



CPT/Inf (99) 1

**Report to the Icelandic Government
on the visit to Iceland
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)
from 29 March to 6 April 1998**

The Icelandic Government has decided to make public the CPT's report on its visit to Iceland in 1998.

Strasbourg, 16 February 1999

TABLE OF CONTENTS

Page

Copy of the letter transmitting the CPT'S report5

I. INTRODUCTION.....5

A. Dates of the visit and composition of the delegation6

B. Establishments visited.....7

C. Consultations held by the delegation.....7

D. Co-operation encountered during the visit.....8

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED9

A. Police establishments9

1. Preliminary remarks9

2. Ill-treatment9

3. Conditions of detention in police establishments10

a. introduction10

b. situation in the establishments visited.....11

i. follow-up visits.....11

ii. establishments visited for the first time12

4. Safeguards against the ill-treatment of persons deprived of their liberty13

5. Persons detained by the police under the aliens legislation.....16

B. Prisons	17
1. Preliminary remarks	17
2. Ill-treatment	19
3. Solitary confinement of remand prisoners for investigation purposes	21
4. Conditions of detention in general.....	23
a. follow-up visits.....	23
i. <i>Litla-Hraun State Prison</i>	23
ii. <i>Kópavogur State Prison</i>	25
iii. <i>Skólavörðustigur Prison, Reykjavík</i>	25
b. Akureyri State Prison	26
5. Medical services	28
a. introduction	28
b. staff and facilities	29
c. medical screening on admission.....	30
d. general medical care.....	30
e. psychiatric care.....	31
f. alcohol and drug addiction	32
6. Other issues of relevance to the CPT's mandate.....	33
a. staff-prisoner relations	33
b. inter-prisoner violence	33
c. separation of different categories of prisoners	34
d. contact with the outside world	35
e. complaints and inspection procedures	35
C. Psychiatric establishments	36
1. Preliminary remarks	36
2. Ill-treatment	37
3. Follow-up visit to Sogn Institution for Mentally Ill Offenders	37
4. Psychiatric Ward at Akureyri Regional Hospital	39

D. Stuðlar Diagnostic and Treatment Centre for Juveniles.....	41
1. Preliminary remarks	41
2. Ill-treatment	41
3. Material conditions	41
4. Treatment and activities programme	42
5. Staff	44
6. Medical care	44
7. Discipline.....	45
8. Complaints and inspection procedures	45
III. RECAPITULATION AND CONCLUSIONS	46
APPENDIX I :	
SUMMARY OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION	51
APPENDIX II :	
LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS	61

Copy of the letter transmitting the CPT'S report

Strasbourg, 10 December 1998

Dear Mr Thors,

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 Iceland drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after its visit to Iceland from 29 March to 6 April 1998. The report was adopted by the CPT at its thirty-seventh meeting, held from 3 to 6 November 1998.

I would draw your attention in particular to paragraph 161 of the report, in which the CPT requests the Icelandic 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 Icelandic, for them to be accompanied by an English or French translation. It would also be most helpful if the Icelandic authorities could provide a copy of those reports in a computer-readable form.

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

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

Yours sincerely,

Ivan ZAKINE
President of the European Committee for
the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

Mr Jón THORS
Director of Civil Affairs
Ministry of Justice
ISL - 150 REYKJAVIK

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereafter referred to as "the Convention"), a delegation of the CPT carried out a visit to Iceland from 29 March to 6 April 1998. The visit formed part of the CPT's programme of periodic visits for 1998, and was the second periodic visit to Iceland to be carried out by the Committee¹.

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

- Mr Günther KAISER , Head of the delegation;
- Mr Miklós MAGYAR;
- Mrs Maria SCIBERRAS;
- Mr Florin STĂNESCU;
- Mr Leopoldo TORRES BOURSAULT.

They were assisted by:

- Mr Andrew COYLE, Director of the International Centre for Prison Studies, School of Law, King's College London, United Kingdom (expert);
- Mr Enda DOOLEY, Medical Doctor, Director of the Prison Medical Service, Department of Justice, Dublin, Ireland (expert);
- Mrs Thora ANDERSEN (interpreter);
- Mr Helgi Skúli KJARTANSSON (interpreter);
- Mr Gauti KRISTMANNSSON (interpreter);
- Mrs Keneva KUNZ (interpreter);
- Mr Jón SKAPTASON (interpreter);

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

- Mr Fabrice KELLENS, Head of Unit;
- Mr Borys WÓDZ.

¹ The first periodic visit to Iceland took place in July 1993. The report on that visit has been published as document CPT/Inf (94) 8, and the responses of the Icelandic Government as documents CPT/Inf (94) 16 and CPT/Inf (96) 6.

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Akureyri Police Station
- Keflavík Police Station^(*)
- Keflavík Air Base Police Station^(*)
- Reykjavík Police Headquarters^(*)

Prisons

- Akureyri State Prison
- Kópavogur State Prison^(*)
- Litla-Hraun State Prison^(*)
- Skólavörðustigur State Prison, Reykjavík^(*)

Psychiatric establishments

- Sogn Institution for Mentally Ill Offenders^(*)
- Psychiatric Ward at Akureyri Regional Hospital

Juvenile establishments

- Treatment and Diagnostic Centre, Stuðlar.

C. Consultations held by the delegation

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

A list of the national authorities and non-governmental organisations with which the delegation held talks is set out in Appendix II to this report.

^(*) Establishment visited for the first time in 1993.

D. Co-operation encountered during the visit

5. The CPT wishes at the outset to underline that the degree of co-operation which prevailed during the visit was exemplary.

The talks with the national authorities, both at the beginning and at the end of the visit, took place in a spirit of close co-operation. Fruitful discussions were held with Mr Thorsteinn PÁLSSON, the Minister for Justice, Mr Thorsteinn GEIRSSON and Ms Björg THORARENSEN, Secretaries-General at the Ministry of Justice, Mr Bogi NILSSON, Director of Public Prosecutions, Mr Haraldur JOHANNESSEN, National Police Commissioner, Mr Thorsteinn JÓNSSON, Director of the Prison and Probation Administration, and Mr Davið Á. GUNNARSSON, Secretary General at the Ministry of Health, as well as with numerous other senior officials from the ministries concerned.

Further, the delegation had a productive meeting with Mr Páll HREINSSON, Deputy Ombudsman, and Ms Ragnhildur HELGADÓTTIR, Legal Adviser at the Ombudsman's Office.

Finally, the CPT wishes to underline the assistance provided to the delegation by the Government's liaison officers, Mr Jón THORS and Mr Hjalti ZÓPHÓNIASSON, not only during, but also before and after the Committee's visit to Iceland.

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

7. At the end of its visit to Iceland, the CPT's delegation gave a brief oral report to senior officials of the Ministries concerned and requested the Icelandic authorities to take action on a number of issues of concern for the delegation and to report on the measures taken within three months. These issues will be considered in more detail below; however, the CPT would already like to draw attention to the constructive manner in which the Icelandic authorities took note of, and subsequently acted on, those requests. In a letter of 13 July 1998, the Icelandic authorities indicated the steps already taken in response to the delegation's concerns.

8. The CPT is pleased to note that, taken as a whole, the content of its ongoing dialogue with the Icelandic authorities since 1993 and its delegation's findings during the 1998 visit clearly indicate that those authorities are committed to taking positive action to implement the Committee's recommendations.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

9. A number of legislative and organisational changes have taken place in Iceland since the CPT's first periodic visit, as far as the police force is concerned. Firstly, an express prohibition of torture or any other inhuman or degrading treatment or punishment has been introduced into Icelandic law through amendments made to the Icelandic Constitution by Act No. 97/1995. In December 1995, amendments to this effect were made by the Althing to the Criminal Code.

Secondly, according to the new Police Act (in force since 1 July 1997), the Criminal Investigation Department ceased its operations and a State Police was created. The new single, national police force, which *inter alia* took over the duties so far carried out by the above-mentioned Department, is now headed by the National Police Commissioner who acts under the authority of the Minister for Justice.

Finally, under the same Act, district police commissioners have been granted the powers of prosecution in minor cases.

10. The CPT understands that the basic rules governing the detention and treatment of persons by the police have not changed since its first periodic visit to Iceland. Those rules were summarised in the report drawn up following that visit (cf. document CPT/Inf (94) 8, paragraphs 10 and 11).

2. Ill-treatment

11. As had been the case during the 1993 visit, the CPT's delegation heard no allegations of torture of persons detained by the police in Iceland, and gathered no other evidence of such methods.

12. Further, the CPT's delegation heard very few allegations of other forms of ill-treatment of detained persons by police officers. Those which were made related mainly to the use of excessive force by police officers at the time of arrest. All of the information at the CPT's disposal indicates that persons deprived of their liberty by the Icelandic police run little risk of being ill-treated.

13. As regards the allegations of the use of excessive force at the time of arrest, the CPT fully recognises that the apprehension of a suspect may frequently be a hazardous task, particularly if the person concerned resists and/or police officers have reason to believe that the person might be armed and dangerous. The circumstances of arrest may be such that the apprehended person suffers injuries, without this being the result of a deliberate intention to inflict ill-treatment. However, no more force than is strictly necessary should be used when effecting an arrest. Furthermore, once apprehended persons have been brought under control, there can never be any justification for their being struck by police officers.

