



CPT/Inf (94) 20

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

from 14 to 26 March 1993

The Government of Greece has agreed to the publication of this report and of its response. The Government's response is set out in document CPT/Inf (94) 21.

Strasbourg / Athens, 29 November 1994

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Copy of the letter transmitting the CPT'S report

Strasbourg, 20 December 1993

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 have the honour to enclose herewith the report to the Government of Greece drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after its visit to Greece from 14 to 26 March 1993. The report was adopted by the CPT at its nineteenth meeting, held from 29 November to 3 December 1993.

I would draw your attention in particular to paragraph 287 of the report, in which the CPT requests the Greek authorities to provide an interim and a follow-up report on action taken upon its report. The CPT would be grateful if it were possible, in the event of the reports forwarded being in Greek, for them to be accompanied by an English or French translation.

More generally, the CPT is keen to establish an ongoing dialogue with the Greek authorities on matters of mutual interest, in the spirit of the principle of co-operation set out in Article 3 of the Convention. Consequently, any other communication that the Greek authorities might wish to make would also be most welcome.

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

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

Yours faithfully,

Claude NICOLAY
President of the European Committee for
the prevention of torture and inhuman
or degrading treatment or punishment

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Preface

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

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

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

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

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

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

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

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

- i) examines the general conditions in establishments visited;
- ii) observes the attitude of law enforcement officials and other staff towards persons deprived of their liberty;
- iii) interviews persons deprived of their liberty in order to understand how they perceive (i) and (ii) and hear any specific grievances they may have;
- iv) examines the legal and administrative framework on which the deprivation of liberty is based.

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

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

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

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

The delegation was also accompanied by the following members of the CPT's Secretariat:

- Trevor STEVENS, Secretary of the CPT
- Geneviève MAYER.

B. Establishments visited

3. The delegation visited the following places of detention:

ATHENS

- Korydallos Prison for men
- Korydallos Prison for women
- Korydallos Prison for young offenders
- Korydallos Prison Hospitals (general medicine and psychiatric care)
- Police Headquarters, Alexandras Avenue
- Police Station, Socratous Street
- Piraeus Central Police Station, Iroon Polytechniou Street
- Glyfada Police Station, Dousmanis Street
- Athens Transfer Centre for prisoners, Kavafi Street
- Piraeus Transfer Centre for prisoners, Notara Street
- Aliens Holding Centre at Athens Airport
- Attica State Mental Hospital
- Attica State Mental Hospital for children
- Custodial Unit at the Nikea Hospital

LARISSA

- Larissa Prison
- Police Headquarters, Papanastasiou Street

LEROS

- Lepida and Lakki Public Health Establishments
- Hospital for children with special needs

THESSALONIKI

- Pavlos Melas Military Prison
- Police Headquarters, Valaoritou Street
- Police Station, Alexandrou Svolou Street.

In addition, a number of prisoners were interviewed at Thessaloniki Prison.

C. Consultations undertaken by the delegation

4. Apart from meetings at local level with officials at the establishments visited, the delegation consulted national authorities, state forensic service doctors and various other persons active in areas of interest to the CPT.

As regards more particularly non-governmental organisations, the delegation met representatives of the Association of Social Psychiatry, the Greek Committee for Conscientious Objectors, the Greek League of Human Rights, the Medical Rehabilitation Centre for Torture Victims, and the Movement for the Defense of Political and Social Rights.

D. Co-operation received during the visit

5. The meetings with national authorities, at both the start and the end of the visit, took place in a spirit of close cooperation. Fruitful discussions were held with the Minister of Justice, Mrs Psarouda-Benaki, the Deputy Minister for Public Order, Mr Sapsalis, the Deputy Minister for Defence, Mr Stathopoulos, and senior officials of the Ministries of Defence, Health, Justice and Public Order. The CPT is particularly grateful to the Minister of Justice for the substantial amount of time she devoted to discussions with its delegation. The delegation also had a useful exchange of views with Mrs Tsouderou, Deputy Minister for Foreign Affairs.

6. The delegation received considerable assistance from the liaison officers appointed by the different Ministries concerned by the CPT's visit. The effective action taken by Mr Iouliaras (the liaison officer appointed by the Ministry of Public Order) to overcome a difficulty encountered by the delegation in the course of a visit to the Police Headquarters in Thessaloniki (cf. paragraph 22) should be highlighted.

7. The delegation had no significant difficulties in gaining access to the establishments visited, and in this respect the credentials provided to each member of the delegation by the Greek authorities proved most useful. There was a brief delay in gaining access to the Pavlos Melas Military Prison as well as to the Custodial Unit of the Nikea Hospital in Athens; however, this was clearly due to the perimeter staff not having heard of the delegation and wishing to check with their superiors before allowing it to enter.

8. In practically all the establishments visited, the delegation was received in a very satisfactory way by those in charge and by staff. However, it should be noted that there were clear indications that police officers at the Athens Police Headquarters attempted to conceal from the delegation at least two persons in custody. Further, the delegation gained the distinct impression that some of the persons working at the Leros psychiatric establishments had been discouraged by the authorities in charge from having any contact with the delegation. Needless to say, such action would be contrary to the principle of cooperation set out in Article 3 of the Convention.

9. At the end of the visit to Greece, the CPT's delegation gave a summary oral account of its visit to the Minister of Justice and to senior officials of the Ministries concerned. Immediate observations were made on certain issues concerning police and prison establishments visited, pursuant to Article 8, paragraph 5, of the Convention. These issues will be considered in detail later in this report. However, the CPT would like at this point to draw attention to the constructive spirit in which the Greek authorities took note of, and subsequently reacted to, the above-mentioned observations. By letter of 21 May 1993, the Greek authorities indicated that measures had already been set in motion in response to the delegation's concerns on some points, and two reports setting out in detail the action undertaken were subsequently forwarded on 24 September and 14 October 1993.

10. In conclusion, the CPT welcomes the general spirit of cooperation which marked its delegation's visit to Greece and the follow-up to the visit.

E. Context of the CPT's visit

11. It should be recorded that the Greek authorities stated openly to the CPT's delegation, at the very outset of its visit, that their country was currently facing extremely serious problems which affected areas covered by the CPT's mandate. Political events meant that in recent times there had been a massive inflow of illegal immigrants, especially from countries to the north of Greece, and there was to date little sign of any easing of this predicament. At the same time, there had been an alarming increase in the crime rate during the last few years, in particular as regards crimes of an organised nature.

Unfortunately, in view of the need for economic restraint, there had been some delay in taking all the measures necessary to deal with these phenomena, with the result that both the police force and prison service were presently experiencing great difficulties in performing their tasks.

The delegation's observations in the course of its visit bore witness to the accuracy of the above account.

12. As regards psychiatric institutions, it is noteworthy that a law of 15 July 1992 on the modernisation and organisation of the health system provided for important changes to the system of health, including in the area of mental health. However, at the time of the CPT's visit, the implementation of that law was still far from completed.

This reform goes hand in hand with the initiatives taken within the framework of the European Community since 1984, through the subsidised programmes in the field of psychiatric care.

Priority was presently being given to the discharge of chronic patients from psychiatric hospitals and the setting up of halfway houses.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

13. The CPT's delegation carried out visits to three quite distinct types of police establishment: police stations and headquarters (in Athens, Larissa and Thessaloniki), the delegation focusing its attention on detention facilities and criminal investigation departments; "transfer centres" (at Athens and Piraeus), which provide temporary accommodation to prisoners, both on remand and sentenced, being moved from one part of the country to another as well as to persons subject to expulsion procedures under the Aliens legislation; and an aliens holding centre (close to Athens), which had very recently been opened in order to decongest the detention facilities at Athens Police Headquarters.

14. Under Greek law, persons may be arrested by the police on the basis of a judicial warrant or in flagrante delicto, a concept which is applied somewhat more broadly than being caught while actually committing a crime. Such persons must be brought before a public prosecutor at the latest within 24 hours of their arrest and referred to the competent judge. The judge must decide within three days either to release the person concerned or issue a warrant of imprisonment. A two-day extension of this time limit is possible in certain cases, in particular if the person concerned requests such an extension in order to prepare his defence. During this period of up to five days following his initial appearance before a judicial authority, the arrested person habitually remains in the custody of the police.

In the course of the visit, the CPT's delegation received information to the effect that in some cases a period considerably in excess of 24 hours might elapse before a person arrested by the police is brought before a public prosecutor; this apparently occurred in particular if the person concerned was arrested at night or shortly before (or during) a weekend. **The CPT would like to receive the comments of the Greek authorities on this question.**

15. In addition to criminal suspects, persons detained on the basis of the Aliens legislation are often held in ordinary police establishments, on occasion for considerable lengths of time. However, there is some movement towards the setting up of specific detention centres for such persons.

16. Acts of torture and other infringements of human dignity by public servants and members of the armed forces are the subject of specific provisions in the Greek Penal Code (Article 137, paragraphs a. to d.), in addition to falling within the scope of more general provisions of the Code. Especially heavy penalties are foreseen, inter alia, when certain particular types of torture are used: beating of the soles of the feet (falaka), electric shocks, mock executions and hallucinogenic substances.

2. Torture and other forms of ill-treatment

17. In the course of its visit, the CPT's delegation met a large number of persons who alleged that they had been ill-treated while in police custody; in some of the cases, the severity of the ill-treatment alleged could be considered to amount to torture. The allegations emanated from both prisoners with whom the delegation spoke in prisons and persons held in some of the police establishments visited. It is also noteworthy that several detained persons who stated that they had not been ill-treated by the police nevertheless alleged that others in police custody at the same time had been; some of these persons attributed the absence of ill-treatment in their cases to the fact that they had from the outset confessed and/or provided other information sought by the police. Further, certain of the non-governmental organisations consulted by the delegation also presented allegations of ill-treatment by the police, though most of the cases to which they referred were not very recent.

18. The general picture which emerged from the delegation's discussions with detained persons and others was that the frequency and severity of ill-treatment by the police had certainly diminished as compared to the situation some years ago. Nevertheless, it appeared that the ill-treatment of detained persons by police officers remained fairly commonplace for at least certain types of criminal suspects (notably those suspected of drug-related offences) and that in the case of persons suspected of very serious crimes, resort could still be had on occasion to severe ill-treatment/torture. Further, the delegation heard consistently that ill-treatment took place for the most part at the time of arrest and/or in police headquarters and central police stations; few allegations were heard of ill-treatment in smaller police establishments.

19. It should be added that the delegation also heard a significant number of allegations of rough treatment in the course of the transfer of detained persons from one part of the country to another. The strong disapproval of the quality of the personnel assigned to the guarding of prisoners during their transfer, expressed by police officers in charge of one transfer station visited by the delegation, lent credence to these allegations.

20. Kicks, punches, slaps, stamping on feet, etc. were the most common type of ill-treatment alleged; further, a number of allegations of blows with the butt of a pistol or wooden sticks were heard. A few quite recent allegations were heard of an even more serious kind, in particular of falaka or the administration of electric shocks; such treatment was said to have been inflicted at the Athens and Thessaloniki Police Headquarters.

Some of the persons making allegations of ill-treatment were found on examination by medical members of the delegation to display physical signs (eg. bruises, scars) consistent with their allegations.

21. As regards more particularly electric shocks, it is noteworthy that the most recent allegations referred to the use of a hand-held device (as distinct from electrodes on leads linked to a generator). The CPT's delegation met separately, on different days, two detainees at the Athens Police Headquarters who alleged that they had very recently received electric shocks via such a device. Their descriptions of the device - black, shaped like an electric razer, with two poles at one end - were concordant. On examination by a medical member of the CPT 's delegation, the detainees were found to bear marks consistent with their allegations (on the forearm - the place where the device was said to have been applied - small reddish marks approximately 2 mm in length, some 2 to 3 cm apart). It should be added that both detainees also displayed contusions consistent with their allegations that they had been beaten, inter alia with a wooden stick.

The CPT's delegation subsequently met a prisoner at Larissa Prison who alleged that he had received electric shocks on his nose, eyebrow, wrist and neck at Athens Police Headquarters some two months previously; his description of the device used was similar -albeit not identical - to that of the two detainees mentioned earlier. On examination by a medical member of the delegation, the prisoner was found to display on both the left wing of the nose and the left eyebrow a roughly square, scar-like mark inside of which were two small, parallel white impressions.

At Thessaloniki Prison, the CPT's delegation interviewed separately five prisoners who alleged they had received electric shocks at Thessaloniki Police Headquarters during the previous 15 months. Two of the persons concerned (a man and a woman) described the device used to administer the shocks as a rod (black for one, off-white for the other) some 40-50 cm in length with two small points at one end. Apparently, the marks caused by this ill-treatment had subsequently healed. Among the other three persons, one was found on medical examination to display on the penis four reddish and slightly fibrous marks, 2 to 4 mm in length. He stated that these were the scars of burns, received from shocks delivered via an electrode on a lead some twelve months previously.

22. Reference should also be made to various items discovered by the CPT's delegation in the course of visits to the Thessaloniki Police Headquarters. In the course of its first visit, the delegation found in the different offices a variety of wooden sticks and batons as well as a baseball bat. Police officers present offered a number of conflicting explanations for the presence of these objects. By the time of the delegation's second visit two days later, all the above-mentioned items had disappeared, a situation for which once again different reasons were proffered.

In the course of the second visit, the delegation requested to inspect the contents of various lockers, some of which had to be forced open given the unavailability of the keys. However, the delegation's request to have opened a padlocked locker used by one particular police officer (who had been identified to the delegation as someone who had inflicted electric shocks on detainees) met with a firm refusal. The officer concerned was apparently on leave and not contactable, and the Director of the Headquarters' Security Department stated that he was not prepared to open the locker in the officer's absence. As a result, the delegation phoned the liaison officer appointed by the Ministry of Public Order, who authorised the opening of the locker. The locker was found to contain a range of objects and, in particular, a 29 cm long black plastic rod equipped with two small electrodes at one end. The pressing of a button in the middle of the rod resulted in a spark passing between the electrodes. Shortly after the discovery of this object, the police officer to whom the locker belonged arrived at the Headquarters and was interviewed by the delegation.

23. At the end of its visit, the CPT's delegation informed the Greek authorities of its findings and requested that an inquiry be carried out without delay into the methods used by detectives at the Athens and Thessaloniki Police Headquarters when interrogating suspects. The delegation's request was complied with, and a detailed report dealing inter alia with this matter drawn up by the Ministry of Public Order was forwarded to the CPT by letter of 14 October 1993. Pages 22 to 32 of the report deal specifically with the Athens and Thessaloniki Police Headquarters, and it is in particular stated that a special enquiry carried out following the delegation's observations had revealed no instances of ill-treatment of detained persons by these police services during the last five years. In those rare cases where formal complaints of ill-treatment had been made (including three complaints of ill-treatment by electric shocks), the police officers concerned had been cleared by administrative and judicial enquiries.

In this connection, the CPT must underline that the fact that few formal complaints of ill-treatment are recorded is not necessarily a reliable guide as to the degree of risk of ill-treatment. Detained persons who have been ill-treated will often hesitate before seeking to commence proceedings, out of fear of further prejudicing their legal situation or in the belief that such a step would be unlikely to prove successful. Numerous persons met by the delegation in the course of its visit to Greece stated that they had been discouraged by the police and/or by their own lawyer from pursuing a complaint of ill-treatment, it being argued that it would not be in their best interests (cf. also paragraph 30).

24. As regards more specifically the items discovered by the CPT's delegation at Thessaloniki Police Headquarters, the CPT notes the results of the Administrative Enquiry under oath in relation to the electric shock device found in a locker. The explanation concerning the presence of this object and its use corresponds broadly with that provided to members of the delegation by the police officer in question, when they met him shortly after the object's discovery. The CPT believes it is not necessary for it to comment upon that explanation. However, it should be said that the supporting considerations set out under points e) and f), on pages 30 and 31 of the Ministry of Public Order's report, are - given the circumstances under which the object was found as well as the test of the object which was made - not convincing. Similarly, the explanation provided concerning the presence of the wooden sticks and batons found by the delegation is not credible; one of these objects was indeed a table leg, but the others could by no stretch of the imagination be taken for old items of furniture which had inadvertently been left behind by cleaning staff.

25. It is concluded at the end of the report drawn up by the Ministry of Public Order that "the Committee's observations in respect of investigation methods, torture and ill-treatment are without foundation and it is also a fact that questions of torture or ill-treatment of persons cannot arise in respect of Greece". In the CPT's opinion, that conclusion is untenable.

The sheer number of allegations of ill-treatment by the police and their consistency as regards both the types of ill-treatment inflicted and the categories of detained persons to whom they are applied are striking. These factors are alone sufficient to give rise to concern as regards the treatment received by persons detained by the police. That concern is reinforced by the findings of medical members of the CPT's delegation and by the on-site observations made in the course of certain visits. To this must be added a number of weaknesses noted in the area of formal safeguards against ill-treatment (notification of custody to a third party, access to a lawyer, etc.).

In the light of all the information at its disposal, the CPT has been led to conclude that **certain categories of persons deprived of their liberty by the police in Greece (in particular, persons arrested for drug-related offences; persons arrested for serious crimes such as murder, rape, robbery, etc.) run a significant risk of being ill-treated, and that on occasion resort might be had to methods of severe ill-treatment/torture.**

26. The CPT is nevertheless grateful to the Greek authorities for the promptness with which they acted upon its delegation's request to carry out an inquiry into the interrogation methods employed at Athens and Thessaloniki Police Headquarters. Irrespective of the conclusions reached, the Committee considers that the very carrying out of such an investigation might have had a salutary effect.

27. Later in this report, the CPT will recommend some reinforcements of formal safeguards against the ill-treatment of persons detained by the police (see paragraphs 34 et seq.). However, it should be emphasised that legal and other technical safeguards - while important - will never be sufficient; the best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers. It follows that the provision of suitable education on human rights questions and of adequate professional training is an absolutely essential component of any strategy for the prevention of ill-treatment.

28. The above-mentioned education and professional training should be pursued at all levels of the police force, and should be ongoing. It should seek to put across and develop two points. First, that all forms of ill-treatment are an affront to human dignity and as such are incompatible with the values enshrined in the Greek Constitution as well as in many international instruments ratified by and binding upon Greece. Second, that resort to ill-treatment is a fundamentally flawed method of obtaining reliable evidence for combatting crime. More advanced interrogation and investigation techniques will lead to better results from a security standpoint. The CPT welcomes the fact that both these points are also emphasised by the Ministry of Public Order in its previously-mentioned report.

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

Consequently, the CPT recommends:

- **that a very high priority be given to human rights education for police officers of all ranks and categories as well as to training in modern investigation techniques. Experts not belonging to the police force should be involved in this education and training;**
- **that an aptitude for interpersonal communication be a major factor in the process of recruiting police officers and that, during the training of such officers, considerable emphasis be placed on acquiring and developing interpersonal communication skills.**

The CPT would also like to receive detailed information on the length and content of police training.

29. Of course, it is also highly important for the relevant national authorities as well as senior police officers to deliver the clear message that the ill-treatment of detained persons is not acceptable and will be dealt with severely.

The CPT welcomes the fact that the Greek authorities have already taken the initiative to issue a circular on this very subject (cf. circular N° 4808/4/76 of 28 July 1993 referred to at page 38 of the Ministry of Public Order's report) **and would appreciate receiving a copy of that Circular.**

30. Naturally, one of the most effective means of preventing ill-treatment by public officials lies in the diligent examination by the prosecuting authorities and the courts of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty. This will have a very strong dissuasive effect. In this connection, it must be said that the CPT's delegation was told by several prisoners who alleged ill-treatment by the police that they had complained to the public prosecutor before whom they were brought about the way they had been treated, but that he had displayed little interest in the matter.

In this respect, the CPT would like to receive the following information:

- **for the period 1990 to 1993, the number of cases in which public prosecutors have instituted criminal proceedings for ill-treatment by the police of detained persons;**
- **for the same period, an account of judgments delivered by the courts in cases involving allegations of ill-treatment by the police (i.e. brief description of the facts; verdict; if appropriate, sentence imposed).**

The CPT would also appreciate receiving information on the administrative/disciplinary procedures applied in cases involving allegations of ill-treatment by the police. In particular, it would like to receive full details of the guarantees ensuring the objectivity of such investigations (cf. page 33 of the Ministry of Public Order's report).

31. The importance of the role to be played by Forensic Institute doctors and other doctors appointed by the State to carry out forensic tasks should also be emphasised. The findings of such doctors will carry considerable weight in legal proceedings; it is therefore essential that they be closely associated with cases involving allegations of ill-treatment.

32. The CPT's delegation visited the Ministry of Justice's forensic medical service in Athens on two occasions and were left with the impression that there was considerable scope for developing that service's contribution to the examination of cases involving allegations of ill-treatment by the police.

The service could only act upon requests addressed to it by the judicial authorities or the police, and the doctors spoken to stated that few such requests were received in relation to cases of alleged ill-treatment by the police. The CPT considers it essential for State forensic services to be authorised to accept requests for medical examinations presented to them directly by persons who allege ill-treatment, or by their doctor or lawyer (this presupposes that these services have the resources necessary to respond to such requests).

Further, the delegation was struck by the procedure which had been followed in one recent case of alleged ill-treatment which had been referred to the Athens forensic medical service (by the police). The service had been requested - and had accepted - to provide an opinion on the basis of photographs of the injuries of the person making the allegation. Such an approach is very unorthodox; a forensic opinion should rather be based on an interview with the person concerned and a physical examination. The CPT would add that the certificate drawn up in cases of this kind should contain (i) an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and his allegations of ill-treatment), (ii) an account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of (i) and (ii).

It is also important that the filing system permit ready access to the findings in specific cases, as well as the determination of the number and type of cases dealt with over a given period. It appeared to the delegation that existing documentary practices in the Athens forensic medical service needed to be developed.

Naturally, the independence of all doctors who perform forensic tasks should be fully guaranteed and such doctors provided with specialised training.

The CPT recommends that the operation of State forensic medical services in Greece be reviewed in the light of the above remarks.

33. Finally, in the course of its visit, the CPT's delegation sought information concerning Mr Akyar Suleyman, who died in hospital on 29 January 1991 approximately one week after having been arrested by the police. The delegation's interest in this particular case arose from allegations received that Mr Suleyman's death was the result of ill-treatment by the police. The delegation was refused access to documents concerning Mr Suleyman (and more particularly the autopsy report) on the grounds that for the time being they could not be made available, his death being the subject of a criminal investigation.

This raises an issue under Article 8, paragraph 2 (d), of the Convention which the CPT intends to pursue further in due course. However, without prejudice to its position on that issue, **the CPT would like to receive full details of the progress being made in the criminal investigation into Mr Suleyman's death.**

The CPT would add that it is grateful to the Minister of Justice for the information concerning this case provided in her letter of 24 March 1993.

3. Formal safeguards against the ill-treatment of persons detained by the police

a. introduction

34. The CPT attaches particular importance to three rights for persons detained by the police:

- the right of those concerned to have the fact of their detention notified to a close relative or third party of their choice,
- the right of access to a lawyer,
- the right to a medical examination by a doctor of their choice (in addition to any medical examination carried out by a doctor called by the police authorities).

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

35. Furthermore, in the view of the CPT, persons taken into police custody should be expressly informed without delay of all their rights, including those referred to in paragraph 34.

b. notification of custody

36. As far as the CPT has been able to ascertain, there are no specific legal provisions in Greece on the subject of the right of persons arrested by the police to inform a close relative or third party of their choice of their situation. Police officers spoken to indicated that a request by an arrested person to make such a notification would normally be refused until such time as he had been charged with an offence by the police and brought before the public prosecutor; this would mean that the possibility of making such a notification is usually denied for up to 24 hours (cf. also paragraph 14).

37. The CPT considers that the right of a person taken into police custody to immediately inform a relative or third party of his situation should be expressly guaranteed. In this connection, foreign nationals should be provided with the address and telephone number of the consular authorities of their country.

The exercise of this right could, of course, be made subject to certain exceptions designed to protect the interests of justice. However, any such exceptions should be clearly defined and they should be applied for as short a time as possible.

38. **The CPT recommends:**

- **that persons detained by the police have the right to inform, without delay, a close relative or third party of their choice of their situation;**
- **that any possibility exceptionally to delay the exercise of the right to have the fact of one's custody notified to a close relative or third party should be clearly circumscribed, made subject to appropriate safeguards (e.g. any such delay to be recorded in writing together with the reasons therefor and to require the approval of a senior officer or public prosecutor) and strictly limited in time.**

c. access to a lawyer

39. Articles 100 and 105 of the Code of Criminal Procedure contain specific provisions on the right of the "accused" to have access to a lawyer. The interpretation of these provisions is apparently a controversial matter. The CPT shall refrain from entering into that debate. Suffice to say that is quite clear from the information received by the Committee's delegation that, in practice, a person arrested by the police is not entitled to have access to a lawyer until he is charged with an offence by the police, an event which might occur up to 24 hours (cf. paragraph 14) after the time of arrest.

