner, who held surgeries for 2 hours every Monday and Friday. However, the other district police stations visited had no medically trained staff on their payroll and relied, both for consultations and emergencies, on the local health-care services.

Police officers working in the detention areas of the establishments visited had benefited from first aid training; however, the delegation was told that no regular refresher courses were provided.

27. At Helsinki Police Department, the delegation heard some complaints from detainees about long delays in access to a doctor, as well as cursory and superficial medical consultations. At all places, there was no systematic medical screening of persons remanded in custody, and the confidentiality of medical consultations was not always ensured.

28. **The CPT reiterates the recommendation made after the 1998 visit that those police establishments without an in-house medical service, which are accredited to hold remand prisoners, be visited on a regular, e.g. daily, basis by a nurse. Further, steps must be taken at all police establishments holding remand prisoners to ensure that such persons are medically screened, within 24 hours of their arrival, by a doctor or a qualified nurse reporting to a doctor, and that the confidentiality of medical consultations is always guaranteed.**

In view of the number of remand prisoners regularly held at Helsinki Police Department (some 40), **the CPT recommends that arrangements be made in respect of that facility for the presence of a nurse also at weekends. In the light of the complaints received concerning delays in access to a doctor at that department, the CPT also invites the Finnish authorities to review whether the existing arrangements as regards the presence of the doctor are sufficient. Further, it is important that police officers working in detention areas benefit from regular first-aid refresher courses.**

c. other issues

29. Overall, persons detained in "police prisons" were found to have less favourable possibilities for maintaining contact with the outside world than inmates in ordinary remand prisons (cf. paragraphs 91 to 93). The vast majority of persons interviewed who were or who had previously been held on remand in police facilities apparently benefited from only one visit every week (of some 30 minutes duration). In the CPT's view, such an entitlement is the strict minimum; **preferably, it should be increased.**

In principle, persons detained in "police prisons" could also have access to the telephone. However, such access was frequently denied.

30. The CPT has misgivings about the insufficient separation of investigative and custodial functions, which entails a risk of investigating officers abusing their discretionary powers.

In this connection, the delegation heard claims from persons detained (and other sources) that it was not uncommon for investigating officers to prohibit prisoners' contact with their next-of-kin (via visits or the phone) for lengthy periods, even though such restrictions were not warranted by the risk of collusion. Reportedly, the purpose of such restrictions was to exercise pressure on persons under investigation in order to obtain confessions/information. In the CPT's view, such a practice would be unacceptable. Similarly, investigating officers had apparently the possibility to grant additional visits, or to allow visits under open conditions, as rewards for "cooperative" behaviour.

Further, the information gathered by the CPT's delegation clearly indicated that investigating officers also enjoyed a high level of discretion as regards remand prisoners' custodial conditions. By way of example, at Helsinki and Lahti, the delegation was told that it was up to the investigator to decide on the placement of a remand prisoner in a cell equipped with a TV socket, on the items of property authorised in a cell, access to daily newspapers and radio/TV, etc. Some remand prisoners alleged that investigating officers had promised an improvement in their conditions of detention in exchange for "cooperative" behaviour.

**The Committee wishes to receive the comments of the Finnish authorities on the above issues.**

31. The delegation heard complaints that the requirement for remand prisoners' correspondence to be screened by investigating officers caused long delays in receiving and dispatching such correspondence. **The CPT invites the Finnish authorities to consider replacing the current blanket procedure in this respect with a case-by-case approach. Further, some of the control duties currently discharged by investigating officers - where still deemed necessary - might well be taken over by other staff (e.g. custodial staff who are in daily contact with the detainees concerned).**

32. The CPT learnt with interest that new legislation setting out precise criteria for applying restrictions on remand prisoners' contact with the outside world (and requiring this issue to be examined *ex officio* by the court deciding on remand in custody) was under preparation. **The CPT would like to receive more detailed information about this draft legislation.**

33. Some of the police establishments visited (e.g. in Helsinki and Tampere) possessed isolation cells<sup>10</sup>. According to staff, these cells were used to temporarily place inmates who became agitated and/or aggressive<sup>11</sup>. The placement decision was taken by the officer on duty, and the duration of the placement was said not to exceed a few hours. If a person did not calm down, custodial staff reportedly called the nurse or doctor on duty (or the local health-care services).

Placements in isolation cells were recorded in inmates' individual case files (with mention of the duration of the placement, the identity of the officer who ordered the measure, and – if applicable - involvement of health-care staff); however, there was no specific register. **The Committee recommends that such a register be established.**

In this context, the delegation heard a few allegations from remand prisoners that isolation cells had been used for *de facto* disciplinary confinement. **The CPT would welcome the Finnish authorities' comments on this issue** (cf. also, in this regard, paragraph 88).

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<sup>10</sup> The material conditions in these cells call for no particular comment.

<sup>11</sup> Pursuant to Section 15 of the Remand Imprisonment Act.



## **B. Foreign nationals detained under aliens legislation**

### **1. Preliminary remarks**

34. In its report on the 1998 visit, the CPT stressed that, 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. The Finnish authorities have subsequently taken steps in this direction. Pursuant to Act No 116/2002 on Detention Units and the Treatment of Foreign Nationals Placed in Detention, a special Custody Unit for Aliens was set up in Helsinki in June 2002.

Persons detained under the Aliens Act outside Helsinki continue to be held in "police prisons", for periods usually not exceeding 4 days; however, in a number of cases (which all related to Tampere District Police Station), the delegation found evidence of stays of up to 44 days.

The CPT welcomes the setting up of the Helsinki Custody Unit for Aliens, and **would like to be informed whether there are plans to create similar establishments in other parts of the country.**

### **2. Ill-treatment**

35. The delegation did not hear any allegations of ill-treatment of persons detained under the Aliens Act by staff of Helsinki Custody Unit. Further, the relationship between staff and detainees at the establishment appeared to be fairly relaxed.

However, the delegation received information from various sources about the use of medication having a tranquillising or sedative effect in the context of deportation procedures. The CPT was particularly concerned about one such case, dating back to October 2002. Details about this case were initially provided by staff at Helsinki Custody Unit, and subsequently verified in conversations with a senior officer from the specialised deportation unit of Helsinki Police as well as with the nurse involved in the deportation operation. The delegation also obtained relevant documentation.

36. The above-mentioned case involved a Ukrainian family (a married couple and their two children, aged 11 and 12), who were deported from a refugee reception centre located in the Mustasaari region. The deportation operation extended over three days and involved three attempts to send the family back to Ukraine via Helsinki International Airport. Throughout the process, the persons concerned apparently displayed symptoms of high levels of stress and deep anxiety (including threats/attempts of suicide), and some of the persons tried to physically resist deportation. During the second deportation attempt, only the husband was returned to Ukraine, apparently after having been involuntarily medicated. The wife and the children were subsequently taken to Helsinki Custody Unit and deported to Ukraine two days later.

According to written instructions issued prior to the deportation operation by a doctor employed at Helsinki Police Department, the members of the family were to receive neuroleptic and sedating injections "in case [they] show signs of anxiety, restlessness, agitation or aggression during the journey"<sup>12</sup>. It is noteworthy that, despite repeated telephonic requests by the police nurse who attended to the family members throughout the deportation operation, the doctor refused to come and physically examine the persons concerned and instead orally confirmed his written instructions; in line with these instructions, family members were sedated prior to their deportation. Further, no information about the deportation operation was available from the Custody Unit's registers.

37. In the CPT's opinion, the approach described above is not acceptable. The administration of medication to persons subject to a deportation order must always be carried out on the basis of a medical decision taken in respect of each particular case; the taking of such a decision necessarily involves that the person concerned has been physically seen and examined by a medical doctor. Save for clearly and strictly defined exceptional circumstances, medication should only be administered with the informed consent of the person concerned. Further, all instances of administration of medication in the context of deportation procedures should be duly recorded by the services involved.

The CPT understands that inquiries have been carried out into the above-mentioned case. **The Committee would like to be informed about the results of those inquiries.**

### 3. Helsinki Custody Unit for Aliens

#### a. introduction

38. The Helsinki Custody Unit for Aliens, placed under the responsibility of the Ministry of Labour, occupies one wing of the former Helsinki Local Prison in the Katajanokka District. The prison, which dates back to the end of the 19<sup>th</sup> century, was closed down after the entry into service of the new Vantaa Prison, because it did not meet modern standards of prisoner accommodation.

Unsurprisingly, the Katajanokka facility was not entirely suitable for its new function. That said, the delegation was informed that it only served as temporary accommodation, pending the construction, during 2004, of a new facility in Metsala, near Helsinki. That facility would initially have a capacity of 30 closed and 30 "transit" (open) places, with an envisaged final total capacity of 100. The CPT trusts that the opening of this establishment will remedy the shortcomings observed at Katajanokka. **The Committee would like to receive more detailed information about the new facility, including the planned date of entry into service.**

39. The Katajanokka unit had an official capacity of 30 places. On the day of the visit, 24 foreign nationals were accommodated in the establishment, including three women and three minors (the youngest of whom was 14 years old); there were no unaccompanied minors at the time of the visit, although such cases did apparently occur. According to the management, the average length of stay was some 8 days; however, there had exceptionally been stays of over 100 days.

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<sup>12</sup> The medication prescribed was Serenase (Haloperidol) to be injected intramuscularly: parents receiving 1 amp of Haloperidol from 1 to 5 times a day plus up to 50 mg of Diazepam per day; the son - Haloperidol 0.5 mg 1 to 5 times a day and up to 25 mg of Diazepam per day; the daughter 0.3 mg of Haloperidol 1 to 5 times a day plus up to 25 mg of Diazepam per day.

b. conditions of detention

i. *material conditions*

40. Despite the prison design of the facility, the management and staff clearly made efforts to create a pleasant and welcoming environment. Detainees were for the most part accommodated in single rooms (former prison cells) measuring some 8 m<sup>2</sup>; there were also two larger rooms for families. The rooms were well lit and ventilated, suitably equipped (a bed with bedding, a cupboard, a table and a chair), clean and in a good state of repair. Room doors were not locked by staff (detainees had the keys to their rooms) and there was unrestricted access to lavatories and shower facilities, which were in an acceptable state of repair and cleanliness; however, the showers for women would benefit from refurbishment.

Detainees were provided with warm meals, of good quality and adequate quantity, three times a day. The specific dietary requirements of foreign nationals were taken into account.

ii. *activities*

41. Detainees could move freely within the unit and had unrestricted access to pleasantly decorated common areas, where they could watch satellite TV and video/DVD, listen to the radio, read books (a relatively modest selection of which was available) and some foreign newspapers. Further, they could play table tennis and board games and had access to basic fitness equipment. In addition, representatives from NGOs and the Red Cross visited the unit twice a month and conversed with the detainees or organised certain activities. In short, the offer of activities, although capable of improvement, could be considered as acceptable.

However, the CPT is concerned by the existing outdoor exercise arrangements. In fact, there was no clear schedule for such exercise: access to the small yard was granted on an *ad hoc* basis (usually for smoking, which was prohibited inside the accommodation), and for short periods of time. As a consequence, many detainees spent all their time inside the unit's premises. **The CPT recommends that measures be taken to ensure that all foreign nationals held at Helsinki Custody Unit are offered at least one hour of outdoor exercise every day.**

More generally, **the CPT would stress that the longer the period for which persons are detained under aliens legislation, the more developed should be the range of activities which are offered to them. Particular attention should be paid to the specific needs of young children and juveniles; education should form an important part of the programmes of activities to be provided.**

c. health care

42. The provision of health care at the Helsinki Custody Unit could not be considered as adequate.

The establishment was visited once a week by a nurse, who had at her disposal a small (8 m<sup>2</sup>) consultation room with some basic equipment. No other health-care staff visited the establishment on a regular basis, although the unit had a contract with a general practitioner, who could be called in case of need. For any other health-care services, foreign nationals were taken to the city health centres or hospitals under police escort. Under the circumstances, it was hardly surprising that newly-arrived detainees were not always medically screened.

The delegation heard complaints from detainees concerning long delays in access to acute dental care. Further, in view of the specific profile and situation of the unit's population, the provision of psychological and psychiatric care (relying exclusively on city health-care services, which, in general, were used only in emergencies) was clearly inadequate. The unit's director acknowledged that mental health problems were relatively frequent among detainees; in this context, he also mentioned cases of attempted suicide (e.g. two such attempts in 2002), which required the intervention of emergency services.

In the absence of the nurse, prescribed medication was distributed by medically untrained staff, and the confidentiality of medical data was not guaranteed (detainees' administrative files, freely accessible to non-medical staff, contained such data).

**43. The CPT recommends that the above-mentioned deficiencies be remedied. In particular, steps should be taken to:**

- **ensure that all newly-arrived detainees are promptly examined by a doctor or by a fully-qualified nurse reporting to a doctor;**
- **arrange for the daily presence of a person with a recognised nursing qualification. Such a person could in particular perform the initial medical screening of new arrivals, receive requests from foreign nationals to see a doctor, ensure the provision and distribution of prescribed medicines, keep the medical documentation (thus ensuring confidentiality of medical data) and supervise the general conditions of hygiene;**
- **improve detainees' access to acute dental care;**
- **ensure appropriate psychological/psychiatric assistance, preferably by arranging regular visits to the Custody Unit by a psychiatrist and/or a psychologist.**

d. other issues

44. The staff of Helsinki Custody Unit comprised the director, two chief instructors (educators) and 20 junior instructors. The total staff complement was 26. Five instructors were present during the morning and the afternoon, three during the night. The director had previously worked as a teacher and as a senior member of the Finnish Red Cross. Instructors came from a variety of professional backgrounds, mostly related to social or educational work. Most of the staff were fairly young, and some 50% were female. It is also noteworthy that eight staff members were of foreign origin (with a total of 17 languages represented), which greatly facilitated communication with detainees.