In the light of the information received during the visit, **the CPT invites the Icelandic authorities to remind police officers of these principles in an appropriate manner.**

3. Conditions of detention in police establishments

a. introduction

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

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

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

15. As was the case in 1993, the delegation found that periods of police custody normally did not exceed 24 hours, though on occasion a person arrested outside Reykjavík could spend some days in a police station, pending transfer to prison.

b. situation in the establishments visited

i. *follow-up visits*

16. The material conditions of detention at Reykjavík Police Headquarters were described in paragraphs 19 and 20 of the report on the CPT's first periodic visit (document CPT/Inf (94) 8). At the time of the 1998 visit, these conditions were still, on the whole, satisfactory.

However, the CPT regrets that no action has yet been taken on the comment made in the first report, concerning the desirability of improving access to natural light in certain of the cells. The delegation was informed that major renovation work would probably be conducted in the near future in the relevant parts of the premises. **The CPT would like to receive further information concerning the timetable for the renovation work and the precise improvements involved.**

17. The CPT's delegation also noted that two police custody cells were equipped with a metal bar fixed on the side of the sleeping platform. Police officers present stated that if a person was, or became, highly agitated, he/she would be placed in one of these cells and secured to the metal bar using footcuffs. If necessary, the person concerned would also be placed in handcuffs. Consultation of the relevant register showed that this procedure had been followed at least a dozen times in 1997, and had, on occasion, lasted several hours (cf. also paragraph 29, below).

At the end of the visit, the CPT's delegation indicated its disquiet with this procedure (cf. also paragraph 29, below) and requested the Icelandic authorities to immediately remove the above-mentioned metal bars from the two cells concerned. In their previously mentioned letter of 13 July 1998, the Icelandic authorities informed the CPT that both the metal bars in question and the footcuffs had been removed; the Committee welcomes this development.

18. Material conditions of detention at Keflavík Police Station remained as described in the report on the 1993 visit (cf. paragraphs 23 and 24 of document CPT/Inf (94) 8); they were on the whole satisfactory. However, in its first visit report, the CPT recommended that, as far as possible, any remand prisoner detained in Keflavík Police Station be accommodated in the largest of the cells, and that the Icelandic authorities examine the possibility of offering such persons proper outdoor exercise every day. The findings made during the second periodic visit indicate that efforts had indeed been made to accommodate remand prisoners in the largest cell, but that the situation had not changed with respect to outdoor exercise - prisoners were still obliged to take outdoor exercise inside the establishment's garage.

The CPT reiterates its recommendation made in paragraph 25 of the first visit report that remand prisoners be offered the possibility to take proper outdoor exercise every day. Further, the Committee wishes again to stress that it would be far preferable for remand prisoners to be transferred immediately to a prison.

19. Concerning the Keflavík Air Base Police Station, the delegation was pleased to find that the recommendation made in paragraph 27 of the first visit report had been followed and that the two cells criticised in the report because of their size had been merged into one cell, measuring 7 m². The equipment and the general state of repair of the above-mentioned cell remained fully satisfactory.

ii. establishments visited for the first time

20. Akureyri Police Headquarters was built in 1968. It possesses one double and two individual police custody cells (measuring respectively 13,3 m² and 6,6 m²) and six individual basement cells measuring 5 m² each, used mostly to accommodate inebriates. All the cells were equipped with a concrete sleeping platform, a mattress and a blanket, as well as a call system. Access to natural and artificial light, ventilation and heating were satisfactory. Persons detained had access to toilets, a washbasin and a shower facility. The general state of repair and cleanliness of the premises was satisfactory.

The conditions of detention at Akureyri Police Headquarters could therefore be considered as satisfactory (cf. however paragraphs 69-71).

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

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

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

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

22. In its report on the 1993 visit, the CPT made certain recommendations concerning safeguards for persons detained by the police. The Icelandic authorities subsequently took measures to implement most of these recommendations. Notwithstanding this favourable state of affairs, the CPT would like to raise various issues which still need to be addressed.

23. Concerning the right of a person detained by the police to immediately inform a close relative or another third party of his choice of his situation, the new Regulation No. 395/1997 on the status and rights of arrested persons and interrogations by the police stipulates (Articles 2 to 6) that the police may only delay the exercise of this right if there is a specific reason (reasonable fear of destruction of evidence, hiding of objects or profits, warning of other suspects) to expect that a notification could impede the investigation, and only if the alleged offence is punishable by at least three years of imprisonment. Such a decision must be confirmed in writing, motivated and notified to the interested person, and in any case the delay may not exceed 24 hours. These provisions largely meet the CPT's concerns in this respect; however, **the CPT remains of the opinion that any delay in the exercise of a person's right to notify someone of his situation should require the approval of a senior police officer or a public prosecutor.**

24. The situation with respect to access to a doctor for persons detained by the police has remained very much the same as during the first visit. Although the exercise of this right did not seem to pose any particular problems in practice (including the right to be examined by a doctor of one's own choice), there were still no specific provisions regarding this right. Therefore, **the CPT wishes to reiterate its recommendation that such provisions be adopted (cf. CPT/Inf (94) 8, paragraph 36).**

25. In its first visit report, the CPT stressed the importance which it attaches to persons detained by the police being immediately informed of all their rights in a language which they understand. The delegation which carried out the second periodic visit observed that information on such rights - with the exception of the right of access to a doctor - was given in all the police establishments visited (both orally and in writing). In particular, information sheets setting out those rights had been devised by the Icelandic authorities in five languages. Those sheets were systematically handed out to persons arrested, who were also requested to confirm with their signature the fact of having been informed of the above rights. The CPT welcomes these measures; however, **it recommends that the information sheets be revised, so as to refer also to the right of persons detained by the police to have access to a doctor (cf. paragraph 24, above).**

26. The CPT also recommended in its first report that a code of conduct for police interrogations be drawn up by the Icelandic authorities (cf. paragraph 39 of document CPT/Inf (94) 8). In this respect, the CPT has noted that Regulation N°. 395/1997 contains detailed provisions concerning the conduct of police interrogations, including the prohibition against using misleading or unnecessarily offensive questions, threats or promises or any methods liable to reduce the alertness of the suspect, and the right of the suspect to meals and sleep. On this latter point, it is provided that if an interrogation - including breaks - lasts longer than 16 hours, it must not be resumed until after eight hours of rest.

These provisions meet the CPT's recommendation to a large extent. **However, on a number of points** (the systematic informing of the person interrogated of the identity (name and/or number) of those present at the interrogation; the questioning of persons who are under the influence of drugs, alcohol, medicine or who are in a state of shock; specific safeguards concerning the interrogation of persons who are mentally disabled or mentally ill) **Regulation N°. 395/1997 could usefully be supplemented.**

Further, the CPT has some reservations concerning the possible length of a given interrogation. Under the above-mentioned Regulation, a detained person may be interrogated for six hours without a break. In the CPT's opinion, only very exceptional circumstances could justify such a prolonged interrogation session without a break. Consequently, **the CPT invites the Icelandic authorities to revise Regulation N°. 395/1997, so as to make clear that breaks from interviewing should in principle be made at shorter intervals than six hours.**

27. During the second periodic visit, the delegation noted that, for interrogation purposes, police officers still had free access to persons on remand held in prison, and that it was not uncommon for such persons to be taken back into police custody for questioning without the involvement of a judge or public prosecutor. In this respect, the CPT wishes to stress again that it remains concerned about this practice, which could lend itself to abuse. Consequently, **the Committee reiterates its recommendation that the return to police custody of a remand prisoner held in prison be subject to the authorisation of a judge or public prosecutor.**

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

According to the information received by the delegation, the procedures for examining complaints of ill-treatment by police officers in Iceland have changed as from 1 July 1997. Since that date, the investigation in such cases has become the formal responsibility of the Director of Public Prosecutions. When examining such complaints, he is assisted by the staff of the National Police Commissioner.

The delegation was informed that the Icelandic authorities had not much experience with the new system, taking into account the very small number of complaints and the short time of the system's operation. However, some of the persons with whom the delegation met (*inter alia*, from the Ombudsman's office) expressed reservations as to the efficiency of this new procedure, which in their view was characterised by the same weaknesses as the previous one; in practice, the police are still conducting inquiries into their own shortcomings. They indicated that they would much prefer a system in which complaints against the police would be examined by a truly external body, that is fully independent from the police. **The CPT would welcome the Icelandic authorities' comments on this question.**

29. The CPT also wishes to address the issue of highly agitated/intoxicated persons taken into police custody. During its 1998 visit, the delegation was informed of the procedures followed in respect of such persons by officers present in Akureyri and Reykjavík Police Headquarters. The procedure applied in such cases in Reykjavík Police Headquarters is described in paragraph 17, above. As regards Akureyri Police Headquarters, agitated/intoxicated persons could on occasion be placed handcuffed in their cells.

At the end of the visit to Iceland, the delegation stated that these procedures were not suitable; in cases where a person in police custody is or becomes highly agitated, the police should immediately contact a medical doctor and act in accordance with his opinion. **The CPT recommends that the Icelandic authorities modify the existing procedures accordingly.**

5. Persons detained by the police under the aliens legislation

30. Under Article 15 of the Foreign Nationals Supervision Act, a foreigner awaiting a ruling as to whether he is to be refused entry or expelled from the country may be placed in police custody according to the provisions of the Code of Criminal Procedure, “with concessions according to the nature of the case”. Such a placement is only possible provided other measures (for instance, requiring a foreign national to report to the police at certain times or prohibiting him from travelling beyond certain limits) “can not be considered as ensuring with sufficient reliability that the foreign national will be contactable”. Detention lasts the time necessary to prepare the deportation. There is no explicit time limit, but in practice the periods of detention tend to last no more than two to three weeks. However, the detention period may be prolonged if the foreigner concerned lodges an appeal against the deportation order.