Police officers spoken to justified this position on the ground that until such time as an arrested person was charged with an offence, he was not an "accused" within the meaning of the Code of Criminal Procedure.

40. In this connection, the CPT wishes to stress that the period immediately following deprivation of liberty is when the risk of intimidation and ill-treatment is the greatest. The Committee therefore considers it essential that a detainee's right to have access to a lawyer be guaranteed as from the very outset of his detention by the police.

The CPT recognises that in order to protect the interests of justice, it may exceptionally be necessary to delay the right of access to a particular lawyer chosen by the detainee. However, this should not result in the right of access to a lawyer being totally denied during the period in question. In such cases, access to another independent lawyer who can be trusted not to jeopardise the legitimate interests of the police investigation should be arranged.

41. **In the light of the preceding remarks, the CPT recommends that steps be taken to ensure that:**

- **persons detained by the police have the right of access to an independent lawyer as from the outset of their detention;**
- **the right of access to a lawyer includes the right to contact and to be visited by him or her (in both cases under conditions guaranteeing the confidentiality of the discussions), as well as, in principle, the right of the person concerned to have the lawyer present during interrogations.**

d. access to a doctor

42. The CPT's delegation was informed by police officers that detained persons in need of urgent medical attention were taken to the nearest hospital facility. It was also stated that a detainee would be allowed, if he so wished, to be examined by his own doctor.

As regards more particularly Athens Police Headquarters, a doctor was normally on duty to meet the needs of all occupants of the building (including, if necessary, detainees), and was assisted by a police officer with nursing training. Unfortunately, neither of these persons was available to speak with the delegation.

The delegation was also told at Athens Police Headquarters that a detainee who alleged that he had been ill-treated could request to be examined by a forensic doctor, in which case he would be sent to the local forensic medical service. However, such requests were apparently extremely rare.

43. **The CPT recommends that specific legal provisions be adopted on the subject of the right of persons in police custody to have access to a doctor. Those provisions should stipulate inter alia:**

- **that a person detained by the police has the right to be examined, if he so wishes, by a doctor of his own choice (either for treatment or the drawing up of a forensic medical report), in addition to any medical examination carried out by a doctor called by the police authorities or to whom those authorities have taken the detainee;**
- **that all medical examinations of detainees are to be conducted out of the hearing and - unless the doctor concerned requests otherwise - out of the sight of police officers;**
- **that the results of every examination, as well as any relevant statements by the detainee and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the detainee and his lawyer.**

e. information on rights

44. The CPT has already stressed the importance which it attaches to people detained by the police being expressly informed without delay of all their rights (see paragraph 35 above), including those referred to in paragraphs 36 to 43 above.

In order to ensure that full information on rights is provided, **the CPT recommends that a form setting out those rights be given systematically to persons detained by the police at the outset of their custody. The form should be available in different languages. The person concerned should also certify that he has been informed of his rights.**

f. conduct of interrogations

45. Police officers met by the delegation stated that they had no precise directives on how to conduct interrogations (though certain officers indicated that they had received training in interrogation methods at the Police Academy). However, reference was made to Article 137, paragraphs a. to d., of the Penal Code (cf. paragraph 16).

46. The art of questioning criminal suspects will no doubt always be based in large measure on experience. Nevertheless, the CPT considers it essential for the very general provisions contained in Article 137, paragraphs a. to d., of the Penal Code to be supplemented by a formal code of conduct for interrogations setting out in detail the procedure to be followed on a number of specific points. The existence of such a code would inter alia help to underpin the lessons taught during police training.

The code should deal inter alia with the following: the systematic informing of the detainee of the identity (name and/or number) of those present at the interrogation; the permissible length of an interrogation; rest periods between interrogations and breaks during an interrogation; places in which interrogations may take place; whether the detainee may be required to remain standing while being interrogated; the interrogation of persons who are under the influence of drugs, alcohol, medicine, or who are in a state of shock. It should also be required that a record be systematically kept of the time at which interrogations start and end, of the persons present during each interrogation and of any request made by the detainee during the interrogation.

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

The CPT recommends that such a code of conduct for interrogations be drawn up for the Greek police force.

47. The CPT considers that the electronic recording of police interrogations represents another important safeguard for detainees, as well as offering advantages for the police. However, its delegation was informed that such a system is not currently used in Greece.

The CPT recommends that the Greek authorities explore the possibility of introducing an electronic recording system for police interrogations. The system should offer all appropriate guarantees (for example, the detainee's consent; the use of two tapes, one of which would be sealed in the presence of the detainee and the other used as a working copy).

48. As already indicated (cf. paragraph 14), a detainee may remain on police premises for several days while awaiting a judicial decision on his release or remand in custody. However, all police officers spoken to stated that once the detainee had been brought before the public prosecutor, their power to question him ceased (further questioning being carried out by the public prosecutor or the competent judge).

The CPT would like to receive confirmation of this position and to be informed whether the rule against further questioning by the police covers questions about other matters falling outside the scope of the charges already laid against the detainee.

g. supervision by the judicial authorities

49. It is emphasised in the report sent to the CPT by the Ministry of Public Order that police investigations are carried out under the direction and supervision of the public prosecutor's office. In this context, the CPT considers that regular visits by the competent judicial authorities to places of detention for which the police are responsible could make a significant contribution to the prevention of ill-treatment. **The CPT would like to know whether the competent judicial authorities (in particular, public prosecutors) do in fact exercise such on-the-spot supervision of places of detention.**

h. persons detained under the Aliens legislation

50. As will become apparent from subsequent paragraphs, a significant number of the detainees encountered by the CPT's delegation in police establishments were being held under the Aliens legislation. **The CPT would like to emphasise that the recommendations set out in this section of its report also apply to such persons.**

51. **The CPT would also like to receive information on the formal safeguards and practical arrangements which exist in order to ensure that aliens are not sent to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment.**

4. Conditions of detention in police establishments

a. introduction

52. All police cells should be of a reasonable size for the number of people they are used to accommodate and have adequate lighting (i.e. sufficient to read by, sleeping periods excluded) and ventilation; preferably they should receive natural light. They should also be equipped with a means of rest (eg. a fixed seat or bench) and persons obliged to spend the night in custody should be provided with a mattress and clean blankets.

Persons held by the police should be allowed to comply with the needs of nature when necessary, in clean and decent conditions, and should have adequate washing facilities. They should be given food at normal mealtimes, including a full meal (i.e. something more substantial than a sandwich) at least once a day. Persons held in police custody for extended periods should, as far as possible, be allowed a daily period of exercise in the open air.

b. situation in the establishments visited

53. The conditions of detention in the police establishments visited varied from adequate to extremely poor. The conditions in the two cells at Larissa Police Headquarters and in two cells in the basement of Thessaloniki Police Headquarters were such that the CPT's delegation recommended that they be taken out of service immediately, pending the necessary improvements. The Greek authorities informed the CPT by letter of 21 May 1993 that the above-mentioned cells had been taken out of service.

i. *police stations/headquarters*

- *Athens*

54. The principal detention facilities at the Athens Police Headquarters were situated on the 7th floor of the Headquarters building. They consisted of 20 cells divided into two sections. The cells measured just over 12 m², and were equipped with fixed benches for rest/sleeping purposes; the lighting was adequate, as would be the ventilation in the absence of overcrowding. In principle, the cellular accommodation could be considered as acceptable for persons obliged to remain in police custody for a relatively short period, on condition that the premises are kept clean and those obliged to spend the night in custody are provided with mattresses and blankets.

55. However, the delegation found that in addition to criminal suspects (who might stay for a maximum of some four to six days - cf. paragraph 14), the Headquarters were being used to accommodate for lengthy periods persons held under the Aliens legislation. Many of these persons met by the delegation had been held in the Headquarters' detention facilities for periods in excess of a month, and a few had been there for over three months. Such a situation is not acceptable. The physical surroundings and the regime are quite unsuitable for such lengthy stays. There is not even the possibility of access to the open air: out of cell "exercise" is taken in a corridor adjacent to the cells.

56. There were between 50 to 60 detained persons in the Headquarters at the time of the delegation's visits, some 60% of whom were being held under the Aliens legislation. However, it was clear that shortly before the delegation's visit, the number of persons accommodated had been much higher. At least 50 persons had been transferred a few days earlier from the Headquarters to a new holding centre for aliens situated close to the airport (cf. paragraphs 80 et seq.).

For the most part, the detainees were being held two or three to a cell, though a cell reserved for women was accommodating five detainees. The delegation was told by persons detained that in the very recent past, ten or more persons had been held per cell. Given the cells' dimensions, such occupancy levels would be grossly excessive.

57. Police officers told the delegation that one set of cells was reserved for criminal suspects, and the other for persons held under the Aliens legislation; however, it was observed that, in practice, the separation between these two very different types of detained persons was not assured.

Further, some persons detained under the Aliens legislation stated that they had received no information about the procedure applicable to them (at least not in a language they understood). On the other hand, such detainees did have access to a telephone.

58. Persons detained had blankets at their disposal (though the delegation heard allegations that they had only been made available the day before the delegation's first visit), but not mattresses.

Toilet and shower facilities were situated alongside the cells, and no complaints were heard about access to those facilities; however, detainees did complain that they had not been provided with towels or soap. The state of cleanliness and overall state of repair of the toilets/shower facilities was appalling, although an attempt to improve the situation was made between the delegation's different visits.

59. As regards the detention facilities on the 7th floor of Athens Police Headquarters, the CPT wishes to make the following recommendations:

- **that no-one be held in these facilities for longer than is absolutely necessary;**
- **that there be a maximum occupancy level of four persons per cell (with a possible exception as regards persons only staying a few hours in custody);**
- **that persons detained overnight be provided with both blankets and a mattress;**
- **that the toilet/shower facilities be renovated and kept in a hygienic condition, and detained persons provided with the wherewithal to keep themselves clean;**
- **that means be sought of enabling persons detained for more than 24 hours to be offered outdoor exercise on a daily basis;**

- **that persons detained under the Aliens legislation be strictly separated from criminal suspects;**
- **that an information leaflet be given to persons detained under the Aliens legislation explaining the procedure applicable to them and their related rights; this leaflet to be available in the languages most commonly spoken by such persons and, if necessary, the services of an interpreter provided.**

60. The delegation was informed that a certain number of cells also existed on the 11th and 12th floors of Athens Police Headquarters, but that they were no longer used to accommodate detained persons. The delegation visited the cells on the 11th floor and found that they measured approximately 3.5m². **The CPT would stress that cells of such a size are not suitable for the detention of someone obliged to stay in custody overnight; at the very most they might, if necessary, be used for temporary holding purposes (i.e. detention for a maximum of a few hours), and this subject to the strict condition they are equipped with adequate lighting and ventilation as well as a means of rest.**

61. The delegation also visited a small juvenile detention area on the 3rd floor of Athens Police Headquarters. The conditions of detention in that area were quite acceptable.

62. In addition to the Police Headquarters, the delegation visited three police stations in the Athens area: Police Station No. 4 in Socratous St., Piraeus Central Police Station and Glyfada Police Station.

No one was in custody at the time of the delegation's visit to Police Station No. 4. The station's detention facilities consisted of two good-sized multi-occupancy cells. They were clean and well-lit and seemed to have adequate ventilation. The cells were equipped with a bench fitted to the wall, and contained blankets; however, it appeared that no mattresses were available for persons obliged to stay in custody overnight.

At Piraeus Central Police Station, nine persons were in custody at the time of the delegation's visit. Seven persons were being held in a cell measuring approximately 13 m², some of whom had been in custody for a number of days; given its dimensions, no more than four persons should be kept in the cell overnight. The other two detainees were being held in a cell measuring 10+m². Lighting and ventilation in the cells were adequate. Wooden beds were provided as a means of rest, and the detainees had been given blankets; however, once again, no mattresses were available. It should be added that the toilet/washing facilities for detainees were in an appalling condition.

Conditions of detention in the one cell at Glyfada Police Station left a great deal to be desired. The cell was small (approximately 5 m²), devoid of any form of light, and had no effective means of ventilation. It contained two concrete blocks equipped with mattresses and blankets, which were very dirty. Police officers present stated that no more than two persons would ever be kept in the cell overnight. However, consultation of the custody register showed that on several occasions in the recent past, more than two persons (on one occasion six persons) had spent 24 hours or more in custody at the station; it was advanced that the additional persons had been allowed to sleep in one of the station's offices. This cell should be taken out of service until such time as it is provided with adequate lighting and ventilation and should not accommodate more than one person overnight. It might be added that there was ample space within the police station for the construction of better detention facilities.

63. **The CPT recommends that the conditions of detention in Police Station No. 4 (Socratous St.), Piraeus Central Police Station and Glyfada Police Station be reviewed in the light of the remarks in paragraphs 52 and 62 above.**

- *Larissa*

64. The detention facilities at Larissa Police Headquarters consisted essentially of two multi-occupancy cells measuring approximately 17 m². Material conditions within the rooms were unacceptable. They had no access to natural light and the artificial lighting was quite inadequate. One of the rooms was completely devoid of any fittings, apart from a radiator. The other was equipped with wooden plinths together with two mattresses and blankets; however, the latter were very dirty. Both rooms were filthy and in a poor state of repair, and the same was true of the adjacent toilet and washing facilities.

65. The CPT welcomes the withdrawal of these cells from service (cf. paragraph 53). **It recommends that they remain out of use until such time as they are thoroughly cleaned, redecorated and refurbished and, more specifically, brought into conformity with the criteria set out in paragraph 52 above.**

- *Thessaloniki*

66. The detention facilities at Thessaloniki Police Headquarters were located in the mezzanine and basement areas of the Headquarters' building.

67. The mezzanine contained a very large detention room (55+ m²) equipped with five beds and accommodating, at the time of the delegation's visit, five detainees. Light (which included access to natural light) and ventilation were satisfactory, and both the room itself and the adjacent toilet/washing facilities were clean. In brief, conditions of detention in this area were good.

68. The situation was less satisfactory in the basement. This area contained four multi-occupancy cells varying in size from 14 to 19 m². The occupancy rate at the time of the delegation's visit was, on the whole, tolerable, though one of the cells was somewhat overcrowded (six persons held in approximately 17 m²). The cells were equipped with beds (though not every detainee had his own bed), and the lighting and ventilation were adequate. The adjacent toilet/washing facilities had clearly been refurbished recently; however, at the time of the delegation's visit they were in a poor state of cleanliness.

69. In addition to the multi-occupancy cells, the basement also contained two "segregation" cells measuring respectively 5 and 6.5 m². Conditions in the cells were unacceptable; they were devoid of any fittings (save a filthy blanket in one cell), totally dark, and had no effective means of ventilation. Police officers present stated that these cells had not been used for the last year; however, both information received from persons detained in the basement area and the strong odour of urine in one of the cells suggested the contrary. As already indicated (cf. paragraph 53), these cells were subsequently withdrawn from service.

70. The delegation was also struck by the variety of persons detained in the basement area. As might have been expected, the delegation met criminal suspects awaiting a judicial decision on their release or remand in custody as well as persons held under the Aliens legislation. However, it also encountered persons who had actually been remanded in custody and were awaiting trial and - most astonishingly of all - sentenced prisoners; apparently, this was a result of severe overcrowding at Thessaloniki Prison. Some of the persons in question had been held at the Headquarters for well over a month.

As at Athens Police Headquarters, the physical surroundings and regime in the detention facilities at Thessaloniki Police Headquarters render these premises unsuitable for lengthy stays. Further, to hold a person on remand or - a fortiori - a sentenced prisoner in these facilities is inadmissible (and apparently contrary to Greek law); such persons are entitled to expect a quite different custodial environment.

71. As regards the detention facilities at Thessaloniki Police Headquarters, the CPT wishes to make the following recommendations:

- **that remand and sentenced prisoners should not be held in these facilities (but instead in an appropriate prison establishment);**
- **that no-one be held in these facilities for longer than is absolutely necessary;**
- **that the two segregation cells remain out of service until such time as they are brought into conformity with the criteria set out in paragraph 52;**
- **that there be a maximum occupancy level of four or five persons per cell (depending on the cell size) in the multi-occupancy cells in the basement area (with a possible exception as regards persons only staying a few hours in custody);**
- **that persons detained overnight be provided with both blankets and their own mattress;**
- **that the toilet/shower facilities be kept in a hygienic condition, and detained persons provided with the wherewithal to keep themselves clean;**
- **that means be sought of enabling persons detained for more than 24 hours to be offered outdoor exercise on a daily basis;**
- **that persons detained under the Aliens legislation be strictly separated from criminal suspects;**
- **that an information leaflet be given to persons detained under the Aliens legislation explaining the procedure applicable to them and their related rights; this leaflet to be available in the languages most commonly spoken by such persons, and, if necessary, the services of an interpreter provided.**

72. The delegation also visited Police Station No. 3, in Alexander Svolou St. This station possessed one cell, measuring 3 m². The cell enjoyed adequate light (both natural and artificial) and ventilation, was clean, and was equipped with a means of rest (i.e. a concrete block with a mattress and blanket). Nevertheless, in view of the cell's very small size, **it should only be used for temporary holding purposes (i.e. detention for a maximum of a few hours); the cell is not suitable for the detention of someone obliged to stay in police custody overnight.**

ii. *transfer centres*

73. The Athens Transfer Centre was holding 25 male detainees at the time of the delegation's visit, as compared to an official capacity of 42. The majority of the detainees were located on the ground floor in three dormitories - a half a dozen persons per dormitory - each measuring approximately 19 m². The dormitories were equipped with concrete platforms; in one there were four mattresses, whereas in the two others, the detainees only had blankets (and occasionally a cushion) at their disposal. The remainder of the detainees were being held on another floor. This area contained three cells, also equipped with concrete platforms; no mattresses were to be seen.

The detention facilities did not have access to natural light, but did have (rather harsh) artificial lighting; ventilation was mediocre. The sanitary facilities - toilets/washbasins/showers - were located in separate annexes and were in an adequate state of repair; however, no toilet paper, soap or towels were in evidence. As regards outdoor exercise, the centre did possess a courtyard; however, detainees were not allowed access to it, apparently for security reasons. The premises as a whole had been freshly painted and were relatively clean.

74. To sum up, the Centre offered very basic conditions of detention. Given the relatively short periods of time that persons are detained there - rarely in excess of a few days (though the custody register showed that stays of up to six days occasionally occurred) - the existing arrangements could be considered as tolerable, provided that improvements are made on some specific points. However, it is also clear that the delegation saw the Centre under favourable circumstances, and in particular at a time when the occupancy level was some way below the official capacity. In the CPT's view, the existing facilities are not capable of accommodating in an acceptable manner 42 (or more) persons.

75. As regards the Athens Transfer Centre, the CPT wishes to make the following recommendations:

- **that persons detained overnight in the Centre be provided with both blankets and their own mattress;**
- **that ventilation in the detention facilities be improved;**
- **that detainees who do not possess such items be provided with the wherewithal to keep themselves clean;**
- **that means be sought of enabling detainees to be offered outdoor exercise on a daily basis;**
- **that the official capacity of the Centre's existing detention facilities be reduced.**

76. Conditions of detention at the Piraeus Transfer Centre could fairly be described as inhuman.

At the time of the delegation's visit, the Centre was holding 46 detainees (staff told the delegation that the official capacity was 40), approximately half of whom were located in a detention area on the ground floor. This consisted of a central section best described as a cross between a room and a yard (approximately one-third of it was open to the sky), alongside which were several smaller rooms. The rooms were used as sleeping accommodation and, apparently, were locked at night; during the day, detainees were able to circulate throughout the detention area. The rooms contained mattresses, some mounted on platforms or plinths, others placed on the floor; they were old and dirty, as were some 20 further mattresses stored in a nearby room. Further, many of the detainees were without blankets. Three sinks, providing cold water only, situated at the open-air end of the central section served as the washing facilities; they were in a very unhygienic state, as were the two asian lavatories immediately adjacent (the only toilet facility in the ground floor detention area). The entire area was badly lit, dirty and in a poor general state of repair.

The first floor of the Centre's premises contained two further detention rooms measuring respectively 9 and 12 m², into which had been packed twenty-one persons detained under the Aliens legislation (most Albanians) - 9 in the first room and 12 in the second. Certain of the detainees had been held in the rooms for more than two days. Inevitably, rest/sleeping arrangements (in the larger room, the 12 detainees were sharing four mattresses) and ventilation (staff stated that the room doors were opened from time to time in order to change the air) were inadequate. It should be added that the detainees remained in the rooms for the whole of their stay at the Centre; there were no facilities for outdoor exercise. The only positive feature was the existence of a sanitary annex for each room, though regrettably no toilet paper, soap or towels had been provided.

77. The CPT recommends that the detention facilities of the Piraeus Transfer Centre be extensively renovated without delay and, more specifically, brought into conformity with the criteria set out in paragraph 52. If such a renovation were not to prove feasible, the existing premises should be taken out of service and the Transfer Centre relocated elsewhere, in a place capable of offering better detention facilities.

78. Detained persons in both the transfer centres complained that they were not provided with sufficient food and drink. Police officers informed the delegation that each detainee received a daily allowance of 500 drachmas for this purpose, but it was not clear how this money was distributed, how it was converted into food and drink, and, in any event, whether it would be sufficient.

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

79. Finally, the delegation observed that whereas both the transfer centres were required from time to time to accommodate female detainees, neither of them had specific facilities for this purpose.

The CPT recommends that proper provision be made in all transfer centres (and in police detention facilities in general) for female detainees. The accommodation in question should ensure both their security and their dignity. Further, the presence of female staff is highly desirable.

iii. Aliens Holding Centre at Athens airport

80. This establishment was located in a building at the former US military base close to Athens airport. Police officers told the delegation that the Centre had opened about one week previously and was designed to hold foreign nationals awaiting deportation under the Aliens legislation. Its envisaged capacity was 60 detainees. At the time of the delegation's visit, work on fitting-out the Centre was still in progress.

81. The Centre was holding 41 foreign male detainees, most of whom had apparently previously been detained on the 7th floor of Athens Police Headquarters. They were accommodated in a very large room which had been divided into four holding areas (three measuring approximately 50 m² and the fourth some 30 m²), two sides of each area being walls, the other two sides made of bars. The detainees had been provided with mattresses and blankets, which were placed on the concrete floor. The holding areas had no other furniture.

Two of the areas had good access to natural light; the other two had to rely permanently on artificial light given the absence of windows. Ventilation (which included air-conditioning) was very good, and the sanitary facilities (toilets, washbasins, showers) were quite adequate.

82. Detainees interviewed stated that they were pleased to have been moved away from Athens Police Headquarters, where they had been held ten to a cell (cf. also paragraph 56). They described the main problems in the new Centre as being the lack of access to a telephone and the absence of outdoor exercise. Further, a recurring complaint in the delegation's discussions with detainees was a lack of information about the procedure applicable to them.

83. At the time of the delegation's visit, the detainees were not allowed outdoor exercise; nor were there facilities for visits, or telephones at the detainees' disposal. These lacunae were to be remedied shortly. Police officers stated that as soon as the perimeter fence had been made secure, the detainees would be allowed to spend several hours a day in the garden outside the building. Further, a sizeable room at the entrance to the building was to be equipped with visiting booths, and four telephone lines for use by detainees were to be installed.

The delegation was also told that regular visits to the Centre by a doctor and nurse were envisaged, and that an adjacent building was to be fitted out for female detainees.

84. **The CPT recommends that the Centre's holding areas be equipped with an appropriate floor covering as well as tables and chairs, and that the possibility be explored of introducing some form of partitioning offering at least a degree of privacy.**

Of course, the recommendation already made in the context of Athens and Thessaloniki Police Headquarters, concerning the provision of an information leaflet to persons detained under the Aliens legislation (cf. paragraphs 59 and 71), applies equally to the new Centre.

The CPT would also like to be informed whether the envisaged measures concerning outdoor exercise, visits, access to a telephone, medical care and accommodation for female detainees have now been implemented, and to receive details on whether the Centre has been operating within its envisaged capacity.

85. It should be emphasised that supervisory staff in a detention centre for aliens have a particularly difficult task. Firstly, there will obviously be problems of communication due to language barriers. Secondly, many of the persons detained in the centre will deeply resent being deprived of their liberty, given that they are not suspected of any criminal offence.

Consequently, police officers assigned to supervisory duties in such a centre should be chosen carefully. Reference has already been made to the importance of police officers possessing developed interpersonal communication skills; this is particularly important in a detention centre for foreigners. Moreover, the supervisory staff should have a knowledge of the cultural backgrounds of the detainees, and at least some of the staff should possess knowledge of relevant foreign languages.

The CPT recommends that the above considerations be borne in mind when assigning police officers to supervisory duties in the Holding Centre for Aliens at Athens airport.