45. Nevertheless, most staff had only received basic training for their work at the unit (i.e. a one-week introductory course on legislation, the Government's immigration policy and search techniques). The management did organise some in-service training and held monthly staff meetings in order to discuss matters relating to the operation of the unit. However, additional efforts should be made to improve the professional skills of the staff, especially as regards the handling of violent incidents and the application of means of restraint. **The CPT invites the Finnish authorities to review the initial and ongoing training of staff at Helsinki Custody Unit, in the light of these remarks.**

46. As for contact with the outside world, there was a generous policy concerning visits, which were allowed every day between 1.00 and 4.00 pm, as well as 6.00 and 8.00 pm. In the absence of special facilities, foreign nationals were allowed to receive their visitors (up to two at a time) in their own rooms. The unit's staff and the police (cf. paragraph 49) could prohibit a visit by a particular person - or interrupt a visit - on security grounds, as well as authorise visits only under supervision. There were no restrictions on visits by lawyers and NGOs. Further, no limitations were, in principle, imposed on access to the public cardphone and correspondence. However, for investigative reasons, the police could restrict contact with the outside world (cf. paragraph 49).

47. Concerning information provided to foreign nationals, upon arrival, each detainee was given a brochure containing a summary of the unit's internal regulations, as well as basic information about the applicable legislation, authorities to whom complaints could be addressed, and the weekly visits by representatives of the Refugee Advice Centre. The brochure was available in several languages.<sup>13</sup> Thus, the situation in this respect could be considered as satisfactory.

48. Under Act No 116/2002, unit directors or their deputies have the authority to place a foreign national in isolation, if the person concerned causes a threat to his own, other persons' or the establishment's security. The placement must be notified immediately to the district court, and reviewed every three days. Such placements were rare in practice (five cases since the unit's entry into service), with periods of isolation lasting from one to three days. Nevertheless, **it would be desirable to set up a designated register for the recording of instances of isolation**; such a register does not exist at present.

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<sup>13</sup> Arabic, Bulgarian, Czech, English, Estonian, French and Russian.

The two isolation rooms of Helsinki Custody Unit do not call for particular comments from the CPT.

Under Section 9 (2) of the Act, unit directors or their deputies can request the transfer of a foreign national to police custody, for the sake of the unit's security and/or as a sanction for serious violations of internal regulations. Like isolation, the measure must be notified to the district court and reviewed every three days. Since the opening of Helsinki Custody Unit, 5 such transfers (all to Helsinki Police Department, and for a maximum period of 6 days) have taken place. **The above remarks concerning the establishment of a designated register apply *mutatis mutandis* in this context.**

49. The CPT was struck by the important powers of the police to enter the unit's premises and to impose certain restrictions on detainees. According to the information received, the police could enter the establishment at any time and carry out interviews with detainees in an office specifically set aside for this purpose (only the police had the key to this office). Foreign nationals could also be placed in police custody for the purpose of being interrogated.

Further, in addition to imposing restrictions on contact with the outside world (cf. paragraph 46), the police were empowered to order isolation or transfer to police custody of a foreign national for investigative reasons or for the purpose of identification. In the CPT's view, decisions concerning the access of the police to Helsinki Custody Unit as well as the imposition of restrictions on the foreign nationals held there should be under the exclusive competence of the unit's Director and, as applicable, of the relevant court. **The CPT would welcome the comments of the Finnish authorities on this issue.**

#### **4. Detention in police and Frontier Guard establishments**

50. As already mentioned (cf. paragraph 20), all the police establishments visited in 2003 could accommodate persons deprived of their liberty under aliens legislation. The conditions under which foreign nationals were held in these establishments were identical to those applicable to criminal suspects and remand prisoners; consequently, the recommendations and remarks made in paragraphs 20 to 25 equally apply to this category of persons.

More generally, the CPT wishes to stress once again that police premises are, in principle, not suitable for holding persons detained under aliens legislation. **The CPT trusts that, in line with Act No 116/2002, the Finnish authorities will make determined efforts to progressively discontinue this practice.**

51. Under the Aliens Act, foreign nationals can also be held in Frontier Guard establishments, for a maximum of 48 hours<sup>14</sup>. According to the information provided to the delegation at the outset of the visit, the actual detention periods are much shorter, from some minutes to 10 hours. This was also confirmed by the delegation's perusal of relevant documentation in the establishments visited.

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<sup>14</sup> In addition, pursuant to Act No 320/1999, the Frontier Guard have the right to apprehend and hold wanted persons and persons suspected of having committed a criminal offence. In such cases, the persons concerned must be handed over to the police without delay and at the latest within 24 hours.

At the Helsinki West Harbour Crossing Point<sup>15</sup>, the delegation was informed that no one would ever be held in the establishment overnight. When such detention was necessary, the persons concerned were transferred to police facilities. The establishment had a number of holding rooms (measuring 3 to 10 m<sup>2</sup>), which were all well lit and ventilated, in a good state of repair and cleanliness, and suitable for detentions not exceeding several hours.

## 5. Safeguards

52. In its report on the 1998 visit (cf. paragraphs 43 to 47 of CPT/Inf (99) 9), the CPT has already dealt with certain fundamental safeguards to be offered to foreign nationals detained under aliens legislation (in particular, to be able to notify, from the very outset of their detention, a person of their choice of their situation and to have access to a lawyer and a doctor). Overall, these safeguards appeared to be operating satisfactorily. Nevertheless, there remain some issues of concern.

53. Firstly, the delegation heard a number of allegations - and received information from other sources - to the effect that persons deprived of their liberty under the Aliens Act (other than asylum seekers) were not always informed about their rights by the police or Frontier Guard.

In their interim response, the Finnish authorities stated that the Police Department had issued instructions according to which detained foreign nationals should be provided with a written account of their rights in a language they understand. However, none of the police and Frontier Guard establishments visited was able to produce such written information to the delegation. As regards the Frontier Guard establishments, officers with whom the delegation spoke declared that information on rights would be provided to foreign nationals only orally, if necessary with the help of an interpreter. A few complaints were also heard of delays in granting access to a lawyer (especially at Tampere District Police Station) and of unavailability of interpretation during police interviews. **The CPT invites the Finnish authorities to address these shortcomings.**

54. Secondly, under Section 70 of the Aliens Act, the Ombudsman for Minorities must always be notified of cases of detention of foreign nationals. However, at the outset of the visit, the Ombudsman informed the delegation that the police did not always comply with this requirement<sup>16</sup>. The delegation also received allegations from various sources that foreign nationals had been put under pressure by the police during their detention to make them withdraw their asylum applications, especially at Tampere District Police Station.

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<sup>15</sup> The Frontier Guard at Helsinki Airport did not possess their own detention facilities - in case of need, they used the cells belonging to Helsinki Mobile Police Airport Unit (cf. paragraph 21).

<sup>16</sup> Cf. also page 16 of the Report for the first year of operations of the Office of the Ombudsman for Minorities (2002).

The delegation subsequently carried out a visit to the aforementioned establishment. Police officers interviewed on the spot denied that any pressure had been exercised on foreign nationals in the context of their asylum applications. Further, the statistical information gathered at Tampere as regards the withdrawal of such requests does not clearly suggest the existence of a problem.<sup>17</sup> Nevertheless, **the Committee would like to receive the comments of the Finnish authorities on the above allegations.**

Further, **the police should be reminded of the notification requirements set out in Section 70 of the Aliens Act.**

## **6. Deportation of foreign nationals by plane or other means of transport**

55. In the report on its 1998 visit, the CPT stressed the importance it attaches to the manner in which deportation orders concerning foreign nationals are enforced in practice (cf. paragraph 44 of CPT/Inf (99) 9). Consequently, the delegation which carried out the 2003 visit decided to examine the modalities of such procedures more thoroughly. In this context, the delegation collected information from the specialised unit of Helsinki Police Department as well as from other police units, the Frontier Guard, the Directorate of Immigration, and Helsinki Custody Unit for Aliens.

56. According to the information gathered, deportation decisions are taken by the Directorate for Immigration and implemented by the Frontier Guard or the police. The former carry out deportations by land, up to the State border. Deportations by plane (both by regular and charter flights) are under the responsibility of the police.

The decision to provide an escort<sup>18</sup> and to use means of restraint is within the discretion of the police or the Frontier Guard. A specialised unit of Helsinki Police is in charge of preparing and carrying out the majority of deportations by air from Finland; however, other police units throughout the country also have the competence to implement deportation orders under escort, either from Helsinki Airport or from other international airports in Finland. Nevertheless, the above-mentioned unit of Helsinki Police plays a coordinating role and provides advice to other police units on this issue.

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<sup>17</sup> 16 withdrawals (out of a total of 117 persons detained under the Aliens Act) in 2002, and 3 (out of a total of 68 detentions) between 1 January and 1 September 2003.

<sup>18</sup> Deportations under escort represent a substantial proportion of all such operations carried out in Finland. For example, in 2002, a total of some 1000 deportations under escort were carried out - mostly by plane, but also by train, bus or car. Between 1 January and 1 September 2003, the specialised unit of Helsinki Police had itself effected 1443 deportations from Helsinki Airport, out of which 575 were under escort.



57. The delegation was told that there exist no specific, detailed instructions concerning the forcible departure of foreign nationals (including under escort). The only relevant legal provision was Section 27 of the Police Act, which stated *inter alia* that, "when carrying out official duties, police officers have the right to use necessary forms of force that can be considered justifiable to overcome opposition, remove a person from the scene, carry out an apprehension, prevent the escape of a person [...], eliminate an obstacle or avert immediate threat of a crime or other dangerous act or event". Thus, the police and Frontier Guard carrying out deportations were left to their own judgment in the light of their professional experience; moreover, no specialised training was apparently provided to the officers involved.

In practice, the police applied certain informal rules ("checklists") which made reference to the means of restraint that could be used (plastic handcuffs, but not firearms), to the obligatory presence of a nurse during the deportation operation and to other action (arranging necessary documents, notifications, etc) that had to be taken prior to, during, and after a deportation. However, these rules could not make up for the absence of a coherent set of regulations/instructions.

Consequently, it is hardly surprising that the delegation heard claims from various sources (and, in some cases, found evidence) of highly questionable practices, such as the involuntary administration of medication (cf. paragraph 36), the carrying out of deportations without prior notice to the persons concerned or the exercising of psychological pressure (including by threats of forcible administration of tranquillisers) on persons after a failed deportation attempt.

58. In the light of the above, **the CPT recommends that detailed instructions on the procedure to be followed and, more particularly, on the use of force and/or means of restraint authorised in the context of deportation operations be issued without delay. Such instructions should draw upon the principles set out in the CPT's 13th General Report<sup>19</sup>, reproduced in Appendix I to this report.**

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<sup>19</sup> Cf. CPT/Inf (2003) 35, paragraphs 27 to 45.

## C. Prisons

### 1. Preliminary remarks

59. In Finland, a wide-ranging reform of legislation pertaining to the enforcement of sentences, the carrying out of pre-trial detention, and the granting of conditional release is under way. An important declared objective of this reform is to codify prisoners' rights and duties in a comprehensive manner and to set out clear criteria for any restrictions on prisoners' basic rights (including in the context of disciplinary punishment). **The CPT would like to be informed about the current state (e.g. timetable) of the aforementioned legislative reform.**

60. Over recent years, overcrowding has become an issue for the Finnish prison system (despite the fact that Finland continues to be a country with a comparatively low prison population rate (i.e. 72.1 inmates per 100,000 inhabitants<sup>20</sup>). Between the 1998 and 2003 visits, Finland's prison population has grown from some 2 600 to 3750; during the same period, the overall capacity of the prison estate has slightly decreased from roughly 3500 to 3200. The combined effect of these developments is a current overall occupancy rate for the prison estate of 117 %.

The Finnish authorities are making serious efforts to address the issue of overcrowding, including in the context of the above-mentioned legislative reform. In this regard, **the CPT trusts that the authorities are taking due account of the principles and measures set out in Recommendation No R (99) 22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation.**<sup>21</sup>

61. In the course of the 2003 visit, the CPT's delegation visited three penal establishments, Kuopio Prison, the former Turku Remand Prison and Sukeva Prison; all had open sections in separate locations which were not examined by the delegation.

62. **Kuopio Prison**, located close to the town centre, received its first inmates in 1886. The establishment fulfils several functions: holding remand prisoners and inmates with long sentences (i.e. exceeding 2 years); running a special treatment programme for sex-offenders (STOP) from all over Finland, and performing - together with the former Turku Remand Prison and three other Finnish prisons - the initial risk and needs assessment of inmates with long sentences with a view to their allocation to a suitable establishment.

With an official capacity of 52 inmates (excluding some 18 places for prisoners on transfer), at the time of the visit the establishment was holding 67 inmates (almost evenly divided between remand and sentenced prisoners), including 2 women, one fine defaulter, one life-sentenced inmate and one prisoner classified as a dangerous recidivist<sup>22</sup>. The establishment's open section had 14 inmates for a capacity of 20.

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<sup>20</sup> Data provided at the outset of the visit by representatives of the Criminal Sanctions Agency.

<sup>21</sup> Cf. the official home page of the Committee of Ministers: <http://cm.coe.int/ta/rec/1999/99r22.htm>

<sup>22</sup> Subject to the Act on the Internment of Dangerous Recidivists (9 July 1953/317, as amended).

The **former Turku Remand Prison** was brought into service in 1891 and, in 2002, merged with the adjacent Turku Prison (to form a new entity, i.e. the Prison of South-Western Finland). The former Turku Remand Prison had an official capacity of 110 and, at the time of the visit, was holding 142 inmates (including 12 women), of whom 57 were on remand. The sentenced population also included 3 life-sentenced prisoners and 9 inmates classified as dangerous recidivists. The prison's recently created open section had a capacity of 15. The delegation was informed that the establishment will move to new premises at the end of 2006.

**Sukeva Prison**, situated some 130 km north of Kuopio, was brought into service in 1914 and subsequently underwent a number of structural changes. It is the main institution for the serving of sentences in Eastern and Northern Finland. With 171 sentenced adult male inmates (including 12 fine-defaulters) at the time of the visit, Sukeva Prison was operating close to its full capacity (172). A few months previously, the establishment had accommodated 225 inmates, which had apparently led to very cramped conditions of detention. The prison's open section had a capacity of 36 and, on the first day of the visit, was holding 29 inmates.

## 2. **Ill-treatment and inter-prisoner violence**

63. The delegation did not hear any allegations of physical ill-treatment of prisoners by staff in the three establishments visited. Overall, no signs of particular tension between staff and inmates were observed. Moreover, at Kuopio Prison, a number of inmates made positive remarks about management and staff, who were said to be helpful and responsive to inmates' requests. The situation appeared to be less favourable at the former Turku Remand Prison, where a few inmates complained about the impolite and disrespectful behaviour of certain members of custodial staff.