31. During its visit, the delegation was informed that persons who had been refused entry to Iceland were kept under police surveillance in the transit area of Keflavík International Airport, on occasion overnight. At the end of the visit, the delegation stressed that the latter persons should be provided with suitable means for sleeping, granted access to their luggage and properly equipped sanitary and washing facilities, and if necessary, guaranteed medical care. **The CPT recommends that the Icelandic authorities take the necessary measures in the light of these remarks.**

32. As regards illegal immigrants arrested on Icelandic territory, the delegation was told that they would normally be detained in a police station or in Litla-Hraun State Prison, and that their regime would in practice be the same as the one applicable to remand prisoners (cf. paragraphs 57-58, below).

It is axiomatic that conditions in a police station or a prison will often, if not always, be inappropriate for this type of administrative detention (which, it should be remembered, concerns persons who are not suspected of a criminal offence and who may have to be detained for a prolonged period). If it is deemed necessary for persons to be deprived of their liberty under the Foreign Nationals Supervision Act, it would be far preferable to accommodate them in a place specifically designated for that purpose, offering material conditions and a regime appropriate to their legal status and staffed by suitably qualified personnel. **The CPT would like to receive the comments of the Icelandic authorities on this subject.**

33. More generally, **the Committee wishes to stress that the safeguards against ill-treatment of persons deprived of their liberty, set out in paragraphs 21 to 25, should also apply to persons detained under the aliens legislation.**

34. Finally, it would be in violation of both national and international legal obligations for persons to be returned to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment. **The CPT would like to receive a detailed account of the precise practical steps taken by the Icelandic authorities to ensure that such a situation does not occur.**

B. Prisons

1. Preliminary remarks

35. The CPT's second periodic visit to Iceland included visits to four prison establishments: Litla-Hraun State Prison, Kópavogur State Prison and Skólavörðustigur Prison in Reykjavík received follow-up visits, while Akureyri State Prison was visited for the first time. Siðumúli State Prison, visited by the CPT's delegation in 1993 and criticised in the report subsequently drawn up (cf., in particular, paragraphs 53, 81-84 and 86 of document CPT/Inf (94) 8), was taken out of service in 1996; the Committee greatly welcomes this latter development. Remand prisoners previously accommodated in Siðumúli Prison were now directed chiefly to Litla-Hraun State Prison.

36. Litla-Hraun State Prison had undergone extensive transformation since the CPT's first periodic visit. The work carried out included the construction of a new three-storey building, accommodating 55 prisoners in single cells (brought into use on 24 October 1995), as well as of a multi-purpose sports and works hall, which had been operational since the middle of 1996. Further, the oldest building (House 2, formerly wing 1), which had been the subject of criticism after the 1993 visit (cf. paragraphs 68-72 of document CPT/Inf (94) 8), had been withdrawn from service as prisoner accommodation in 1995 and converted into a visiting unit for prisoners (comprising 12 visiting rooms and a larger "family room"). As for House 1 (isolation/disciplinary/security unit; formerly wing 3) and House 3 (formerly wing 2), they remained essentially as described in paragraphs 47 and 68-69 of the report on the CPT's 1993 visit.

In consequence of the above-mentioned changes, the prison's total capacity had risen to 87. At the time of the visit, it was accommodating 75 male prisoners, 15 of them on remand.

37. With respect to Kópavogur State Prison, the CPT refers to the general description of this establishment made in paragraph 48 of document CPT/Inf (94) 8, which remains accurate. At the time of the second periodic visit, the prison was accommodating 11 prisoners, five of whom were women (including one female prisoner with a child).

38. As far as Skólavörðustigur Prison in Reykjavík was concerned, the two cells (N° 13 and 14) which had been criticised by the CPT after its 1993 visit (cf. paragraphs 87-89 of document CPT/Inf (94) 8), had been converted into a TV room and a fitness room. As to other characteristics of the establishment, reference is made to paragraphs 50 and 87-88 of the first visit report.

In comparison with the previous CPT visit, the prison's total capacity had been reduced to 16. At the time of the delegation's visit, the establishment was accommodating 14 prisoners.

39. Akureyri State Prison, situated on the outskirts of the town of Akureyri, was located within the local Police Headquarters building (cf. paragraph 20, above). It was used to accommodate sentenced prisoners, for up to a few months. On the day of the delegation's visit, 10 prisoners were being held. Due to a shortage of prison cell space, one of the prisoners was being accommodated in a police custody cell (on this issue, cf. paragraph 70, below).

40. As in 1993, and in a welcome departure from the situation observed by the CPT in many of the other States which it visits, none of the prisons visited in Iceland (with the temporary exception of Akureyri State Prison) suffered from overcrowding. This has been achieved by making greater use of alternatives to imprisonment, such as suspended sentences, conditional release, community service and other community-based sanctions. Moreover, in order to avoid overcrowding, the Icelandic authorities continued to apply the so-called "queuing" system, according to which persons who have been sentenced by the courts to terms of imprisonment remain at liberty, pending a summons from the Prison and Probation Administration to serve their sentence.

41. In its first visit report (cf. paragraph 53 of document CPT/Inf (94) 8), the CPT recommended that the Icelandic authorities give the highest priority to implementing the four-year programme of action for prisons, drawn up by the Ministry of Justice. During the 1998 visit, the CPT's delegation observed the first results of the above-mentioned programme, namely the extensive transformations made at Litla-Hraun State Prison (cf. paragraph 36) and the withdrawal from service of Siðumúli Prison (cf. paragraph 35). However, the construction of a new prison in Reykjavík, intended to accommodate remand prisoners currently detained in Litla-Hraun State Prison, as well as to enable the closure of Skólavörðustigur Prison, had been delayed. It was no longer certain that the original target of entry into service by the end of 2001 would be met.

Such a new establishment would render it possible to accommodate all remand prisoners from the Reykjavík area in the region where they have family and social ties, and close to the seat of the competent investigating and/or prosecution authorities, as well as to offer to prisoners an appropriate regime of activities. **The CPT recommends that the Icelandic authorities give the highest priority to the construction of the new remand prison in Reykjavík. The CPT would also like to receive in due course information on the new establishment (projected date of entry into service, planned capacity, regimes envisaged, health care service, etc.).**

42. During its consultations with the Icelandic authorities, the CPT's delegation was also told that, in the context of the action programme, it was intended to draw up new regulations for prison officers and for improving work opportunities for prisoners. **The CPT would like to receive detailed information on the measures envisaged.**

2. Ill-treatment

43. The CPT's delegation heard a small number of allegations of physical ill-treatment of prisoners by prison staff in Iceland. These allegations concerned exclusively Litla-Hraun State Prison and related to the excessive use of force by staff of that establishment, said to have occurred while prisoners were being transferred to the solitary confinement/security cells in House 1. The delegation was shown two recent medical reports which indicated injuries - including those characteristic of handcuffs having been applied too tightly - which were consistent with such allegations.

The CPT recognises that prison staff will on occasion have to use force to control violent and/or recalcitrant prisoners. However, force should only be used as a last resort and must not be more than is strictly necessary. **The Committee recommends that prison officers at Litla-Hraun State Prison be reminded of these precepts. The CPT would also like to receive full information on the training received by prison officers in control and restraint techniques.**

44. The recent deaths of prisoners in Litla-Hraun State Prison are of much greater concern to the CPT.

During its preliminary discussions with the Prison and Probation Administration, the CPT's delegation was informed of two deaths which had occurred, respectively, on 15 and 21 March 1998. It was advised that an informal internal investigation carried out by the Administration's psychologist had established that no responsibility for the deaths could be attributed to either the health or the prison authorities. Information subsequently received by the delegation - from sources both within and outside the prison - raises some doubts regarding this conclusion. Both prisoners concerned had shortly before their death requested to see a psychiatrist, and one of them had apparently, on a number of occasions prior to his death, given a clear indication - both to the staff and to fellow prisoners - of his intention to take his life.

The CPT's delegation requested the Icelandic authorities to carry out an independent enquiry into the circumstances surrounding the two deaths and to report on the outcome of this enquiry within three months. The delegation also asked to be informed of the results of any judicial enquiry which might have been carried out into the deaths, including copies of the autopsy reports.

45. The CPT's delegation also noted with considerable concern the absence of any policy and/or guidelines for suicide prevention within the Icelandic prison system, and the apparent reluctance of the Prison and Probation Administration to consider the need for such a policy. Therefore, at the end of the visit, the delegation requested the Icelandic authorities to draw up such a policy and/or guidelines and to inform the CPT of the measures taken in this respect within three months.