It is also recommended that the Centre's internal rules and information notices, as well as those expressions most commonly used in daily interactions between detainees and supervisory staff, be translated into various languages.

86. It should also be borne in mind that detainees might - through no fault of the Greek authorities - have to remain in the Centre for quite lengthy periods, on occasion for well over a month. Obviously, there can be no question of providing a developed programme of activities. However, **the Greek authorities are invited to provide the detainees with access to radio/television and newspapers/magazines as well as with other suitable means of recreation.**

87. To sum up, the CPT welcomes the initiative taken by the Greek authorities to set up the Aliens Holding Centre at Athens airport, which inter alia has relieved pressure on the detention facilities at Athens Police Headquarters. The establishment of specific centres for this category of detained person is a very positive development, provided they are properly equipped. **The CPT would like to be informed whether it is envisaged to open any other centres of this kind in Greece.**

iv. police establishments in general

88. Looking beyond the particular police establishments visited by the delegation, **the CPT recommends that the conditions of detention in police establishments throughout Greece be reviewed, in order to ensure that they meet the criteria set out in paragraph 52.**

89. The CPT would add that it has taken careful note of the information already provided by the Greek Ministry of Public Order concerning steps underway to improve material conditions in police detention facilities. The Committee trusts that the recommendations and comments set out above will assist in maintaining the momentum of progress in this area.

B. Prison establishments

1. Preliminary remarks

90. The delegation visited the Korydallos Prison Complex in Athens, Larissa Prison and the Pavlos Melas Military Prison in Thessaloniki. The delegation had originally intended to visit Patras Prison, and the Greek authorities had been notified to this effect; however, in the light of information subsequently received, the delegation decided instead to visit Larissa Prison.

The delegation also went to Thessaloniki Prison. However, the aim of going to this establishment was to interview prisoners who had recently been in police custody; the delegation did not examine in detail the situation within Thessaloniki Prison.

91. The **Korydallos Prison Complex** is of fairly recent origin (1970's) and occupies a large site in the South of Athens, close to the port of Piraeus. The complex consists of six distinct establishments, each with its own Director: a prison for men, a prison for young male offenders, a prison for women, a Prison Hospital (general medicine), a Psychiatric Unit, and a Children's Home. The last-mentioned establishment was not visited by the delegation.

Korydallos Prison for men was built to accommodate 480 prisoners in four separate blocks, each having 120 cells on three floors. On the first day of the delegation's visit, the establishment was holding 1410 prisoners, approximately 800 on remand and the remainder sentenced. The total prison staff complement was 170, of which some 110 were prison officers. Perimeter security was the responsibility of armed police.

The Korydallos Prison for young male offenders was located within the perimeter of the male prison, but had quite distinct premises and was separately managed and staffed. 120 juveniles, aged between 12 and 20, were held in a mixture of cellular and dormitory accommodation; 70 were on remand and 50 sentenced. The staff complement totalled 50.

Korydallos Prison for women is the only women's prison in Greece; it is located in an entirely separate building with its own perimeter wall. The prison was built to provide accommodation for a total of 270 prisoners in three wings, each with 90 prisoners in cells and dormitories. On the first day of the delegation's visit, a total of 287 female prisoners (150 on remand, the remainder sentenced) were located in two of the prison's wings. The staff complement was 70. The third (C) wing had been allocated for the exclusive use of seven high security male prisoners (six members of the former military junta, and a banker who was awaiting trial); this wing had a separate staff and was under the managerial control of the Director of the male prison.

The Prison Hospital and the Psychiatric Unit were situated in a secure compound immediately adjacent to the prison for men. The Prison Hospital received sick prisoners from throughout Greece. It had a capacity of 70, and at the time of the delegation's visit was caring for 69 patients. The health care staff consisted of three doctors with permanent posts, 15 doctors with temporary contracts and 8 nurses. Visiting consultants went to the hospital once or twice a week.

The Psychiatric Unit also had a nationwide vocation. The establishment catered mostly for mentally ill prisoners and drug addicts, both on remand and sentenced. Prisoner accommodation consisted of cells and dormitories, and the envisaged capacity was said to be in the order of 140. However, when the CPT's delegation made its visit, the Unit was holding 240 prisoners (143 designated as mentally ill prisoners and 97 as drug addicts). At the time of the delegation's visit, the health-care staff consisted of 5 part-time doctors (3 psychiatrists and 2 general practitioners), and nine nurses/hospital officers (three of whom had received some nursing training).

92. **Larissa Prison** is located in relatively modern premises situated on the outskirts of the city. Designed originally to hold approximately 350 remand prisoners (in primarily dormitory accommodation), the establishment had in recent years seen its tasks expand to include the accommodation of both short and long term sentenced prisoners. It had also become a place to which "troublesome" prisoners tended to be sent from other parts of the prison system. At the time of the delegation's visit, the establishment was holding in excess of 700 prisoners (including some 30 juveniles), more than two-thirds of whom were sentenced; 250 prisoners were serving terms ranging from 5 years to life imprisonment. The staff of the prison totalled 123, among which there were 95 prison officers.

93. **Pavlos Melas Military Prison** is situated in a military barracks located close to Thessaloniki. It accommodates servicemen on remand (for offences such as desertion, violence, insubordination, theft) as well as sentenced servicemen during the first month of their sentence (such persons subsequently being transferred to Avlona Military Prison in the Athens region). Two servicemen were in detention at the time of the delegation's visit, both awaiting trial on charges of desertion.

94. It is clear from the statistics provided above that the civil prison establishments visited by the CPT's delegation were grossly overcrowded. The Greek authorities informed the delegation that overcrowding was a nationwide problem. The number of prisoners had more than doubled over the last 12 years, a particularly sharp increase occurring in 1992; whereas the official capacity of the prison system at the time of the delegation's visit stood at 3900, the number of prisoners actually held amounted to 6700. As a result, implementation of the modern and progressive "Code of basic rules for the treatment of prisoners", adopted in 1989, was being seriously undermined.

To deal with this problem the Ministry of Justice had drawn up an 18 million drachma prison building/prison extension programme covering five years, which would increase capacity by more than 1800. At the same time, various measures had been adopted or were planned which should help to reduce the prison population (conditional release after the serving of 3/5 of the sentence, instead of 2/3 as had been the rule hitherto; conversion of a part of the sentence of some prisoners into a financial penalty).

95. In the following paragraphs, the CPT shall make a number of specific recommendations concerning the prison establishments visited by its delegation. However, it wishes to emphasise at the outset that the act of depriving someone of his liberty brings with it the responsibility for the State to detain him under conditions which respect the inherent dignity of the human person. The facts found during the course of the CPT's visit demonstrate that as a consequence of the present level of overcrowding in prisons, the Greek authorities are not in a position to fulfil that responsibility vis-à-vis many prisoners.

The CPT therefore recommends that a very high priority be given to measures to reduce overcrowding in the Greek prison system.

96. In addition to measures to combat overcrowding, steps to reinforce the existing prison staff resources are also required. At the time of the delegation's visit, some 25% of the 2250 posts making up the official staff complement were vacant; and this latter figure had been calculated on the basis of a prison population of 4500, not 6700. The CPT's delegation saw for itself that the ratio of staff to prisoners could on occasion be alarmingly low (cf. for example, paragraph 107). It should be emphasised that an inadequate staff/prisoner ratio not only renders the provision of an acceptable regime well-nigh impossible, but also generates an insecure environment for both staff and prisoners.

The CPT recommends that appropriate steps be taken to fill all vacant prison staff posts. It also recommends that the existing official staff complement be reviewed, in order to ascertain whether it is adequate in the light of current and envisaged prison population levels.

2. Torture and other forms of ill-treatment

97. The CPT's delegation found no evidence of torture in the prison establishments it visited and heard no allegations of such acts in other prisons in the country.

The two persons held in the Pavlos Melas Military Prison had no complaints whatsoever about the way they were treated there. As regards the civil prison establishments visited, a distinction must be made between the Korydallos Prison Complex and Larissa Prison.

98. The delegation heard hardly any allegations of physical ill-treatment by staff at the Korydallos Prison Complex. It noted that, overall, day to day dealings between staff and prisoners were relatively courteous and relaxed; and this despite often very poor material conditions of detention, which did not facilitate the maintenance of good relations.

The above also applies on the whole to the Psychiatric Unit at Korydallos, although it must be added that existing arrangements in the Unit for dealing with mentally disturbed and violent prisoners involve a clear risk of physical ill-treatment (cf. paragraph 188).

99. By contrast, a considerable number of prisoners (both prisoners met at Korydallos who previously had been held in Larissa Prison and prisoners met at Larissa) alleged that staff at Larissa Prison on occasion physically assaulted prisoners, in particular prisoners who displayed insubordination or insolence; such assaults were said to have occurred in particular in the establishment's segregation unit. Further, several prisoners complained that a certain section of the prison's staff tended to adopt a provocative attitude.

However, some prisoners told the delegation that although "beatings" by prison staff still occurred, the situation in this respect was considerably better than that which had prevailed some years ago. It should also be added that inmates in the two units accommodating respectively juveniles and homosexuals/transvestites had no complaints to make about their treatment by the prison staff.

In any event, it was clear from the delegation's own observations that staff/prisoner relations were distinctly less favourable at Larissa than at Korydallos.

100. In its final talks with the Minister of Justice, the CPT's delegation drew attention to the allegations which it had heard concerning physical ill-treatment of prisoners by staff at Larissa Prison. The delegation also pointed out that the prison displayed a combination of other factors - severe overcrowding, low staff numbers, absence of regime activities, inadequate medical care, very different categories of prisoners sharing the same living accommodation, poor staff/prisoner relations - which meant that it had to be considered as a "high risk" establishment from the point of view of the possibility of ill-treatment occurring. Consequently, the delegation recommended that Larissa Prison be visited by the Ministry's Prison Inspectorate at the earliest opportunity.

101. By letter of 24 September 1993, the Greek authorities forwarded to the CPT the report on Larissa Prison drawn up following the inspection recommended by its delegation. The inspection report provides a thorough analysis of the various problems facing the establishment and contains a coherent set of proposals to address them (cf. also paragraphs 121 and 122).

As regards the specific question of the allegations of physical ill-treatment of prisoners by staff at Larissa Prison, the CPT has taken careful note of the Inspectors' remarks in section V of their report as well as of the letter of 13 August 1993 from the Prison Director at Larissa to the Ministry of Justice. The Committee fully accepts that a major factor underlying these allegations could well be that the vast majority of inmates would prefer for personal reasons to be held elsewhere than at Larissa (and in particular at Athens or Thessaloniki). Further, the fact that "troublesome" prisoners from throughout the prison system have tended to be transferred to Larissa is another relative factor in this context.

In any event, it is evident from the Inspectors' report that the prison staff at Larissa has been made fully aware of the importance of stamping out any acts constituting an infringement of a prisoner's personal dignity, and the CPT notes with interest the Inspectors' comment that "it is clear to us from our conversations with both senior and other staff that they are all determined to remove every negative element in the staff's behaviour towards the prisoners".

Under such circumstances, no further recommendation on this matter is called for.

102. It should be noted that the different establishments in the Korydallos Prison Complex and Larissa Prison were accommodating significant numbers of foreign prisoners. In this connection, the CPT's delegation observed that some foreign prisoners did not have a full understanding of the prison regime or of their rights and responsibilities, and that on occasion there were serious difficulties of communication between prison staff and foreign prisoners. Such a situation can easily give rise to misunderstandings and possibly disputes.

The CPT therefore recommends that appropriate steps be taken to counter these difficulties (eg. preparation and translation into relevant foreign languages of a booklet describing the routine and regime of the prison, the rights and responsibilities of prisoners and staff, and complaints and disciplinary procedures; translation of those expressions most commonly used in daily interaction between prisoners and staff; basic training in foreign languages for designated prison officers).

103. The CPT also wishes to emphasise the importance which it attaches to the training of prison staff. There is no better guarantee against the ill-treatment of a prisoner than a properly trained prison officer. As with police officers (cf. paragraphs 28 and 85) developed interpersonal communication skills are an essential part of the make-up of such a prison officer; they will help to reduce tensions and improve the quality of life in prisons, to the benefit of all concerned.

The CPT would like to receive detailed information on the length and content of prison officer training.

104. Finally, to enable the CPT to obtain a nationwide view of the situation, **it would like to receive information on the number of complaints of ill-treatment lodged in 1992 and 1993 against prison officers in Greece and on the number of disciplinary and/or criminal proceedings initiated during the same period in relation to allegations of ill-treatment by prison officers, together with an account of any sanctions imposed.**

3. Conditions of detention in the prisons visited

a. material conditions and activities

i. *Korydallos Prison Complex*

105. As already indicated (cf. paragraph 91), at the time of the delegation's visit to the Korydallos Prison for men the number of inmates amounted to almost three times the establishment's official capacity. A standard cell measured 9.5 m² and was equipped inter alia with a screened asian-type toilet and a handbasin. Originally designed for individual occupancy, the cells are just about large enough for two prisoners; with more than two, conditions become very cramped. In practice, only a handful of prisoners had their own cells; the majority of the cells were accommodating two or three prisoners, and a number were accommodating four. The level of overcrowding was somewhat lower in A wing (approximately 300 prisoners) than in B, C and D wings (each of which were accommodating 350 or more inmates).

The prisoner distribution chart indicated that three cells (one in C wing and two in D wing) were holding five prisoners. The delegation visited the relevant cell in C wing, in which it found five prisoners of Indian origin; they claimed to have been held under such conditions for some six weeks.

106. Inevitably, the high level of overcrowding had extremely negative repercussions upon the conditions of detention: living space was very poor, ventilation inadequate, and cell cleanliness and hygiene wanting. In many cells prisoners were to all intents and purposes confined to their beds, there being no room for other furniture. In some of the most over crowded cells, there were more prisoners than beds. Further, the toilet and washing facilities in certain cells were in need of repair.

Despite the overcrowding, prisoners apparently did have ready access to the shower facilities located in the basement of each wing. However, some of the shower cubicles were in a poor state of repair and decoration.

107. The negative aspects of the overcrowding were mitigated to some extent by reasonable out-of-cell time. Between 8.30 to 11.30 and 14.30 to sunset, inmates were allowed to circulate freely and associate with other prisoners within their detention wing and its courtyard; the wing courtyards were of a good size. It must be stressed, however, that the free circulation of prisoners in their detention wings could have undesirable effects in the absence of proper control by prison staff; with the manning levels at the time of the delegation's visit (3 to 4 prison staff on duty during the day in a wing accommodating some 350 prisoners), it is difficult to see how such control could be guaranteed (cf. also paragraph 96).

108. Activities in any meaningful sense of the term were scarce. There were only 236 work places (i.e. 1 work place for 6 prisoners), practically all in the area of general services (kitchen, laundry, cleaning, maintenance, stores, etc.); no workshops were in operation. However, a printing and bookbinding vocational training centre, with places for 30 prisoners, was due to open in 1993. **The shortage of work places was particularly resented by many sentenced prisoners, as it prevented them from taking advantage of the system of earning remission through work.**

No educational classes were available and the prison library was both small and ill-equipped. Further, there was no prison gymnasium and, as far as the delegation could ascertain, no organised sporting activities. However, the exercise yards were sufficiently large for certain games (eg. volleyball), and arrangements were in hand to provide a separate weight-training area in each of the yards (at the time of the visit, a few prisoners did weight training in the wing basements).

To sum up, the vast majority of prisoners at the Korydallos Prison for men (including a majority of the sentenced prisoners) were offered no work or educational activities, and possibilities for sport were very limited. Most prisoners spent their day walking around their detention wing or courtyard, talking with fellow prisoners, or watching television in their cell. Such a monotonous and purposeless existence is quite inconsistent with the objective of social rehabilitation set out in the Greek Code of basic rules for the treatment of prisoners (cf. paragraph 94).

109. **As regards material conditions of detention at the Korydallos Prison for men, the CPT recommends:**

- **that immediate steps be taken to ensure that no more than three prisoners are held per cell;**
- **that serious efforts be made to reduce as soon as possible the occupancy rate to two prisoners per cell¹;**
- **that every prisoner be provided with his own bed and mattress;**
- **that shower cubicles, toilets and washing facilities be restored to a good state of repair and maintained in a hygienic condition.**

As regards out-of-cell activities, the CPT recommends:

- **that current efforts to augment the number of work and vocational training places be intensified;**
- **that a thorough examination of the means of improving the prison's activity programmes in general (including education, sport and recreational activities) be undertaken without delay and that fuller programmes be progressively introduced as overcrowding is brought down.**

¹ Naturally, the long-term objective should be to have one prisoner per cell, save for specific situations when it is not appropriate for a prisoner to be left alone.

110. The Korydallos Prison for women was also severely overcrowded at the time of the delegation's visit. It should be noted, however, that this was largely due to one of the establishment's three wings having been entirely set aside for seven high security male prisoners. If it had been possible to accommodate female prisoners in that wing, the establishment would basically have been operating within its official capacity.

111. Accommodation in the wings used by female prisoners was of two types: 8.5 m² cells and dormitories measuring approximately 60 m².

The cells were equipped inter alia with a toilet and washbasin, and a table and chair. Most of them were occupied by two prisoners; living space was restricted, but just about tolerable given the reasonable out-of-cell time.

Conditions were less favourable in the dormitories. Up to 18 prisoners might be held per dormitory; and as few bunk beds were available, most of the floor space tended to be taken up by beds. Further, many of the dormitories were in a very poor state of repair and decoration; in some, the walls were damp.

More generally, many of the toilets and showers in the two wings accommodating women were found to be in need of repair and refurbishment.

By contrast, the conditions of detention of the seven high security male prisoners held in C wing bordered on the luxurious.

112. Out-of-cell time was much the same as in the male prison (cf. paragraph 107). However, as in the male prison, activities were underdeveloped. Some 100 work places were available, principally in a carpet workshop and the kitchen. As a result, there was work for 2/3 of the sentenced population; no work was offered to remand prisoners. Further, no educational activities were available. Consequently, the activities of most prisoners consisted exclusively of outdoor exercise, association with fellow prisoners and watching television.

113. The CPT's delegation was informed that it was planned to relocate the male prisoners currently held in C wing in a new security unit which was under construction, thereby freeing the wing for accommodation by 90 or more female prisoners. **The CPT recommends that implementation of this measure be accorded the highest priority.** That so many should be made to suffer poor conditions of detention for the sake of offering special accommodation to so few is unacceptable.

Further, the CPT recommends:

- **that the dormitories be renovated and, in particular, damp-free sleeping accommodation be ensured;**
- **that shower cubicles, toilets and washing facilities be restored to, and maintained in, a good state of repair and a hygienic condition;**
- **that the number of work places be increased and activity programmes in general (including education, sport and recreational activities) be developed.**

114. Women prisoners with children were, in principle, permitted to keep the latter with them in prison until they reached the age of 2½ years. However, this rule was not rigidly applied, a child over 2½ being allowed to remain with its mother until an acceptable alternative home was found.

At the time of the delegation's visit, there were eight children (belonging to five mothers) in the prison. However, there were no special facilities for the children; they slept in their mother's cell, and during the day appeared to have the free run of the prison.

It should be emphasised that mothers and children represent a particularly vulnerable group in prison. Efforts should be made to place them in a favourable social and educational environment; preferably, there should be a suitably-equipped creche facility, and the assistance of nursery nurses as well as specialised medical care should be guaranteed. **The CPT invites the Greek authorities to review the existing arrangements for mothers with children at the Korydallos Prison for women, in the light of these remarks.**

115. Material conditions in the Prison for young male offenders were somewhat better than those in the mens and womens prisons. In particular, the establishment was not suffering from serious overcrowding; the standard-sized cells were occupied by one or two juveniles, and the dormitories were of an adequate size (55 m²) for the numbers accommodated (up to nine).

However, the activities offered were not adequate, a situation acknowledged by the prison staff.

116. The delegation was informed that the juvenile offenders were shortly to be transferred to a rural prison in the area of Volos (the accommodation thereby freed to be used to relieve overcrowding in the mens prison). Consequently, it would not be appropriate for the CPT to make any proposals concerning the situation observed in Korydallos. **However, the CPT would like to receive information on the physical conditions of detention and regime for juveniles at the Volos establishment.**

In this connection, it wishes to stress that young persons in custody should be provided with a full regime of educational, recreational and other purposeful activities. Physical education should constitute a significant element of that regime. Moreover, the staff assigned to units accommodating juveniles should be carefully chosen and, more specifically, be persons capable of guiding and motivating young people.

ii. *Larissa Prison*

117. At the time of the delegation's visit, the number of inmates accommodated at Larissa Prison was in excess of 200% of the official capacity, and at the same time the establishment was seriously understaffed as regards both prison officers² and medical/social staff. This situation had resulted in a major disruption of the prison regime.

118. The prison's detention facilities consisted in principle of three distinct blocks, each containing twenty-three small dormitories and six single cells.

The dormitories measured 21 m², to which is to be added a separate sanitary annex. They were meant to hold up to five prisoners, an occupancy level which would be acceptable (though in view of the dormitories' dimensions, a rate of four prisoners per dormitory would be preferable). However, the excessive prison population meant that they were accommodating eight or nine prisoners, occasionally ten. The space taken by beds precluded the presence of tables and chairs; moreover, the canvas-based beds and mattresses were themselves often old and torn, many prisoners using sheets of cardboard as a means of reinforcement. The maintenance of acceptable levels of cleanliness and hygiene was clearly very difficult under such circumstances; further, the toilet and washing facilities in some of the sanitary annexes were in need of repair.

Conditions of detention were much better in the single cells, which were of a good size (9+ m²) and for the most part were accommodating only one prisoner (usually someone serving a very long sentence or a prisoner who for one reason or another could not share accommodation).

Shower facilities were located in the ground floor of each block. They were in an adequate state of repair, and prisoners had ready access to them.

119. In view of the number of prisoners requiring accommodation, the prison's management had been obliged to improvise and bring into play other areas as detention facilities.

The most striking example of this was the use of a dining room facility located within the kitchen area to accommodate 54 prisoners, most of whom were sentenced and had work in the prison. Resort to bunk beds meant that the maximum possible use had been made of the room available, with the result that the provision of tables and chairs had been possible. Although from the standpoint of living space, these prisoners were better off than those held in the dormitories, their conditions of detention were totally inappropriate.

In addition, a workshop had been converted into a dormitory for juvenile prisoners. At the time of the delegation's visit 33 juveniles were being held there, the space available being more than adequate for that number. Close to this dormitory there was another, smaller, dormitory accommodating 12 homosexual and transvestite prisoners; conditions were somewhat overcrowded, but once again distinctly better than in the dormitories of the detention blocks.

² 36 posts in the official complement of 131 prison officers were vacant, the official complement itself having been calculated on the basis of a prison population of 350, not 711 - which was the actual population on the first day of the visit.

120. As at Korydallos, the prison regime was rich in out-of-cell time but poor in activities.

Prisoners were allowed to move within their detention wings and to have access to the courtyard during eight hours or more per day. The courtyards were of a good size and well-surfaced, and therefore quite suitable for outdoor games. In addition, a number of small rooms were set aside for weight-training activities. Three physical education instructors assisted with the organisation of sports and games in the prison.

The situation was less favourable as regards other activities. Few prisoners had work (there were 112 work places i.e. 1 work place for 6 prisoners), and most of the work which was available had little vocational value. Further, there were no educational classes and no library (save a small collection of books in the social worker's office).

To sum up, as in the other establishments visited, the activities of the great majority of prisoners consisted essentially of outdoor exercise, association and watching television in their cells. Such a regime is not adequate, and is particularly undesirable for juveniles and for prisoners serving lengthy sentences.

121. The report on the inspection of Larissa Prison carried out at the delegation's request (cf. paragraph 101) sets out 19 measures to be taken without delay to improve conditions of detention in the establishment, and the CPT is pleased to note from the related correspondence forwarded with the inspection report that certain of those measures have already been implemented: notably, the transfer of the juvenile prisoners to the Kassavetia Rural Reformatory and the transfer of the prisoners located in the kitchen area to the area formerly occupied by the juveniles. As regards more particularly juvenile prisoners, **the CPT wishes to reiterate the comments made at paragraph 116 and would like to receive information on the physical conditions of detention and regime for juveniles at the Kassavetia Rural Reformatory.**

122. **The CPT trusts that all of the measures set out in the inspection report will be implemented in the near future and would like to receive an update on progress being made in this regard.**

Further, the CPT recommends:

- **that the quality of the beds and bedclothes provided to prisoners be improved;**
- **that the state of the toilet and washing facilities in the sanitary annexes be reviewed and, as required, those facilities restored to a good state of repair;**
- **that in addition to providing more work places and vocational training possibilities for prisoners (i.e. measure 16), activity programmes in general (including education, sport and recreational activities) be developed: - in this connection, the Prison Director's suggestion that an indoor area for sports activities be built (cf. his letter of 10 August 1993 to the Ministry of Justice's Directorate of Technical Services) deserves careful consideration.**

It should also be emphasised that the priority of priorities must be - through one means or another - to reduce substantially the present level of overcrowding at Larissa Prison: if this is not achieved, attempts to improve conditions of detention within the establishment will inevitably founder.

iii. Pavlos Melas Military Prison

123. This establishment possessed six cells, each equipped with three beds. Their respective sizes - varying from 19 to 23 m² - were quite sufficient for such an occupancy level; and the prison was operating well within its capacity at the time of the delegation's visit. The cells were impeccably clean and enjoyed good lighting (including access to natural light) and ventilation.