**The custodial staff at the former Turku Remand Prison should be reminded that inmates must always be treated in a respectful manner;** such an approach is the cornerstone of a professional attitude, especially in tense situations involving challenging inmates.

64. The Finnish authorities are well aware of the ongoing problem of inter-prisoner intimidation and violence, which has already given rise to serious concern during the 1992 and 1998 visits (cf. paragraphs 60 to 66 of CPT/Inf (93) 8 and paragraphs 55 to 61 of CPT/Inf (99) 9).

At the time of the 2003 visit, the relatively high number of prisoners who had sought segregation for their own protection at Sukeva Prison (40) and the former Turku Remand Prison (23), as well as information drawn from interviews with staff and inmates, incident reports and registers of disciplinary punishments, clearly indicated that this problem remains acute. Moreover, official statistics presented to the delegation showed that the total number of inmates segregated for their own protection in Finnish prisons had grown significantly in recent times (i.e. from 89 in January 2002 to 137 in January 2003).

In contrast to the situation described above, at Kuopio Prison, only a small proportion of inmates were segregated for their own protection, which appeared to be related to the management's pro-active approach regarding the control of inter-prisoner intimidation and violence.

65. The CPT wishes to stress that the problem of inter-prisoner intimidation and violence cannot be solved solely by isolating prisoners who seek protection and - as was the case at the former Turku Remand Prison - inmates known for aggressive/predatory behaviour towards fellow-inmates. It is necessary to render prison staff particularly attentive to signs of such violence and to ensure that they intervene in a determined and effective manner, at as early a stage as possible. This presupposes constant monitoring of prisoner behaviour (including the identification of likely perpetrators and victims), proper reporting of confirmed and suspected cases of inter-prisoner intimidation/violence and thorough investigation of incidents.

66. In this context, the role of health care staff is of crucial importance. The staff concerned will often be the first interlocutor of prisoners who have been ill-treated or threatened by fellow inmates. The evidence gathered by the CPT's delegation suggested that suspected cases of inter-prisoner violence were generally not reported by health care staff to the prison authorities, despite the introduction of a form which had apparently been designed for this purpose (cf. page 6 of CPT/Inf (2000) 14). Health care staff interviewed on these matters stressed the need to ensure medical confidentiality. However, in the CPT's view, upholding this principle should normally not preclude the staff concerned from reporting cases of inter-prisoner violence to the prison authorities, even in the absence of formal complaints by the inmates involved.

**67. The CPT recommends that staff (including medical personnel) at the former Turku Remand Prison and Sukeva Prison be encouraged to make use of all means at their disposal to combat and prevent inter-prisoner violence and intimidation, bearing in mind the remarks made in paragraphs 65 and 66.**

In the light of the information gathered during the visit, **the Committee also wishes to reiterate that the level of staffing must always be sufficient to enable prison officers adequately to supervise the activities of prisoners and support each other effectively in the exercise of their tasks.**

### **3. Conditions of detention**

#### **a. material conditions**

68. Kuopio Prison and - to an even greater extent - the former Turku Remand Prison suffered from overcrowding at the time of the visit; as a consequence, a number of the establishments' single cells accommodated two prisoners each. In view of the cells' size (usually 7 to 8 m<sup>2</sup>), such an occupancy rate is not satisfactory. That said, in both establishments, the standard of prisoner accommodation in terms of state of repair and cleanliness was generally acceptable, and - in the renovated sections for sex offenders at Kuopio Prison - even very good. Moreover, at both establishments, prisoner accommodation was generally well-lit and ventilated, and was adequately albeit sparsely furnished.

**The CPT trusts that the Finnish authorities are making genuine efforts to ensure that the official capacities of Kuopio Prison and the former Turku Remand Prison are respected.**

69. As during previous visits, the practice of slopping out continued. Inmates held in the closed sections of Kuopio Prison not equipped with integral sanitation (i.e. some 22 cells) and in the former Turku Remand Prison, where hardly any cell had a lavatory, invariably complained about this state of affairs. More particularly, the inmates concerned asserted that access to communal sanitary facilities was difficult to obtain, especially during the night. Consequently, **the CPT recommends that custodial staff be instructed to grant inmates (and, above all, those sharing accommodation with other inmates) access to a proper toilet facility at any time of day or night, unless overriding security concerns require otherwise.**

70. The CPT's delegation was informed about plans to renovate/rebuild Kuopio Prison, which would involve a substantial increase in the establishment's capacity (up to 102). The requisite budgetary means were to be approved in 2004, and the new premises were expected to enter into service in 2008. **The CPT would like to receive more information on the above plans (including the timetable envisaged).**

71. Material conditions at Sukeva Prison were generally of a high and even very high standard, especially in the parts of the establishment which had been upgraded recently. As a rule, inmates were accommodated one to a cell of 7 to 10 m<sup>2</sup>, and a few double cells of adequate size (some 12 m<sup>2</sup>) were also available. Lighting, ventilation, cell furnishings and the overall state of cleanliness and repair of prisoner accommodation (including of inmates segregated for their own protection) do not call for any specific remarks from the CPT. The majority of cells were equipped with fully partitioned sanitary annexes (lavatory and washbasin); cells without lavatories were situated in open units where ready access to well-maintained communal facilities was guaranteed at all times.

The delegation was particularly impressed by the material conditions prevailing in the 12 small living units which had been created on the 2nd and 3rd floors of the establishment's main building; each of these comprised 3 single cells, a spacious common kitchen and sanitary facilities (shower and lavatory).

72. At the three establishments, there had been some delay in the refurbishment of the so-called "travelling cells", due to the high turnover of inmates in transfer (e.g. some 3000 persons per year at Kuopio Prison). Further, the state of cleanliness of the aforementioned cells - and especially of the in-cell sanitary facilities - left a great deal to be desired. **The CPT invites the Finnish authorities to ensure the continuous upkeep and refurbishment of the "travelling cells" in the three establishments visited.**

Further, **the occupancy rates of the "travelling cells" should always be kept at a reasonable level (i.e. a minimum of 4 m<sup>2</sup> per person).**

73. Regarding catering arrangements, at the former Turku Remand Prison, some inmates interviewed by the delegation complained that the provision of food and drinking water was insufficient and the timing of the "evening meal" (at around 3.40 p.m.) inappropriate. Further, inadequate provision had apparently been made for special dietary needs. **The CPT would like to receive the Finnish authorities' comments on this matter.**

b. activities

74. Overall, the range of facilities and areas for collective use at the three establishments was of an adequate and - on occasion - even very good standard. At Kuopio Prison, the CPT's delegation was impressed by the well-decorated and well-furnished corridor areas and communal rooms in the three open units (for sex-offenders and working prisoners), where inmates could circulate freely at all times. At Sukeva Prison, the workshops (woodwork, metalwork) and sports areas (e.g. large gym and table tennis/billiard room) were excellent. Turku Prison had several spacious and adequately-equipped rooms for training activities, and at all establishments inmates had access to a chapel, saunas and library services.

On a more critical note, given the age and layout of Kuopio Prison, no proper gym was available (however, a small and modestly-equipped but intensely-used area for weight-lifting had been created in a basement corridor). Further, at Turku Prison, the unit for segregated inmates did not have any designated room for joint activities/association.

The outdoor exercise areas of the three establishments do not call for particular comments by the CPT, and there were hardly any complaints about the regular provision of outdoor exercise (however, cf. paragraph 78).

75. In all of the prisons visited, much importance was being attached to developing the existing programmes of activities for inmates (work, education, sport) and providing guidance and instruction to assist them in avoiding re-offending and in leading a healthier life after release (e.g. anger management; cognitive skills and cognitive self-change; drug awareness and, at Kuopio, a special programme for sex-offenders, cf. paragraph 62).

Nonetheless, the number of prisoners involved in activities varied considerably among the establishments. According to the information gathered by the delegation, the proportion of inmates involved in organised activities at the time of the visit was highest at Kuopio Prison (more than 60 %), which the management considered as a major achievement in comparison to other Finnish prisons, followed by Sukeva (some 50 %) and the former Turku Remand Prison (in the range of 45 %).

76. Notwithstanding the generally positive situation at Kuopio Prison, a number of inmates did not take part (or hardly ever took part) in organised activities, apparently often by their own choice; as a consequence, they only benefited from limited out-of-cell time (no more than 3.5 hours per day). Further, educational activities were very limited at the time of the visit, despite the fact that the establishment had a study counsellor.

**The CPT invites the Finnish authorities to seek to involve a larger number of inmates at Kuopio Prison in organised activities, including education, and to improve possibilities for association for those who do not take part in such activities. Efforts might also be made to enhance the vocational dimension of the existing productive work.**

77. As reflected in the figures referred to in paragraph 75, the situation at the former Turku Remand Prison and Sukeva Prison was less satisfactory than at Kuopio, with a considerable number of inmates spending the bulk of their day locked in their cells with little to occupy their time.

In this context, the CPT is particularly concerned by the lack of activities for prisoners segregated from the mainstream at Turku and Sukeva (mostly for their own protection). In addition to very reduced out-of-cell time (which, at Turku, could be even less than 1 hour per day), the inmates concerned had limited possibilities for contact with fellow-inmates in the same unit and hardly any opportunities for work, education and sport. At the former Turku Remand Prison, some of the prisoners segregated for their own protection did not even participate in outdoor exercise, for fear of being insulted/assaulted by fellow-inmates.

The establishments' directors were fully aware of this undesirable situation, which was said to be due largely to a shortage of staff required for the delivery of activities, supervision and escort duties. The CPT appreciates that there are security and other considerations to be borne in mind in this context; nevertheless, the objective should be to ensure that all prisoners spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature.

In this connection, the practice observed at the former Turku Remand Prison of placing various categories of segregated inmates (including "fearful" prisoners and their actual/potential aggressors) in the same unit can only hamper the development of a regime worthy of the name.

78. In the light of the above, **the CPT recommends that the Finnish authorities continue to develop activity programmes for inmates at the former Turku Remand Prison and Sukeva Prison (including work and vocational training).**

**Regarding prisoners segregated from the mainstream, the Committee recommends that determined efforts be made to improve the regimes currently operated. As a first step, possibilities for association outside cells within the units concerned should be enhanced. Further, the space available in the units (e.g. the relatively large corridors at Sukeva Prison) should be exploited to the fullest.**

**Developing programmes of activities may well require increasing and/or redeploying staff resources (custodial and specialist). It is also essential that the allocation practice referred to in paragraph 77 be reviewed.**

**Finally, the CPT recommends the review of provision of outdoor exercise to "fearful" prisoners at the former Turku Remand Prison. All prisoners must be in a position to take at least one hour of outdoor exercise per day under safe conditions.**

#### 4. Health care

79. As regards health-care staff resources, **Kuopio Prison** had a general practitioner (shared with Sukeva Prison) with a specialisation in the treatment of intoxicant-abuse, who attended the establishment on two days per week for a total of some 12 hours. The prison also employed two full-time nurses (providing nursing cover on weekdays).

The health care service of the **former Turku Remand Prison** comprised a general practitioner present on two days per week. Further, there were two full-time nurses. In addition, a psychiatrist and a dentist were attached to the establishment.

**Sukeva Prison** was attended by the doctor up to three times per week. She was assisted by 3 full-time nurses (one of whom had a specialisation in psychiatric nursing) who were present every weekday. There was also a weekly visit by a dentist.

At each of the establishments, access to outside specialist treatment and prison hospital services was, in principle, not a problem.

The CPT wishes to stress that the existing health care staff at the three prisons were found to be highly professional and committed.

80. The presence of general practitioners at the former Turku Remand Prison and Sukeva Prison cannot be considered as adequate, having regard to the size and structure of the respective inmate populations. As regards more particularly Sukeva Prison, virtually all prisoners interviewed by the delegation complained about long delays before they could see the doctor. It is also noteworthy that the establishment's health care staff themselves argued that Sukeva Prison should have its own full-time doctor.

As regards Kuopio Prison, the attendance by the general practitioner can be considered as just about adequate, albeit scarcely generous.

**The CPT recommends that attendance by a general practitioner at the former Turku Remand Prison and Sukeva Prison be increased. The authorities should also take steps to reinforce dental and physiotherapeutic services at Sukeva.**

81. At Kuopio and Sukeva Prisons, nursing staff resources were adequate, given that measures had apparently been taken by the authorities after the 1998 visit to ensure that officers with proper first aid qualification were always present on prison premises (cf. page 31 of CPT/Inf (99) 14). However, at the former Turku Remand Prison, the available nursing cover was insufficient, which resulted inter alia in an inadequate screening of newly arrived inmates (cf. paragraph 84). **The CPT recommends that nursing staff resources at the former Turku Remand Prison be increased.**



82. At Kuopio and Sukeva Prisons, nurses were required to initiate medical treatment of often serious medical conditions, such as withdrawal symptoms or mental disorders in newly arrived prisoners, without proper examination by a doctor; this is all the more of concern, given that such treatment (including the administration of potent medication) frequently started on Fridays (without adequate subsequent monitoring of its effects during the weekend). **This is a highly questionable practice which should be reviewed.**

83. As regards the provision of psychological and psychiatric services, no particular problems were observed at Kuopio Prison (which had recently recruited a psychologist). By contrast, at the former Turku Remand Prison, attendance by the psychiatrist was insufficient, and the establishment's psychologist was mainly responsible for sentence planning and risk/needs assessments, but not for providing other types of psychological services. In this context, the CPT's delegation was particularly concerned by the situation of an inmate at the former Turku Remand Prison who appeared to be suffering from a serious mental disorder and who did not benefit from adequate psychiatric attention. Sukeva Prison did not even have a visiting psychiatrist, and the post of a psychologist had been vacant for a lengthy period (apparently due to a lack of applicants).

**The CPT recommends a substantial strengthening of psychiatric/psychological services at the former Turku Remand Prison and Sukeva Prison; regarding the latter establishment, further efforts should be made to fill the vacant post of a psychologist.**

84. At the three prisons, medical screening on admission (usually comprising an interview of the inmate concerned; the recording of weight and blood pressure; testing for HIV, hepatitis B/C, if appropriate) was carried out by a fully-trained nurse, who referred the prisoner to the doctor in case of need for a more thorough follow-up or when the prisoner so requested.