In this context, the CPT wishes to stress that medical screening on arrival, and the reception process as a whole, has a crucial role to play; performed properly, it could identify at least certain of those at risk and relieve some of the anxiety experienced by all newly-arrived prisoners. Further, prison staff, whatever their particular job, should be made aware of (which implies being trained in recognising) indications of suicidal risk. In this connection it should be noted that the periods immediately before and after trial and, in some cases, the pre-release period, involve an increased risk of suicide. A person identified as a suicide risk should, for as long as necessary, be kept under a special observation scheme. Further, such persons should not have easy access to means of killing themselves (cell window bars, broken glass, belts or ties, etc.). Steps should also be taken to ensure a proper flow of information - both within a given establishment and, as appropriate, between establishments (and more specifically between their respective health care services) - about persons who have been identified as potentially at risk.

46. The Icelandic authorities addressed these issues in their letter of 13 July 1998. They stated that, while preparing to find suitable persons to be appointed to undertake the task of carrying out the independent enquiry into the circumstances of the two deaths referred to above, a third suicide took place on 18 June 1998 at Litla-Hraun State Prison (despite the night watch having been strengthened at the time by extra prison officers).

The Icelandic authorities informed the CPT that, on 1 July 1998, the Minister of Justice appointed an independent expert committee, which was given the task to:

- (1) “investigate the circumstances leading to those three suicides at Litla-Hraun and find out, as far as possible, the reasons behind each of them”; and
- (2) “set forward proposals for amendments and an action programme in order to prevent suicides in prisons”.

The committee was instructed to deliver its report to the Ministry not later than October 1998.

The Icelandic authorities also informed the CPT that the Director of the Prison and Probation Administration had given to the Administration’s psychologist the task of drawing up guidelines for the prevention of suicides in prisons, which were expected to be available in September 1998. This work would be co-ordinated with that of the above-mentioned expert committee.

47. In the light of the above, **the CPT requests the Icelandic authorities to provide at the earliest opportunity:**

- **a copy of the report drafted by the independent expert committee appointed by the Minister for Justice;**
- **a copy of the guidelines for the prevention of suicides in prisons, drafted by the Prison and Probation Administration's psychologist.**

3. Solitary confinement of remand prisoners for investigation purposes

48. As was pointed out in the report on the 1993 visit, the CPT pays particular attention to prisoners who are held under conditions akin to solitary confinement. All forms of solitary confinement without appropriate mental and physical stimulation are likely in the long term to have damaging effects, resulting in deterioration of mental faculties and social abilities. In this context, the CPT has paid particular attention to the solitary confinement in Iceland of remand prisoners for investigation purposes.

49. The delegation which carried out the second periodic visit to Iceland found that the use of solitary confinement for investigation purposes had slightly diminished in recent years; in particular, the period of such solitary confinement tended to be shorter than in the past. However, the examination of relevant records in Litla-Hraun State Prison revealed that nearly all remand prisoners were still being placed in solitary confinement for investigation purposes. Further, although the average duration of this form of solitary confinement was between two and three weeks, on occasion it could last much longer. In four cases during the period of 1997 and the first quarter of 1998, the solitary confinement had lasted almost three months. Consequently, the issue of solitary confinement for investigation purposes in Iceland continues to be of concern to the Committee.

50. As was the case at the time of the 1993 visit, the decision to place a remand prisoner in solitary confinement for the purposes of the investigation rests with the police. However, a remand prisoner has the right to refer to a judge a decision to place him in solitary confinement for investigation purposes. The CPT is pleased to note that the recommendation made in its 1993 report that remand prisoners placed in solitary confinement for this reason be informed in writing of their right to refer the matter to a judge, has been implemented via an amendment to the Regulations on the Detention on Remand (RDR).

Further, in their interim reply to the report on the 1993 visit, the Icelandic authorities indicated that arrangements had been made so that a remand prisoner whom the police intended to place in solitary confinement could contest this matter before the competent court, immediately after the latter had taken the decision to remand the person concerned in custody. **The CPT would like to be informed whether such arrangements are still in force and whether they apply to all remand prisoners without exception.**

51. The CPT also recommended in its 1993 report that the reasons for a decision to place a remand prisoner in solitary confinement for investigation purposes be recorded in writing and that the person concerned be informed of them. As regards this recommendation, the Icelandic authorities indicated that in their view it was not necessary to present separate reasoning in support of solitary confinement given that the arguments invoked by the police in favour of such a measure would be the same as the arguments invoked in support of a request for remand in custody, based on Section 103. 1 (a) of the Code of Criminal Procedure.

The CPT is not convinced by this line of reasoning. Section 103. 1 (a) allows remand in custody when “there shall be reason to believe that the accused person will render the investigation of the case difficult, e.g. by erasing evidence of the offence, concealing stolen items or by influencing witnesses or accomplices”. In many cases, to take the exceptional measure of depriving someone of their liberty pending trial would in itself be quite sufficient to avoid the risk referred to in Section 103. 1 (a). The need to go further and require that the deprivation of liberty be carried out in solitary confinement in order to avoid that risk calls for specific justification.

Consequently, **the CPT recommends that the police be required to record in writing the specific reasons justifying the placing of a remand prisoner in solitary confinement for investigation purposes, and that the prisoner be informed of those reasons (it being understood that the reasons given might not include details which in the interests of the investigation it is reasonable to withhold from the prisoner)**. This requirement will both enable the prisoner to reach an informed decision as to whether he should exercise his right to refer the matter to the court and, in turn, enable the court to make a meaningful review of the matter.

Further, **it is recommended that the same procedure be followed when decisions to remand in custody are reviewed by the court** (in practice, such reviews take place at intervals of no longer than four weeks), **and the police wish to prolong the solitary confinement for investigation purposes of the prisoner concerned**.

52. In paragraph 65 of the report on the 1993 visit, the CPT also recommended that whenever a prisoner held in solitary confinement (for whatever reason), or a prison officer acting on his behalf, asks for a doctor, the doctor be called forthwith to examine the prisoner. The findings of the examination, including an assessment of the prisoner's physical and mental health, and, if appropriate, an opinion on the likely effects of continuing solitary confinement, should be set out in a written report to be sent to the relevant authorities. In their replies (cf. pages 15-17 of document CPT/Inf (94) 16, and page 7 of document CPT/Inf (96) 6), the Icelandic authorities informed the Committee of measures taken, which meet the core of that recommendation.

53. At the time of the 1998 visit, remand prisoners placed in solitary confinement for the purposes of the investigation were accommodated in House 1 of Litla-Hraun State Prison. As already indicated in the report on the 1993 visit (cf. paragraph 69 of document CPT/Inf (94) 8), material conditions of detention in that part of the establishment were good. However, the regime applied to such remand prisoners was very limited. Apart from one hour of daily outdoor exercise, taken alone, and access to the shower facility, the prisoners spent all the time in their cells. They were not offered any possibilities for work or education, were not allowed to listen to the radio or watch TV, to correspond or to make telephone calls, and could only receive visits from their lawyers.

Clearly, to subject a remand prisoner to such a restrictive regime for a prolonged period could well prove prejudicial to his health. The measures already referred to in paragraph 52 constitute a fundamental safeguard in this regard. However, **the CPT also wishes to recommend that efforts be made to counter the harmful effects of solitary confinement whenever a prisoner is subject to such a regime for a prolonged period e.g. deployment of additional human resources to provide appropriate human contact; access to purposeful activities. The general aim should be to protect such prisoners from experiencing suffering or harm.**

4. **Conditions of detention in general**

a. follow-up visits

i. *Litla-Hraun State Prison*

54. The material conditions of detention in House 1 (formerly wing 3) and House 3 (formerly wing 2) of Litla-Hraun State Prison were described in paragraphs 68 and 69 of the report on the CPT's first visit. As in 1993, they could be considered as acceptable or even good. Moreover, the problem of access to toilet facilities at night, described in the CPT's first visit report (cf. paragraph 69 of document CPT/Inf (94) 8), had been resolved after the Minister for Justice had sent a letter to the Prison and Probation Administration, ordering that a call from a prisoner occupying a cell without toilet facilities be answered without delay (cf. the interim report of the Icelandic authorities, p. 20).

55. As already mentioned (cf. paragraph 36), a new building (House 4) had been brought into service at the time of the second visit. The material conditions of detention in this part of the establishment were of a high standard. All the cells were of a very good size for individual occupation (10 m²), had a sanitary annexe, and were well lit and equipped (including a call system); moreover, they were clean and in a very good state of repair. Ventilation was also satisfactory; however, in the cells facing the sea, prisoners had been obliged to cover ventilation grills in order to prevent wind and sand from entering. **The CPT invites the Icelandic authorities to explore means of overcoming this problem.**

56. The oldest building (House 2) in principle no longer accommodated prisoners. However, this part of the establishment still contained three cells which could exceptionally be used for solitary confinement purposes when all the cells in House 1 were occupied. Although reasonably well equipped and in a satisfactory state of repair, these cells were very small (4.5 m²). **The CPT recommends that these cells never be used for periods of detention exceeding one or two days. Preferably, they should be withdrawn from service as prisoner accommodation.**

57. As to the regime of activities, several improvements had taken place since the CPT's first visit.

All prisoners (except those in solitary confinement) still enjoyed a generous out-of-cell time, the cells being unlocked between 8.00 a. m. and 10.00 p. m. They had access to well-appointed common areas (where they could *inter alia* play games and watch television). Prisoners could prepare their own breakfasts in a kitchenette and store any refreshments/coffee/tea or food. They also had access to a large outdoor exercise area (6 hours a day for those who did not work; 2 hours 15 minutes for those prisoners who had a job or followed classes), as well as to a fitness room and a very well equipped gymnasium.