124. Prisoners were allowed to leave their cells during more than 12 hours a day. They had access to a day room/dining area, which was equipped with a television and table-tennis table, as well as to a large outdoor exercise area where games such as volley ball could be played.

125. To sum up, bearing in mind the relatively short period of time that most persons were held in the establishment (cf. paragraph 93), conditions of detention at Pavlos Melas Military Prison could be described as very satisfactory. **However, it would be appropriate to offer a better range of activities - and in particular work - to any remand prisoner staying for a lengthy period at the prison.**

b. contact with the outside world

126. It is very important for prisoners to be able to maintain reasonably good contact with the outside world. Above all, a prisoner must be given the means of safeguarding his relationships with his family and close friends. The continuation of such relationships is of crucial importance for the social rehabilitation of a prisoner. The guiding principle should be the promotion of contact with the outside world; any limitations upon such contact should be based exclusively on security concerns of an appreciable nature or resource considerations.

127. According to the Code of basic rules for the treatment of prisoners (Rule 50), every prisoner is allowed at least one visit per week from a family member; and visits from other persons may be authorised. The delegation found that, in practice, the situation was more favourable; for example, at Korydallos Mens Prison, all prisoners were allowed three 25-minute visits per week.

Prisoners are allowed to make telephone calls on a regular basis (at least once a week) and, save in exceptional cases, mail is not censored. Further, a system of prison leave exists, the terms of which have recently been made more favourable.

To sum up, prisoners in Greece would appear to have sufficient possibilities for maintaining contact with the outside world. On the other hand, the facilities for making use of those possibilities - and in particular visiting areas - often left much to be desired.

128. The CPT is particularly concerned by some of the facilities for restricted (as opposed to open) visits which its delegation observed. The facilities for restricted visits at Korydallos Mens and Womens prisons and at Larissa Prison were such that prisoner/visitor vision was very limited; further, the prisoner and his visitor often had to shout at each other to make themselves heard.

The CPT recommends that appropriate steps be taken to remedy the above-mentioned defects at Korydallos (it notes from the inspection report and related correspondence provided by the Greek authorities that such steps are already being taken at Larissa Prison).

The conditions under which visits from lawyers took place were also not always satisfactory. At Korydallos Mens Prison, for example, it was observed that once the visiting room was at least partially full, it was impossible to conduct a private conversation. **The CPT recommends that appropriate steps be taken to guarantee the confidentiality of a prisoner's discussions with his lawyer.**

129. **More generally, in the light of the delegation's observations, the CPT wishes to recommend that steps be taken without delay to provide both prisoners and visitors with seats.**

Further, **the CPT invites the Greek authorities to review visiting arrangements in prisons in order to ensure as far as possible that prisoners are able to receive visits under reasonably open conditions.**

130. The CPT would add that it welcomes the measures being taken to improve access for prisoners at Larissa Prison to a telephone (cf. the previously-mentioned inspection report and related correspondence).

c. discipline and segregation

131. Disciplinary matters are dealt with in considerable detail in the Code of basic rules for the treatment of prisoners. The acts that constitute disciplinary offences are defined and the types of penalties listed exhaustively. The most severe penalty is confinement in a special cell³ for one to ten days, the maximum being five days for remand prisoners and prisoners under 17. This penalty may be combined with other sanctions (eg. prohibition of visits); however, a prisoner undergoing disciplinary confinement cannot be deprived of reading matter.

The procedure to be followed for the imposition of a disciplinary sanction is also clearly identified. In particular, the prisoner concerned has the right to be heard, and decisions given must be reasoned. Express provision is made for a right of appeal to a court against a decision to impose the sanction of confinement in a special cell. **For its part, the CPT considers that a right of appeal to a higher authority should exist in respect of all types of disciplinary sanctions.**

³ The Code provides that special cells for confinement shall be of the same size as ordinary cells.

The delegation did not find any evidence of excessive recourse to disciplinary sanctions, and more particularly to the sanction of confinement in a special cell. As regards Larissa Prison, a prison officer acknowledged that in the past, a quite liberal use had been made of the sanction of confinement in a special cell; however, in recent times, that sanction had been employed with greater circumspection. This was borne out by the register of disciplinary sanctions.

132. Confinement in a special cell is also one of the measures to which a prison director might have recourse "for the maintenance of order and for purposes of protection and pacification in penal institutions" (cf. Rule 93.1 (ii) of the Code). No time limit is specified⁴.

The CPT would like to be informed of the safeguards which apply when such a measure is taken against the wishes of the prisoner concerned (right to be informed of the reasons for the measure; right to be heard; review procedures; right of appeal to a higher authority; etc.).

133. The segregation unit at Korydallos Mens Prison consisted of two groups of 10 cells, all of which were apparently used for both disciplinary confinement and other segregation purposes. The cells measured approximately 7 m²; they were equipped with a bed, but no other furniture (eg. table or chair). There was adequate ventilation and artificial lighting; however, access to natural light was, at best, mediocre. Each cell possessed an asian toilet, and some cells had a wash basin. The adjacent exercise yards measured approximately 40 m². The whole unit required to be - and was being - redecorated.

134. No-one was being confined as a punishment at the time of the delegation's visit. A number of transvestite prisoners had been held in the unit for several months at their own request. Other prisoners were being held in the unit involuntarily, presumably under Rule 93 or 94 of the Code (the absence of a segregation unit register made it difficult to ascertain the precise grounds); certain of them appeared to have psychological or psychiatric problems.

The prisoners were allowed to move freely within the unit and exercise areas during much of the day, and they had TV sets and other personal possessions in their cells (though staff indicated that a prisoner undergoing disciplinary confinement would remain in his cell and would not be allowed personal possessions).

135. The conditions of detention in this segregation unit are on the whole acceptable for prisoners undergoing the disciplinary sanction of confinement in a special cell. **However, the CPT considers that it would be desirable for the cells accommodating such prisoners to be fitted with a table and chair, if necessary fixed to the floor.**

The CPT also recommends that all prisoners, including those confined to a special cell as a punishment, be allowed at least one hour of exercise in the open air everyday.

⁴ The director may also order that prisoners suffering from an infectious disease or who are a danger to themselves or others be confined in a special cell (Rule 94). Such a measure is to be lifted as soon as the reason which caused its imposition disappears; if that reason persists, the prisoner concerned is to be transferred to a specialist state hospital for treatment.

136. **Conditions of detention in the unit are far less suitable for prisoners subject to segregation for non-disciplinary reasons, in particular if that measure is applied for a lengthy period.**

As regards more particularly prisoners who are segregated because of personality disorders and/or for their own protection, the CPT invites the Greek authorities to explore the possibility of creating special units organised along community lines.

The unit is a totally unsuitable place in which to accommodate someone in need of psychiatric care. Neither the material environment nor the staff (ordinary prison officers) are appropriate. **The CPT recommends that no such prisoner be placed in the unit. If, exceptionally, prisoners who are emotionally or psychologically disturbed have to be held temporarily in the segregation unit, they should be kept under close observation.**

Further, the CPT recommends:

- **that the cells in the unit used to accommodate prisoners segregated for a non-disciplinary reason be equipped in the same way as an ordinary prison cell;**
- **that the respective regimes applicable, on the one hand, to persons undergoing disciplinary confinement and, on the other hand, to persons held in the segregation unit for other reasons, be expressly laid down.**

137. The segregation unit of the Womens Prison at Korydallos consisted of two cells, each measuring approximately 6 m² and equipped with a bed and an asian toilet. Lighting was adequate, but the cell window security arrangements rendered ventilation poor; further, one of the cell windows was broken. It should be added that the state of repair of the in-cell toilet facilities and of the washing facilities in an adjacent room left something to be desired. There was no outdoor exercise area in the vicinity of the unit; the delegation was informed that exercise was taken in the unit's corridor.

The unit was empty at the time of the delegation's visit and staff told the delegation that the unit was rarely used, and then only to accommodate prisoners undergoing punishment. An unofficial record kept by the chief prison officer appeared to bear this out.

138. **The comment and recommendation made in paragraph 135 concerning respectively cell furniture and outdoor exercise apply equally to the segregation unit at the Womens Prison.**

Further, it is recommended that ventilation in the unit's cells be improved and the toilet and washing facilities repaired.

139. The segregation unit at Larissa Prison had 10 cells, each measuring approximately 8 m². As at Korydallos, the cells were equipped only with a bed and an asian toilet. Ventilation appeared to be adequate; however, there was very limited access to natural light and the artificial lighting was mediocre. There was a fair-sized exercise yard alongside the cells.

Once again, the comment and recommendation made in paragraph 135 apply equally to the segregation unit at Larissa Prison. It is also recommended that lighting in the unit's cells be improved.

Subject to the above, the unit's detention facilities are adequate for persons undergoing cellular confinement as a punishment or for the temporary holding of a prisoner who represents a control problem (and the delegation was informed that these were the only types of situation for which the unit was used).

140. None of the segregation units visited kept a formal register setting out full details of persons held in the unit: date and time of entering and leaving the unit; grounds for the detention and destination on departure; cell occupied; etc.

The CPT recommends that such a register be established in every segregation unit.

It is also recommended that all cells in segregation units be equipped with a call bell and that a member of staff be always present in such units when they hold prisoners.

141. Finally, it should be emphasised that the mental and physical state of all prisoners subject to a measure of cellular confinement must be the subject of particular attention.

It is provided in the Code of basic rules for the treatment of prisoners that prisoners placed in a special cell as a punishment or under Rule 94 shall be seen daily by a doctor.

For its part, the CPT considers that whenever a prisoner held in cellular confinement, irrespective of the reason for that measure, requests to see a medical doctor - or a prison officer asks for one on his behalf - such a doctor should be called without delay to examine the prisoner. The results of the medical examination, including an account of the prisoner's mental and physical condition as well as, if need be, the foreseeable consequences of continued confinement, should be set out in a written report to be forwarded to the competent authorities.

The CPT recommends that the Greek authorities take all necessary steps to ensure that the regulations and practice in this area are in accordance with the above requirements.

d. complaints and inspection procedures

142. Effective grievance and inspection procedures are fundamental safeguards against ill-treatment in prisons. Prisoners should have avenues of complaint open to them both within and outside the context of the prison system, including the possibility of confidential access to an appropriate authority. The CPT attaches particular importance to regular visits to each prison establishment by an independent body (eg. a board of visitors or supervisory judge), empowered to hear (and if necessary take action upon) complaints from prisoners and to inspect the establishment's premises.

143. The CPT notes in this connection that according to Rule 5 of the Code of basic rules for the treatment of prisoners, prisoners are entitled to appeal in writing, without delay, to the superior prison authority and, subsequently, to the court responsible for the execution of sentences "if unlawful acts are committed against them or their rights are violated by any member of the staff of the penal institution in which they are held". **The CPT would like to be informed whether the right to bring complaints about such matters before a court extends to remand prisoners.**

It is also provided that the director of a penal institution shall forward without delay all reports and letters from prisoners addressed to any public authority "without ascertaining the content thereof".

144. The Ministry of Justice has its own Directorate of Inspections which from time to time organises visits to prisons; however, inevitably, a considerable time might elapse between visits by the Inspectorate to a given establishment. Further, prison establishments are visited by a local public prosecutor, who the delegation was told is empowered to receive complaints from prisoners - nevertheless, his principal function is apparently to deal with matters such as conditional release.

In this connection, the CPT considers that it might be desirable to create a visiting committee (composed of members of the public, acting in an independent capacity) for each prison establishment, with responsibility for undertaking regular visits (preferably weekly and at least monthly) and authority to enter all the premises and talk freely with any prisoner (in order to receive any complaints). Such a committee would no doubt submit reports to the director of the establishment, but should also be empowered, where necessary, to report directly to a higher level of authority.

The CPT would welcome the Greek authorities' comments on this subject.

e. separation of different categories of prisoners

145. The CPT's delegation found that prisoners tended to be allocated living accommodation without regard to their legal status, offence or length of sentence. This was particularly the case at the Korydallos Womens Prison and Larissa Prison, where, for example, the delegation found remand prisoners sharing dormitories with convicted prisoners serving very long - and even life - sentences.

146. No doubt this was largely a result of the pressures resulting from severe overcrowding. Nevertheless, such mixes of prisoners can be - and certainly were at the Womens Prison in Korydallos - a source of resentment and inter-personal tension. Further, it is clear that under these circumstances it is very difficult to provide long-term prisoners with the sort of regime (and more specifically an individualised activities programme) to which they are entitled.

147. Consequently, the CPT welcomes the proposal (measure 9) in the inspection report concerning Larissa Prison, that prisoners be separated according to their category; though it also recognises that disentangling the existing situation in the establishment will not be straightforward and needs to be done carefully and gradually (cf. paragraph 9 of the Prison Director's letter of 13 August 1993 to the Ministry of Justice).

The CPT recommends that similar measures towards the separation of different categories of prisoners be undertaken at Korydallos Womens Prison.

4. Health-care services

a. introduction

148. The provision of a satisfactory level of health-care in a prison is always a demanding task; and when the prison concerned is overcrowded, unhygienic and has very few regime activities, that task is rendered all the more difficult. The physical and psychological well-being of a prisoner - already at risk by virtue of the very fact of incarceration - will be further prejudiced under such conditions. The health-care services of the prison will tend to become overwhelmed by day-to-day requests for medical attention and have no time to pursue a health policy of a preventive nature.

In the following paragraphs, a certain number of deficiencies in the medical services of the prison establishments visited will be highlighted. However, a satisfactory level of health care will almost certainly remain unattainable until such time as the general problems of overcrowding, poor hygiene and inadequate regime activities are resolved.

149. It should also be emphasised at the outset that staffing levels in the health-care services of the establishments visited were quite inadequate (and, moreover, conspicuously failed to conform with the rules on health care personnel resources set out in Rule 30 of the Code of basic rules for the treatment of prisoners).

The Director General of Greek Prisons informed the delegation that Act No. 1968/91 provided for incentives designed to attract medical and nursing staff to the prison service. **The CPT would like to know whether this Act has achieved the desired effect and receive information on any other measures envisaged in this area.**

b. health-care services in the prisons visited

i. staff and facilities

150. The health-care service at Korydallos Mens Prison consisted of a head doctor (a general practitioner), who said he attended the establishment two days a week, and three other part-time doctors (one general practitioner and two psychiatrists). The general practitioners provided a surgery on Monday (morning), Wednesday (morning and afternoon) and Friday (morning), and the psychiatrists each came to the prison twice a week. Further, a dermatologist provided consultations once a week and other specialists visited the prison from time to time. However, there was no dentist appointed to the prison at the time of the delegation's visit. The doctors were assisted by a prison officer who had received nursing training and six other officers who had received some health-care training in-house.

151. Such a health-care team could scarcely be considered adequate even if the prison was operating within its official capacity of 480, and is manifestly insufficient for an establishment accommodating more than 1400 prisoners. A prisoner in urgent need of medical care could, no doubt, be quickly transferred to the nearby Prison Hospital (cf. paragraphs 170 et seq.), where at least one doctor was always on duty; however, for non-urgent cases, the standard of care will inevitably be meagre with such an undermanned medical service.

The CPT recommends that, as an initial measure, and pending a more thorough reinforcement of the prison's health-care service, steps be taken immediately to ensure:

- **attendance by general practitioners amounting to the equivalent of the presence of a full-time doctor;**
- **assistance by an appropriate number of qualified nurses** (cf. for example, Rule 30 of the Code of basic rules for the treatment of prisoners);
- **ready access for prisoners to a dentist.**

152. The premises and equipment of the prison's small infirmary (there were no in-patient facilities) were of an adequate standard and the level of hygiene was good. **Nevertheless, the delegation was not convinced that the confidentiality of medical data was fully guaranteed.**

153. At Korydallos Womens Prison, the health-care service consisted essentially of a gynaecologist, a general practitioner and a psychiatrist, all part-time. Further, a dentist attended the establishment twice a week. They were assisted by a prison officer who had received nursing training and three other prison officers who had received some health-care training in-house. Once again, this is a poorly resourced health-care team, in view of the number of prisoners.

The CPT recommends, as an initial measure, that steps be taken immediately to ensure attendance by general practitioners amounting to the equivalent of the presence of a full-time doctor.

154. Further, the premises of the prison infirmary were too small. In particular, the privacy of gynaecological examinations was not guaranteed. **The CPT recommends that the infirmary's premises be enlarged.**

155. The resources of the health-care service at Larissa Prison were extremely limited. A visiting general practitioner provided two weekly surgeries of two hours each, and a psychiatrist and a dentist also came to the establishment twice a week for a similar amount of time. They were assisted by two nurses and a prison officer working as a nursing assistant. Not surprisingly, there was a veritable shuttle service between the prison and the Larissa General Hospital (1773 transfers during 1992).

156. The deficiencies of the health-care service at Larissa Prison were recognised in the inspection report (cf. paragraphs 101 and 121), and proposals were made for the appointment of a general practitioner and dentist on permanent contracts and of additional nurses, as well as for improvements to the prison infirmary (measures 10 to 12). **The CPT would like to be informed of progress made towards the implementation of those proposals.**

157. It should be added that the presence of a psychiatrist for some four hours a week is also far from adequate, bearing in mind both the number of prisoners at Larissa and the fact that many of them are serving long - and some, very long - sentences. The psychiatrist confirmed that he had no time to enter into a meaningful discussion with prisoners and that, as a result, the only form of treatment provided was medication.

The CPT recommends that steps be taken without delay to improve substantially the psychiatric services available to inmates at Larissa Prison and that the possibility of engaging a clinical psychologist be explored.

158. The CPT also wishes to emphasise that **the smooth operation of a prison health-care service presupposes that doctors and nursing staff are able to meet regularly and to form a working team under the authority of a senior doctor in charge of the service.**

159. Finally, although they are not strictly speaking health-care staff, mention should be made of the fact that there were few social workers in the establishments visited eg. three at Korydallos Mens Prison and one at Larissa Prison. In this connection, **the CPT would recall the general recommendation concerning prison staff made under paragraph 96.**

ii. medical screening on reception

160. According to Rule 24 of the Code of basic rules for the treatment of prisoners, a prisoner must be seen by a doctor "not later than the day following his admission". However, it was clear from the delegation's discussions with both health-care staff and prisoners that this provision was not being respected. A newly-arrived prisoner might have to wait several days before being seen by a doctor, and a small proportion of prisoners might not be seen at all. This lacuna is all the more important given that the establishments visited did not have admission units; instead, a newly-arrived prisoner was located straight away in the ordinary detention facilities.

161. The above situation is no doubt a result of overcrowding and the inadequate staffing levels in health-care services, which have already been the subject of recommendations.

However, even if the provisions of Rule 24 of the Code cannot, for the time being, be observed due to a lack of resources, **it is recommended that steps be taken to ensure that all newly-arrived prisoners are seen without delay by a fully-qualified nurse.**

iii. HIV related issues

162. Newly-arrived prisoners were not requested to provide a blood sample on admission, and consequently the question of an HIV test did not arise. Health-care and other staff spoken to expressed the view that HIV/AIDS was not a significant problem in Greece. In any event, it was clear that little, if any, information on this subject was provided to prisoners or prison staff.

163. While welcoming the absence of compulsory HIV testing on arrival, the CPT was dismayed to learn that prisoners known to be HIV positive were held in isolation at Korydallos Prison Hospital (cf. also paragraph 172). The delegation was told that this measure was the result of a ministerial decision. **The CPT must emphasise that there is no medical justification for the isolation of an HIV positive prisoner.**

It was quite clear that the present situation was due to lack of knowledge about the risks of transmission, a failing which the delegation detected even among certain prison medical staff. There is no doubt that the immediate (re)integration of known HIV positive prisoners into the ordinary prison community might have grave consequences, as they could well be victimised by both prisoners and prison staff. Nevertheless, **the CPT recommends that the present policy of isolating HIV positive prisoners be progressively abandoned and replaced by a policy for combatting transmissible diseases in general in prisons, based on the provision of full information on the modes of transmission and means of protection and the introduction of appropriate preventive measures⁵.**

iv. access to a fully-equipped hospital service

164. A prison's health-care service should be able to count on the support of a fully-equipped hospital service, for the purposes of specialist examinations and hospitalisation in appropriate cases. It appeared that such support was available to the health-care service at Larissa Prison; however, the situation was far less clear at Athens.

165. Prisoners at the Korydallos Mens Prison who required more than ambulant care could be transferred to the Prison Hospital. However, as will be explained later (cf. paragraph 173), this latter institution was not in a position to provide the services of a fully-fledged hospital, and doctors spoken to at the Prison Hospital stated that the transfer of a prisoner in need of hospital care to a civil hospital often proved problematical.

⁵ In devising such a policy, reference could be made to Recommendation No. R (93) 6 concerning prison and criminological aspects of the control of transmissible diseases including AIDS and related health problems in prison, adopted by the Committee of Ministers of the Council of Europe on 18 October 1993.

Medical staff at Korydallos Womens Prison did not have the option of transferring prisoners to the Prison Hospital (which was, in principle, reserved to male prisoners). In addition to those requiring hospitalisation, prisoners for whom para-clinical examinations were necessary (eg. X-rays) also had to be transferred to a civil hospital. Once again, the delegation was told that such transfers could be the subject of lengthy delays.

The CPT would like to receive information on the facilities in civil hospitals in Athens for receiving prisoners in need of specialist examinations or hospitalisation⁶ and the comments of the Greek authorities on the above-mentioned statements by medical staff that the transfer of a prisoner in need of a specialist examination or hospitalisation was not always carried out with due promptness.

166. **The CPT would add that its delegation visited the custodial unit for prisoners at Nikea Hospital and found that conditions there left much to be desired; in particular, there was restricted living space (3 beds in a room measuring 9 m²) and the unit's state of cleanliness was poor.**

v. *recording of injuries*

167. Prison health care services can contribute to the prevention of violence against detained persons, through the systematic recording of injuries and, if appropriate, the provision of general information to the relevant authorities. Information could also be forwarded on specific cases, though as a rule such action should only be undertaken with the consent of the prisoners concerned.

168. From the delegation's discussions with medical staff and the findings in individual cases, it would appear that the recording of injuries is at present not guaranteed.

Particular reference should be made to one prisoner seen by medical members of the delegation at the Korydallos Mens Prison. He had been arrested some two weeks earlier by the police, and alleged that at the time of his arrest he had been struck with fists in the face and stomach and on the head, and had had his feet stamped on. On examination he was found to display injuries consistent with his allegations; on both sides of his face, a palpebral, peri-orbital, greenish-yellow haematoma; on the upper faces of both feet, on the central parts, large irregular greenish-brown discolourations extending to the ankles on the external sides. The prisoner had been to the prison infirmary on two occasions since his arrival; however, on consulting the prisoner's medical file, it was found that no record had been made of the above-mentioned injuries. A nurse stated that injuries of this sort were normally not recorded, unless the prisoner concerned so requested.

169. **The CPT recommends that any signs of violence observed when a prisoner is medically screened on his admission (cf. paragraph 161) should be fully recorded, together with any relevant statements by the prisoner; further, this information should be made available to the prisoner. The same approach should be followed whenever a prisoner is medically examined following a violent episode in the prison.**

⁶ The delegation was told that custodial units existed at the Nikea, Metaxa and Sotiria Hospitals (with a total capacity of some 8 beds).

c. the Prison Hospital at Korydallos Prison Complex

170. The Prison Hospital provided physical care, psychiatric patients being placed in the nearby Psychiatric Unit. As already indicated (cf. paragraph 91), it had a nationwide vocation and was operating at almost full capacity (69 patients) - but was not overcrowded - at the time of the delegation's visit.

The three doctors with permanent posts were two general practitioners and a dentist; as for the fifteen doctors with temporary contracts, six of them were performing the compulsory 12 months service in a prison (or in the countryside) following completion of their studies. The visiting consultants included a urologist, orthopaedist, dermatologist, and an ENT specialist.

The nursing staff of eight included six fully qualified nurses, the two others being prison officers who had been trained in-house. In addition, twenty prisoners acted as nursing assistants.

The staff was completed by 35 prison officers.

171. The main patient accommodation consisted of six 10 to 12 bed dormitories and two rooms each with three beds, situated on the first floor. A few beds were also available on other floors, for those who wished - or needed - to be held separately from other patients and for the occasional female prisoner.