At Kuopio and Sukeva, the CPT's delegation did not gather evidence suggesting delays in the screening of newly admitted inmates or lack of thoroughness. By contrast, at the former Turku Remand Prison, some 20% of all newly admitted inmates did not benefit from initial screening, reportedly for lack of nursing resources. Implementation of the recommendation made in paragraph 81 should enable this shortcoming to be remedied.

85. The health-care service premises and equipment of the three establishments do not call for particular comments. Further, the medical records at the three establishments were generally found to be of a good standard.

As far as the delegation could ascertain, the confidentiality of medical data (including during transfer to outside services/other establishments) was generally observed.

## 5. Other issues

### a. discipline and solitary confinement

86. The types and range of disciplinary sanctions in respect of *sentenced prisoners* were described in previous reports (e.g. paragraph 93 of CPT/Inf (99) 9)) and remain unchanged. However, pursuant to Amendment No 580 to the Enforcement of Sentences Act in 2001, the most severe disciplinary punishments (i.e. solitary confinement of up to twenty days and delaying eligibility for conditional release by up to 90 days) can henceforth be imposed by the director of a penal institution (and not by the prison administration only, as was the case previously).<sup>23</sup>

87. Regarding the disciplinary procedure, the CPT's long-standing recommendation to introduce a right of appeal to a higher authority in respect of all types of disciplinary sanctions has been implemented by the above-mentioned amendment.<sup>24</sup> Appeals can now be lodged with a district court. Further, the prisoner has a right to be present at the court hearing, and may be granted legal assistance. The court, when considering appeals against disciplinary sanctions, is bound by the common rules of criminal procedure, "wherever applicable".<sup>25</sup>

In this connection, the CPT's delegation was informed that, since the entry into force of Amendment No 580, at Sukeva Prison, eight appeals have been lodged against disciplinary sanctions, none of them successful.

**In order to obtain a global view of the use made of the above procedure, the CPT would like to receive information, in respect of 2003, on the total number of appeals lodged by prisoners against disciplinary sanctions and the outcome of these appeals.**

88. The delegation was told that current Finnish law did not provide for disciplinary sanctions in respect of *remand prisoners*.<sup>26</sup> However, prison directors apparently had the possibility of restricting the rights of such inmates in case of misbehaviour (e.g. by reducing their out-of-cell time). Further, several remand prisoners interviewed by the delegation claimed that placement in an isolation room was often used for disciplinary purposes (and not only "in order to control violence" as provided for under the Remand Imprisonment Act<sup>27</sup>).

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<sup>23</sup> Cf. Chapter 2, Section 10a, of the Enforcement of Sentences Act (19.12.1889/39A), as amended on 29.06.2001.

<sup>24</sup> The appeals procedure is regulated in Chapter 7 of the Act.

<sup>25</sup> Cf. Chapter 7, Section 7, of the Act.

<sup>26</sup> Naturally, in the case of serious infringements (e.g. assaults on officers or other inmates; drug-trafficking), criminal proceedings can be brought against the inmates concerned.

<sup>27</sup> Cf. Section 15 of the Remand Imprisonment Act (19.07.1974/615).

In the CPT's experience, the absence of a formal disciplinary procedure entails a danger of unofficial disciplinary systems developing, which carry a risk of abuse of authority. Therefore, clear rules (including appropriate safeguards) should always be established in this area. Such rules are in the interest of both inmates and staff. In this regard, the CPT was informed about plans to provide, within the context of the reform of legislation for the carrying out of pre-trial detention (cf. paragraph 59), a regulatory framework for the imposition of disciplinary sanctions on remand prisoners. **The Committee would like to receive further details on this subject.**

89. *Sentenced inmates* can be subjected to non-voluntary placement in solitary confinement for other than disciplinary reasons (e.g. in the interest of good internal order), pursuant to Chapter 3, Section 9, paragraph 2, of the Enforcement of Sentences Act. In their response to the report on the 1998 visit, the Finnish authorities confirmed that the existing formal safeguards for such placement (i.e. hearing of the prisoner concerned; provision of written information on the reasons for the placement) also applied in the context of the renewal of the measure (cf. page 39 of CPT/Inf. (99) 14). The CPT welcomes this.

The delegation which carried out the 2003 visit found that recourse to non-voluntary solitary confinement under the above provisions was an exceptional measure of fairly short duration; by way of example, none of the 5 cases of such confinement at Sukeva Prison, reported since February 2001, exceeded four weeks (there were no such cases at Kuopio and Turku). That said, **the CPT's recommendation to introduce a right of appeal against a decision of placement in solitary confinement (cf. paragraph 89 of CPT/Inf (99) 9) remains valid.**

90. At the three establishments, agitated or violent prisoners could be placed in isolation (including, at Turku and Sukeva, in special security cells equipped with a CCTV camera). As far as the delegation could ascertain, it was not uncommon for placement decisions to be taken by custodial officers, without any involvement of medical staff. Even though at the three establishments such placements tended to be infrequent and rarely exceeded a few hours, this practice is highly questionable. In the CPT's view, the placement of an agitated or violent prisoner should always be brought to the attention of a doctor (in addition to confirmation by the prison director). **The CPT would like to receive the comments of the Finnish authorities on this point.**

b. contact with the outside world

91. As was the case in 1992 and 1998, inmates (including those on remand) at the three establishments visited in 2003 generally had adequate possibilities for maintaining contact with their families and friends through visits, letters and telephone calls.

92. At Kuopio and Sukeva Prisons, ordinary - supervised - visits (up to two per week) took place in multipurpose rooms, in which tables and chairs were installed during visiting hours. The former Turku Remand Prison had special visiting areas with similar equipment. In this context, the delegation was informed that a designated visiting facility would be created at Sukeva Prison; **the Committee wishes to receive more information on this matter.**

93. At the three prisons, inmates were offered the possibility to have unsupervised visits of 4 to

6 hours (up to twice per month). The facilities available for this purpose were of a high standard and offered a welcoming environment. **The CPT trusts that they will be used to their fullest potential.** This is of all the more importance in respect of inmates whose families live a long way from the establishment (as was the case for many prisoners at Sukeva).

c. information for inmates

94. Information leaflets for inmates were available in all of the establishments visited. However, at Kuopio Prison and the former Turku Remand Prison, a number of remand inmates interviewed by the delegation claimed that, in fact, they had received hardly any information about such matters as the establishments' regimes and their rights/duties upon admission. **The CPT recommends that steps be taken to ensure that the above-mentioned information leaflets are systematically given to prisoners on their arrival. These leaflets should be available in an appropriate range of foreign languages.**

d. independent inspections

95. In their response to the report on the 1998 visit, the Finnish authorities stressed that "it is not deemed necessary to establish a new independent monitoring body", in addition to the Parliamentary Ombudsman and - since 1999 - the Deputy Ombudsman in charge of prisons and the enforcement of sentences (cf. page 38 of CPT/Inf (99) 14).

The information gathered during the 2003 visit suggested that, even after the appointment of the Deputy Ombudsman, the frequency of inspections remained low, e.g. the former Turku Remand Prison is subject to such inspections at three-yearly intervals. This is far from sufficient to ensure adequate continuous supervision by an outside body. **Ideally, such visits should take place on a monthly basis, and be unannounced.**

e. intoxicant-related issues

96. The presence in Finnish prisons of a high proportion of inmates with serious drug and alcohol-related problems (especially upon entry into the prison system) continues to represent a major challenge for the authorities, both in terms of intoxicant-control and the choice of the appropriate medical and psychological services to be offered.

As was the case during previous visits, the efforts made by the Finnish authorities in this area are most commendable.

97. Both the former Turku Remand Prison and Sukeva Prison had intoxicant-free units (with total capacities of 23 and 19). The information gathered by the delegation indicated that an additional number of inmates could usefully have benefited from placement in the existing units. Quite surprisingly, the respective facilities at Turku were underused at the time of the visit.

**The CPT recommends that the Finnish authorities take steps to fully exploit the potential offered by the existing intoxicant-free units at the former Turku Remand Prison. Further, efforts should be made to increase the number of places in the respective unit at Sukeva Prison, and to create such a facility in the context of the planned rebuilding of Kuopio Prison.**

**The CPT also considers that drug-counselling and rehabilitation services should be made more widely available at the Turku and Sukeva establishments.**

**D. Niuvanniemi Hospital**

**1. Preliminary remarks**

98. During the third periodic visit, the CPT's delegation examined, for the first time in Finland, the situation in a forensic psychiatric establishment, Niuvanniemi Hospital.

The establishment is the largest of two State forensic psychiatric hospitals in Finland (the second one being situated in Vaasa). The hospital is located some 4 km from the centre of the town of Kuopio in a picturesque forested area next to the Kallavesi Lake. The establishment serves as a high-security hospital for long-term treatment, however without many of the features often associated with such facilities (i.e. window bars; secure perimeter; special security staff).

At the time of the visit, the hospital had a total of 284 beds and was accommodating 287 patients (all involuntary), of whom 35 were women. 177 patients were classified as criminally irresponsible, 7 persons were undergoing psychiatric assessment in the context of criminal proceedings, and 103 patients had been transferred from ordinary psychiatric hospitals because they were considered dangerous/difficult to treat (hereinafter referred to as "civil" patients). One of the patients was under 18 years of age.

Nearly 90% of the patients were diagnosed as suffering from psychosis (mainly schizophrenia), and over half had concomitant diagnoses such as drug or alcohol dependence; a small number were classified as mentally retarded, in addition to having other mental disorders.

99. At the time of the visit, a new 12-bed ward for juvenile patients was under construction. The facility was expected to become operational at the beginning of 2004. **The CPT would like to receive confirmation of the entry into service of the ward for juvenile patients, as well as information about its functioning (e.g. the therapeutic/rehabilitative activities available).**

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100. The CPT wishes to stress at the outset that the delegation gathered no evidence of physical ill-treatment of patients at Niuvanniemi Hospital; on the contrary, a number of patients spoke favourably about the manner in which they were treated by staff. Overall, the atmosphere in the establishment appeared tension-free and friendly. The approach of both medical and nursing staff was found to be highly professional and caring towards their patients.

## 2. Living conditions of patients

101. Patient accommodation was provided on 12 closed wards and one open ward, which were dispersed in 6 buildings. Despite the age of the premises, many of which were built between 1881 and 1885, material conditions were of a high standard (including in wards awaiting refurbishment). Patients were generally accommodated in good-sized, adequately furnished, individual or double rooms; the hospital also had two rooms for 5 patients each. The delegation noted efforts in a number of patient rooms (including in some of the rooms used for seclusion) to create a warm and personalised environment, which is all the more commendable given that the vast majority of patients were hospitalised for lengthy periods (e.g. nearly 8 years on average for persons classified as criminally irresponsible).

Association and other communal facilities (e.g. day rooms, dining and smoking areas) were pleasantly furnished, comfortable and offered a warm atmosphere. The sanitary facilities included special equipment for persons with limited mobility, and patients had ready access to them at all times. All premises were impeccably clean and in a good state of repair; hygiene requirements were scrupulously met throughout the establishment.

102. Patients subject to involuntary placement in a psychiatric institution should have the possibility to take outdoor exercise of at least one hour on a daily basis, if their medical condition so permits. At Niuvanniemi, those patients who were not allowed to move freely on the establishment's vast grounds (i.e. some 150), could – in principle - take outdoor exercise in three spacious secure areas, which were equipped with benches and tables and offered some protection from inclement weather.

However, the granting of outdoor exercise appeared to be handled in a rather restrictive manner, patients' medical condition frequently being invoked for denying it. Further, persons admitted for psychiatric assessment were usually not allowed to participate in outdoor exercise during the initial period of their hospitalisation; the CPT cannot see a reason for such a generalised approach. **The Committee considers that the criteria used for assessing whether a patient can have access to outdoor exercise should be reviewed.**

## 3. Staff and treatment

103. Staffing levels at Niuvanniemi Hospital were fully satisfactory. With a capacity of 284 beds, the hospital had the full-time equivalent of 19.5 psychiatrists (including the Chief Medical Doctor, 3.5 other senior doctors, 11 specialist and 4 trainee doctors), 62 nurses with a higher nursing qualification (a number of whom had undergone training in psychotherapy/support therapy) and 254 mental health nurses.

Psychological assessment was an important aspect of the work carried out at the hospital; 4 full-time clinical psychologists were employed for this purpose. The hospital also had two occupational therapists (in addition to other staff involved in the provision of activities) and 4 social workers, one of whom acted as the patient's ombudsperson<sup>28</sup>.

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<sup>28</sup> The ombudsperson's tasks are detailed in Section 11 of the Act on the Status and Rights of Patients (17.08.1992, as amended)

104. The treatment available at Niuvanniemi Hospital was based on an individual approach, involving the drawing up of a treatment plan (and the subsequent monitoring of its implementation) for each patient by a therapeutic team (comprising, inter alia, patients' personal nurses, cf. below), with the active participation of the patients concerned.

More generally, the overall treatment approach followed was based on a psychotherapeutic understanding of the staff-patient relationship. Further, the prevailing positive therapeutic milieu was clearly enhanced by the absence of window bars and special security staff, and by the general open doors policy within the wards. The CPT welcomes this state of affairs.

In this context, the CPT also commends the personal nurse scheme, which has the potential of providing the requisite support and assistance to patients cared for at the hospital. The scheme is of particular relevance to patients identified as being at risk of self-harm.

The medical records examined were detailed and precise, and medical confidentiality was respected.

105. The programmes available at the hospital offered a wide range of therapeutic and rehabilitative activities (state-of-the-art pharmacotherapy, different forms of individual psychotherapy, support and group therapy, ergotherapy, life skills training, art, sports, etc.). More particularly, a substantial number of the patients (mainly from wards 2, 9, 10, 11, 12 and 13) had access to excellent workshops (metal work, carpentry, weaving, etc.) or were active in the establishment's gardens and greenhouses; overall, some 60 patients participated in the establishment's domestic services (cleaning, catering, laundry services).

Patients had access to sports facilities of a high standard, including a fitness room and a gym.