58. In comparison with the 1993 visit, there had been a visible improvement as far as employment possibilities were concerned. This was partly due to the opening of a new workshop area (cf. paragraph 36). Prisoners could consequently choose employment in one of the following workshops: welding and light engineering, repairing fishing nets, paving blocks production, making car number plates, pallets and wooden window frames, and washing cars. The working day usually lasted 5½ hours. The CPT welcomes this development. In this context, **the Committee would like to know if the general health and safety regulations are applicable in the establishment's workshops.**

Classes were taught in the new, well-equipped education unit located close to the administration block. The education was provided, as in 1993, by the Selfoss Comprehensive School, which offered a full secondary school programme, with special emphasis on computer training. In the beginning of each school year, 25 places were offered to prisoners. At the time of the CPT delegation's visit, 13 prisoners were following such classes. Unfortunately, no provision was made for prisoners requiring basic tuition.

Altogether, up to 60 prisoners had access to work or education; however, **the CPT invites the Icelandic authorities to reflect upon ways of providing prisoners with more vocational training possibilities. Further, the CPT wishes to stress the importance of providing elementary education to prisoners in need of such education.**

59. The overall positive impression which the delegation received with respect to the regime of activities in the prison was partly overshadowed by the situation observed in House 3, where prisoners considered by the staff as 'difficult' (in most cases, for drug-related reasons) were accommodated. Prisoners detained in this building spent the bulk of their day in enforced idleness, confined in their unit (except for one hour of daily outdoor exercise). They were not allowed to take part in either work or educational activities.

The CPT recommends that the Icelandic authorities seek to develop a proper programme of activities for prisoners accommodated in House 3.

60. A so-called 'drug-free unit' (sometimes referred to as the 'model prisoners' unit') of 11 cells had been created on the top floor of House 4. Prisoners accommodated in this unit enjoyed several privileges, such as extra access to the gymnasium, extra visits, virtually unlimited access to the telephone and access to video rental. These privileges were granted in exchange for 'model conduct'.

The prison's management explained to the delegation that, in order to be admitted to and remain in this unit, prisoners had to be free from disciplinary offence, accept regular urine tests and refrain from taking any prescribed drugs 'that might have intoxicating effects'. In addition, they had to agree to work or follow education.

61. It was explained to the delegation that, upon their arrival in the establishment, prisoners (with the exception of those isolated for investigation purposes) would first be accommodated in House 3 and that their eventual transfer to the better accommodation in House 4 (and, ultimately, to the 'drug-free unit') would depend, in addition to fulfilling the above-mentioned criteria, on the staff's assessment of their behaviour and attitude.

62. However, the delegation found that there was no clearly established procedure regulating the movement of prisoners between Houses and/or units. This lacuna is all the more important since it was quite possible for a prisoner to be moved 'downwards', from a more to a less 'privileged' group, if he were found to no longer fulfil the relevant criteria. In this connection, the prison's management admitted that prisoners were not informed of the reasons underlying such decisions and it was apparent that the prisoners concerned had no clear understanding of the criteria which were being used.

63. The CPT recommends that the Icelandic authorities establish a clear and formal procedure for the movement of prisoners between Houses/ units in Litla-Hraun State Prison. In particular, the prisoners concerned should be informed in an understandable manner of the criteria which they should fulfil in order to benefit from a better accommodation/regime, and be informed in writing of the reasons for decisions to move them to a different House/unit. Further, they should have the possibility to complain against such a decision to a higher authority, and be informed of such a possibility in writing.

ii. Kópavogur State Prison

64. The material conditions of detention at Kópavogur State Prison, which had been described in the report on the 1993 visit as very good (cf. paragraph 79 of document CPT/Inf (94) 8), remained unchanged.

As to the regime of activities, efforts had been made to increase work opportunities and improve access to education. At the time of the visit, all prisoners save two (one woman with an infant and another female prisoner undergoing treatment for alcohol addiction) had work - principally in the prison's laundry or in a cloth-printing workshop, one female prisoner being employed in cleaning the building. Moreover, an agreement had been concluded with the Kópavogur Comprehensive School, as a result of which three teachers provided Icelandic, mathematics and computer classes three times a week.

iii. Skólavörðustigur Prison, Reykjavík

65. The CPT is pleased to note that, as recommended by the Committee in the report on the 1993 visit, cells n° 13 and 14 had been withdrawn from service as cellular accommodation (cf. paragraph 38, above). Further, a prisoners' kitchenette/laundry area had been installed at the end of the main corridor. It should also be emphasised that the general state of repair and cleanliness of the establishment's cells had much improved as compared to 1993.

66. However, as regards the regime offered to the prisoners, the CPT would like to reiterate its concern regarding the absence of any form of activities, and in particular, work and/or education. Prisoners still benefited from very generous out-of-cell time (8.00 a. m. till 10.00 p. m.), and access to a small exercise yard (open, theoretically, one hour per day, but in practice - weather permitting - during the whole day); further, since the 1993 visit, they could also make use of a fitness room. However, it remained the case that there was no genuine regime of activities.

67. The situation described above is to a large extent the result of the structural shortcomings of Skólavörðustigur Prison. It is indeed very difficult to offer work and education possibilities in an establishment which - by its very design - does not possess sufficient space for workshops and education facilities.

The implementation of the recommendation made in paragraph 41 above will in due course overcome this problem. In the meantime, **the CPT invites the Icelandic authorities to pursue actively their efforts in order to provide additional activities for inmates at Skólavörðustigur Prison.**

b. Akureyri State Prison

68. In general, the material conditions of detention prevailing at Akureyri State Prison could be considered as being satisfactory. The establishment had one double cell and seven single cells. All of the cells were well equipped (bed with mattress, sheets and pillow, wardrobe, table, chair), well lit and ventilated, clean and in a very good state of repair. Further, access to out-of-cell sanitary facilities was guaranteed at all times. Admittedly, the cells were rather small -slightly less than 10 m² for the double cell and slightly less than 6 m² for a single cell. However, this drawback was alleviated to a large extent by the fact that prisoners spent most of the day outside their cells (cf. paragraph 71).

69. No female prisoners were being held in Akureyri State Prison at the time of the visit. However, the delegation was informed that any such prisoner would be held in one of the six police cells, located in the basement of the building (cf. paragraph 20). In this regard, **the CPT would like to receive information as regards the regime applied to female prisoners held in this establishment.** Further, **the Committee wishes to stress that the police cells located in the basement of the building are not suitable for periods of detention exceeding a few days.**

70. As already indicated, at the time of the visit, one remand prisoner was being held in a police custody cell. The prisoner concerned apparently enjoyed the same regime as other prisoners in Akureyri State Prison (cf. paragraph 71), and consequently spent most of the day outside his cell. Nevertheless, **the CPT wishes to stress that the police custody cells at Akureyri Police Headquarters are not suitable for periods of detention lasting more than a few days.**

71. As far as the regime of activities was concerned, Akureyri State Prison suffered from the same deficiencies as Skólavörðustigur Prison (cf. paragraph 66). Prisoners enjoyed long out-of-cell time (7.00 a. m. to 11.00 p. m.) and had ready access to a spacious yard (+ 75 m²), fitness equipment and a common room with a kitchenette and a television. However, there were no organised activities.

The CPT invites the Icelandic authorities to attempt to provide additional activities for inmates at Akureyri State Prison, particularly those detained there for a prolonged period.

72. The CPT's delegation was also concerned to learn that, although Akureyri State Prison had a complement of four prison officers, the management of the establishment - including decisions on disciplinary matters - had been entrusted to a senior police officer. In the CPT's opinion, it would be far preferable for the management of Akureyri State Prison to be entrusted to a person falling under the direct authority of the Prison and Probation Administration. **The CPT would like to receive the comments of the Icelandic authorities on this subject.**

*
* *

73. Finally, it should be noted that rehabilitation and treatment programmes for prisoners were clearly underdeveloped. None of the prisons visited employed social assistants, there were no formal individualised custody plans, and the only form of preparation for release available was a possibility for a limited number of prisoners to follow a short alcohol and drug addiction treatment in the period immediately preceding their return to open society. Not surprisingly, there was a high rate of recidivism.

The provision of individualised custody plans and appropriate psycho-social support are fundamental elements in assisting prisoners to come to terms with their period of incarceration and, in due course, to prepare for release. Consequently, **the CPT recommends that the Icelandic authorities take measures in order to develop rehabilitation and treatment programmes for prisoners.**

5. Medical services

a. introduction

74. An amendment to the Prison Law, adopted in 1997, transferred responsibility for prison medical services from the Ministry of Justice to the Ministry of Health, as from 1 January 1998. This amendment formally established the principle of equivalence of care, i.e. that prisoners are entitled to the same standard of medical care as the general population. However, the delegation noted that, at the time of the visit, the above-mentioned amendment had not yet been implemented in practice. In particular, at Litla-Hraun State Prison, the fact that the Ministry of Health had yet to devise a policy and/or guidelines on medical services in prisons meant that the previous arrangements (cf. paragraphs 92-94 of document CPT/Inf (94) 8) remained in place. At the end of the visit, the delegation requested the Icelandic authorities to take urgent steps in order to ensure the practical implementation of the new law, and to inform the CPT within three months of the measures taken.