Hygiene was not, in general, of a very high level in the patient accommodation. More specifically, the delegation observed that the bed linen was dirty and often in a poor state of repair. **The CPT recommends that these deficiencies be remedied.**

Living space was rather restricted in some of the dormitories. However, this was palliated by the fact that patients were able to move about the premises quite freely; further, there was ready access to exercise yards and shower facilities.

172. HIV positive prisoners were held on the third floor, in accommodation offering more living space than that enjoyed by patients on the first floor. However, they were placed under conditions of strict segregation: no contact was allowed with other patients; further, possibilities for outdoor exercise (also taken in isolation from others) were limited. The CPT has already made a recommendation on this subject (cf. paragraph 163).

173. Both the Prison Hospital management and other staff (one of the doctors at the Hospital; the head doctor of the Mens Prison) stated that the establishment was not in fact a hospital in the real sense; and this was confirmed by the delegation's own observations. Rather basic but nevertheless adequate facilities existed for specialist examinations. However, there was not the staff, nor the premises, nor the equipment necessary for the normal activities of a hospital. The establishment served rather as a care facility for sick prisoners awaiting their transfer to a proper hospital and as a place for convalescence after hospital treatment.

This situation would not be a particular source of concern if the interface between the Prison Hospital and the civil hospital system operated satisfactorily. However, as already indicated (cf. paragraph 165), it appeared that this was not the case.

174. **Either the Prison Hospital at Korydallos should be resourced as a hospital in the true sense of the term or, when appropriate, ready access to fully-equipped hospital services elsewhere should be guaranteed for patients held there** (cf. also the request for information and comments in paragraph 165).

d. the Psychiatric Unit at Korydallos Prison Complex

i. *the Unit in general*

175. The Psychiatric Unit at Korydallos is the only establishment within the Greek prison system designed to hold mentally ill prisoners. It accommodates both persons on remand and sentenced prisoners and is called upon to fulfil both a therapeutic (psychiatric care) and a forensic (preparation of psychiatric reports for the judicial authorities) function.

The delegation was informed that no one found at his trial to be criminally irresponsible under section 69 of the Penal Code would continue to be held in the Unit; such persons were placed in civil psychiatric hospitals. Conversely, no mentally ill sentenced prisoner could be placed in a civil hospital; as a result, such persons might stay in the Psychiatric Unit for very long periods of time (occasionally for more than ten years).

In addition to mentally ill prisoners, a considerable number of prisoners were placed in the Unit because of drug addiction. Further, many of the prisoners in the Unit displayed some form of personality disorder and were not really psychiatric patients.

The mentally ill prisoners and drug addicts were accommodated in distinct areas of the establishment, though it appeared that the separation of the two groups was not watertight. There was no differentiation between the different categories of prisoners for therapeutic purposes.

At the time of the delegation's visit, the Unit was accommodating 240 prisoners (143 designated as mentally ill prisoners and 97 as drug addicts) i.e. 100 more than its official capacity of 140.

176. There was no full-time psychiatrist (post vacant for several years since the murder, outside the Unit, of the previous incumbent); a psychiatrist from the Attica Hospital visited the Unit three afternoons per week, and five mornings per week, one or other of two private psychiatrists visited the Unit. Two consultant general practitioners were available on request.

Support health-care staff⁷ consisted of 3 nurses (none of whom were fully qualified) and 6 hospital officers (i.e. prison officers who acted as auxiliary nurses), to which should be added two social welfare officers. Further, a number of prisoners acted as medical orderlies.

It should be added that doctors and nursing staff did not meet regularly. They did not form a working team under the authority of a senior doctor in charge of the service.

Needless to say, health-care staff resources as described above are totally inadequate for the proper functioning of a psychiatric facility accommodating 240 prisoners.

⁷ There were also 48 prison officers (out of an official complement of 70), and 12 administrative staff.

177. As could only be expected given the very limited staff resources, therapy consisted almost exclusively of the provision of medication. There were no programmes of psycho-, ergo- or socio-therapeutic activities, with the exception of small discussion groups which the social workers organised.

178. Prisoner accommodation consisted of cells measuring 10.5 m², and dormitories of two sizes i.e. 16 m² and 27 m².

Most cells were occupied by two prisoners, the smaller dormitories by four or five prisoners and the larger dormitories by seven or eight. Although overcrowded, living space within the cells and dormitories was somewhat better than in the Mens Prison; and the delegation was told by the staff that, for this reason, some prisoners sought to gain admission to the Unit by feigning mental illness.

Light (both natural and artificial) and ventilation in the cells and dormitories were adequate. The cells were equipped with an asian toilet (unscreened) and washbasin, and the dormitories with a sanitary annex. In many of the cells and dormitories, the toilet/washing facilities were in a poor state of repair; further, only cold water was available inside the prisoner accommodation (the delegation was told that prisoners had access three times a week to the shower facilities situated in the Unit's basement). More generally, although the accommodation was fairly clean, there was a spartan, depersonalised feel to it; the decoration was drab and few personal belongings were in evidence.

179. Just as in the ordinary prison establishments visited, the daily regime in the Unit was very relaxed albeit impoverished. From early morning to evening, prisoners were allowed to leave their cells/dormitories and circulate freely within their detention areas. They had ready access to a good-sized outdoor exercise area, as well as to a canteen and large day room (though the latter was devoid of any fittings save a television set). Further, there was a small library on the third floor (an area accommodating drug addicts).

The total idleness of the prisoners was striking. They loitered and moved aimlessly about the corridors; some appeared disorientated or subdued by medication, others displayed a state of agitation.

180. To sum up, although the Psychiatric Unit accommodates a large number of persons in need of psychiatric care, it possesses neither the staff nor the physical facilities of a psychiatric hospital. It is a place where mentally ill prisoners or those displaying behavioural problems are tolerated and controlled; it is not a place where such prisoners are cared for and offered individualised therapeutic programmes.

181. Two parts of the Psychiatric Unit are of particular concern to the CPT, namely the so-called "intensive-care unit" and the isolation cells located in the basement of the building.

ii. *the "intensive care unit"*

182. This facility was in a small annex to the main building and consisted of a dormitory and three cells, equipped with iron beds fixed to the floor; a small courtyard was situated alongside. Staff stated that the facility was used to hold prisoners whose behaviour upset good order in the unit or who wished to be segregated.

At the time of the delegation's visit, seven prisoners were being held in the facility. Two were suffering from withdrawal symptoms, another was affected by body-pack syndrome (concealment of drugs within the body by way of ingestion of sachets). Other prisoners had apparently been diagnosed as mentally ill, though there was a paucity of medical information about their cases in the different records consulted.⁸

183. Conditions in the above-mentioned facility were sordid; it was bare, dank and filthy. There was clearly no form of therapeutic care apart from medication, no attention to personal hygiene, and no on-going supervision of the prisoners (staff stated that someone visited the facility every half an hour, but there was no means of verifying this); even the call bell system was found to be out of order.

To designate such a place as an "intensive care unit" is an abuse of the expression. It is in reality a place of exclusion for prisoners whose symptoms disturb the establishment's regime. The conditions under which these prisoners are kept come close to a state of abandonment.

iii. *isolation cells*

184. In the basement there was a set of 10 cells used for isolation purposes. The cells were of the standard size (10.5 m²), but were divided into two parts by a grille. The part of the cell furthest away from the door measured approximately 6 m² and was fitted with a bed fixed to the floor. The artificial lighting was adequate, but the cells received very little natural light.

Consultation of the relevant register showed that the cells had been used in recent months for between 10 and 13 prisoners per month, for periods of between one and ten days.

185. The delegation was told by staff that the isolation cells were used exclusively for severely disturbed prisoners and that such prisoners were systematically strapped to their beds. Staff stated that a prisoner might be subject to physical restraint for several days, and this was borne out by the case of a psychotic prisoner located in the isolation area at the time of the visit. The relevant register showed that when he was seen by the delegation, he had already been strapped to the cell bed for 56 hours.

The prisoner was heavily medicated (haloperidol), and due to his clinical state it was not possible to engage in a discussion with him.

⁸ More generally, the delegation was struck by the absence of coherent individualised medical files for prisoners held in the Psychiatric Unit.

186. The delegation was also told that someone placed in an isolation cell would be seen every 20 minutes by a prison officer; however, once again there was no reliable means of verifying this (a register existed for the recording of visits to the isolation cells; however, staff stated it was filled in once at the end of a given day, for the whole of that day). Similarly, although health-care staff stated that they would visit a prisoner held in isolation several times a day in order to check on his state of health, no health chart attesting to such visits could be produced.

187. It also transpired from the delegation's discussions with staff that decisions on the transfer of a prisoner to an isolation cell and the provision of medication would often be taken by unqualified health-care staff without prior consultation of a doctor, and that up to two days might pass before such a prisoner was seen by a doctor.

188. In brief, the existing arrangements for dealing with mentally disturbed and violent prisoners at the Unit are totally unsatisfactory and, more specifically, could well exacerbate rather than relieve such a prisoner's mental state. They involve a clear risk of ill-treatment, albeit as a result of inadequate staff resources and/or lack of training rather than malevolence.

iv. action proposed

189. **The CPT recommends:**

- **that the operation of the Psychiatric Unit at Korydallos be the subject of a full review. The purpose of this review should be to ascertain whether it is feasible in the short term to upgrade the Unit into a fully-fledged psychiatric hospital facility. In the event of the review providing a negative reply, arrangements should be made for the Unit to cease to operate as a psychiatric facility and for the transfer of mentally ill prisoners to another, properly equipped, psychiatric institution;**
- **that the "intensive care unit" at the Psychiatric Unit be taken out of service forthwith;**

- **that the existing arrangements for dealing with a mentally disturbed and violent prisoner be immediately brought into conformity with the following rules:**
 - . **such a prisoner should be treated through close supervision and nursing support;**
 - . **the use of sedatives should be decided exclusively by a medical doctor or, in the event of an emergency, by a fully-qualified nurse;**
 - . **resort to instruments of physical restraint should be treated as an exceptional measure and should always be either expressly ordered by a medical doctor or immediately brought to the attention of such a doctor with a view to seeking his approval;**
 - . **instruments of physical restraint should be removed at the earliest possible opportunity. They should never be applied, or their application prolonged, as a punishment;**
 - . **in the event of resort being had to instruments of physical restraint, an entry should be made in both the prisoner's file and an appropriate register, with an indication of the times at which the measure began and ended, as well as of the circumstances of the case and the reasons for resorting to such means.**

190. The CPT's delegation was told by many drug-addicted prisoners, both in the Psychiatric Unit and in other establishments visited, that they would welcome the opportunity to participate in a developed detoxification programme, instead of simply receiving short-term medication to counter withdrawal symptoms.

In this connection, the CPT would like to receive further information on the establishment of a Detoxification Centre and a penal institution of a medical nature for the treatment of drug addicts, to which the Director General of the Greek Prison Service referred in his statement to the delegation.

191. Finally, the delegation. was told that the Psychiatric Unit only catered for male prisoners. **The CPT would like to receive information on the arrangements for providing care to mentally ill female prisoners.**

C. Psychiatric Institutions

1. Preliminary remarks

192. The CPT's delegation made visits to the following psychiatric institutions: the Attica State Mental Hospital (Athens), the Attica State Mental Hospital for children (Rafina), the Lepida and Lakki Public Health Establishments (Leros) and the Hospital for children with special needs (Leros).

a. general description of the institutions

193. The **Attica State Mental Hospital** in Athens, built in 1926, is an extensive multi-pavilion complex with a capacity of some 2,000 beds. This institution also serves as a general hospital for the region.

On the first day of the visit, the hospital was caring for a total of 1,781 patients: 1,028 adult males, 711 adult females and 42 patients classed as children (in fact, most were young adults). Since a fairly recent date, children are no longer admitted but instead are referred to the children's psychiatric hospital at Rafina.

Psychiatric patients are distributed among 16 clinical departments: 12 psychiatric departments, 2 psycho-geriatric departments, 1 department for the treatment of alcoholism and drug addiction, and 1 short-term therapy department for acute cases.

The hospital receives both voluntary patients and patients committed in accordance with civil law. It does not admit patients under criminal warrant who are awaiting trial or who have been sentenced. Such patients are admitted only where they have been declared criminally irresponsible and placed in psychiatric confinement in a civil hospital by court order under Section 69 of the Penal Code. They are then regarded as ordinary patients, although their release must be decided by a criminal court.

194. The **Attica State Mental Hospital for children** at Rafina, in the outer suburbs of Athens, is a fairly large complex about 20 years old. This institution is the only such hospital in Greece and therefore receives patients from all parts of the country. It also administers child guidance centres located outside the hospital premises.

The hospital is set in rural surroundings between mountain and sea. Patients are accommodated in four units located in buildings clustered around the administration block and also in a group of fairly small pavilions and older buildings lying at the back of the grounds. At the time of the visit, the hospital had 145 mental patients aged 5 to 30, suffering from behavioural disorders and severe mental and motor handicaps. These patients were hospitalised in accordance with civil law.

195. The **Public Health Establishments at Leros** are housed chiefly in the installations of a former military base, which was converted in 1957 into a very large colony for the mentally ill in order, inter alia, to relieve pressure on the Athens and Thessaloniki psychiatric hospitals.

Initially, and up to the 1980s, these establishments could admit over 2,000 patients from all parts of Greece, who were transferred to Leros after diagnosis as chronic cases. The discontinuation since 1980-85 of transfers of patients to the Leros establishments (coinciding with the commencement of studies on the reform of psychiatry in Greece) has brought about a gradual and marked reduction in the number of patients. Current admissions are restricted to the Dodecanese Islands and, in principle, involve only acute cases for short courses of treatment lasting a few weeks.

At the time of the visit, the official capacity was approximately 900 patients. The actual number of patients was 825 (240 women and 585 men), most being chronic cases who had spent long periods (sometimes 20 to 30 years or more) in the Leros establishments. The 585 men were accommodated on the premises of the former military base (a group of pavilions and cottages), currently designated by the name **Lepida**. The 240 women were accommodated in pavilions and cottages adjacent to the Leros general hospital (also part of the Leros Public Health Establishments). This complex is known as **Lakki**.

196. The **Hospital for children with special needs** is situated near the Lakki complex. Since January 1993, this establishment (formerly called PIKPA) has been merged with the Leros Public Health Establishments. At the time of the visit, the hospital had 145 patients of both sexes aged between 8 and 50 years, most of them suffering from mental deficiency or chronic psychoses. Patients were accommodated in dormitories situated in a building which consisted of four wings. They were long-term patients, whose legal status was not clearly defined.

This hospital had had no new admissions since 1985 but faced particularly significant difficulties in arranging the release of patients into the community owing to the lack of reception structures (cf. paragraph 198).

b. European Community programmes

197. As already stated (cf. paragraph 12 above), the European Community has been operating programmes in the psychiatric field for the past 8 years, particularly within the framework of Regulation 815/84. A new programme entitled "Horizon" was scheduled to commence in 1993.

198. At the **Attica State Mental Hospital**, several units had been developed within the framework of Regulation 815/84 (although, according to information received, many projects had not yet been completed). An extramural hostel, a short treatment ward for acute cases and an aid programme for host families outside had been set up. In addition, an internal rehabilitation and occupational training centre had been established, but was not yet in operation at the time of the visit. Co-operative farm work units were also being developed and a day hospital was to be opened, subject to provision of the necessary staff. Furthermore, renovation work had taken place in certain pavilions. New projects were reportedly envisaged under the Horizon programme.

At the **Rafina psychiatric hospital for children**, a number of staff training programmes subsidised by the Community had been partly implemented since 1989. There were also rehabilitation programmes for fifteen or more children, aimed at their placement in foster families.

At **Leros**, the Community programme for deinstitutionalising patients of the Lepida and Lakki complexes had made it possible to provide sheltered accommodation both outside and within the boundaries of the Public Health Establishments. Some 230 patients had been placed in such accommodation. In 1993-94, the programme should achieve the following: the transfer of 50 patients to the mainland; the leasing of three non-hospital residences for 6 to 8 patients on Leros and the opening of two residences for 8 to 12 patients on other islands; in the Lakki complex, the opening of a cottage to house 15 patients and of two rehabilitation units each catering for 6 patients; in the Lepida complex, the opening of 2 cottages accommodating 8 and 12 patients respectively.

At the Hospital for children with special needs, a Community programme was due to commence, with the aim of enabling some 40 patients to leave the hospital and live in a hostel-type environment (cf. paragraph 208, sub-paragraph 3).

199. These developments were at the heart of the talks held by the delegation with the administrative and medical staff of the establishments visited and with the Secretary General and the Director of Mental Health in the Ministry of Public Health. In particular, during the consultation with senior Ministry officials which concluded the visit, emphasis was placed on the delays and difficulties hampering the implementation of the Community programmes and on the economic and social dilemma raised by large psychiatric institutions.

Although some improvements were observed, more significant progress might have been expected considering the time which has elapsed since the inception of the Community programmes and the resources made available. **The CPT would like to receive the comments of the Greek authorities on this subject.**

c. dehospitalisation of chronic patients

200. The Greek authorities have decided to give priority to the discharge of chronic patients from psychiatric hospitals and to the setting-up of half-way houses.

The CPT can only encourage this development, whilst hoping that the setting up of half-way houses will precede dehospitalisation (see also, however, paragraph 224). Indeed, it is now widely accepted that large-capacity psychiatric establishments entail major risks of institutionalisation for both patients and staff which may have adverse effects on patients' treatment. In addition, small structures make for significantly easier provision of care which exploits the full range of psychiatric and psycho-social treatment.

The CPT would appreciate further information on the plans of the Greek authorities in this respect (number and category of patients affected, types of programme implemented, institutions concerned, timetable for implementation of measures, etc.).

2. Torture and other forms of ill-treatment

201. The delegation heard no allegations, and gathered no other evidence, of torture relating to the psychiatric institutions visited. Nor did it receive any allegations or other direct evidence of deliberate ill-treatment of other kinds while visiting the institutions.

202. However, in the following pages the CPT refers to situations in respect of living conditions, care administered and methods of restraint which are akin to inhuman and degrading treatment and which in some cases entail serious hazards to the physical well-being of patients.

The cause of these situations can be largely ascribed to a severe shortage of resources as regards both qualified health-care staff and material facilities.

203. The CPT would stress that the placement of patients without their consent carries with it the responsibility of ensuring their physical, mental and social well-being. The observations made during the CPT's visit demonstrate that the Greek authorities are not yet in a position to meet this responsibility vis-à-vis a large proportion of psychiatric patients.

3. Administrative and legal questions

a. staff resources and training

204. It is self-evident that effective care of psychiatric patients calls for the provision of a sufficiently large staff holding the requisite qualifications.

During its visit, the CPT delegation was supplied with diverging figures regarding staff numbers by the various authorities and agencies concerned. The details provided below are based for the most part on the figures provided by the managing bodies of the institutions visited, these bodies being, in principle, the best placed to know the situation in the establishments.

205. The **Attica State Mental Hospital** had a team of 16 psychiatrists acting as full-time heads of department, assisted by 26 specialist doctors rated A (having completed over 5 years' specialist training), 35 doctors rated B (undergoing specialist training) and 25 to 48 assistant trainee doctors. It emerged that many of these doctors had additional duties or activities outside the hospital.

Five psychologists (out of 13 scheduled posts) and twelve occupational therapists (out of 17 scheduled posts) were employed by the hospital. The five physiotherapy and two speech therapy posts were vacant.

The total strength of the staff designated as nursing personnel (nurses/nursing assistants) amounted to 581 (the official number of posts being 1,162), in other words a ratio of approximately one nursing staff member per three patients. According to the information obtained, only two staff members had undergone full training (3 years). Other nursing staff had been trained for 9 months or thereabouts and some 450 had received either 3 months training as nursing auxiliaries or no training at all.

206. The **Attica State Mental Hospital for children** had a team of 12 part-time child psychiatrists and 15 assistant doctors. A team of 11 psychologists, 5 occupational therapists and 1 physiotherapist was counted as part of the hospital staff. Both the doctors and the members of the para-medical team also had duties outside the hospital. The staff classed as nursing personnel consisted of 185 persons, some 25 of whom were fully-trained. The ratio of nursing staff to patients was 1.27 staff member per patient (cf. however, paragraph 209, sub-paragraph 2).

207. The **Lepida and Lakki establishments on Leros** were staffed as follows: 39 doctors including 8 psychiatrists; 1 psychologist; 1 physiotherapist; 155 nurses, of whom about seven had undergone three years of nursing training and the remainder short (1-2 year) courses to approximately nursing assistant standard, and 234 persons with nursing auxiliary status. Consequently, the overall nursing staff to patients ratio was approximately 1 staff member per 2 patients.

It should be pointed out, however, that the numbers given above include the Leros general hospital staff as well as the staff assigned to the Lepida and Lakki establishments. The delegation was not supplied with an exact breakdown of the staff allocated to each activity sector of the Public Health Establishments. Furthermore, since the administrative amalgamation early in 1993 of the Public Health Establishments and the Hospital for children with special needs, the Public Health Establishments' medical team had been required to care for the children hospitalised in the second establishment.

It should be added that, under the Community programme, teams of practitioners not financed under the Public Health Establishments' budget were working in the establishments. These comprised 15 foreign professionals specialising in mental health, 54 psychologists, occupational therapists and social workers, and 4 physiotherapists.

208. The **Hospital for children with special needs** had been staffed since January 1993 by a team of five doctors sent on a part-time basis from the Public Health Establishments of Leros. The doctor in charge of the hospital was qualified as an orthopaedic surgeon and, at the same time, headed the orthopaedic clinic of the general hospital; he was assisted by a psychiatrist, a lung specialist and two general practitioners. Dental care was also provided by the Public Health Establishments.

There were 35 persons classed as nursing staff, only one of whom had received nursing training (and who was engaged in administrative and supervisory duties). The ratio of nursing staff to inmates was approximately 1 staff member per 4 patients.

The delegation was informed that, as from 29 March 1993, under the Community-financed biennial programme recently commenced, the hospital was to be assigned a team specifically responsible for implementing the programme, consisting, on a full-time basis, of 2 qualified nurses, 1 physiotherapist, 1 occupational therapist and 1 psychologist as well as, on a part-time basis, of 1 psychiatrist, 1 neurologist and 1 social worker. **The CPT would like to receive confirmation of the above.**

209. The CPT is concerned by the very meagre nursing staff resources in the establishments visited and, more particularly in the Leros establishments, by the shortage of psychiatrists. This situation is all the more striking given that the resources of other categories of staff not directly involved in the provision of care (secretarial staff, technicians, ancillary staff, etc.) were relatively speaking less weak.

The **Attica State Mental Hospital for children** seemed to form an exception in this respect; the ratio of slightly more than 1 nursing staff member per patient was far closer to a level which could be considered as adequate. However, as stated above, the hospital also administered external child guidance centres and the delegation was unable to gain an exact idea of the proportion of staff assigned to such activities rather than to care of hospital patients. **The CPT would like to receive information on this point.**

210. It is also clear from the foregoing paragraphs, that most of the nursing staff in post had received either insufficient training or none at all. This is apparently a nationwide problem (according to information received, Greece has only some 60 qualified psychiatric nurses). In this connection, the CPT is concerned about the fact that despite steps taken to train nursing staff (opening of colleges), the prospects for both basic and further training are still not at all commensurate with requirements. The CPT saw no evidence of incentives or assistance being provided to encourage staff to undergo training. Furthermore, mainly administrative duties had unfortunately to be assigned to the few qualified nurses.

211. The observed deficiencies in staff resources and training had, for example, the result that two unqualified nursing staff members might be responsible for 40 or even 50 patients, many of them bedridden or seriously handicapped. This creates a situation of high risk for patients, despite the good intentions and genuine efforts of the staff.

212. **The CPT recommends the Greek authorities to take the necessary measures to ensure that:**

- **the nursing staff/patient ratio is both significantly increased and adapted to the type of patients;**
- **a significant proportion of the nursing staff is made up of qualified nurses (i.e. at least three-years training). Training should include specialised instruction covering the types of care to be administered;**
- **qualified nursing staff are relieved, as far as possible, of secondary administrative duties and involved more in activities relating to the care of patients and supervision of staff members who have received little training;**
- **a permanent training budget is allocated to each establishment and a staff member put in charge of co-ordinating training work;**
- **the psychiatrist/patient ratio is improved, particularly in the Leros Public Health Establishments;**
- **during their on-going training and the exercise of their duties, psychiatrists receive constant support from the appropriate professional associations and academic bodies.**

213. The CPT also noted the understaffing of the establishments visited as regards personnel qualified to conduct social therapy activities (psychologists, occupational therapists, physiotherapists, social workers, etc.).

The CPT recommends that the Greek authorities strive to increase the number of staff conducting social therapy activities.

b. management and consultation structures

214. Health establishments in Greece are managed by an Administrative Board and a Director General (section 55 of the 1992 Act on the modernisation and organisation of the health system).