106. Notwithstanding the overall positive picture, a large proportion of patients who were confined to their wards (especially wards 3, 4, 5 and 7) were found to spend most of their time in a state of inactivity (save for some physical exercise, art therapy, games, etc.). The CPT recognises the difficulties to provide meaningful activities to patients suffering from grave mental disorders. Nevertheless, **the Committee trusts that determined efforts will be made to involve a greater number of such patients in activities which are responsive to their individual needs and abilities.**

107. In their response to the report on the 1998 visit, the authorities stressed that under Finnish law the involuntary placement of a patient in a psychiatric establishment includes by its very nature the possibility of treating the patient's mental disorder (but not other conditions) without his/her consent (cf. page 43 of CPT/Inf (99) 14).<sup>29</sup>

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<sup>29</sup> Cf. Section 22b, sub-section 3 of the MHA.



As was the case in 1998, the delegation which carried out the 2003 visit noted that, at Niuvanniemi Hospital, medical staff endeavoured to obtain the patient's consent before the beginning of treatment, and subsequently, in the context of the review of the patient's treatment plan.<sup>30</sup> Regarding electroconvulsive therapy (ECT), in particular, such treatment was only applied with the patient's informed consent (although Finnish law does not contain such a requirement). Similarly, persons admitted for psychiatric assessment were not being treated against their will.

In case of disagreement with the treatment prescribed, the patient concerned could ask the Chief Medical Doctor for a second opinion (including via his/her personal nurse or the patients' ombudsman). However, no procedure was in place which would have allowed the patient to obtain an outside medical opinion in case he/she did not agree with the establishment's doctors.

108. As a matter of principle, the involuntary hospitalisation of a psychiatric patient should not be automatically construed as authorising treatment without his consent. This implies that patients (as well as their representatives, e.g. support persons or guardians) should be fully informed about the treatment which it is intended to prescribe. Further, the patient or the patient's representatives should have the possibility to request a second opinion from a doctor who is independent from the hospital concerned, if they so wish. **The CPT would like to receive the comments of the Finnish authorities on this subject.**

#### 4. Means of restraint/seclusion

109. In those cases where the restraint of patients proved necessary, recourse was had to manual control, the administration of a sedative, fixation with leather belts, straightjackets or seclusion (either in the patient's own room or special facilities). The aforementioned measures were the subject of a specific written policy drawn up with a view to providing guidance to staff in respect of the implementation, in practice, of recent amendments to the Finnish Mental Health Act (MHA) concerning the criteria for any restrictions on the fundamental rights of involuntary patients.<sup>31</sup>

Given the seriousness of the mental conditions treated at Niuvanniemi Hospital and the dangerousness of a number of patients<sup>32</sup>, recourse to means of restraint/seclusion was not a rare occurrence (e.g. some 30 patients were under seclusion at the time of the visit). That said, nothing suggested an excessive use of such means, and serious efforts were apparently being made to apply them for the shortest possible duration. More particularly, temporary release from seclusion or fixation was a common practice. The CPT welcomes this approach.

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<sup>30</sup> Cf. Section 6 of the Act on the Status and Rights of Patients (No 785 of 17.08.1992, as amended)

<sup>31</sup> Cf. Amendment No 1423 of 21.12.2001.

<sup>32</sup> 126 violent incidents (including assaults by patients on staff and fellow-patients) were recorded/reported during the first 4 months of 2003.

110. Patients subject to seclusion and physical means of restraint were attended to by a nurse specifically appointed for this purpose and adequately supervised. Further, the use of means of restraint was recorded (in both the patients' files and at hospital level), and reported to the state provincial office every 2 weeks, pursuant to Section 22f, sub-section 4, of the MHA. In this context, **the CPT would like to receive confirmation that the administration of medication for the purpose of controlling aggressive or violent behaviour is subject to the same recording/reporting obligations as those applying to seclusion and physical means of restraint.**

111. The CPT was informed that, under Section 22f, sub-section 3, of the MHA, periods of seclusion and fixation exceeding, respectively, 12 and 8 hours, must be reported to the patient's support person or guardian. This is a valuable safeguard. However, only about half of the patients at Niuvanniemi Hospital had a support person, and a guardian had been appointed in only a few cases. **The CPT would like to be informed about how it is intended to implement the above provision in the case of involuntary patients without a support person/guardian (e.g. are there any plans to appoint a support person specifically for patients subject to means of restraint?).**

**In this context, the Committee also wishes to receive details concerning the procedures for appointing support persons and the requirements these persons have to meet (e.g. in terms of previous experience and qualification).**

112. All staff in direct contact with patients regularly received in-service training in manual control and other means of restraint vis-à-vis agitated or violent patients (as well as systematic debriefing by external consultants after violent incidents). The CPT welcomes this.

113. In the CPT's experience, the application of means of restraint and seclusion is often perceived by patients as a form of punishment, and some of the patients interviewed during the 2003 visit made allegations to this effect. In the Committee's view, the use of means of restraint/seclusion as a form of punishment would be totally unacceptable. In order to avoid misunderstandings in this respect and to further develop the doctor-patient relationship, **the CPT recommends that patients who have been subject to seclusion or other means of restraint also receive a debriefing after the end of these measures.** This will provide an opportunity for the doctor to explain the need for the measure and thus help to relieve uncertainty about its rationale.

114. The wards housing the most challenging patients (i.e. wards 1 to 5, 7 and 8) had designated seclusion/observation rooms (which were generally equipped with CCTV cameras for continuous supervision). The conditions in these facilities do not call for particular comments from the CPT.

## 5. Safeguards

115. The procedure of involuntary placement (and renewal of such placement) in respect of civil patients was described in the previous visit report (cf. paragraphs 117 and 139 of CPT/Inf (99) 9). At Niuvanniemi, such patients were only admitted upon referral by another psychiatric hospital (i.e. after their initial placement). Therefore, the CPT's delegation did not examine the procedure pertaining to the initial placement of civil patients.

The delegation focused its attention on the hospitalisation of persons accused of a crime for psychiatric assessment and the renewal of the involuntary placement of civil and forensic patients for treatment.

116. Persons accused of a crime can be ordered by a court to undergo mental examination, pursuant to Section 15 of the MHA. The decisions on the practicalities involved (e.g. whether the person concerned is to be detained in a hospital for this purpose) are taken by the National Authority for Medico-legal Affairs (TEO).

As a rule, the examination must be completed and a statement on the person's mental condition communicated to the TEO within two months from the start of the examination. The TEO (which has a forensic psychiatric service) draws up its own statement and, if appropriate, immediately orders the person concerned to undergo treatment in a psychiatric hospital (for an initial maximum period of 6 months).<sup>33</sup> The TEO can also order the mental examination and the treatment of persons whose sentence has been waived because of their mental condition.<sup>34</sup> The orders by the TEO are subject to approval by the court.

117. The need for treatment has to be reviewed within 6 months of the initial placement, for forensic patients, and within 3 months thereof, for civil patients, and subsequently every 6 months for both categories of patients. Such reviews involve, in the case of civil patients, a *referral for observation* by an outside doctor and, for both civil and forensic patients, the drawing up of a *statement on observation* by the responsible doctor in the hospital as well as, in case of an assumed need for continuation of the placement, an *order for treatment* issued by the Chief Medical Doctor of the same hospital.

The decision to continue the treatment has to be approved by the county administrative court; however, the court usually does not hear the patient concerned.

Regarding the above-mentioned referral for observation in the context of the renewal of the treatment decision in respect of civil patients, the information gathered at Niuvanniemi Hospital suggested that this procedure was a mere formality: the doctor normally used for this task (who was not even a psychiatrist) apparently decided on the referral on the basis of the hospital's case file and after a brief meeting with the patient concerned. In the CPT's view, this cannot be considered as the issuing of an independent medical opinion. Lawyers with whom the delegation spoke concurred with this assessment.

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<sup>33</sup> Cf. Section 17 of the MHA.

<sup>34</sup> Cf. Sections 21 and 22 of the MHA.

118. As was the case in 1998, patients can lodge an appeal with the provincial administrative court against a decision ordering/continuing treatment in a psychiatric hospital.<sup>35</sup> In this context, the CPT welcomes the fact that the *order for treatment* form contains information on the possibility of an appeal (and is to be signed by the patient).

Decisions by the TEO and the provincial administrative courts are appealable before the Supreme Administrative Court.

119. The information gathered by the delegation indicated that the procedures and deadlines referred to in paragraphs 116 and 117 were scrupulously observed at Niuvanniemi Hospital.

Further, the procedures concerning the mental examination of persons accused of a crime and the initial placement of such persons in a psychiatric institution offered, overall, adequate guarantees of independence and impartiality as well as objective medical expertise.

By contrast, the manner in which an order for treatment in respect of both civil and forensic patients was being renewed would merit a reassessment with a view to strengthening safeguards for patients.

120. The CPT considers that the periodic review of an order to treat a patient against his/her will in a psychiatric hospital should involve a psychiatric opinion which is independent of the hospital in which the patient is detained. This is of all the more relevance in respect of patients who have already spent lengthy periods of time in that same hospital. In the Committee's view, the procedure described in paragraph 117 does not meet this requirement.

Further, the CPT's delegation was informed that appeals by patients from Niuvanniemi Hospital (as well as other psychiatric hospitals in Finland) against decisions involving the continuation of involuntary treatment were hardly ever successful. It remained the case that a second independent medical opinion (in addition to the hospital's opinion) was not required in the context of such appeals, and in practice, difficult to arrange. Moreover, it was apparently rare for patients at Niuvanniemi to have a lawyer and to be heard by the court.

**121. The CPT recommends that the Finnish authorities review the procedure by which the continuation of treatment of civil and forensic psychiatric patients is decided, in the light of the above remarks.**

122. Regarding the information provided to patients, in their response to the report on the 1998 visit, the Finnish authorities indicated that they would consider the drawing-up of a special brochure concerning the rights of psychiatric patients (cf. page 45 of CPT/Inf (99) 14). As far as the CPT's delegation could ascertain, no such brochure was available to patients at Niuvanniemi Hospital, and the existing ward-specific information leaflets did not address legal matters.

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<sup>35</sup> Pursuant to Section 4 of the MHA

In the CPT's view, patients (as well as their families) should be provided with easily accessible information about relevant legislation and the effective exercise of patients' rights (including possibilities for filing complaints and for challenging certain decisions). **Pending the drawing-up of an appropriate brochure, a file containing such information should be available for consultation by patients on each ward at Niuvanniemi Hospital.**

123. In respect of contact with the outside world, the situation at Niuvanniemi Hospital was on the whole satisfactory. Generally, patients could receive visitors, and a number of them could leave the hospital for certain periods of time, subject to authorisation by the treating doctor. Moreover, patients had access to the telephone on all wards (usually without restrictions). However, it was apparently standing practice that patients undergoing mental examination were not allowed to receive visits during the assessment period. **The CPT recommends that this practice be reviewed.**

Niuvanniemi Hospital did not have proper facilities for visits by relatives (visits usually took place in the entrance areas of the wards). A number of patients interviewed by the delegation complained about this situation. **The CPT recommends that the conditions under which visits take place at Niuvanniemi Hospital be improved. Ideally, there should be designated rooms for visits (which could, if necessary, be subject to supervision).**

### III. RECAPITULATION AND CONCLUSIONS

#### A. Police establishments

124. The CPT's delegation heard no allegations of recent ill-treatment of persons held in police establishments, and found no other evidence of such treatment. Moreover, the great majority of persons met by the CPT's delegation who were or who had previously been detained by the police indicated that they had been correctly treated by the police throughout their period in custody. All of the information at the Committee's disposal indicates that persons deprived of their liberty by the Finnish police run little risk of being ill-treated.

125. In the reports on the previous visits to Finland, the CPT made a number of recommendations and comments as regards safeguards for persons detained by the police. The information gathered in the course of the 2003 visit suggests that there remains some room for improvement in this area. The Committee has reiterated its recommendation concerning the need to substantially shorten 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; the types of situation in which the exercise of this right may be delayed should also be spelt out more clearly. In respect of the right of access to a lawyer, the Committee has stressed once again the importance of ensuring that all persons detained by the police enjoy this right effectively as from the very outset of custody and of removing the possibility to breach the confidentiality of detainee-lawyer meetings. Further, it has recommended that steps be taken to ensure that forms setting out the rights of notification of custody and of access to a lawyer and a doctor are made available to all persons in police custody throughout the country, as from the very outset of their deprivation of liberty.

126. As has been the case during the previous visit in 1998, the detention facilities in police establishments visited were, on the whole, quite satisfactory for the initial period of police custody (i.e. a maximum of 96 hours); however, none of the establishments visited offered suitable conditions for persons detained for lengthy periods (e.g. remand prisoners).

Conditions of detention at *Helsinki Police Department* were virtually identical to those described in the report on the 1998 visit, the shortcomings referred to in that report had not been remedied. Further, many of the cells seen in 2003 were dilapidated. In this connection, the CPT has recommended that the planned refurbishment of Helsinki Police Department be carried out without further delay.

Regarding *police establishments visited for the first time*, conditions of detention were found to be satisfactory at Kuopio, Lahti and Tampere District Police Stations for 96-hour detention periods. By contrast, the CPT has highlighted certain deficiencies in material conditions at Porvoo, Turku, and Ylä-Savo (Iisalmi) District Police Stations.

127. The holding of remand prisoners in police establishments remains common in Finland. In this context, the CPT has reiterated that remand prisoners should not, in principle, be held in police cells. Such a practice - which entails a risk of abuse of discretionary power - is all the more inappropriate bearing in mind that the detention facilities of law enforcement agencies will often not be suitable for long periods of detention. As already indicated, this has again been confirmed during the 2003 visit.

None of the police establishments offered a suitable *regime* for persons on remand. Such inmates spent almost all their time locked up in their cells with hardly anything to occupy their time. Even regular outdoor exercise of one hour per day was not guaranteed in all establishments, and the facilities used for such exercise were of an oppressive design and frequently too small for real physical exertion. The Committee has reiterated its previous recommendations on this subject, at the same time as stressing that the objective should be to cease holding remand prisoners in police establishments.

The CPT has also made various recommendations and comments concerning the provision of *health care* to remand prisoners held in police establishments and their possibilities for maintaining *contact with the outside world*.