75. In their reply of 13 July 1998, the Icelandic authorities informed the CPT of the agreement of 2 December 1997 between the Ministry of Health and the Prison and Probation Administration, according to which the Ministry of Health would place the medical service of each prison within the responsibility of the respective local Health Service Centre. It should also be noted that, in the course of its consultations at the Ministry of Health, the CPT's delegation was informed that the Ministry would consider the need to organise specialised training for doctors working in prisons, having regard to the specific character and health needs of the prison population.

In the same letter, the Icelandic authorities informed the Committee that negotiations between the Ministry of Health and the local Health and Medical Service Centre at Selfoss were now being finalised in the form of a service agreement for Litla-Hraun State Prison. This agreement would contain three categories of services: an ordinary medical service, a nursing service and a psychiatric service. The Icelandic authorities added that the above-mentioned services had to a large extent already been implemented and that full account had been taken of the CPT's requests as regards the organisation of doctors and nurses attendance, as well as the availability of a psychiatrist, which had been arranged in direct contact with the Sogn Institution for Mentally Ill Offenders. In addition, more emphasis would be placed on active prevention and encouraging healthier ways of life. Special attention would be paid to the inmates' problems with drugs and alcohol.

76. The CPT would like to receive at the earliest opportunity detailed information on the practical operation of the new system, resulting from the amendment to the Prison Law. In particular, it would like to receive copies of the service agreements concluded for each prison in Iceland.

b. staff and facilities

77. At the time of the visit, the medical service at Litla-Hraun State Prison was provided by a retired general practitioner, who held surgeries two days a week and was on call in case of emergency. Although the delegation formed an overall positive impression of his work, the CPT wishes to stress that, even if the attendance of the doctor (in terms of hours per week) might be considered as adequate, **a more even spread of those hours throughout the week would be preferable**. In addition, **the Committee considers that there is a need for the doctor to be more actively involved in health promotion, particularly as this applies to the areas of drug abuse and health screening**.

78. The CPT is very concerned with the total absence of a nurse in the medical service at Litla-Hraun State Prison - a situation which was even worse than the one encountered at the time of the 1993 visit (cf. paragraph 97 of document CPT/Inf (94) 8). In the CPT's opinion, the presence of a nurse would improve control over the administration of medicines and guarantee medical confidentiality, as well as providing a resource to facilitate and co-ordinate the overall services such as health screening, monitoring of vulnerable cases, drug treatment strategies, etc. **The CPT recommends that the Icelandic authorities ensure that Litla-Hraun State Prison is provided with the services of a full-time nurse; this should in particular bring an end to the current undesirable situation under which prison staff have access to medication and are distributing it to prisoners.**

Furthermore, the establishment would benefit from the regular presence of a psychologist. The CPT's delegation was concerned to learn that the prison's psychologist had resigned in the course of the delegation's visit and that there appeared to be no plans to replace him. **The CPT recommends that the Icelandic authorities make every effort to ensure that this post is filled as soon as possible.**

79. The staffing arrangements in Skólavörðustigur Prison and Kópavogur State Prison appeared to be satisfactory. Doctors held surgeries twice a week in the first establishment and once a week in the second, and were available on call in emergencies. Both prisons benefited from the presence of a nurse (two days a week in Skólavörðustigur, one day a week in Kópavogur), and the Skólavörðustigur prison also had the services of a psychologist.

A doctor visited all newly arrived prisoners at Akureyri State Prison and was always available on request. Further, a psychologist was present in the establishment twice a month. However, the prison did not benefit from the services of a nurse. **The CPT recommends that the Icelandic authorities ensure that a nurse visits Akureyri State Prison at least once a week.**

80. As in 1993, emergency medical assistance could be rapidly obtained by all the prisons visited from local general hospitals. In this context, the CPT also welcomes the steps taken by the Icelandic authorities in order to improve the first aid training of prison staff.

81. The facilities available to the health care services in the Litla-Hraun, Skólavörðustigur and Kópavogur prisons were of a high standard. However, the delegation noted that adequate facilities were not available in Akureyri State Prison, where all medical examinations/consultations took place in one of the offices of the Police Headquarters. **The CPT invites the Icelandic authorities to find a more appropriate facility for such examinations/consultations.**

c. medical screening on admission

82. In 1993, the CPT found that examinations of newly arrived prisoners appeared to be only carried out systematically in Skólavörðustigur Prison. Therefore, it recommended that every newly arrived prisoner, whether convicted or on remand, be seen on admission by a doctor or a qualified nurse reporting to a doctor. The CPT is pleased to note that the delegation which carried out the 1998 visit found that this recommendation had been implemented.

d. general medical care

83. As in 1993, the CPT's delegation observed that the medical care of prisoners in the establishments visited was generally satisfactory. However, a number of issues continued to give rise to concern.

84. Firstly, with regard to access to a doctor, the delegation found that in Litla-Hraun State Prison, prison staff still exercised control over requests to see a doctor. Although no complaints were heard from prisoners about actual access to a doctor, **the CPT feels obliged to reiterate the recommendation on this subject made in the report on the 1993 visit (cf. paragraph 106 of document CPT/Inf (94) 8).**

Further, the delegation observed that in practice, a system had been introduced under which prisoners could forward written requests for prescriptions of medication (including tranquillisers and some psychotropic drugs) without being physically seen by the doctor. The CPT considers this to be an unacceptable practice, particularly taking into account the characteristics of the prison's population (which included a considerable number of substance abusers, cf. paragraph 90, below). **The Committee recommends that this practice be discontinued and that prescriptions for medicines be given only after a proper medical consultation.**

85. Just as at the time of the first visit, access to specialist care, with the exception of psychiatric services (cf. paragraph 88), appeared to present no difficulties. However, the CPT's delegation noted that the problems related to payment for dental treatment were still present; while the cost of other forms of treatment was fully covered by the Prison and Probation Administration, only emergency dental treatment was free of charge.

The CPT considers that all prisoners should have access to preservative dental treatment, including those without the means to pay themselves for such treatment. **The CPT would like to know whether the new service agreements concluded for prisons in Iceland will guarantee such treatment for all prisoners.**

86. In the report drawn up after the 1993 visit, the CPT formulated some remarks concerning the functioning of prison health services (cf. paragraph 111 of document CPT/Inf (94) 8). During the 1998 visit, the delegation observed that the situation in this respect in Litla-Hraun State Prison had further deteriorated. Not only was there now no presence whatsoever of a nurse in the medical service (cf. paragraph 78, above), there did not appear to be any form of regular co-ordination between the prison's general practitioner and the psychologist. This was all the more surprising given that the Icelandic authorities had declared in their interim report (cf. page 24 of document CPT/Inf (94) 16) that the Minister for Justice had ordered the Prison and Probation Administration to institute such a closer co-operation.

In this context, **the CPT reiterates its recommendation that the Icelandic authorities make efforts to secure close co-operation between the different health professionals providing services to prisoners in Litla-Hraun State Prison.**

e. psychiatric care

87. In any prison system there will be many prisoners who, whilst not requiring admission to a psychiatric hospital facility, would benefit from appropriate psychiatric or psychological care. Of course, mentally ill prisoners should be kept and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff. That facility could be a civil mental hospital or a specially equipped psychiatric facility within the prison system.

88. The findings made by the CPT's delegation during its 1998 visit suggest that the in-house/visiting psychiatric services in Icelandic prisons were grossly underdeveloped. None of the prisons were visited on a regular basis by a psychiatrist and the delegation heard numerous complaints from prisoners and other persons - in particular, in relation to Litla-Hraun State Prison - that access to psychiatric assistance was insufficient and subject to long delays (cf. also paragraph 44, above). **The CPT recommends that the current arrangements with respect to access by prisoners to psychiatric assistance be reviewed as a matter of urgency. In particular, provision should be made for regular visits by a psychiatrist to Litla-Hraun State Prison.**

89. The CPT's delegation noted that, as in 1993, it was difficult and rare for prisoners whose mental state required care in a psychiatric hospital to be transferred to such establishments. This situation, which was confirmed by the Icelandic authorities, was apparently due to the traditional reluctance of the management of ordinary psychiatric institutions to admit prisoners, as well as to the lack of any formal arrangements/agreements to this effect between the Prison and Probation Administration and the health authorities.

However, during its consultations at the Ministry of Health, the delegation was informed that an agreement had recently been reached by virtue of which psychiatric wards in Reykjavík and Akureyri would now accept prisoners in need of inpatient psychiatric treatment. **The CPT would like to be informed of the precise content of this agreement and of its practical implementation.**

f. alcohol and drug addiction

90. The problem of alcohol and drug addiction continues to be one of the major challenges facing the prison system. According to information supplied by the Icelandic authorities, over 70% of prisoners exhibit alcohol problems on admission to prison, while approximately 35% have been substance abusers prior to their arrival in prison. Moreover, between 40 and 45% of prisoners currently held in Icelandic prisons use continuously tranquillizers and/or anxiolytic drugs.

91. In addition to the measures already existing in 1993 (cf. paragraph 112 of document CPT/Inf (94) 8), a policy of systematic urine tests on admission had been introduced and a 'drug-free unit' (cf. paragraph 60, above) had been created at Litla-Hraun State Prison. Further, a limited number of prisoners benefited from a short (six weeks) therapy programme in a treatment centre managed by SAA (Alcohol Concern). However, this programme was only available at the very end of the sentence, and in any event could not be offered to all prisoners who were in need of such therapy. No course of treatment was available at earlier stages of the prison sentence - a situation which was clearly resented by many prisoners.