The Board consists of 7 members serving a two-year term of office. Four members are appointed by the Minister for Health. In principle, these should be medical practitioners, science graduates or persons with comparable experience. One member is elected by the medical staff of the establishment and represents the members of medical and scientific professions working there. One member elected by the staff represents the other occupational categories in the establishment. The remaining member is appointed by the local authority of the district where the hospital is situated.

The Chairman of the Board is also appointed by the Minister for Health, who specifies the responsibilities, obligations and duties of the Chairman and the other Board members.

The Director General is appointed by the Minister for Health for a period of three years. He is responsible for co-ordinating and supervising the hospital services and for implementing the decisions of the Administrative Board. His action is overseen by the Administrative Board.

215. Section 60 of the aforementioned Act further stipulates that a scientific committee is to be set up in each hospital by the Administrative Board. The committee is composed of five members elected by secret ballot by the doctors working at the hospital. Members serve for two years. The scientific committee's role is to give opinions on the medical aspects of the hospital's operation. It also co-ordinates and supervises the training of doctors working there. The scientific committee forwards advisory opinions to the Administrative Board.

216. The structure described above is, in principle, capable of ensuring that the running of a hospital is founded on proper consultation between all parties concerned and has a solid scientific basis. However, the on-the-spot observations made and the talks held by the delegation showed that in practice the legal provisions described above were not being fully applied, at least not insofar as psychiatric hospitals were concerned.

Regarding the Administrative Boards, the delegation noted that **few of their members belonged to the medical profession**, notwithstanding the provisions of the Act in this respect. This was particularly noticeable in the **Leros Public Health Establishments**, where the Chairman of the Administrative Board was a retired police officer and three other members were a civil engineer, an electrical engineer and a businessman. As stipulated by the Act, the remaining members were a representative of the local authority, a hospital doctor (though not a psychiatrist) representing the medical staff of the establishment, and a representative of the other staff categories.

Moreover, discussions held with senior medical staff in the establishments visited revealed that they had the distinct impression of exercising no real influence over the management of the institutions, even as regards matters in which a medical opinion was essential.

To sum up, it appeared that the objective of good management underlying sections 55 to 60 of the 1992 Act was not being met.

In this respect, the CPT cannot overstate the importance of ensuring that all decisions relating to treatment policy and practice are preceded by close consultation with the medical and nursing authorities of the establishment concerned and ultimately rest with a body comprising suitably qualified individuals.

c. legal guarantees relating to involuntary hospitalisation

217. The aforementioned 1992 Act on the modernisation and organisation of the health system *inter alia* amended the rules on admission of patients to psychiatric institutions. It enhances safeguards for patients in the context of involuntary hospitalisation and covers hospitalisation orders, possibilities of appeal, and review of placement. These provisions of the Act deserve to be described in full.

218. Under the new Act, patients can be hospitalised without their consent only where all the following conditions are met: the patient must be suffering from a mental disorder; the patient must be incapable of taking decisions which affect his health; it must be established that failure to hospitalise the patient would either be detrimental to his treatment or cause deterioration in his state of health. In addition, a patient suffering from a mental disorder may be hospitalised in order to prevent his inflicting bodily harm on himself or others.

219. According to the terms of section 96, involuntary hospitalisation is carried out at the request of the spouse, a parent or relative or any person having charge of the patient, or the guardian where the patient is legally incapacitated. Where there are no such persons, and in urgent cases, hospitalisation can be requested *ex officio* by the public prosecutor attached to the district court of the place where the patient is permanently or temporarily resident.

Committal applications should be made to the competent public prosecutor and accompanied by medical opinions from two psychiatrists or, where a second psychiatric opinion cannot be obtained, by the opinion of a psychiatrist and of a doctor specialised in a related field. Upon admission, the patient must be informed of his rights, and in particular of his right of appeal, by the hospital director or by a representative of the director. A written record must be made of the fact that the patient has been informed of his rights, and it must bear the signatures of the person responsible for informing the patient and of the person escorting the patient.

Where placement is ordered *ex officio* by a public prosecutor, or where the patient has refused to undergo the medical examinations required for obtaining the aforementioned opinions, the patient is sent to a public psychiatric hospital for the purpose of conducting the requisite examinations and issuing expert opinions. The patient's transfer must be carried out in a manner which preserves his dignity and personal integrity. Patients may not be held for more than 48 hours for the purpose of conducting the medical examinations.

Within three days following the hospitalisation order, the public prosecutor must refer the patient's case to the district court sitting as a bench. The court must be convened within ten days. Notice to appear at the court hearing must be served on the patient 48 hours in advance, and he must be informed of his right to be assisted by a lawyer and by a psychiatrist acting as technical adviser. The grounds for the court's placement decision must be stated, and the patient can avail himself of remedies against that decision in accordance with the rules of civil procedure (section 97).

220. Under section 99 of the 1992 Act, involuntary hospitalisation must end as soon as the circumstances which prompted admission cease to apply.

Involuntary hospitalisation shall not normally exceed six months. After the first three months in hospital, the head doctor and another psychiatrist must submit a report to the competent public prosecutor on the patient's state of health. The prosecutor may forward the report to the court with a request for extension or termination of hospitalisation. The patient or his parents/guardians may also request termination of placement. Should the court dismiss a request for termination, a further request may be submitted within three months. Extension of a patient's hospitalisation beyond the six-month limit, due to exceptional circumstances, requires the involvement of a board of three psychiatrists.

221. In fact, in the establishments visited (except for the emergency admission unit of the Rafina Psychiatric Hospital for children), the delegation ascertained that the provisions relating to involuntary hospitalisation were not applied and, in most cases, not even known. In the files consulted, the delegation saw no indication that the various steps in the procedure summarised above had been carried out. Recently-arrived patients had been admitted on the strength of an ordinary medical certificate drawn up by a single psychiatrist.

In consultations held by the delegation, it was indicated that the medical and administrative staff were awaiting the arrival of an explanatory circular on the Act.

222. The CPT recommends that the Greek authorities take, as a matter of urgency, appropriate measures to ensure that the provisions of the 1992 Act governing involuntary hospitalisation of patients and guarantees available to patients - in particular as regards their admission and discharge - are duly applied.

The CPT also wishes to be informed of the extent to which the 1992 Act will be applied to patients hospitalised before its entry into force and, more generally, whether there is a procedure for the review at appropriate intervals of placements lasting longer than six months.

223. As regards psychiatric patients confined under section 69 of the Penal Code, the delegation was told by doctors that the courts tend automatically to order the patient's continued hospitalisation even where a medical opinion certifies that there is no further need for it and that the patient no longer shows symptoms of mental illness or dangerousness.

The CPT would like to receive the comments of the Greek authorities on this matter.

4. Patients' living conditions

224. With few exceptions⁹, the living conditions of patients ranged from mediocre to poor, and on occasion were appalling. In this respect, it should be stressed that even though efforts are being concentrated on dehospitalisation of chronic patients (cf. paragraph 200), it is essential, from a humanitarian standpoint, for patients currently held in large psychiatric institutions to be afforded decent living conditions suited to their state of health. It should be borne in mind in this connection that by reason of their mental illness, many chronic patients will have to remain for sometime in a psychiatric hospital. Dehospitalisation and acceptable living conditions in the existing facilities are two related requirements; one should not be pursued to the detriment of the other. In particular, the staff of outside units should not be drawn from existing hospital manpower.

a. accommodation

225. At the **Attica State Mental Hospital**, the age of the buildings visited differed, some of the older ones being very dilapidated (eg. pavilions 13, 16 and 18). However, certain pavilions, such as the "Tastsoglio" pavilion, had undergone renovation work. As for the more recent buildings, their upkeep could have been better in some cases, particularly with regard to toilet and washing facilities.

According to the pavilion, accommodation ranged from shared bedrooms with 2 to 4 beds to dormitories with a capacity ranging from 5 beds up to 20 beds for the largest (eg. pavilions 2B, 16 and 18), all equipped in a rudimentary manner without bedside tables or wardrobes for patients' use. Few patients had any personal possessions. The pavilions had common rooms used for meals and in some instances for watching television. Nonetheless, the surroundings were bleak, impersonal and devoid of privacy. Despite occasional efforts by the staff to humanise the patients' living conditions, the general impression was one of deprivation.

226. At the **Attica State Mental Hospital for children**, patients were accommodated in units and pavilions with rooms containing 2 to 4 beds or dormitories with 4 to 6 beds. As a rule, furnishings consisted only of beds (eg. in pavilion E), sometimes with wardrobes which were either broken or empty (pavilion Z) or padlocked (pavilion C).

The patients' surroundings were, on the whole, prison-like and devoid of any personal touches. Living areas had no decoration or other visual stimuli. In pavilion C, the only one (except pavilion 3) where the delegation saw toys (teddy bears), these had been nailed to the wall almost out of reach.

⁹ For instance, the pavilions on the Lepida and Lakki sites refurbished under the European Community programmes; the Bodosakio building (with certain reservations concerning the state of the toilet facilities) and the pavilion Tastsoglio C at the Attica State Mental hospital; pavilion 3 of the Attica State Mental hospital for children.

In one pavilion, the CPT delegation saw a young girl huddled naked under her blanket in a dark room. According to information obtained on the spot, she had been in such a state for many years. In another room divided in two by a high partition, the delegation saw a female patient kept in a part of the room which was without proper lighting or ventilation. This was all the more striking given that a suitably lit and ventilated room nearby had been used for storage purposes.

227. The material conditions of accommodation in the pavilions of the **Leros Public Health Establishments** - which contain the great majority of patients - can fairly be described as miserable. The precarious nature of the living environment was such as to be physically dangerous for any infirm or elderly patient.

Pavilions VIII and IX in the Lepida complex and Lakki III, IV, V and one wing of VI may be likened to large sheds for human beings, occupied by a mixture of patients of all ages and categories: the mentally and physically deficient, psychotics, the chronically ill, epileptics etc. These pavilions consisted of one vast room containing 26 to 44 beds in rows. The room was also used as a dining area and had an annex with toilet/bathroom and food serving facilities. One pavilion at Lakki had a dining-room separated from the patients' living area, but it was roofless owing to bomb damage in 1944. It is also to be noted that most patients had no personal items.

Lepida XI (serviced by a team of outside practitioners under the Community programme) was a two-storey building accommodating 200 patients divided into four sections of 50 patients each. It was in an overall state of advanced dilapidation. Wardrobes had been installed in certain dormitories and acted as partitions ensuring at least some privacy. The surroundings on the first floor of the building were rather more suitable than in other parts, thanks to the efforts of the nursing staff who had carried out renovation and decoration work on their own initiative. A television and recreation room had been installed on this floor (while in other pavilions with television, the set was often located in the staff area). The delegation was told that two prefabricated buildings were under construction and would be allocated to the pavilion XI patients.

228. Patients at the **Hospital for children with special needs** were accommodated in dormitories of 7, 10, 14, 16 and 18 beds arranged side by side with little distance between them. Few patients had a bedside table. The dormitories were also used as a dining area (and sometimes for television). In one section, the staff had taken the initiative to decorate the walls and provide curtains, as a result of which the depressing atmosphere of the living areas was somewhat relieved.

229. The foregoing details indicate that patients' present living conditions are quite inadequate. It should be emphasised in this connection that large-capacity dormitories are scarcely compatible with the norms of modern psychiatry. Provision of accommodation structures based on small groups is a crucial factor in preserving/restoring patients' dignity, and also a key requirement of any policy for the psychological and social rehabilitation of patients. Such structures also allow patients to be divided into relevant categories for therapeutic purposes.

The CPT recommends that the Greek authorities take the necessary measures to ensure:

- the progressive replacement of large-capacity dormitories by small accommodation structures;
- that all patients, and a fortiori those permanently bedridden, have a living area with adequate ventilation and lighting;
- that all living areas are put into a good state of repair;
- that material conditions are improved in such a way as to provide a varied therapeutic environment for patients (personal possessions, bedside tables, wardrobes, day rooms, etc.).

b. clothing and bedding

230. The delegation noted that in the **Attica State Mental Hospital** and the **Lepida and Lakki establishments**, the clothing supplied to patients without resources was unsuitable, being in many cases either too large or too small. Further, the garments had no personal identification tags and as a result were distributed at random, thereby accentuating the impersonality of the care provision.

Furthermore, in the institutions visited, bedding and mattresses were not always clean or in good repair. At the **Attica State Mental Hospital** in pavilion 2B, the delegation observed during an initial visit that patients had no mattresses and apparently slept on the bare bedsteads. It was pleased to note during a second visit that this state of affairs had been remedied.

In the **Lepida Public Health Establishment**, patients' bedding was generally dirty and in poor repair. Several beds were seen to have broken springs (pavilion VII). In pavilion IX, a dozen patients slept without sheets, apparently because of an inadequate supply.

The CPT recommends that the Greek authorities take the requisite steps to remedy these deficiencies.

c. equipment and hygiene

231. Most of the living areas, particularly for the elderly or bedridden patients, had inadequate heating, particularly at the **Attica State Mental Hospital** and in the **Leros Public Health Establishments**. In the Athens hospital, the delegation noted that the temperature in pavilion XIII was 15° C, too low for patients who present physical syndromes or infirmities. In the Leros establishments, the heating devices were inappropriate; in general, these were stoves placed in the centre of the dormitories and creating serious risks for patients: high smoke emission inside the dormitories (especially in Lepida IX); absence of a safety barrier around the stove (although measures to provide this had been taken in one or two pavilions). In Lepida XI the delegation observed patients permanently confined to their beds in rooms with no heating whatsoever.

The CPT recommends that measures be taken to ensure that patients are kept in areas provided with adequate heating which meets basic safety standards.

232. The delegation also noted a frequent absence of the minimum hospital equipment required for the care of patients (80% of the population being elderly or handicapped). For instance, in pavilion 16 of the Attica State Mental Hospital - where some 30 of the 75 women inmates were bedridden - there were no suitable means of moving them and no bedpans. As a result, the patients - even those not suffering from incontinence - often lay in their excrement until washed. Such conditions can only be described as wretched.

The delegation also saw a very old patient being transported under disgraceful conditions. He was brought down to the van used as an ambulance and dragged inside without due care, then laid directly on the floor with no protection.

Furthermore, in certain establishments (i.e. the Attica State Mental Hospital for children and the Leros Public Health Establishments, including the Hospital for children with special needs) the delegation noted a very short supply of essential equipment suitable for persons afflicted with severe psychomotor disabilities.

The CPT recommends that the Greek authorities take steps without delay to ensure that the necessary basic hospital equipment adapted to patients' needs is made available and used.

233. Sanitary installations in the establishments visited were, on the whole, rudimentary, in a poor state of repair, and not sufficiently numerous (eg. 4 showers for 82 patients in pavilion 18 of the Attica State Mental Hospital; in the Leros establishments, one shower for 36 patients in Lepida VIII and one shower for 44 patients in Lakki IV), even in more modern premises such as the Bodosakio building at the Attica State Mental Hospital. In Leros, drinking water was not available everywhere.

In all establishments visited, most toilets were of the asian variety (i.e. seatless). **It should be stressed that this type of toilet is not suited to aged and/or handicapped patients.** The delegation observed that the renovation of the sanitary installations in pavilion 16 at the Attica State Mental Hospital did not include changing the type of toilets, despite the efforts of the medical staff to secure an alteration. Similarly, the refurbishment of the sanitary facilities being undertaken in certain parts of Leros establishments was confined to renovation of the walls with no basic change in the structures. Furthermore, in all the establishments visited, many of the toilets, which in some cases were used by both men and women, had no door and therefore provided no privacy for the patients.

Lastly, most of the toilets and washrooms in the establishments visited were in a poor condition (excreta on toilet floors; wet floors increasing risk of accident). In addition, some pavilions at Leros had contiguous sanitary installations and food serving areas, which represented an additional insanitary factor. This design was replicated by the renovations in hand (Lepida XI; Hospital for children with special needs).

The CPT recommends the Greek authorities:

- **to take into account the above comments when renovating existing sanitary installations and designing new ones;**
- **to take the necessary steps to have sanitary installations kept in a satisfactory state of cleanliness.**

234. General hospital hygiene in the patient living areas was sub-standard: for instance, dirty dormitories (pavilions 2A and 18 of the Attica State Mental Hospital), patients lying in their excrement (pavilion 16 of the Attica State Mental Hospital; Hospital for children with special needs at Leros), nauseating smell of urine (State Mental Hospital for children at Rafina, Leros Public Health Establishments).

The situation in this respect was especially disturbing in **pavilion 7 of the Attica State Mental Hospital and pavilion E of the Attica State Mental Hospital for Children:**

- the former pavilion accommodated patients of both sexes diagnosed as having severe mental handicaps. A large space at the entrance was used indiscriminately as a wash-room, dining-room and sitting-room. Ensuring hospital hygiene under such conditions is well-nigh impossible. It appeared to the delegation that matters might be improved by re-allocating and refitting the amenities (a large proportion of which were occupied by the nursing staff for their own requirements);
- the latter pavilion accommodated patients afflicted with the worst mental and psychomotor handicaps. The premises were soiled with urine and faeces and, in addition, poorly ventilated.

The CPT recommends that the necessary measures be taken without delay to secure elementary hospital hygiene in the patient living areas of the establishments visited.

d. food

235. Patients' food was adequate from the standpoint of quantity but not in other respects.

236. At the **Attica State Mental Hospital**, the lack of suitable containers meant that meals were delivered cold to the pavilions, particularly those furthest from the kitchens. The delegation was informed during its visit that the purchase of suitable equipment had just been approved. **The CPT hopes that the equipment will be made available without delay.**

237. In **the other establishments**, meals were served in the form of a blended mash - also cold most of the time - regardless of patients' ability to feed themselves. In this connection, it should be stressed that food presentation is a factor not to be overlooked in a policy for the psychological and social rehabilitation of patients.

The CPT recommends that the Greek authorities review current policy in this area with a view to adapting food (types of food; presentation) to patients' needs. In addition, the CPT would like to receive information about the availability of special dietary programmes for patients.

5. Treatment of patients

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238. Nearly all patients were confined throughout the day in surroundings which - as already indicated - were totally impersonal and devoid of privacy. There were various reasons for this: locked entrances; absence, except in a few cases, of outdoor recreation areas laid out around the buildings; physical impossibility of movement without assistance and/or suitable equipment for the majority of elderly or handicapped patients. The treatment of patients essentially consisted of medication to control their behaviour. Patients usually had no activities or stimulation capable of vitalising their potential. Their appearance was, in general, uncared-for or even dirty.

a. therapeutic activities

239. At the **Attica State Mental Hospital** the delegation visited an occupational therapy centre catering for some 120 hospital patients per week. The centre operated only in the morning (until 2.30 pm). Patients were occupied with weaving, tapestry/embroidery, ceramics, basket-making, coppersmithing, glass engraving, shoemaking and typing. There was also a music therapy room. Unfortunately, the location of the occupational therapy centre made it inaccessible to many patients.

240. In the **Lepida and Lakki Public Health Establishments**, patients' inactivity was very striking. Of all the patients, some 25 were permanently employed in an outside workshop, 20 or so in the farming co-operative, and between 4 and 10 in the various pavilions and the kitchen; in summer, 6 to 10 were given cleaning jobs by the Leros local authority. In some of the pavilions (XI and XV and general medicine department), the delegation saw craft workshops where a few patients could engage in activities such as painting, handiwork and knitting, offering thereby a rather more diversified atmosphere. Further, some of the more able patients helped with the elementary care of other patients in their pavilions, and were paid for that work.

241. In the **Hospital for children with special needs** an even worse state of inactivity was observed. Patients were regarded as having low developmental potential, and provision was made only for their basic needs. In particular, the wide age range of the patients, together with staff shortages, precluded any educational activities, of which these patients stood in great need. Those who had reached adulthood had been "ingested" by the institution, with no prospect of being released and cared for in the outside community.

242. At the **State Mental Hospital for children at Rafina**, the delegation was unable to obtain exact information on the number of children and young people involved in social therapy activities. **The CPT would like to receive information on existing social therapy activities and the number of children taking part.**

The delegation nonetheless observed that patients were generally under-stimulated and provided with few individual activities. The apparent lack of therapy specific to the psychomotor disabilities and mental conditions of patients in pavilion E deserves particular mention.

Furthermore, the CPT delegation learnt during the various consultations with staff that 80 of the 145 patients were over the age for treatment in a children's psychiatric hospital and consequently for participation in the existing activities (school, occupational therapy, gymnastics, etc.).

These consultations also revealed that administrative obstacles, such as availability of transport, could be a frequent cause of patients' non-involvement in activities at the outside centres which were available for their rehabilitation.

243. The CPT recommends that the Greek authorities develop varied programmes of therapeutic activities using the full range of treatments (psycho-, socio- and occupational therapy) (see also the recommendation made in paragraph 213).

b. medication

244. The drug prescription system in the institutions visited is another source of concern for the CPT. Prescriptions were made by the doctor on a medical instruction form and subsequently recopied on index cards. In several instances, the delegation noted that the medication administered did not correspond to what had been prescribed. The nursing staff explained these discrepancies as arising from the fact that new instructions had been received orally, although they were unable to specify the date and the name of the prescribing doctor.

245. Furthermore, examination of the files revealed that the courses of medical treatment were not re-evaluated on a regular basis; the same doses of the same medicines might be administered for long periods without blood testing or even an assessment of the clinical effects being carried out. The delegation observed, inter alia, in the Leros establishments, that many patients showed dyskinesia symptoms due to the secondary effects of neuroleptic drugs.

246. The CPT recommends that measures be taken to ensure:

- **that the administration of drugs is performed solely on the basis of a doctor's written prescription and strictly in accordance therewith;**
- **that evaluations of drug treatments administered are carried out at sufficiently frequent intervals (cf. paragraph 249).**

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247. Finally, with the exception of pavilion Tastsoglio C and certain patients in the Bodosakio building at the Attica State Mental Hospital, the delegation found only scant evidence of individualised treatment programmes. This represents a major lacuna.

The CPT recommends that an individualised therapeutic programme be drawn up for each psychiatric patient.

c. patients' files

248. The keeping of medical files in all the institutions visited is a further source of concern. The content of the files was sketchy in the extreme and did not include the necessary notes concerning patients' clinical development and conditions of hospitalisation. The files plainly did not allow proper monitoring of patients, particularly with a view to their possible dehospitalisation (they did not contain the information required for the effective implementation of the provisions of the 1992 Act concerning the discharge of patients, cf. paragraph 220).

249. The CPT recommends that measures be taken to ensure that a report on a patient's state of health is entered in his file at regular intervals (at least every three months and preferably more frequently) and that every clinically important event is recorded.

It also recommends that the patient's file contain a clear indication of his status (i.e. hospitalisation with or without his consent and, in the latter case, indication of the legal basis for committal). Further, all subsequent developments of a legal nature should be recorded in the file.

6. Isolation and instruments of physical restraint

250. At the **Attica State Mental Hospital for children**, the delegation noted the presence of isolation rooms for patients: one in pavilion C, two in D, one in K (which, according to the staff, was no longer in use) and three in Z.

251. While the size of these rooms was suitable, the same could not be said of their other physical characteristics.

The room in pavilion C had only a fixed plank as a bed; those in pavilions D and K, a fixed bed with a mattress; in pavilion Z, one of the rooms was completely bare of furnishings and the two others had mattresses and blankets. Special attention should be drawn to the rooms in pavilion Z. Their windows were fitted with bars and one room (facing the mountain) admitted very little daylight. The doors were of metal, the lower part being solid and the upper part fitted with bars. Furthermore, each of these rooms had an unprotected radiator. **The risk of injury to patients confined there was very high.**

252. The delegation was informed that isolation was imposed on the nursing staff's own initiative, without doctors' orders. Furthermore, the staff had no instructions as to the therapeutic object of this measure or concerning the exact procedure to be followed in the event of its application. On this subject, the staff declared that when a patient was put in an isolation room, the door was never locked and the patient was supervised by a staff member at all times. However, in pavilion Z, where all three rooms were occupied at the time of the visit, none of these rules were being observed.

The delegation felt there was a serious risk of isolation being used by the staff as a punishment for what they might regard as patients' misbehaviour. Such an attitude would, of course, be unacceptable.

253. As to instruments of physical restraint, in the institutions visited in Athens and Rafina, the delegation observed that they were frequently applied and, furthermore, in a potentially dangerous manner.

At the **Attica State Mental Hospital**, the standard method was to immobilise the patient by means of a padlocked strap on one arm and another strap on the opposite leg. This very incapacitating method was used even on elderly patients and constitutes a potentially dangerous procedure for an agitated patient. The delegation actually saw this method being applied in unit Tastsoglio E1 to a patient who had just been brought in by the police. This agitated patient's efforts to break free placed him in a painfully contorted position. What is more, the patient - wearing the same clothes and raincoat as on admission - was confined in full view of other patients in the unit. The delegation considered this situation harassing and degrading for the patient, as well as distressing for the unwilling onlookers.