## **B. Foreign nationals detained under aliens legislation**

128. The CPT's delegation did not hear any allegations of ill-treatment of persons detained under the Aliens Act by staff of Helsinki Custody Unit. Further, the relationship between staff and detainees at the establishment appeared to be fairly relaxed.

However, the delegation received information from various sources about the use of medication having a tranquillising or sedative effect in the context of deportation procedures. The CPT was particularly concerned about one such case, dating back to October 2002 and involving a Ukrainian family, who were deported from a refugee reception centre. In this context, the Committee has stressed that the administration of medication to persons subject to a deportation order must always be carried out on the basis of a medical decision taken in respect of each particular case; the taking of such a decision necessarily involves that the person concerned has been physically seen and examined by a medical doctor. Save for clearly and strictly defined exceptional circumstances, medication should only be administered with the informed consent of the person concerned. Further, all instances of administration of medication in the context of deportation procedures should be duly recorded by the services involved.

129. Despite the prison design of Helsinki Custody Unit for Aliens, an establishment temporarily placed in a wing of the former Helsinki Local Prison, the management and staff were clearly making efforts to create a pleasant and welcoming *material environment*. The offer of *activities*, although capable of improvement, could also be considered as acceptable. However, the CPT is concerned by the inadequate outdoor exercise arrangements, and has recommended measures to ensure that all foreign nationals are offered at least one hour of outdoor exercise every day. More generally, the Committee has stressed that the longer the period for which persons are detained under aliens legislation, the more developed should be the range of activities which are offered to them.

The provision of *health care* at the Helsinki Custody Unit could not be considered as adequate. The Committee has made several recommendations on this issue, in particular that steps be taken to ensure that all newly-arrived detainees are promptly examined by a doctor or by a fully-qualified nurse reporting to a doctor, and that arrangements be made for the daily presence of a person with a recognised nursing qualification.

The CPT was struck by the important *powers of the police* to enter the unit's premises and to impose certain restrictions on detainees (limit contact with the outside world, isolate or transfer a person to police custody for investigative reasons or for the purpose of identification, etc.). The Committee has expressed the view that decisions concerning the access of the police to Helsinki Custody Unit as well as the imposition of restrictions on the foreign nationals held there should be under the exclusive competence of the unit's Director and, as applicable, of the relevant court.

130. All the police establishments visited in 2003 could accommodate persons deprived of their liberty under aliens legislation. The conditions under which foreign nationals were held in these establishments were identical to those applicable to criminal suspects and remand prisoners. In this regard, the CPT has stressed once again that police premises are, in principle, not suitable for holding persons detained under aliens legislation.

131. As regards the safeguards to be offered to foreign nationals, they were overall found to be operating satisfactorily. Nevertheless, there remain some issues of concern; in particular, persons deprived of their liberty under the Aliens Act were not always informed about their rights. Further, the police did not always comply with the requirement, pursuant to Section 70 of the Aliens Act, to notify the Ombudsman for Minorities of cases of detention of foreign nationals.

132. The CPT's delegation examined in some detail the manner in which deportation orders concerning foreign nationals are enforced. It found that there was no coherent set of regulations/instructions on this subject, and heard claims from various sources of highly questionable practices. The Committee has recommended that detailed instructions on the procedure to be followed and, more particularly, on the use of force and/or means of restraint authorised in the context of deportation operations be issued without delay, drawing upon the principles set out in the CPT's 13th General Report.

## **C. Prisons**

133. A wide-ranging reform of legislation pertaining to the enforcement of sentences, the carrying out of pre-trial detention, and the granting of conditional release is under way in Finland. An important declared objective of this reform is to codify prisoners' rights and duties in a comprehensive manner and to set out clear criteria for any restrictions on prisoners' basic rights. The Finnish authorities are also making serious efforts to address the issue of overcrowding, which in recent years has become an issue for the prison system.



134. The delegation did not hear any allegations of physical ill-treatment of prisoners by staff in the three establishments visited, namely Kuopio Prison, the former Turku Remand Prison and Sukeva Prison. Overall, no signs of particular tension between staff and inmates were observed. At Kuopio Prison, a number of inmates made positive remarks about management and staff, who were said to be helpful and responsive to inmates' requests. The situation appeared to be less favourable at the former Turku Remand Prison, where a few inmates complained about the impolite and disrespectful behaviour of certain members of custodial staff; the latter should be reminded that inmates must always be treated in a respectful manner.

135. The Finnish authorities are well aware of the ongoing problem of inter-prisoner intimidation and violence, which has already given rise to serious concern during the previous visits. The information gathered during the 2003 visit clearly indicates that this problem remains acute. The Committee has stressed that the problem of inter-prisoner intimidation and violence cannot be solved solely by isolating prisoners who seek protection and inmates known for aggressive/predatory behaviour towards fellow-inmates. It is necessary to render prison staff particularly attentive to signs of such violence and to ensure that they intervene in a determined and effective manner, at as early a stage as possible. In this context, the role of health care staff is of crucial importance, as they will often be the first interlocutor of prisoners who have been ill-treated or threatened by fellow inmates. The CPT has expressed the view that the need to ensure medical confidentiality should normally not preclude the staff concerned from reporting cases of inter-prisoner violence to the prison authorities, even in the absence of formal complaints by the inmates involved.

136. As regards *material conditions*, Kuopio Prison and - to an even greater extent - the former Turku Remand Prison suffered from overcrowding at the time of the visit; that said, in both establishments, prisoner accommodation was generally of an acceptable standard and – in the renovated sections for sex offenders at Kuopio Prison - even very good. However, the practice of slopping out continued in parts of these establishments, a state of affairs resented by the inmates concerned. The CPT has recommended that custodial staff be instructed to grant inmates access to a proper toilet facility at any time of day or night, unless overriding security concerns require otherwise.

Material conditions at Sukeva Prison were generally of a high and even very high standard, especially in the parts of the establishment which had been upgraded recently.

137. Much importance was being attached in each of the establishments visited to developing the existing *programmes of activities* for inmates and providing guidance and instruction to assist them in avoiding re-offending and in leading a healthier life after release. Nonetheless, the number of prisoners involved in activities varied considerably among the establishments. The CPT is particularly concerned by the lack of activities for prisoners segregated from the mainstream at Turku and Sukeva (mostly for their own protection); it has recommended that determined efforts be made to improve the regimes currently operated. The Committee has also recommended that the provision of outdoor exercise to “fearful” prisoners at the former Turku Remand Prison be reviewed; all prisoners must be in a position to take at least one hour of outdoor exercise per day under safe conditions.

138. The CPT has raised a number of specific issues relating to prison health-care services (health-care staff resources; psychological and psychiatric services; medical screening on admission; health-care service premises and equipment; medical records and confidentiality). In this context, the Committee has recommended that attendance by a general practitioner at the former Turku Remand Prison and Sukeva Prison be increased, as well as nursing resources at the Turku establishment. A substantial strengthening of psychiatric/psychological services at both of these prisons is also required.

139. Other issues of relevance to its mandate addressed by the CPT in the report include discipline and solitary confinement, contact with the outside world, and intoxicant-related issues. As regards the last mentioned subject, the CPT has noted that the Finnish authorities continue to make commendable efforts vis-à-vis inmates with serious drug and alcohol-related problems. It has nevertheless recommended that steps be taken to fully exploit the potential offered by the existing intoxicant-free units at the former Turku Remand Prison, to increase the number of places in the respective unit at Sukeva Prison, and to create such a facility in the context of the planned rebuilding of Kuopio Prison.

#### **D. Niuvanniemi Hospital**

140. The CPT gathered no evidence of physical ill-treatment of patients at Niuvanniemi Hospital; on the contrary, a number of patients spoke favourably about the manner in which they were treated by staff. Overall, the atmosphere in the establishment appeared tension-free and friendly. The approach of both medical and nursing staff was found to be highly professional and caring towards their patients.

141. Despite the age of the premises, material conditions were of a high standard. All premises were impeccably clean and in a good state of repair; hygiene requirements were scrupulously met throughout the establishment. The CPT has nevertheless expressed some reservations as regards the provision of outdoor exercise to patients, which appeared to be handled in a rather restrictive manner. Further, persons admitted for psychiatric assessment were usually not allowed to participate in outdoor exercise during the initial period of their hospitalisation; the CPT cannot see a reason for such a generalised approach.

142. Staffing levels at Niuvanniemi Hospital were fully satisfactory. Further, the treatment available was based on an individual approach, involving the drawing up of a treatment plan for each patient by a therapeutic team, with the active participation of the patients concerned. More generally, the overall treatment approach followed was based on a psychotherapeutic understanding of the staff-patient relationship. The programmes available at the hospital offered a wide range of therapeutic and rehabilitative activities.

Notwithstanding this overall positive picture, a large proportion of patients who were confined to their wards were found to spend most of their time in a state of inactivity. In this regard, the Committee has expressed confidence that determined efforts will be made to involve a greater number of such patients in activities which are responsive to their individual needs and abilities.

143. Given the seriousness of the mental conditions treated at Niuvanniemi Hospital and the dangerousness of a number of patients, recourse to means of restraint/seclusion was not a rare occurrence. That said, nothing suggested an excessive use of such means, and serious efforts were apparently being made to apply them for the shortest possible duration.

144. As regards safeguards, the procedures concerning the mental examination of persons accused of a crime and the initial placement of such persons offered, overall, adequate guarantees of independence and impartiality as well as objective medical expertise. By contrast, the manner in which an order for treatment in respect of both civil and forensic patients was being renewed would merit a reassessment. The CPT considers that the periodic review of an order to treat a patient against his/her will in a psychiatric hospital should involve a psychiatric opinion which is independent of the hospital in which the patient is detained.

145. Other issues related to safeguards raised by the CPT include providing patients (as well as their families) with easily accessible information about relevant legislation and the effective exercise of patients' rights, granting patients undergoing mental examination the right to receive visits during the assessment period, and improving the conditions under which visits at Niuvanniemi Hospital take place.

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

146. The recommendations, comments and requests for information formulated by the CPT are listed in Appendix II. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Finnish authorities to provide **within six months** a response giving a full account of action taken to implement them.

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

**APPENDIX I**

**“DEPORTATION OF FOREIGN NATIONALS BY AIR”:  
EXTRACT FROM THE 13<sup>TH</sup> GENERAL REPORT ON THE  
CPT’S ACTIVITIES (2002–2003)**

27. As from the beginning of its activities, the CPT has examined the conditions of detention of persons deprived of their liberty under aliens legislation, and this issue was dealt with in a section of the CPT’s 7th General Report (CPT/Inf (97) 10, paragraphs 24 to 36). The CPT set out in that report some basic rules concerning the use of force and means of restraint in the context of procedures for the deportation of immigration detainees.

28. The CPT’s visits since that report have enabled it to flesh out its knowledge of practices concerning the deportation of foreign nationals by air. During its visits, the CPT has concentrated on procedures involving forcible departure with an escort<sup>5</sup>, and on a number of cases brought to its attention, in particular because of the death of the deported person, the extent of the means of restraint used and/or allegations of ill-treatment. The CPT did not confine its examination to the procedure followed when the person concerned boarded the plane and during the flight; it also monitored many other aspects, such as detention prior to deportation, steps taken to prepare for the immigration detainee’s return to the country of destination, measures to ensure suitable selection and training of escort staff, internal and external systems for monitoring the conduct of staff responsible for deportation escorts, measures taken following an abortive deportation attempt, etc.

29. In order to be able to make a detailed study of the procedures and means used during deportation operations, the CPT obtained copies of the relevant instructions and directives. It also obtained copies of many other documents (statistics on deportation operations, escort assignment orders, escort assignment reports, incident reports, reports in the context of legal proceedings, medical certificates, etc.) and examined the restraint equipment used during deportation operations. It also had detailed interviews in various countries with those in charge of units responsible for deportation operations and with prospective deportees met on the spot, some of whom had been brought back to holding facilities after an abortive deportation attempt.

30. After its visits, the CPT drew up a number of guidelines, which it recommended the countries concerned to follow. In order to promote widespread application of these guidelines in all the States Parties to the Convention, the Committee has decided to group together the most important principles and comment on them below.

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<sup>5</sup> Deportation procedures tend to be classified according to a number of factors, such as the extent to which force is used, the type of means of restraint employed, and the number of persons escorting the deportee. For example, one of the countries visited recently distinguished between departures in which no resistance was offered, forcible departures without an escort and forcible departures with an escort. In general, the most problematic procedures were those involving the combined use of force, several means of restraint and a large number of escort staff until the deportee's arrival in the country of final destination.

Of course, what follows must be read in the light of a State's fundamental obligation not to send a person to a country where there are substantial grounds for believing that he/she would run a real risk of being subjected to torture or ill-treatment.

31. The CPT recognizes that it will often be a difficult and stressful task to enforce a deportation order in respect of a foreign national who is determined to stay on a State's territory. It is also clear, in the light of all the CPT's observations in various countries – and particularly from an examination of a number of deportation files containing allegations of ill-treatment – that deportation operations by air entail a manifest risk of inhuman and degrading treatment. This risk exists both during preparations for deportation and during the actual flight; it is inherent in the use of a number of individual means/methods of restraint, and is even greater when such means/methods are used in combination.

32. At the outset it should be recalled that **it is entirely unacceptable for persons subject to a deportation order to be physically assaulted as a form of persuasion to board a means of transport or as a punishment for not having done so.** The CPT welcomes the fact that this rule is reflected in many of the relevant instructions in the countries visited. For instance, some instructions which the CPT examined prohibit the use of means of restraint designed to punish the foreigner for resisting or which cause unnecessary pain.

33. Clearly, one of the key issues arising when a deportation operation is carried out is the use of force and means of restraint by escort staff. The CPT acknowledges that such staff are, on occasion, obliged to use force and means of restraint in order to effectively carry out the deportation; however, **the force and the means of restraint used should be no more than is reasonably necessary.** The CPT welcomes the fact that in some countries the use of force and means of restraint during deportation procedures is reviewed in detail, in the light of the principles of lawfulness, proportionality and appropriateness.