92. The delegation had the impression that the therapeutic aspects of current policy with respect to alcohol and drug addiction (e.g. establishment of a drug-free unit based on a genuine therapeutic contract system and not just on the considerations of good order and discipline; transfer of alcohol or drug addicted prisoners to specialised treatment institutions at different stages of their term of imprisonment, etc.) were underdeveloped.

The CPT wishes to underline that, in the context of prevention of alcohol and drug abuse, a merely repression-oriented approach² is not sufficient. Suitable medical, psychological and welfare structures should exist inside prisons, working, as appropriate, with external therapeutic agencies.

The CPT recommends that steps be taken without delay to develop fully-fledged therapeutic programmes aimed at combating alcohol and drug addiction.

² It should be noted in this context that a policy of automatically imposing a comprehensive range of sanctions (including restrictions on visits, correspondence and telephone calls) in case of drug-related infringements of prison laws and regulations seemed to be applied at Litla-Hraun State Prison.

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

a. staff-prisoner relations

93. The CPT observes carefully the prevailing climate within an establishment. The promotion of constructive relations between prisoners and staff will serve to lower the tension inherent in any prison environment and, by the same token, significantly reduce the likelihood of violent incidents and associated ill-treatment. In short, a spirit of communication and care should accompany measures of control and containment. Such an approach, far from undermining security, will enhance it.

94. The CPT's delegation noted that, unlike in the other prisons visited - where the prevailing climate could be considered as satisfactory, the relations between custodial staff and prisoners at Litla-Hraun State Prison were of a somewhat formal and even distant nature. Staff seemed to regard verbal communication with inmates as being a rather marginal aspect of their work. This state of affairs was particularly noticeable in House 3 (cf. also paragraph 59). **The CPT recommends that the Icelandic authorities seek to promote constructive relations between staff and prisoners at Litla-Hraun State Prison, and more particularly in House 3 of that establishment.**

b. inter-prisoner violence

95. The delegation which carried out the 1998 visit observed that relations between prisoners in Litla-Hraun State Prison had improved somewhat as a result of the steps taken by the Icelandic authorities (cf. pages 15-16 and 23-24 of the Icelandic authorities' interim report, document CPT/Inf (94) 16). However, the problem of inter-prisoner violence was still far from overcome, chiefly due to the continuous and even increased presence of drugs in the establishment (a fact confirmed by several members of the prison's staff). In this respect, it is important to emphasise that a significant number of prisoners - approximately 60 since February 1998 - had requested to be placed in voluntary solitary confinement for periods of 12 hours to a few days. The delegation's interviews with staff and inmates indicated that, for a variety of reasons (including fear of 'strong' inmates and/or inability to pay drug-related debts), this was considered to be an attractive option by many prisoners.

The Icelandic authorities are well aware of this problem and fully recognise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might cause them harm. Nevertheless, the efforts made so far seem not to have been sufficient to eradicate the problem.

96. An effective strategy to tackle inter-prisoner intimidation/violence involves ensuring that prison staff are placed in a position to exercise their authority in an appropriate manner. The existence of positive relations between staff and prisoners (already referred to above), based on the notions of secure custody and care, is a decisive factor in this context; this will depend in large measure on staff possessing appropriate interpersonal communication skills.

Further, prison staff are unlikely to be able to protect prisoners if they fear for their own safety or if they lack effective management support. These issues should be openly addressed in initial, in-service and ongoing training programmes for staff of all grades.

When incidents of inter-prisoner intimidation/violence do occur, staff must be both resolved and properly trained to intervene. In the aftermath of such events, care will be required to ensure that measures directed at curtailing the activities of intimidating/violent inmates do not have an adverse effect upon the prison population at large. In this respect, the prison system as a whole may need to develop the capacity to ensure that potentially incompatible categories of prisoners are not accommodated together.

The CPT recommends that the Icelandic authorities pursue actively their efforts to tackle the problem of inter-prisoner violence at Litla-Hraun State Prison, taking into account the remarks made above.

c. separation of different categories of prisoners

97. The CPT was very concerned to learn that, at the time of the second periodic visit, two juveniles (respectively 16 and 17 years old) were being held with adult prisoners in units of Litla-Hraun State Prison. As a result, they were in continuous contact with adult prisoners during the day. Moreover, they were not offered a regime adapted to their needs. In this connection, the CPT would stress that juvenile prisoners should be offered a full programme of educational, recreational and other purposeful activities; physical activities should form an important part of that programme.

The CPT recommends that immediate steps be taken in order to ensure that juvenile prisoners are held separately from adults and offered a regime of the kind described above. Moreover, the staff assigned to work with juvenile prisoners should be carefully chosen (and more specifically, be persons capable of guiding and motivating young people) and receive appropriate training.

98. As had been the case in 1993 (cf. paragraphs 48 and 116 of document CPT/Inf (94) 8), at the time of the CPT's visit, Kópavogur State Prison - which when first brought into service had been intended to accommodate only female prisoners - was holding both women and men. Male and female prisoners were accommodated on the same floor of the building, and there was no effective separation between them during daytime. Several women prisoners made known their dissatisfaction about having to share accommodation with male prisoners, a situation they disliked all the more as - unlike the male prisoners - they were serving lengthy sentences.

The Icelandic Prison Service had already indicated to the CPT in 1993 that the separation of different categories of prisoners - including male and female prisoners - was one of their priorities, but that it was closely linked to the implementation of the Ministry of Justice action plan for prisons.

Pending the entry into service of the new remand prison - which is foreseen in the action plan (cf. paragraph 41) and should enable this question to be definitively resolved - **the CPT recommends that the Icelandic authorities avoid, as far as possible, detaining men at Kópavogur State Prison.**

d. contact with the outside world

99. There had been several improvements concerning contact with the outside world since the CPT's visit in 1993.

Firstly, the permitted visiting times were in practice more generous than those foreseen by the relevant regulations (at least one visit of 1 hour per week). In particular, some of the prisoners in Litla-Hraun State Prison (those accommodated in the 'drug-free unit') could receive as many as 10 such visits per month, while it was not uncommon for prisoners in other units of this establishment and in other prisons to receive visits twice a week. It should be stressed that visits in Litla-Hraun Prison now took place in a well-equipped and pleasantly decorated visiting unit, with individual rooms adapted to prolonged visits (cf. paragraph 36, above), and that suitably equipped visiting rooms had also been arranged in Skólavörðustigur Prison and Kópavogur State Prison. Only Akureyri State Prison did not possess a separate visiting area - prisoners received visitors in their cells.

Secondly, the rules concerning access to a telephone had been relaxed, so that prisoners could now make and receive calls during a period of two to three hours per day. Moreover, prisoners accommodated in the 'drug-free unit' in Litla-Hraun Prison benefited from unlimited access to a telephone during the day. It should also be noted that public card phones had been installed in the prisons in the Reykjavík area.

e. complaints and inspection procedures

100. The Icelandic authorities informed the CPT in their follow-up report (cf. page 9 of document CPT/Inf (96) 6) that a Bill amending the Code of Criminal Procedure, which was scheduled to be submitted to Parliament in January or February 1996, contained a provision to the effect that remand prisoners are entitled to communicate with certain administrative and judicial authorities and other parties on a confidential basis (as is already the case for sentenced prisoners). **The CPT wishes to be informed whether these amendments have now been adopted.**

101. The CPT's delegation was most impressed by the work being done by the Office of the Ombudsman within Icelandic prisons. However, given the broad range of other fields of public administration which are subject to his review, it may be difficult for him to supervise and inspect each and every prison establishment on an ongoing basis.

The CPT considers that it would be desirable to establish a system under which each prison would be visited on a regular basis by an independent body, possessing powers to inspect the prison's premises and hear complaints from inmates about their treatment in the establishment. **It would like to receive the comments of the Icelandic authorities on this subject.**

C. Psychiatric establishments

1. Preliminary remarks

102. During the second periodic visit to Iceland, the CPT's delegation visited two psychiatric establishments, under the responsibility of the Ministry of Health: the Institution for Mentally Ill Offenders (Sogn), which had already been visited in 1993, and the Psychiatric Ward at Akureyri Regional Hospital.

103. The general characteristics of Sogn Institution for Mentally Ill Offenders were described in paragraph 139 of document CPT/Inf (94) 8. The establishment's official capacity (7 places) has remained unchanged; however, the delegation was informed by the Institution's staff that, in the past years, it had exceptionally been obliged to accommodate up to 9 patients. In such cases, the classroom and interview room had been temporarily converted into patients' rooms.

On the day of the delegation's visit, the establishment was accommodating six patients - five men and one woman. All of them had committed serious crimes and had been placed in the Institution under the security measures provided for in Section 62 of the Criminal Code. Diagnosed with schizophrenia, manic-depressive disorder or mental retardation, they were considered to be the most dangerous psychiatric patients in Iceland.

104. The Psychiatric Ward at Akureyri Regional Hospital entered into service in 1985. Located in the town of Akureyri, in the north of Iceland, the ward serves the psychiatric treatment needs of a population of around 40.000 inhabitants. The capacity of the psychiatric ward is 10 places. There were no involuntary patients on the day of the delegation's visit; however, the delegation met one female patient who had been admitted to the ward on an involuntary basis but had subsequently continued her treatment on her own request.