At the **Attica State Mental Hospital for children**, the delegation saw a girl whose limbs were secured to the bed with ligatures made of gauze bandages. The ligatures on one limb were obviously too tight and had caused circulatory disorders (cyanosis and hypothermia). The staff, alerted to this state of affairs by the delegation, were unaware of the ill-effects which could result from partial obstruction of blood circulation.

254. At **Leros**, the delegation observed no physical restraint of patients although it did see leather straps for that purpose. Admittedly, the patients' adverse clinical evolution had made them indifferent and apathetic so that there was seldom any cause to resort to physical restraint.

255. As was the case for isolation, in no establishment did the delegation find evidence of instructions issued to staff on the use of instruments of physical restraint, or of any guidance regarding the therapeutic expediency of such a measure. It was applied without medical supervision and without a written record being made.

Such a situation, where the decision to use instruments of physical restraint is left to the discretion of a nursing staff which is untrained and numerically inadequate having regard to the number of patients in its care, leads the CPT to conclude that there is a serious risk of physical restraint being used in excess of requirements.

256. The CPT recommends the Greek authorities to take the necessary measures, without delay, in order that:

- the requisite physical improvements are made in all isolation rooms of the Attica State Mental Hospital for children to ensure that isolation of patients is carried out under acceptable material conditions (eg. provision of mattresses) and in conformity with suitable safety standards;
- a detailed medical policy on recourse to isolation and instruments of physical restraint is laid down, dealing in particular with: the types of cases in which application of these measures is permissible; their purposes; their duration and frequent review; the provision of appropriate human contact, and the staff's duty of increased attention;
- measures of isolation or physical restraint are applied only on the express instruction of a doctor or immediately brought to the attention of a doctor for approval;
- every use of such measures is recorded in the patient's file and in an appropriate register, with an indication of the times at which the measure began and ended, the circumstances of the case and the reasons for resorting to the measure;
- staff receive suitable training on control techniques (verbal communication techniques, postural techniques, etc.) vis-à-vis agitated or violent patients.

Finally, the CPT wishes to stress that isolation or instruments of physical restraint should never be used as a punishment, or their use prolonged for that purpose.

7. Complaints procedures and outside intervention

257. The procedure relating to patients' complaints is governed by a provision of the Act of 15 July 1992 applying without distinction to all classes of hospital patients in Greece. Section 47 (8) provides that patients have the right to lodge complaints and objections through official channels and to be fully informed of the action taken.

However, the delegation found that there was no clearly defined internal arrangement for the reception of complaints. In practice, it would appear that a patient can make his complaint to the nursing staff in charge of the unit or to the hospital director or administrative board.

In the opinion of the CPT, specific arrangements enabling patients to lodge complaints with a clearly designated body, and to have confidential access to a competent authority, are essential. **It accordingly recommends that the Greek authorities take the requisite measures, which should include the provision of information to patients on the possibility of making a complaint.**

258. **More generally, the CPT recommends that an introductory brochure setting forth the hospital routine and patients' rights be devised and issued to each patient on admission. Any patients unable to understand this brochure should have the assistance of a counsellor.**

259. Another valuable means of preventing ill-treatment is regular visitation by an independent outside body, responsible for inspection of patients' treatment and authorised, in particular, to talk privately with patients and to make any necessary recommendations. It would be advisable for such a body to prepare and publish an annual report on its activities, in order to ensure greater openness and stimulate public debate on psychiatric institutions.

The aforementioned Act of 1992 makes no provision for such arrangements and solely refers, in section 52, to surveillance of hospitals by the Health Ministry departments for the apparent purpose of monitoring material conditions, the equipment of hospital services, the work of doctors and health care staff and the functioning of hospital services. **The CPT would like to receive information on the operation in practice of the mechanism created by section 52 of the 1992 Act. Further, it recommends that the Greek authorities consider the possibility of introducing a system of regular visits to psychiatric institutions by an independent outside body, in the light of the foregoing considerations.**

260. Lastly, it should be emphasised that the staff of the institutions visited have duties which are very difficult to discharge. It is imperative for the staff to have all the necessary assistance in its work. Outside stimulation and support would be highly desirable to prevent the staff of these institutions from operating in a vacuum. Discussions with the medical and nursing staff - particularly at the Leros Public Health Establishments - revealed a need for stimulation of this kind and a high demand for information/exchanges, which seemed to be hampered by administrative and financial obstacles.

The CPT recommends that the Greek authorities take appropriate measures to ensure greater involvement by independent persons and bodies in the affairs of psychiatric institutions in Greece.

III. RECAPITULATION AND CONCLUSIONS

A. Police establishments

261. The CPT's delegation met a large number of persons who alleged that they had been ill-treated while in police custody. These allegations emanated from both prisoners whom the delegation interviewed in prisons and persons in police custody at the time of the delegation's visit. It appeared that certain categories of criminal suspects (notably those suspected of drug-related offences) were particularly liable to be ill-treated and that in the case of persons suspected of very serious crimes, resort could be had on occasion to severe ill-treatment/torture.

262. Kicks, punches, slaps, stamping on feet, etc. were the most common type of ill-treatment alleged; further, a number of allegations of blows with the butt of a pistol or wooden sticks were heard. A few quite recent allegations were heard of an even more serious kind, in particular of falaka or the administration of electric shocks; such treatment was said to have been inflicted at the Athens and Thessaloniki Police Headquarters.

Some of the persons making allegations of ill-treatment were found, on examination by medical members of the delegation, to display physical signs (eg. bruises, scars) consistent with their allegations. Further, a variety of unlabelled wooden sticks and batons which were quite different from a standard police truncheon were found on the premises of the Thessaloniki Police Headquarters; conflicting explanations were given for the presence of those objects.

263. As regards, more particularly, electric shocks, the most recent allegations referred to the use of a hand-held device. The delegation met separately several detained persons who alleged that they had recently received electric shocks via such a device in Athens or Thessaloniki Police Headquarters. Their descriptions of the device were concordant. Further, some of the persons concerned were found, on examination by medical members of the delegation, to bear marks consistent with their allegations. A hand-held device for delivering electric shocks was subsequently discovered in the personal locker of a police officer attached to the Thessaloniki Police Headquarters.

264. The sheer number of allegations of ill-treatment by the police and their consistency as regards both the types of ill-treatment inflicted and the categories of detained persons to whom they are applied are striking. These factors are alone sufficient to give rise to concern as regards the treatment received by persons detained by the police. That concern is reinforced by the findings of medical members of the CPT's delegation and by the on-site observations made in the course of certain visits. To this must be added a number of weaknesses noted in the area of formal safeguards against ill-treatment (notification of custody to a third party, access to a lawyer, etc.).

In the light of all the information at its disposal, the CPT has been led to conclude that certain categories of persons deprived of their liberty by the police in Greece (in particular, persons arrested for drug-related offences; persons arrested for serious crimes such as murder, rape, robbery, etc.) run a significant risk of being ill-treated, and that on occasion resort might be had to methods of severe ill-treatment/torture.

265. To combat this problem, the CPT has first and foremost stressed the importance of education on human rights questions and of adequate training in modern investigation techniques for police officers. Further, it has been recommended that particular attention be given during the training of police officers to the acquisition and development of interpersonal communication skills.

266. The CPT has also emphasised that one of the most effective means of preventing ill-treatment by police officers lies in the diligent examination by the prosecuting authorities and the courts of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty. In this connection, the Committee has requested specific information on the action taken by public prosecutors and courts.

Similarly, the importance of the role to be played by doctors appointed by the State to carry out forensic tasks has been underlined, given the considerable weight which the findings of such doctors carry in legal proceedings. A number of remarks have been made with a view to developing the contribution of State forensic medical services in Greece to the examination of cases involving allegations of ill-treatment by the police.

267. Various recommendations designed to strengthen the formal safeguards against the ill-treatment of persons detained by the police (eg. recognition of the right to inform, without delay, a relative or third party of one's situation, and of the right to be examined by a doctor of one's own choice) have been made. Particular mention should be made of the right of persons detained by the police to have access to a lawyer, a right which an "accused" already possesses under the Code of Criminal Procedure. It became clear during the visit that, in practice, a person arrested by the police is not entitled to have access to a lawyer until he is charged with an offence by the police, an event which might occur up to 24 hours after the time of arrest. The period immediately following deprivation of liberty is when the risk of intimidation and ill-treatment is the greatest; the CPT has therefore recommended that a detainee's right to have access to a lawyer (albeit, exceptionally, not necessarily his own lawyer) be guaranteed as from the very outset of his detention by the police.

The CPT has also recommended that the Greek police force be provided with a formal code of conduct for interrogations, setting out in detail the procedure to be followed on a number of specific points.

268. Conditions of detention in the police establishments visited varied from adequate to extremely poor. The conditions in the two cells at Larissa Police Headquarters and in two cells in the basement of Thessaloniki Police Headquarters were such that the CPT's delegation recommended that they be taken out of service immediately, pending the necessary improvements. The CPT welcomes the Greek authorities' prompt compliance with that recommendation.

The CPT has made a series of detailed recommendations concerning conditions of detention in each of the establishments visited and, more generally, has recommended that conditions of detention in police establishments throughout Greece be reviewed in order to ensure that they meet certain general criteria identified by the Committee.

The appalling conditions of detention at the Piraeus Transfer Centre should be highlighted; they could fairly be described as inhuman. The CPT has recommended that the Centre's detention facilities be extensively renovated without delay; if such a renovation were not to prove feasible, the existing premises should be taken out of service and the Transfer Centre located elsewhere, in a place capable of offering better detention facilities.

269. The problems highlighted above in the area of conditions of detention are no doubt, to a considerable extent, due to the massive inflow of aliens with which the Greek authorities are presently confronted. In this connection, the CPT welcomes the decision to set up an Aliens Holding Centre close to Athens Airport, which inter alia has relieved pressure on the detention facilities at Athens Police Headquarters; the opening of similar holding centres in other parts of the country might be advisable. Provided that a number of measures proposed by the CPT - concerning material conditions, activities and staff - are taken, the facility close to Athens Airport is capable of becoming a perfectly satisfactory holding centre.

B. Prison establishments

270. The CPT's delegation found no evidence of torture in the prison establishments it visited and heard no allegations of such acts in other prisons in the country. Nor did the delegation hear any allegations of physical ill-treatment by prison staff in the different establishments visited, with the notable exception of Larissa Prison.

271. A considerable number of prisoners (both prisoners met at the Korydallos Prison Complex who previously had been held in Larissa Prison and prisoners met at Larissa) alleged that staff at Larissa Prison on occasion physically assaulted prisoners, in particular prisoners who displayed insubordination or insolence; such assaults were said to have occurred, in particular, in the establishment's segregation unit. More generally, the prison displayed a combination of factors which, in the delegation's view, meant that it had to be considered as a "high risk" establishment from the point of view of the possibility of ill-treatment occurring.

Following a recommendation by the CPT's delegation, Larissa Prison was visited by the Ministry of Justice Prison Inspectorate. The inspection report provides a thorough analysis of the various problems facing the establishment and contains a coherent set of proposals to address them. As regards the specific question of the allegations of physical ill-treatment of prisoners by staff at Larissa Prison, it is evident from the Inspectors' report that the prison staff at Larissa has been made fully aware of the importance of stamping out any acts constituting an infringement of a prisoner's personal dignity.

272. The civil prison establishments visited by the CPT's delegation were grossly overcrowded and the Greek authorities made no secret of the fact that overcrowding was a nationwide problem. Whereas the official capacity of the prison system at the time of the delegation's visit stood at 3900, the number of prisoners actually held amounted to 6700. As a result, implementation of the modern and progressive "Code of basic rules for the treatment of prisoners" was being seriously undermined. To deal with this problem the Ministry of Justice had drawn up a major prison building/prison extension programme; at the same time, various legal measures had been adopted or were planned which should help to reduce the prison population.

The CPT has recommended that a very high priority be given to measures to reduce overcrowding in the Greek prison system. The facts found during the course of the CPT's visit demonstrate that, as a consequence of the present level of overcrowding, the Greek State is not discharging - vis-à-vis many persons at least - the fundamental responsibility to detain prisoners under conditions which respect the inherent dignity of the human person.

273. It is also clear that the Greek prison system is seriously under resourced from the point of view of staff. At the time of the delegation's visit, some 25% of the 2250 posts making up the official staff complement were vacant; and this latter figure had been calculated on the basis of a prison population of 4500, not 6700. The CPT's delegation saw for itself that the ratio of staff to prisoners could, on occasion, be alarmingly low.

An inadequate staff/prisoner ratio not only renders the provision of an acceptable regime well-nigh impossible, but also generates an insecure environment for both staff and prisoners. The CPT has therefore recommended that appropriate steps be taken to fill all vacant prison staff posts and that the existing official staff complement be reviewed, in order to ascertain whether it is adequate in the light of current and envisaged prison population levels.

274. In addition to the above-mentioned general recommendations, the CPT has made a series of recommendations and comments concerning material conditions of detention and out-of-cell activities in the different establishments visited. Particular mention should be made of the recommendation that the relocation of the seven high security male prisoners, currently occupying a whole wing (designed for 90 or more prisoners) of the Korydallos Prison for women, be accorded the highest priority. The CPT would add that it fully supports the measures designed to improve conditions of detention at Larissa Prison, identified in the report which followed the inspection of that establishment by the Greek authorities (cf. paragraph 271, second sub-paragraph).

Recommendations and comments have also been made on various other questions of relevance to the CPT's mandate, and in particular arrangements for visits, procedures and facilities in the area of discipline and segregation, complaints and inspection mechanisms, and the separation of different categories of prisoners.

275. A number of recommendations have been made as regards health-care services in the prisons visited, in particular with a view to improving staffing levels, which were quite inadequate at the time of the visit. It should be emphasised, however, that a satisfactory level of health care will almost certainly remain unattainable until such time as the general problems of overcrowding, poor hygiene and inadequate regime activities are resolved.

The CPT was dismayed to learn that prisoners known to be HIV positive were held in isolation at Korydallos Prison Hospital. The Committee must emphasise that there is no medical justification for the isolation of an HIV positive prisoner. It has recommended that the present policy of isolating HIV positive prisoners be progressively abandoned.

It is also a matter of concern to the CPT that the recording by prison health care services of injuries to prisoners did not appear to be guaranteed; as a result the contribution which such services can make to the prevention of ill-treatment of prisoners was being undermined. The CPT has recommended that any signs of violence observed when a prisoner is medically screened on admission should be fully recorded, together with any relevant statements by the prisoner, and that the same approach should be followed whenever a prisoner is medically examined following a violent episode in prison.

276. The "Prison Hospital" at Korydallos, which catered for prisoners from throughout Greece, was not a hospital in the real sense; there was not the staff, nor the premises, nor the equipment necessary for the normal activities of a hospital. The establishment served rather as a care facility for sick prisoners awaiting their transfer to a proper hospital and as a place for convalescence after hospital treatment.

This situation would not be a particular source of concern if the interface between the Prison Hospital and the civil hospital system operated satisfactorily. However, the delegation's on-site findings indicated that the transfer of a prisoner in need of hospital care to a civil hospital could prove problematic. In this connection, the CPT has emphasised that either the Prison Hospital at Korydallos should be resourced as a hospital in the true sense of the term or, when appropriate, ready access to fully-equipped hospital services elsewhere should be guaranteed for patients held there.

277. The CPT is very concerned by the situation found at the Korydallos Psychiatric Unit, which is the only establishment within the Greek prison system designed to hold mentally-ill prisoners. Although the Unit accommodated a large number of persons in need of psychiatric care, it possessed neither the staff nor the physical facilities of a psychiatric hospital. It was a place where mentally ill prisoners or those displaying behavioural problems were tolerated and controlled; it was not a place where such prisoners were cared for and offered individualised therapeutic programmes. The CPT has recommended that the operation of the Psychiatric Unit at Korydallos be the subject of a full review.

Conditions in the so-called "intensive care unit" of the establishment - which in reality was a place of exclusion for prisoners whose symptoms disturbed the establishment's regime -were intolerable; the CPT has recommended that this particular facility be taken out of service forthwith. Further, immediate changes to the arrangements at the Psychiatric Unit for dealing with mentally disturbed and violent prisoners have been recommended. The existing arrangements involve a clear risk of ill-treatment.

C. Psychiatric Institutions

278. The delegation heard no allegations, and gathered no other evidence, of torture relating to the psychiatric institutions visited. Nor did it receive any allegations or other direct evidence of deliberate ill-treatment of other kinds while visiting the institutions.

However, various situations were observed in respect of living conditions, care administered and methods of restraint which were akin to inhuman and degrading treatment and which in some cases entailed serious hazards to the physical well-being of patients. The cause of these situations can be largely ascribed to a severe shortage of resources as regards both qualified health-care staff and material facilities.

279. Staff resources were very weak in the hospitals visited (with the possible exception of the Attica State Mental Hospital for children); further, most of the nursing staff in post had received either insufficient training or none at all. As a result, it was not uncommon to find two unqualified nursing staff members attempting to care for 40 or more patients, many of them bedridden or severely handicapped. This creates a situation of high risk for patients, despite the good intentions and genuine efforts of the staff. The CPT has consequently made recommendations with a view to both reinforcing staff resources and improving training.

280. With a few exceptions, the living conditions of patients ranged from mediocre to poor, and on occasion were appalling. In this respect, it should be stressed that even though, quite rightly, efforts are being concentrated on dehospitalisation of chronic patients, it is essential, from a humanitarian standpoint, for those currently held in large psychiatric institutions to be afforded decent living conditions suited to their state of health. It should be borne in mind in this connection that, by reason of their mental illness, many chronic patients will have to remain for some time in a psychiatric hospital.

The CPT has made a series of recommendations in relation to living conditions and concerning, more specifically, patient accommodation, clothing and bedding, equipment, hygiene and food.

281. In the establishments visited, the treatment of patients consisted essentially of medication to control their behaviour; patients normally had no activities or stimulation capable of vitalising their potential. The CPT has recommended that the Greek authorities develop varied programmes of therapeutic activities using the full range of treatments (psycho-, socio- and occupational therapy) and that an individualised therapeutic programme be drawn up for each psychiatric patient.

As regards, more particularly, medication, the on-site observations made by its delegation have led the CPT to recommend that measures be taken to ensure that the administration of drugs is performed solely on the basis of a doctor's written prescription and strictly in accordance therewith, and that evaluations of drug treatments administered are carried out at sufficiently frequent intervals.

282. Another area of concern for the CPT relates to the use of isolation and instruments of physical restraint. The delegation did not find any evidence of instructions or guidance issued to staff concerning recourse to such measures and, more specifically, their therapeutic purpose. The use of these measures was left to the discretion of a nursing staff which was for the most part untrained and numerically inadequate having regard to the number of patients in its care. Under such circumstances, there is a serious risk of resort being had to isolation and instruments of physical restraint in excess of requirements. The CPT has made a series of proposals on this subject, and, in particular, has recommended that a detailed medical policy on isolation and instruments of physical restraint be laid down and that resort to such measures be either expressly ordered or approved by a medical doctor.

283. Further recommendations and comments have been made in relation to the failure fully to apply in practice the provisions of the 1992 Law on the modernisation and organisation of the health system concerning management and consultation structures and involuntary hospitalisation, and in relation to complaints procedures and outside intervention.

284. To sum up, the CPT would stress that the placement of patients without their consent carries with it the responsibility of ensuring their physical, mental and social well-being. The observations made during the CPT's visit demonstrate that - despite the efforts deployed over the last decade, in partnership with the European Community - the Greek authorities are not yet in a position to meet this responsibility vis-à-vis a large proportion of psychiatric patients.

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285. In conclusion, the CPT wishes to stress once again the general spirit of co-operation which marked its delegation's visit to Greece and the follow-up to the visit. Particular reference should be made to the very prompt manner in which the Greek authorities reacted to the immediate observations made by the CPT's delegation at the end of the visit.

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

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

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

i) to provide within six months an interim report giving details of how it is intended to implement the CPT's recommendations and, as the case may be, providing an account of action already taken (N.B. the CPT has indicated the urgency of certain of its recommendations) ;

ii) to provide within twelve months a follow-up report providing a full account of action taken to implement the CPT's recommendations.

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

APPENDIX

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

A. Police establishments

1. Preliminary remarks

requests for information

- comments on the information received to the effect that, in some cases, a period considerably in excess of 24 hours might elapse before a person arrested by the police is brought before a public prosecutor (paragraph 14).

2. Torture and other forms of ill-treatment

recommendations

- a very high priority to be given to human rights education for police officers of all ranks and categories as well as to training in modern investigation techniques. Experts not belonging to the police force to be involved in this education and training (paragraph 28);
- an aptitude for interpersonal communication to be a major factor in the process of recruiting police officers and considerable emphasis to be placed on acquiring and developing interpersonal communication skills during the training of such officers (paragraph 28);
- the operation of State forensic medical services in Greece to be reviewed in the light of the remarks made in paragraph 32 (paragraph 32).

comments

- it is highly important for the relevant national authorities as well as senior police officers to deliver the clear message that the ill-treatment of detained persons is not acceptable and will be dealt with severely (paragraph 29).

requests for information

- detailed information on the length and content of police training (paragraph 28);
- a copy of circular N° 4808/4/76 of 28 July 1993 (paragraph 29);
- for the period 1990 to 1993, the number of cases in which public prosecutors have instituted criminal proceedings for ill-treatment by the police of detained persons (paragraph 30);

- for the period 1990 to 1993, an account of judgments delivered by the courts in cases involving allegations of ill-treatment by the police (i.e. brief description of the facts; verdict; if appropriate, sentence imposed) (paragraph 30);
- information on the administrative/disciplinary procedures applied in cases involving allegations of ill-treatment by the police, and, in particular, full details of the guarantees ensuring the objectivity of such investigations (paragraph 30);
- full details of the progress being made in the criminal investigations into the death of Mr Akyar Suleyman (paragraph 33).

3. Formal safeguards against the ill-treatment of persons detained by the police

recommendations

- persons detained by the police to have the right to inform, without delay, a close relative or third party of their choice of their situation (paragraph 38);
- any possibility exceptionally to delay the exercise of the right to have the fact of one's custody notified to a close relative or third party to be clearly circumscribed, made subject to appropriate safeguards (eg. any such delay to be recorded in writing together with the reasons therefor and to require the approval of a senior officer or public prosecutor) and to be strictly limited in time (paragraph 38);
- persons detained by the police to have the right of access to an independent lawyer as from the outset of their detention (paragraph 41);
- the right of access to a lawyer to include the right to contact and to be visited by him or her (in both cases under conditions guaranteeing the confidentiality of the discussions), as well as, in principle, the right of the person concerned to have the lawyer present during interrogations (paragraph 41);
- specific legal provisions to be adopted on the subject of the right of persons in police custody to have access to a doctor. These provisions to stipulate, inter alia, that:
 - a person detained by the police has the right to be examined, if he so wishes, by a doctor of his own choice (either for treatment or the drawing up of a forensic medical report), in addition to any medical examination carried out by a doctor called by the police authorities or to whom those authorities have taken the detainee;
 - all medical examinations are to be conducted out of the hearing and - unless the doctor concerned requests otherwise - out of the sight of police officers;
 - the results of every examination, as well as any relevant statements by the detainee and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the detainee and his lawyer (paragraph 43);

- a form setting out the rights of detainees to be systematically given to persons detained by the police at the outset of their custody; this form to be available in different languages; the person concerned to certify that he has been informed of his rights (paragraph 44);
- a code of conduct for police interrogations to be drawn up (paragraph 46);
- the possibility of introducing an electronic recording system for police interrogations to be explored, the system to be introduced to offer all appropriate guarantees (paragraph 47).

comments

- the recommendations made in relation to formal safeguards against the ill-treatment of persons detained by the police also apply to persons detained under the Aliens legislation (paragraph 50).

requests for information

- confirmation that once a detainee has been brought before the public prosecutor, the power of police to question him ceases (paragraph 48);
- whether the rule against further questioning by the police covers questions about other matters falling outside the scope of the charges already laid against the detainee (paragraph 48);
- whether the competent judicial authorities (in particular, public prosecutors) exercise on-the-spot supervision of places of detention (paragraph 49);
- information on the formal safeguards and practical arrangements which exist in order to ensure that aliens are not sent to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment (paragraph 51).