34. The question of the use of force and means of restraint arises from the moment the detainee concerned is taken out of the cell in which he/she is being held pending deportation (whether that cell is located on airport premises, in a holding facility, in a prison or a police station). The techniques used by escort personnel to immobilise the person to whom means of physical restraint – such as steel handcuffs or plastic strips – are to be applied deserve special attention. In most cases, the detainee will be in full possession of his/her physical faculties and able to resist handcuffing violently. In cases where resistance is encountered, escort staff usually immobilise the detainee completely on the ground, face down, in order to put on the handcuffs. Keeping a detainee in such a position, in particular with escort staff putting their weight on various parts of the body (pressure on the ribcage, knees on the back, immobilisation of the neck) when the person concerned puts up a struggle, entails a risk of positional asphyxia<sup>6</sup>.

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<sup>6</sup> See, in particular, "Positional Asphyxia – Sudden Death", US Department of Justice, June 1995, and the proceedings of the "Safer Restraint" Conference held in London in April 2002 under the aegis of the UK Police Complaints Authority (cf. [www.pca.gov.uk](http://www.pca.gov.uk)).

There is a similar risk when a deportee, having been placed on a seat in the aircraft, struggles and the escort staff, by applying force, oblige him/her to bend forward, head between the knees, thus strongly compressing the ribcage. In some countries, the use of force to make the person concerned bend double in this way in the passenger seat is, as a rule, prohibited, this method of immobilisation being permitted only if it is absolutely indispensable in order to carry out a specific, brief, authorised operation, such as putting on, checking or taking off handcuffs, and only for the duration strictly necessary for this purpose.

The CPT has made it clear that **the use of force and/or means of restraint capable of causing positional asphyxia should be avoided whenever possible and that any such use in exceptional circumstances must be the subject of guidelines designed to reduce to a minimum the risks to the health of the person concerned.**

35. The CPT has noted with interest the directives in force in certain countries, according to which means of restraint must be removed during the flight (as soon as take-off has been completed). If, exceptionally, the means of restraint had to be left in place, because the deportee continued to act aggressively, the escort staff were instructed to cover the foreigner's limbs with a blanket (such as that normally issued to passengers), so as to conceal the means of restraint from other passengers.

On the other hand, instructions such as those followed until recently in one of the countries visited in connection with the most problematic deportation operations, whereby the persons concerned were made to wear nappies and prevented from using the toilet throughout the flight on account of their presumed dangerousness, can only lead to a degrading situation.

36. In addition to the avoidance of the risks of positional asphyxia referred to above, the CPT has systematically recommended **an absolute ban on the use of means likely to obstruct the airways (nose and/or mouth) partially or wholly.** Serious incidents that have occurred in various countries over the last ten years in the course of deportations have highlighted the considerable risk to the lives of the persons concerned of using these methods (gagging the mouth and/or nose with adhesive tape, putting a cushion or padded glove on the face, pushing the face against the back of the seat in front, etc.). The CPT drew the attention of States Parties to the Convention to the dangers of methods of this kind as far back as 1997, in its 7th General Report. It notes that this practice is now expressly prohibited in many States Parties and **invites States which have not already done so to introduce binding provisions in this respect without further delay.**

37. It is essential that, in the event of a flight emergency while the plane is airborne, the rescue of the person being deported is not impeded. Consequently, **it must be possible to remove immediately any means restricting the freedom of movement of the deportee, upon an order from the crew.**

Account should also be taken of the health risks connected with the so-called "economy-class syndrome" in the case of persons who are confined to their seats for long periods<sup>7</sup>.

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<sup>7</sup> See, in particular, "Frequency and prevention of symptomless deep-vein thrombosis in long-haul flights: a randomised trial", John Scurr et al, *The Lancet*, Vol. 357, 12 May 2001

38. Two particular points were of concern to the CPT after visits to certain countries: the wearing of masks by deportation escorts and the use, by the latter, of incapacitating or irritant gases to remove immigration detainees from their cells in order to transfer them to the aircraft.

In the CPT's opinion, **security considerations can never serve to justify escort staff wearing masks during deportation operations.** This practice is highly undesirable, since it could make it very difficult to ascertain who is responsible in the event of allegations of ill-treatment.

**The CPT also has very serious reservations about the use of incapacitating or irritant gases to bring recalcitrant detainees under control in order to remove them from their cells and transfer them to the aircraft.** The use of such gases in very confined spaces, such as cells, entails manifest risks to the health of both the detainee and the staff concerned. Staff should be trained in other control techniques (for instance, manual control techniques or the use of shields) to immobilise a recalcitrant detainee.

39. Certain incidents that have occurred during deportation operations have highlighted **the importance of allowing immigration detainees to undergo a medical examination before the decision to deport them is implemented.** This precaution is particularly necessary when the use of force and/or special measures is envisaged.

Similarly, **all persons who have been the subject of an abortive deportation operation must undergo a medical examination as soon as they are returned to detention** (whether in a police station, a prison or a holding facility specially designed for foreigners). In this way it will be possible to verify the state of health of the person concerned and, if necessary, establish a certificate attesting to any injuries. Such a measure could also protect escort staff against unfounded allegations.

40. During many visits, the CPT has heard allegations that immigration detainees had been injected with medication having a tranquillising or sedative effect, in order to ensure that their deportation proceeded without difficulty. On the other hand, it also noted in certain countries that instructions prohibited the administration, against the will of the person concerned, of tranquillisers or other medication designed to bring him or her under control. **The CPT considers that the administration of medication to persons subject to a deportation order must always be carried out on the basis of a medical decision taken in respect of each particular case. Save for clearly and strictly defined exceptional circumstances, medication should only be administered with the informed consent of the person concerned.**

41. **Operations involving the deportation of immigration detainees must be preceded by measures to help the persons concerned organise their return, particularly on the family, work and psychological fronts.** It is essential that immigration detainees be informed sufficiently far in advance of their prospective deportation, so that they can begin to come to terms with the situation psychologically and are able to inform the people they need to let know and to retrieve their personal belongings. The CPT has observed that a constant threat of forcible deportation hanging over detainees who have received no prior information about the date of their deportation can bring about a condition of anxiety that comes to a head during deportation and may often turn into a violent agitated state. In this connection, the CPT has noted that, in some of the countries visited, there was a psycho-social service attached to the units responsible for deportation operations, staffed by psychologists and social workers who were responsible, in particular, for preparing immigration detainees for their deportation (through ongoing dialogue, contacts with the family in the country of destination, etc.). Needless to say, **the CPT welcomes these initiatives and invites those States which have not already done so to set up such services.**

42. The proper conduct of deportation operations depends to a large extent on the quality of the staff assigned to escort duties. Clearly, **escort staff must be selected with the utmost care and receive appropriate, specific training designed to reduce the risk of ill-treatment to a minimum.** This was often far from being the case in the States Parties visited. In some countries, however, special training had been organised (methods and means of restraint, stress and conflict management, etc.). Moreover, certain management strategies had had a beneficial effect: the assignment of escort duties to staff who volunteered, combined with compulsory rotation (in order to avoid professional exhaustion syndrome and the risks related to routine, and ensure that the staff concerned maintained a certain emotional distance from the operational activities in which they were involved) as well as provision, on request, of specialised psychological support for staff.

43. **The importance of establishing internal and external monitoring systems in an area as sensitive as deportation operations by air cannot be overemphasised.** The CPT observed that in many countries, specific monitoring systems had, unfortunately, been introduced only after particularly serious incidents, such as the death of deportees.

44. **Deportation operations must be carefully documented.** The establishment of a comprehensive file and a deportation record, to be kept for all operations carried out by the units concerned, is a basic requirement. Information on abortive deportation attempts should receive special attention and, in particular, the reasons for abandoning a deportation operation (a decision taken by the escort team on managerial orders, a refusal on the part of the captain of the aircraft, violent resistance on the part of the deportee, a request for asylum, etc.) should be systematically recorded. The information recorded should cover every incident and every use of means of restraint (handcuffs; ankle cuffs; knee cuffs; use of self-defence techniques; carrying the deportee on board; etc.).

**Other means, for instance audiovisual, may also be envisaged, and are used in some of the countries visited, in particular for deportations expected to be problematic.** In addition, surveillance cameras could be installed in various areas (corridors providing access to cells, route taken by the escort and the deportee to the vehicle used for transfer to the aircraft, etc.).



45. **It is also beneficial if each deportation operation where difficulties are foreseeable is monitored by a manager from the competent unit, able to interrupt the operation at any time.** In some of the countries visited, the CPT found that there were spot checks, both during preparations for deportation and during boarding, by members of internal police supervisory bodies. What is more, in an admittedly limited number of cases, members of the supervisory bodies boarded aircraft incognito and thus monitored the deportee and the escort until arrival at the destination. The CPT can only welcome these initiatives, which are all too rare at present in Europe.

Further, **the CPT wishes to stress the role to be played by external supervisory (including judicial) authorities, whether national or international, in the prevention of ill-treatment during deportation operations.** These authorities should keep a close watch on all developments in this respect, with particular regard to the use of force and means of restraint and the protection of the fundamental rights of persons deported by air.'

## **APPENDIX II**

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

#### **A. Police establishments**

##### **Preliminary remarks**

##### requests for information

- more precise information about the proposed new legislation according to which the court when deciding on – or extending – the preventive measure of remand in custody must also systematically take a reasoned decision on the place where such custody is to be carried out, as well as the envisaged date of its entry into force (paragraph 8).

##### **Safeguards against ill-treatment**

##### 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 (e.g. to 48 hours) (paragraph 12);
- 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 12);
- steps to be taken to ensure that all persons detained by the police enjoy effectively the right of access to a lawyer as from the very outset of custody (paragraph 13);
- the Instructions on the Treatment of Apprehended and Arrested Persons to be amended in accordance with the remarks made in paragraph 14 of the report (paragraph 14);
- a detained person to have the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police (paragraph 16);
- steps to be taken to ensure that forms setting out the rights of notification of custody and of access to a lawyer and a doctor are made available to all persons in police custody throughout the country, as from the very outset of their deprivation of liberty. Those forms should be available in an appropriate range of languages. The persons concerned should be requested to confirm with their signature that they have been provided with the forms (paragraph 17).

requests for information

- comments of the Finnish authorities on the issue raised in paragraph 15 of the report, as well as information about the operation of the system of legal assistance for detained persons (paragraph 15);
- comments of the Finnish authorities on the matter raised in paragraph 19 of the report, especially in view of the signature by Finland of the Optional Protocol to the United Nations Convention against Torture, which provides for the setting-up, designation or maintaining of one or several visiting bodies for the prevention of ill-treatment (paragraph 17).

**Conditions of detention**

recommendations

- the refurbishment programme concerning Helsinki Police Department to be carried out without further delay (paragraph 21);
- steps to be taken at Porvoo and Turku District Police Stations to address the shortcomings related to conditions of detention referred to in paragraph 22 of the report (paragraph 22);
- steps to be taken to ensure that, throughout Finland, all intoxicated persons held by the police are provided with suitable mattresses (paragraph 23).

requests for information

full details of the detention facilities at Helsinki Police Department as refurbished (paragraph 21);

detailed information about the new facility to replace Ylä-Savo District Police Station in Iisalmi (paragraph 22).

**Remand detention in police establishments**

recommendations

- the Finnish authorities to:
  - ensure that all remand prisoners held in police establishments are offered at least one hour of outdoor exercise every day;
  - develop the regime of activities for remand prisoners held in police establishments (paragraph 25);

- those police establishments without an in-house medical service, which are accredited to hold remand prisoners, to be visited on a regular, e.g. daily, basis by a nurse. Steps must be taken at all police establishments holding remand prisoners to ensure that such persons are medically screened, within 24 hours of their arrival, by a doctor or a qualified nurse reporting to a doctor, and that the confidentiality of medical consultations is always guaranteed (paragraph 28);
- arrangements to be made in respect of Helsinki Police Department for the presence of a nurse also at weekends (paragraph 28);
- specific registers recording placements of inmates in isolation cells of police establishments to be set up (paragraph 33).

#### comments

the Finnish authorities should seek ways of improving detainees' possibilities for association - preferably outside their cells or, if this is not feasible, inside the cells (naturally, subject to an assessment of the security risk individual detainees may represent and to the interests of the investigation) (paragraph 25);

- the objective should be to cease holding remand prisoners in police establishments (paragraph 25);
- the Finnish authorities are invited to review whether the existing arrangements as regards the presence of the doctor at Helsinki Police Department are sufficient (paragraph 28);
- it is important that police officers working in detention areas benefit from regular first-aid refresher courses (paragraph 28);
- it would be desirable for the visiting entitlement of persons detained in "police prisons" to be increased (paragraph 29);
- the Finnish authorities are invited to consider replacing the current blanket procedure of screening remand prisoners' correspondence with a case-by-case approach. Further, some of the control duties currently discharged by investigating officers - where still deemed necessary - might well be taken over by other staff (e.g. custodial staff who are in daily contact with the detainees concerned) (paragraph 31).

#### requests for information

- comments of the Finnish authorities on the issues raised in paragraph 30 of the report (paragraph 30);
- more detailed information about the draft legislation setting out precise criteria for applying restrictions on remand prisoners' contact with the outside world (and requiring this issue to be examined *ex officio* by the court deciding on remand in custody) (paragraph 32);

- comments of the Finnish authorities on the allegations heard from several remand prisoners about the use of isolation cells for *de facto* disciplinary confinement (paragraph 33).

## **B. Foreign nationals detained under aliens legislation**

### **Preliminary remarks**

#### requests for information

- are there plans to create establishments similar to the Helsinki Custody Unit for Aliens in other parts of the country? (paragraph 34).

### **Ill-treatment**

#### requests for information

- results of the inquiries carried out into the case of deportation of a Ukrainian family described in paragraphs 35 and 36 of the report (paragraph 37).