4. Conditions of detention in police establishments

a. police stations/headquarters

i. *Athens*

recommendations

- as regards the detention facilities on the 7th floor of Athens Police Headquarters:
 - no-one to be held in those facilities for longer than is absolutely necessary;
 - a maximum occupancy level to be established of four persons per cell (with a possible exception as regards persons only staying a few hours in custody);

- persons detained overnight to be provided with both blankets and a mattress;
 - the toilet/shower facilities to be renovated and kept in a hygienic condition, and detained persons to be provided with the wherewithal to keep themselves clean;
 - means to be sought of enabling persons detained for more than 24 hours to be offered outdoor exercise on a daily basis;
 - persons detained under the Aliens legislation to be strictly separated from criminal suspects;
 - an information leaflet to be given to persons detained under the Aliens legislation explaining the procedure applicable to them and their related rights; this leaflet to be available in the languages most commonly spoken by such persons, and, if necessary, the services of an interpreter to be provided (paragraph 59);
- conditions of detention in Police Station No. 4 (Socratous St.), Piraeus Central Police Station and Glyfada Police Station to be reviewed in the light of the remarks in paragraphs 52 and 62 (paragraph 63).

comments

- cells of the size of those located on the 11th floor of the Athens Police Headquarters are not suitable for the detention of someone obliged to stay in custody overnight; at the very most they might, if necessary, be used for temporary holding purposes (i.e. detention for a maximum of a few hours), and this subject to the strict condition that they are equipped with adequate lighting and ventilation as well as a means of rest (paragraph 60).

ii. *Larissa*

recommendations

- the two cells at Larissa Police Headquarters to remain out of use until such time as they are thoroughly cleaned, redecorated and refurbished and, more specifically, brought into conformity with the criteria set out in paragraph 52 (paragraph 65).

iii. *Thessaloniki*

recommendations

- as regards the detention facilities at Thessaloniki Police Headquarters:
- remand and sentenced prisoners not to be held in those facilities (but instead in an appropriate prison establishment);
 - no-one to be held in those facilities for longer than is absolutely necessary;

- the two segregation cells to remain out of service until such time as they are brought into conformity with the criteria set out in paragraph 52;
- a maximum occupancy level to be established of four or five persons per cell (depending on the cell size) in the multi-occupancy cells in the basement area (with a possible exception as regards persons only staying a few hours in custody);
- persons detained overnight to be provided with both blankets and their own mattress;
- the toilet/shower facilities to be kept in a hygienic condition, and detained persons to be provided with the wherewithal to keep themselves clean;
- means to be sought of enabling persons detained for more than 24 hours to be offered outdoor exercise on a daily basis;
- persons detained under the Aliens legislation to be strictly separated from criminal suspects;
- an information leaflet to be given to persons detained under the Aliens legislation explaining the procedure applicable to them and their related rights; this leaflet to be available in the languages most commonly spoken by such persons, and, if necessary, the services of an interpreter to be provided (paragraph 71).

comments

- the cell at Police Station No. 3 (Alexander Svolou St.) should only be used for temporary holding purposes (i.e. detention for a maximum of a few hours); the cell is not suitable for the detention of someone obliged to stay in police custody overnight (paragraph 72).

b. transfer centres

recommendations

- as regards the Athens Transfer Centre:
 - persons detained overnight in the Centre to be provided with both blankets and their own mattress;
 - ventilation in the detention facilities to be improved;
 - detainees who do not possess such items to be provided with the wherewithal to keep themselves clean;
 - means to be sought of enabling detainees to be offered outdoor exercise on a daily basis;
 - the official capacity of the Centre's existing detention facilities to be reduced (paragraph 75);

- detention facilities at the Piraeus Transfer Centre to be extensively renovated without delay and, more specifically, brought into conformity with the criteria set out in paragraph 52. If such a renovation were not to prove feasible, the existing premises to be taken out of service and the Transfer Centre relocated elsewhere, in a place capable of offering better detention facilities (paragraph 77);
- proper provision to be made in all transfer centres (and in police detention facilities in general) for female detainees; the accommodation in question to ensure their security and their dignity (paragraph 79).

comments

- the presence of female staff in transfer centres (and in police detention facilities in general) is highly desirable (paragraph 79).

requests for information

- comments on the complaints made by detainees at the Athens and Piraeus Transfer Centres that they were not provided with sufficient food and drink (paragraph 78).

c. Aliens Holding Centre at Athens Airport

recommendations

- the Centre's holding areas to be equipped with an appropriate floor covering as well as tables and chairs, and the possibility of introducing some form of partitioning offering at least a degree of privacy to be explored (paragraph 84);
- an information leaflet to be given to persons detained in the Centre explaining the procedure applicable to them and their related rights; this leaflet to be available in the languages most commonly spoken by such persons, and, if necessary, the services of an interpreter to be provided (paragraph 84);
- the considerations referred to in paragraph 85 to be borne in mind when assigning police officers to supervisory duties in the Centre (paragraph 85);
- the Centre's internal rules and information notices, as well as those expressions most commonly used in daily interactions between detainees and supervisory staff, to be translated into various languages (paragraph 85).

comments

- the Greek authorities are invited to provide persons detained at the Centre with access to radio/television and newspapers/magazines as well as with other suitable means of recreation (paragraph 86).

requests for information

- information on whether the envisaged measures concerning outdoor exercise, visits, access to a telephone, medical care and accommodation for female detainees have now been implemented and on whether the Centre has been operating within its envisaged capacity (paragraph 84);
 - whether it is envisaged to open any other holding centres for aliens in Greece (paragraph 87).
- d. police establishments in general

recommendations

- conditions of detention in police establishments throughout Greece to be reviewed, in order to ensure that they meet the criteria set out in paragraph 52 (paragraph 88).

B. Prison establishments

1. Preliminary remarks

recommendations

- a very high priority to be given to measures to reduce overcrowding in the Greek prison system (paragraph 95);
- appropriate steps to be taken to fill all vacant prison staff posts, and the existing official staff complement to be reviewed, in order to ascertain whether it is adequate in the light of current and envisaged prison population levels (paragraph 96).

2. Torture and other forms of ill-treatment

recommendations

- appropriate steps to be taken to counter the difficulties of communication between prison staff and foreign prisoners observed in the Korydallos Prison Complex and Larissa Prison (eg. preparation and translation into relevant foreign languages of a booklet describing the routine and regime of the prison, the rights and responsibilities of prisoners and staff, and complaints and disciplinary procedures; translation of those expressions most commonly used in daily interaction between prisoners and staff; basic training in foreign languages for designated prison officers) (paragraph 102).

requests for information

- detailed information on the length and content of prison officer training (paragraph 103);
- the number of complaints of ill-treatment lodged in 1992 and 1993 against prison officers in Greece and the number of disciplinary and/or criminal proceedings initiated during the same period in relation to allegations of ill-treatment by prison officers, together with an account of any sanctions imposed (paragraph 104).

3. Conditions of detention

- a. issues specific to particular establishments

recommendations

Korydallos Prison for men

- immediate steps to be taken to ensure that no more than three prisoners are held per cell (paragraph 109);
- serious efforts to be made to reduce as soon as possible the occupancy rate to two prisoners per cell (paragraph 109);
- every prisoner to be provided with his own bed and mattress (paragraph 109);
- the shower cubicles, toilets and washing facilities to be restored to a good state of repair and maintained in a hygienic condition (paragraph 109);
- the current efforts to augment the number of work and vocational training places to be intensified (paragraph 109);
- a thorough examination of the means of improving the prison's activity programmes in general (including education, sport and recreational activities) to be undertaken without delay and further programmes to be progressively introduced as overcrowding is brought down (paragraph 109);
- appropriate steps to be taken to improve the facilities for restricted visits (paragraph 128);
- no prisoner in need of psychiatric care to be placed in the establishment's segregation unit. If, exceptionally, prisoners who are emotionally or psychologically disturbed have to be held temporarily in the unit, they should be kept under close observation (paragraph 136);
- the cells in the segregation unit used to accommodate prisoners segregated for a non-disciplinary reason to be equipped in the same way as an ordinary prison cell (paragraph 136);

- the respective regimes applicable, on the one hand, to persons undergoing disciplinary confinement and, on the other hand, to persons held in the segregation unit for other reasons, to be expressly laid down (paragraph 136);

Korydallos Prison for women

- the highest priority to be given to the relocation of the male prisoners currently held in C wing (paragraph 113);
- the dormitories to be renovated and, in particular, damp-free sleeping accommodation to be ensured (paragraph 113);
- the shower cubicles, toilets and washing facilities to be restored to, and maintained in, a good state of repair and a hygienic condition (paragraph 113);
- the number of work places to be increased and activity programmes in general (including education, sport and educational activities) to be developed (paragraph 113);
- appropriate steps to be taken to improve the facilities for restricted visits (paragraph 128);
- ventilation in the cells of the establishment's segregation unit to be improved and the toilet and washing facilities to be repaired (paragraph 138);
- measures towards the separation of different categories of prisoners to be undertaken (paragraph 147);

Larissa Prison

- the quality of the beds and bedclothes provided to prisoners to be improved (paragraph 122);
- the state of the toilet and washing facilities in the sanitary annexes to be reviewed and, as required, those facilities to be restored to a good state of repair;
- in addition to providing more work places and vocational training possibilities for prisoners, activity programmes in general (including education, sport and recreational activities) to be developed; careful consideration to be given to the Prison Director's suggestion that an indoor area for sports activities be built (paragraph 122);
- lighting in the cells of the establishment's segregation unit to be improved (paragraph 139).

comments

- the shortage of workplaces was particularly resented by many sentenced prisoners at **Korydallos Prison for men**, as it prevented them from taking advantage of the system of earning remission through work (paragraph 108);
- the Greek authorities are invited to review the existing arrangements for mothers with children in the **Korydallos Prison for women**, in the light of the remarks in paragraph 114 (paragraph 114);
- the CPT trusts that all of the measures set out in the inspection report on **Larissa Prison** will be implemented in the near future (paragraph 122);
- the overriding priority at **Larissa Prison** must be - through one means or another - to reduce substantially the present level of overcrowding (paragraph 122);
- it would be appropriate to offer a better range of activities - and in particular work - to any remand prisoner staying for a lengthy period at the **Pavlos Melas Military Prison** (paragraph 125);
- conditions of detention in the segregation unit at **Korydallos Mens Prison** are not well suited to prisoners subject to segregation for non-disciplinary reasons, in particular if that measure is applied for a lengthy period (paragraph 136);
- the Greek authorities are invited to explore the possibility of creating special units organised along community lines for prisoners who are segregated at **Korydallos Mens Prison** because of personality disorders and/or for their own protection (paragraph 136).

requests for information

- information on the physical conditions of detention and regime for juveniles at the **Volos and Kassavetia rural establishments** (paragraphs 116 and 121);
- an update on progress being made in the implementation of the measures set out in the inspection report on **Larissa Prison** (paragraph 122).

b. general issues

recommendations

- appropriate steps to be taken to guarantee the confidentiality of a prisoner's discussions with his lawyer (paragraph 128);
- steps to be taken without delay to provide both prisoners and visitors with seats (paragraph 129);
- all prisoners, including those confined to a special cell as a punishment, to be allowed at least one hour of exercise in the open air everyday (paragraphs 135, 138 and 139);

- a formal register to be established in every segregation unit, setting out full details of persons held (i.e. date and time of entering and leaving the unit; grounds for the detention and destination on departure; cell occupied, etc) (paragraph 140);
- all cells in segregation units to be equipped with a call bell and a member of staff to be always present in such units when they hold prisoners (paragraph 140);
- the Greek authorities to take the necessary steps to ensure that, whenever a prisoner held in cellular confinement, irrespective of the reason for that measure, requests to see a medical doctor - or a prison officer asks for one on his behalf - the doctor is called without delay to examine the prisoner. The results of the medical examination, including an account of the prisoner's mental and physical condition as well as, if need be, the foreseeable consequences of continued confinement, to be set out in a written report to be forwarded to the competent authorities (paragraph 141).

comments

- young persons in custody should be provided with a full regime of educational, recreational and other purposeful activities. Physical education should constitute a significant element of that regime. Moreover, the staff assigned to units accommodating juveniles should be carefully chosen and, more specifically, be persons capable of guiding and motivating young people (paragraphs 116 and 121);
- the Greek authorities are invited to review visiting arrangements in prisons in order to ensure as far as possible that prisoners are able to receive visits under reasonably open conditions (paragraph 129);
- a right of appeal to a higher authority should exist in respect of all types of disciplinary sanctions (paragraph 131);
- it would be desirable for cells accommodating prisoners undergoing the disciplinary sanction of confinement in a special cell to be fitted with a table and chair, if necessary fixed to the floor (paragraph 135).

c. requests for information

- information on the safeguards which apply when the measure of confinement in a special cell is applied "for the maintenance of order and for purposes of protection and pacification in penal institutions" and against the wishes of the prisoner concerned (right to be informed of the reasons for the measure; right to be heard; review procedures; right of appeal to a higher authority, etc.) (paragraph 132);
- whether the right to bring complaints before a court provided for in Rule 5 of the Code of basic rules for the treatment of prisoners, extends to remand prisoners (paragraph 143);
- comments of the Greek authorities on the idea of creating a visiting committee for each prison establishment (paragraph 144).

4. Health-care services

a. issues specific to particular establishments

recommendations

Korydallos Prison for men

- as an initial measure, pending a more thorough reinforcement of the prison's health-care service, steps to be taken immediately to ensure:
 - attendance by general practitioners amounting to the equivalent of the presence of a full-time doctor;
 - assistance by an appropriate number of qualified nurses;
 - ready access for prisoners to a dentist (paragraph 151);

Korydallos Prison for women

- as an initial measure, steps to be taken immediately to ensure attendance by general practitioners amounting to the equivalent of the presence of a full-time doctor (paragraph 153);
- the infirmary's premises to be enlarged (paragraph 154);

Larissa Prison

- steps to be taken without delay to improve substantially the psychiatric services available to inmates, and the possibility of engaging a clinical psychologist to be explored (paragraph 157);

Prison Hospital at Korydallos Complex

- the deficiencies in hygiene in the patient accommodation to be remedied (paragraph 171);

Psychiatric Unit at Korydallos Prison Complex

- the operation of the Psychiatric Unit to be the subject of a full review; the purpose of this review to be to ascertain whether it is feasible in the short term to upgrade the Unit into a fully-fledged psychiatric hospital facility. In the event of the review providing a negative reply, arrangements to be made for the Unit to cease to operate as a psychiatric facility and for the transfer of mentally ill prisoners to another, properly equipped, psychiatric institution (paragraph 189);
- the "intensive care unit" at the Psychiatric Unit to be taken out of service forthwith (paragraph 189);

- the existing arrangements for dealing with a mentally disturbed and violent patient to be brought into conformity immediately with the following rules:
 - such a prisoner to be treated through close supervision and nursing support;
 - the use of sedatives to be decided exclusively by a medical doctor or, in the event of an emergency, by a fully-qualified nurse;
 - resort to instruments of physical restraint to be treated as an exceptional measure and always to be either expressly ordered by a medical doctor or immediately brought to the attention of such a doctor with a view to seeking his approval;
 - instruments of physical restraint to be removed at the earliest possible opportunity and never to be applied, or their application prolonged, as a punishment;
 - in the event of resort being made to instruments of physical restraint, an entry to be made in both the prisoner's file and an appropriate register, with an indication of the times at which the measure began and ended, as well as of the circumstances of the case and the reason for resorting to such measures (paragraph 189).

comments

- the CPT's delegation was not convinced that the confidentiality of medical data was fully guaranteed at the **infirmary of the Korydallos Mens Prison** (paragraph 152);
- the conditions in the custodial unit for prisoners at the **Nikea Hospital** left much to be desired (paragraph 166);
- either the **Prison Hospital at Korydallos** should be resourced as a hospital in the true sense of the term or, when appropriate, ready access to fully-equipped hospital services elsewhere should be guaranteed for patients held there (paragraph 174).

requests for information

- information on the progress made towards the implementation of the proposals for improvements to the health care service at **Larissa Prison**, contained in the report drawn up by the Ministry of Justice's Prison Inspectorate (paragraph 156);
- information on the facilities in civil hospitals at **Athens** for receiving prisoners in need of specialist examinations or hospitalisation and the comments of the Greek authorities on the statements by medical staff at the **Prison Hospital at Korydallos** and at **Korydallos Womens Prison** that the transfer of a prisoner in need of a special examination or hospitalisation was not always carried out with due promptness (paragraph 165).

b. general issues

recommendations

- steps to be taken to ensure that all newly-arrived prisoners are seen without delay by a fully-qualified nurse (paragraph 161);
- the present policy of isolating HIV positive prisoners to be progressively abandoned and replaced by a policy for combatting transmissible diseases in general in prisons, based on the provision of full information on the modes of transmission and means of protection and the introduction of appropriate preventive measures (paragraph 163);
- any signs of violence observed when a prisoner is medically screened on his admission to be fully recorded, together with any relevant statements by the prisoner, and this information to be made available to the prisoner. The same approach to be followed whenever a prisoner is medically examined following a violent episode in the prison (paragraph 169).

comments

- the smooth operation of a prison health-care service presupposes that doctors and nursing staff are able to meet regularly and to form a working team under the authority of a senior doctor in charge of the service (paragraph 158);
- there is no medical justification for the isolation of an HIV positive prisoner (paragraph 163).

requests for information

- information on whether Act No. 1968/91 providing for incentives designed to attract medical and nursing staff to the prison service has achieved the desired effect, and on any other measures envisaged in this area (paragraph 149);
- further information on the establishment of a Detoxification Centre and a penal institution of a medical nature for the treatment of drug addicts (paragraph 190);
- information on the arrangements for providing care to mentally ill female prisoners (paragraph 191).

C. Psychiatric Institutions

1. Preliminary remarks

requests for information

- comments of the Greek authorities on the point that although some improvements were observed, more significant progress might have been expected considering the time which has elapsed since the inception of the Community programmes in the psychiatric field and the resources made available (paragraph 199);
- further information on the plans of the Greek authorities concerning the discharge of chronic patients from psychiatric hospitals and the setting-up of half-way houses (number and category of patients affected, types of programme implemented, institutions concerned, timetable for implementation of measures, etc.) (paragraph 200).

2. Administrative and legal questions

recommendations

- the nursing staff/patient ratio to be both significantly increased and adapted to the type of patients (paragraph 212);
- a significant proportion of the nursing staff to be made up of qualified nurses (ie. at least three years training); training to include specialised instruction concerning the types of care to be administered (paragraph 212);
- qualified nursing staff to be relieved, as far as possible, of secondary administrative duties and involved more in activities relating to the care of patients and supervision of staff members who have received little training (paragraph 212);
- a permanent training budget to be allocated to each establishment and a staff member to be put in charge of co-ordinating training work (paragraph 212);
- the psychiatrist/patient ratio to be improved, particularly in the Leros Public Health Establishments (paragraph 212);
- psychiatrists to receive constant support from the appropriate professional associations and academic bodies during their on-going training and the exercise of their duties (paragraph 212);
- the Greek authorities to strive to increase the number of staff conducting social therapy activities (paragraph 213);
- appropriate measures to be taken, as a matter of urgency, to ensure that the provisions of the 1992 Act (on the modernisation and organisation of the health system) governing involuntary hospitalisation of patients and guarantees available to patients - in particular as regards their admission and discharge - are duly applied (paragraph 222).

comments

- few members of the Administrative Boards of the psychiatric institutions visited belonged to the medical profession (paragraph 216);
- the CPT cannot overstate the importance of ensuring that all decisions relating to treatment policy and practice are preceded by close consultation with the medical and nursing authorities of the establishment concerned and ultimately rest with a body comprising suitably qualified individuals (paragraph 216).

requests for information

- confirmation of the assignment, as from 29 March 1993, of a team consisting, on a full-time basis, of 2 qualified nurses, 1 physiotherapist, 1 occupational therapist and 1 psychologist as well as, on a part-time basis, of 1 psychiatrist, 1 neurologist and 1 social worker, to the Hospital for children with special needs at Leros, for the purpose of implementing a Community-financed programme (paragraph 208);
- information on the proportion of staff at the Attica State Mental Hospital for children assigned to external child guidance centres rather than to care of hospital patients (paragraph 209);
- the extent to which the 1992 Act on the modernisation and organisation of the health system will be applied to patients hospitalised before its entry into force and, more generally, whether there is a procedure for the review at appropriate intervals of placements lasting longer than six months (paragraph 222);
- comments of the Greek authorities on the statements heard according to which the courts tend automatically to order the continued hospitalisation of a patient confined under section 69 of the Penal Code, even where a medical opinion certifies that there is no further need for that measure and that the patient no longer shows symptoms of mental illness or dangerousness (paragraph 223).

3. Patients' living conditions

recommendations

- the large-capacity dormitories to be progressively replaced by small accommodation structures (paragraph 229);
- all patients, and a fortiori those permanently bedridden, to have a living area with adequate ventilation and lighting (paragraph 229);
- all living areas to be put into a good state of repair (paragraph 229);
- material conditions to be improved in such a way as to provide a varied therapeutic environment for patients (personal possessions, bedside tables, wardrobes, day rooms, etc.) (paragraph 229);
- the requisite steps to be taken to remedy the deficiencies observed as regards the clothing and bedding supplied to patients (paragraph 230);

- measures to be taken to ensure that patients are kept in areas provided with adequate heating which meets basic safety standards (paragraph 231);
- steps to be taken without delay to ensure that the necessary basic hospital equipment adapted to patients' needs is made available and used (paragraph 232);
- the comments in paragraph 233 to be taken into account when renovating existing sanitary installations and designing new ones (paragraph 233);
- the necessary steps to be taken to have sanitary installations kept in a satisfactory state of cleanliness (paragraph 233);
- the necessary measures to be taken without delay to secure elementary hospital hygiene in the patient living areas of the establishments visited (paragraph 234);
- the Greek authorities to review current policy on food with a view to adapting it (types of food, presentation) to patients' needs (paragraph 237).

comments

- toilets of the asian variety (ie. seatless) are not suited to aged and/or handicapped patients (paragraph 233);
- it is hoped that suitable equipment for delivering food will be made available without delay at the Attica State Mental Hospital (paragraph 236).

requests for information

- information on the availability of special dietary programmes for patients (paragraph 237).

4. Treatment of patients

recommendations

- varied programmes of therapeutic activities using the full range of treatments (psycho-, socio- and occupational therapy) to be developed (paragraph 243);
- the administration of drugs to be performed solely on the basis of a doctor's written prescription and to be strictly in accordance therewith (paragraph 246);
- evaluations of drug treatments administered to be carried out at sufficiently frequent intervals (paragraph 246);
- an individualised therapeutic programme to be drawn up for each psychiatric patient (paragraph 247);
- measures to be taken to ensure that a report on a patient's state of health is entered in his file at regular (at least three-monthly and preferably more frequent) intervals and that every clinically important event is recorded (paragraph 249);

- a patient's file to contain a clear indication of his status (i.e. hospitalisation with or without his consent and, in the latter case, indication of the legal basis for committal) and all subsequent developments of a legal nature to be recorded in the file (paragraph 249).

requests for information

- information on existing social therapy activities at the Attica State Mental Hospital for children and on the number of children taking part (paragraph 242).

5. Isolation and instruments of physical restraint

recommendations

- the necessary measures to be taken, without delay, in order that:
 - the requisite physical improvements are made in all isolation rooms of the Attica State Mental Hospital for children to ensure that isolation of patients is carried out under acceptable material conditions (eg. provision of mattresses) and in conformity with suitable safety standards;
 - a detailed medical policy on recourse to isolation and instruments of physical restraint is laid down, dealing in particular with: the types of cases in which application of these measures is permissible; their purposes; their duration and frequent review; the provision of appropriate human contact, and the staff's duty of increased attention;
 - measures of isolation or physical restraint are applied only on the express instructions of a doctor or immediately brought to the attention of a doctor for approval;
 - every use of such measures is recorded in the patient's file and in an appropriate register, with an indication of the times at which the measure began and ended, the circumstances of the case and the reasons for resorting to the measure;
 - staff receive suitable training on control techniques (verbal communication techniques, postural techniques, etc.) vis-à-vis agitated or violent patients (paragraph 256).

comments

- the risk of injury to patients confined in the isolation rooms at the Attica State Mental Hospital for children was very high (paragraph 251);
- isolation or instruments of physical restraint should never be used as a punishment, or their use prolonged for that purpose (paragraph 256).

6. Complaints procedures and outside intervention

recommendations

- the requisite measures to be taken to enable patients to lodge complaints with a clearly designated body, and to have confidential access to a competent authority; these measures to include the provision of information to patients on the possibility of making a complaint (paragraph 257);
- an introductory brochure setting forth the hospital routine and patients' rights to be devised and issued to each patient on admission; any patient unable to understand this brochure to have the assistance of a counsellor (paragraph 258);
- the possibility of introducing a system of regular visits to psychiatric institutions by an independent outside body to be explored (paragraph 259);
- appropriate measures to be taken to ensure greater involvement by independent persons and bodies in the affairs of psychiatric institutions in Greece (paragraph 260).

requests for information

- information on the operation in practice of the mechanism created by section 52 of the 1992 Act (paragraph 259).