### **Helsinki Custody Unit for Aliens**

#### recommendations

- measures to be taken to ensure that all foreign nationals held at Helsinki Custody Unit are offered at least one hour of outdoor exercise every day (paragraph 41);
- the deficiencies referred to in paragraph 42 of the report as regards the provision of health care at Helsinki Custody Unit to be remedied. In particular, steps to be taken to:
  - ensure that all newly-arrived detainees are promptly examined by a doctor or by a fully-qualified nurse reporting to a doctor;
  - arrange for the daily presence of a person with a recognised nursing qualification. Such a person could in particular perform the initial medical screening of new arrivals, receive requests from foreign nationals to see a doctor, ensure the provision and distribution of prescribed medicines, keep the medical documentation (thus ensuring confidentiality of medical data) and supervise the general conditions of hygiene;
  - improve detainees' access to acute dental care;
  - ensure appropriate psychological/psychiatric assistance, preferably by arranging regular visits to the Custody Unit by a psychiatrist and/or a psychologist (paragraph 43).

comments

- the longer the period for which persons are detained under aliens legislation, the more developed should be the range of activities which are offered to them. Particular attention should be paid to the specific needs of young children and juveniles; education should form an important part of the programmes of activities to be provided (paragraph 41);
- the Finnish authorities are invited to review the initial and ongoing training of staff at Helsinki Custody Unit, in the light of remarks made in paragraph 45 of the report (paragraph 45);
- it would be desirable to set up a designated register for the recording of instances of isolation and of the transfer of a foreign national to police custody (paragraph 48).

requests for information

- more detailed information about the new facility for foreign nationals in Metsala, including the planned date of entry into service (paragraph 38);
- comments of the Finnish authorities on the powers of the police to enter the premises of the Helsinki Custody Unit for Aliens and impose restrictions on detainees (paragraph 49).

**Detention in police and Frontier Guard establishments**

comments

- the CPT trusts that, in line with Act No 116/2002, the Finnish authorities will make determined efforts to progressively discontinue the practice of using police premises for holding persons detained under aliens legislation (paragraph 50).

**Safeguards**

comments

- the Finnish authorities are invited to address the shortcomings described in paragraph 53 of the report (paragraph 53);
- the police should be reminded of the notification requirements set out in Section 70 of the Aliens Act (paragraph 54).

requests for information

- comments of the Finnish authorities on the allegations that foreign nationals had been put under pressure by the police during their detention to make them withdraw their asylum applications, especially at Tampere District Police Station (paragraph 54).

**Deportation of foreign nationals by plane or other means of transport**

recommendations

- detailed instructions on the procedure to be followed and, more particularly, on the use of force and/or means of restraint authorised in the context of deportation operations to be issued without delay. Such instructions should draw upon the principles set out in the CPT's 13<sup>th</sup> General Report, reproduced in Appendix I to the report (paragraph 58).

**C. Prisons**

**Preliminary remarks**

comments

- the CPT trusts that the Finnish authorities are taking due account of the principles and measures set out in Recommendation No R (99) 22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation (paragraph 60).

requests for information

- current state (e.g. timetable) of the reform of legislation pertaining to the enforcement of sentences, the carrying out of pre-trial detention, and the granting of conditional release (paragraph 59).

**Ill-treatment and inter-prisoner violence**

recommendations

- staff (including medical personnel) at the former Turku Remand Prison and Sukeva Prison to be encouraged to make use of all means at their disposal to combat and prevent inter-prisoner violence and intimidation, bearing in mind the remarks made in paragraphs 65 and 66 of the report (paragraph 67).

comments

- the custodial staff at the former Turku Remand Prison should be reminded that inmates must always be treated in a respectful manner (paragraph 63);
- the level of staffing must always be sufficient to enable prison officers to adequately supervise the activities of prisoners and support each other effectively in the exercise of their tasks (paragraph 67).

**Conditions of detention**

recommendations

- custodial staff at Kuopio Prison and the former Turku Remand Prison to be instructed to grant inmates (and, above all, those sharing accommodation with other inmates) access to a proper toilet facility at any time of day or night, unless overriding security concerns require otherwise (paragraph 69);
- the Finnish authorities to continue to develop activity programmes for inmates at the former Turku Remand Prison and Sukeva Prison (including work and vocational training) (paragraph 78);
- regarding prisoners segregated from the mainstream, determined efforts to be made to improve the regimes currently operated. As a first step, possibilities for association outside cells within the units concerned should be enhanced. Further, the space available in the units (e.g. the relatively large corridors at Sukeva Prison) should be exploited to the fullest (paragraph 78);
- the provision of outdoor exercise to “fearful” prisoners at the former Turku Remand Prison to be reviewed (paragraph 78).

comments

- the CPT trusts that the Finnish authorities are making genuine efforts to ensure that the official capacities of Kuopio Prison and the former Turku Remand Prison are respected (paragraph 68);
- the Finnish authorities are invited to ensure the continuous upkeep and refurbishment of the “travelling cells” in the three establishments visited (paragraph 72);
- the occupancy rates of the “travelling cells” should always be kept at a reasonable level (i.e. a minimum of 4 m<sup>2</sup> per person) (paragraph 72);
- the Finnish authorities are invited to seek to involve a larger number of inmates at Kuopio Prison in organised activities, including education, and to improve possibilities for association for those who do not take part in such activities. Efforts might also be made to enhance the vocational dimension of the existing productive work (paragraph 76);



- developing programmes of activities may well require increasing and/or redeploying staff resources (custodial and specialist). It is also essential that the allocation practice referred to in paragraph 77 of the report be reviewed (paragraph 78).

#### requests for information

- more information on the plans to renovate/rebuild Kuopio Prison (including the timetable envisaged) (paragraph 70);
- comments of the Finnish authorities on the catering arrangements at the former Turku Remand Prison (paragraph 73).

### **Health care**

#### recommendations

- attendance by a general practitioner at the former Turku Remand Prison and Sukeva Prison to be increased. The authorities should also take steps to reinforce dental and psychotherapeutic services at Sukeva (paragraph 80);
- nursing staff resources at the former Turku Remand Prison to be increased (paragraph 81);
- psychiatric/psychological services at the former Turku Remand Prison and Sukeva Prison to be substantially strengthened; regarding the latter establishment, further efforts should be made to fill the vacant post of a psychologist (paragraph 83).

#### comments

- the practice, observed at Kuopio and Sukeva Prisons, of nurses being required to initiate medical treatment of often serious medical conditions without proper examination by a doctor should be reviewed (paragraph 82).

### **Other issues**

#### recommendations

- a right of appeal against a decision of placement in solitary confinement to be introduced (paragraph 89);
- steps to be taken to ensure that information leaflets are systematically given to prisoners on their arrival. These leaflets should be available in an appropriate range of foreign languages (paragraph 94);

- the Finnish authorities to take steps to fully exploit the potential offered by the existing intoxicant-free units at the former Turku Remand Prison. Further, efforts should be made to increase the number of places in the respective unit at Sukeva Prison, and to create such a facility in the context of the planned rebuilding of Kuopio Prison (paragraph 97).

comments

- the CPT trusts that the facilities available for unsupervised visits at the three prisons visited will be used to their fullest potential (paragraph 93);
- ideally, visits by an outside body to prison establishments should take place on a monthly basis, and be unannounced (paragraph 95);
- drug-counselling and rehabilitation services should be made more widely available at the Turku and Sukeva establishments (paragraph 97).

requests for information

- information in respect of 2003, on the total number of appeals lodged by prisoners against disciplinary sanctions and the outcome of these appeals (paragraph 87);
- further details on plans to provide a regulatory framework for the imposition of disciplinary sanctions on remand prisoners (paragraph 88);
- comments of the Finnish authorities on the placement of agitated or violent prisoners in isolation by custodial officers without any involvement of medical staff (paragraph 90);
- more information on the creation of a designated visiting facility at Sukeva Prison (paragraph 92).

**D. Niuvanniemi Hospital**

**Preliminary remarks**

requests for information

- confirmation of the entry into service of the ward for juvenile patients, as well as information about its functioning (e.g. the therapeutic/rehabilitative activities available) (paragraph 99).

**Living conditions**

comments

- the criteria used for assessing whether a patient can have access to outdoor exercise should be reviewed (paragraph 102).

**Staff and treatment**

comments

- the Committee trusts that determined efforts will be made to involve a greater number of patients suffering from grave mental disorders in activities which are responsive to their individual needs and abilities (paragraph 106).

requests for information

- comments of the Finnish authorities on the subject referred to in paragraph 108 of the report (paragraph 108).

**Means of restraint/seclusion**

recommendations

- patients who have been subject to seclusion or other means of restraint to receive a debriefing after the end of these measures (paragraph 113).

#### requests for information

- confirmation that the administration of medication for the purpose of controlling aggressive or violent behaviour is subject to the same recording/reporting obligations as those applying to seclusion and physical means of restraint (paragraph 110);
- the manner of implementing the provision referred to in paragraph 111 of the report in the case of involuntary patients without a support person/guardian (e.g. are there any plans to appoint a support person specifically for patients subject to means of restraint?) (paragraph 111);
- details concerning the procedures for appointing support persons and the requirements these persons have to meet (e.g. in terms of previous experience and qualification) (paragraph 111).

### **Safeguards**

#### recommendations

- the Finnish authorities to review the procedure by which the continuation of treatment of civil and forensic psychiatric patients is decided, in the light of remarks made in paragraph 120 of the report (paragraph 121);
- the practice of not allowing patients undergoing mental examination to receive visits during the assessment period to be reviewed (paragraph 123);
- the conditions under which visits take place at Niuvanniemi Hospital to be improved. Ideally, there should be designated rooms for visits (which could, if necessary, be subject to supervision) (paragraph 123).

#### comments

- pending the drawing-up of an appropriate brochure, a file containing information about relevant legislation and the effective exercise of patients' rights (including possibilities for filing complaints and for challenging certain decisions) should be available for consultation by patients on each ward at Niuvanniemi Hospital (paragraph 122).

### **APPENDIX III**

#### **LIST OF THE NATIONAL AUTHORITIES AND ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

##### **A. National authorities**

###### **Ministry of Justice**

Mr Johannes KOSKINEN	Minister
Mr Esa VESTERBACKA	Head, Department of Criminal Policy
Mr Jarmo LITTUNEN	Deputy Head, Department of Criminal Policy
Mr Jussi PAJUOJA	Government Counsellor, Department of Criminal Policy
Ms Ulla MOHELL	Counsellor of Legislation, Department of Criminal Policy
Mr Olavi KAUKONEN	Ministerial Adviser, Department of Criminal Policy
Ms Anne HARTONEVA	Ministerial Secretary
Mr Jukka VANHALA	Senior Planning Officer
Ms Pia RAASSINA	Planning Officer, Department of Criminal Policy
Ms Tuuli HERLIN	Adviser, Department of Criminal Policy
Ms Aija BROMS	Media and Communications Officer
Ms Eija HAKALA-KOVANEN	Secretary, Department of Criminal Policy
Ms Orvokki ANTTILA	Secretary, Department of Criminal Policy

###### **Criminal Sanctions Agency**

Mr Markku SALMINEN	Director General
Ms Heli HERNA	Administrative Director
Mr Paavo SILTANEN	Director of Judicial Unit
Mr Arto KUJALA	Prison Administration Director
Mr Ahti LEMPIÖ	Prison Administration Director
Mr Jari LOHI	Prison Administration Director
Mr Miikka NIEMINEN	Chief of Planning
Ms Raili MATINPURO	Senior Inspector
Mr Pasi OKSA	Senior Inspector
Mr Mika ANTIKAINEN	Senior Inspector
Ms Kirsti KUIVAJÄRVI	Senior Inspector
Ms Eila LEMPIÄINEN	Senior Inspector
Mr Jouko PIETILÄ	Lawyer
Ms Leena ARPO	Chief Medical Officer of the Prison Service
Ms Virpi GRUENEWALDT	Health Care Inspector
Ms Virva OJANPERÄ-KATAJA	Senior Officer, Foreign Affairs
Ms Anne KOHVAKKA	Inspector

## **Ministry of the Interior**

Mr Kari RAJAMÄKI  
Ms Hannele TAAVILA

Minister  
Senior Officer

## **Police Department**

Mr Jorma TOIVANEN  
Mr Kari RANTAMA  
Mr Kaarle J. LEHMUS  
Mr Jorma VUORIO  
Mr Kimmo HAKONEN  
Mr Jonne LÄHTEENMÄKI  
Ms Leena VOUTILAINEN

Deputy National Police Commissioner  
Deputy National Police Commissioner  
Inspector General of the Police  
Inspector General of the Police  
Senior Adviser, Legislative Affairs  
Chief Superintendent  
Senior Inspector

## **Frontier Guard Department**

Mr Reijo LAHTINEN  
Ms Katriina LAITINEN

Chief Inspector, Frontier Guard Headquarters  
Chief Inspector, Frontier Guard Headquarters,  
Frontier and Coast Guard Division

Mr Iikka HERRANEN

Major, Frontier Guard Headquarters, Frontier  
and Coast Guard Division

## **Immigration Department**

Mr Pentti VISANEN  
Ms Annikki VANAMO-ALHO  
Ms Jaana TÖRRÖNEN

Director General  
Director of Refugee and Asylum Affairs Unit  
Director of Legal Service and Country  
Information

Ms Hanna PARTANEN

Senior Adviser, Legal Service and Country  
Information

## **Ministry of Social Affairs and Health**

Ms Sinikka MÖNKÄRE  
Ms Marjatta BLANCO SEQUEIROS  
Mr Mauno KONTTINEN  
Ms Riitta-Maija JOUTTIMÄKI  
Ms Heidi MANNS-HAATANEN

Minister  
Deputy Director General, Health Department  
Deputy Director General  
Ministerial Adviser, Health Department  
Senior Officer, Legal Affairs, Department for  
Family and Social Affairs

## **National Authority for Medicolegal Affairs**

Ms Paula KOKKONEN  
Ms Eira HELLBOM  
Ms Irma KOTILAINEN

Director General  
Senior Medical Officer  
Medical Doctor

**National Research and Development Centre for Welfare and Health**

Mr Mauno KONTTINEN Deputy Director General

**Ministry of Labour**

Ms Eeva VATTULAINEN Senior Planner  
Ms Marja PENTIKÄINEN Senior Planner  
Mr Mohamed ELGJINI Researcher

**Office of the Chancellor of Justice**

Mr Jaakko JONKKA Deputy Chancellor of Justice

**Office of the Parliamentary Ombudsman**

Ms Riitta-Leena PAUNIO Parliamentary Ombudsman  
Mr Harri OJALA Senior Legal Officer  
Mr Jari PIRJOLA Legal Officer  
Mr Matti VARTIA Legal Officer

**Office of the Ombudsman for Minorities**

Mr Mikko PUUMALAINEN Ombudsman for Minorities

**B. Non-governmental organisations**

Finnish League for Human Rights

Mr Markku Fredman, Lawyer

Mental Health Association

Refugee Advice Centre