105. The legal provisions governing civil involuntary admission and treatment in psychiatric establishments were contained in the recently amended (1 January 1998) Legal Competence Act, some other aspects being regulated by the Patients' Rights Act. According to the Legal Competence Act, a person can be admitted against his/her will - for 48 hours maximum - to a psychiatric institution upon the request of a general practitioner and his/her family members. In cases of urgency or in the absence of family members, the procedure can be initiated on request of the relevant social services. Such persons are to be informed of their right to appeal against the decision to a district court. Upon request to the Minister for Justice by the referring doctor or the doctor responsible for the psychiatric ward, the involuntary placement can be extended for an additional period up to 21 days. In such a case, the patient is also informed of his/her right to appeal against the Minister's decision to the district court. During the whole procedure, the patient is entitled to free assistance from a named counsellor, as well as to legal aid during court proceedings.

Extension of the period of compulsory hospitalisation beyond 23 days is subject to a court's decision depriving the patient of his/her legal competence for a period of up to 6 months. Further prolongation of the measure is only possible if another court decision on deprivation of legal competence is issued, following the same procedure.

106. Mentally ill and mentally retarded persons are particularly vulnerable, and hence warrant much attention in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. It follows that involuntary placement in a psychiatric facility should always be surrounded by appropriate safeguards.

One of those safeguards is that the procedure by which the placement is decided should offer guarantees of independence and impartiality as well as of objective medical expertise. **The CPT would like to be informed as to how the requirements of independence and impartiality are guaranteed during the first 23 days of involuntary placement and how the requirement of objective medical expertise is guaranteed during the involuntary placement procedure in its entirety.**

2. Ill-treatment

107. The CPT's delegation heard no allegations of ill-treatment in the psychiatric establishments visited; moreover, the delegation received no other evidence of such treatment.

3. Follow-up visit to Sogn Institution for Mentally Ill Offenders

108. The material conditions in Sogn Institution for Mentally Ill Offenders were described in paragraphs 142 and 143 of the first visit report. As in 1993, the living conditions of patients were excellent.

109. Regarding the staff, the situation had improved as far as psychiatric support was concerned. The psychiatrist, now employed on a 75% basis, was present in the Institution at least four days a week and was also on call when absent. However, given the therapeutic function of the establishment, the CPT is seriously concerned about the reduction in other health care staff.

The nursing complement - four in 1993 - has now fallen to the equivalent of 1.8 posts (covered by two nurses). Such a nursing staff/patient ratio is totally inadequate, having regard to the characteristics of the patients concerned. Moreover, as during the first visit, no nurse was present at the Institution at night or at weekends (although they were on call). In the CPT's opinion, it is inadmissible for mentally ill patients to be left at night and over weekends in the care of staff who have no health care qualifications. Consequently, **the CPT must reiterate its recommendation that steps be taken immediately to ensure permanent nursing cover in the establishment, including at night and over weekends (cf. paragraph 147 of document CPT/Inf (94) 8).**

110. Further, the delegation was informed that the part-time psychologist had ceased his employment at Sogn Institution at the end of 1993, and that there were no plans to replace him. Similarly, the part-time social assistant, who had been recruited after the CPT's first visit, was now on unpaid leave and it was not certain whether he would return to the establishment. The delegation was also informed that the contract with an outside ergotherapist (occupational therapist), who had attended the Institution previously, had been discontinued.

The CPT wishes to emphasise the importance of an adequate complement of therapeutic staff in an establishment such as the Sogn Institution for Mentally Ill Offenders. This is important not only in terms of the treatment provided within the establishment, but also in facilitating the progression of the patients to less secure facilities. **The Committee recommends that the Icelandic authorities take steps without delay in order to ensure the presence of an adequate complement of therapeutic staff at Sogn Institution.**

111. As far as the custodial staff was concerned, the delegation noted that similarly, there had been a reduction in the Institution's complement - from 19 to 16 posts (15 full-time and two part-time staff), apparently due to budgetary cuts.

112. Regarding the treatment of patients, the delegation observed some improvements in the programme of activities offered to patients: an external arts teacher gave painting classes and a teacher from the Selfoss Comprehensive School taught Icelandic, English and mathematics to those patients interested (four on the day of the visit) twice a week, on a contract basis.

However, the above-mentioned reductions in staff had had an inevitable impact on the quality of the treatment provided. In particular, the remaining staff could not devote enough time to each patient. Further, although the delegation was informed by the establishment's psychiatrist that formal clinical reviews of patients' progress were carried out every six months, **it would be desirable for such reviews to be better documented in the relevant medical records.**

113. The situation with respect to patients' rights and complaints procedures was identical with that described in the 1993 visit report (cf. paragraphs 158 and 159). In particular, the delegation noted from its conversations with patients that they were generally aware of their right under the Criminal Code to appeal once a year against the placement decision. Furthermore, the delegation was informed that, on their arrival at the Institution, patients were orally informed of its internal regulations. **The Committee recommends that a booklet setting out the internal regulations and patient's rights and duties be issued to every patient upon arrival at Sogn Institution for Mentally Ill Offenders.**

As regards avenues of complaint (cf. paragraph 159 of document CPT/Inf (94) 8), the Icelandic authorities reiterated their point of view according to which there was no need to issue any specific written instructions regarding complaints procedures, since the general rules set out in Section 3.1 of the Health Service Act No. 97/1990 were sufficient in this context. For its part, **the CPT remains of the view that specific arrangements should exist enabling patients to lodge formal complaints with a clearly-designated body.**

114. Finally, the CPT wishes to make a general comment on the very nature of the Sogn Institution. The establishment's small size and its physical and professional isolation posed, independently of the good will and the visible commitment of the staff, major problems in developing any form of comprehensive and active treatment regime. This fact was confirmed by the therapeutic personnel, who in addition drew the delegation's attention to related difficulties concerning the transfer or discharge of patients, due to the lack of after-care facilities in the proximity and the impossibility of assuring adequate supervision of discharged patients, who often resided in the Reykjavík area.

The above-mentioned situation was apparently one of the causes of the relatively low turnover of patients in the Institution; in fact, only three persons had been discharged from the establishment since 1992, and four had been in residence since the Institution's opening.

In this context, the question was raised as to the opportunity of envisaging, in the long term, the transfer of the Institution to a location less remote from the capital, where patients might benefit from easier access to the necessary professional and material after-care resources. In the present situation, it was apparent that some of the patients could remain in the Institution longer than was required by their medical condition.

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

4. Psychiatric Ward at Akureyri Regional Hospital

115. The material conditions at the Psychiatric Ward of Akureyri Regional Hospital were excellent. The patients' rooms (two single and four double) were spacious and very well equipped, lit and ventilated. Both the rooms and the sanitary facilities were clean and in a good state of repair.

116. The ward's staff comprised three full-time psychiatrists, two psychologists and 12 nurses, all of whom had undergone psychiatric training. This staff complement was fully satisfactory.

117. All patients, including those admitted against their will, benefited from a very open regime - indeed, the doors in the ward were never locked. The delegation's conversations with the patient (who had initially been admitted and treated without her consent) and with the staff, as well as the consultation of patients' medical records by the medical members of the delegation, revealed that patients received individualised treatment appropriate to their condition. In particular, the delegation observed no signs of overmedication among the patients.

118. The CPT's delegation noted that solitary confinement was not practised. As to the treatment of violent psychiatric patients, no provision was made for recourse to any form of physical restraints; the only means resorted to was medication combined with intensive therapeutic care.

119. The delegation was told that, on arrival, involuntary patients were only informed orally of their rights and duties, as no written information booklet setting out those rights was available. Moreover, the provision of information was not recorded in any file / register. **The CPT recommends that such a booklet be issued to every patient upon arrival.**

Further, there existed no specific written instructions regarding complaints procedures, the only rules applicable being those set out in Section 3.1 of the Health Service Act N°. 97/1990. In this context, **the CPT refers to the comment on this subject made in paragraph 113 of the report.**

D. Stuðlar Diagnostic and Treatment Centre for Juveniles

1. Preliminary remarks

120. Stuðlar Diagnostic and Treatment Centre for Juveniles, established in September 1996, is situated in the suburbs of Reykjavík. It is a closed institution under the responsibility of the Ministry of Social Affairs and has two functions: on the one hand, it provides accommodation for juveniles placed in the emergency unit of 4 places; on the other hand, it contains a treatment unit of 8 places, in which juveniles placed by decision of the Child Welfare Committee may spend up to four months. The establishment has therapy rooms, classrooms, a computer room, a workshop, a gymnasium, leisure rooms and a secure courtyard.

121. On the day of the delegation's visit, the Centre was accommodating 9 juveniles (three girls and five boys) in the treatment unit, and one girl (suffering from alcohol withdrawal symptoms) in the emergency unit. The youngest juvenile was 13 years old, the eldest 16. Their average length of stay was 2½ months.

It should be noted that the Centre's inmate population was heterogeneous. It ranged from young offenders to victims of family ill-treatment, sexual abuse and serious educational neglect, as well as juveniles who represented a danger to themselves and alcohol and/or drug addicts.

2. Ill-treatment

122. The CPT's delegation heard no allegations of ill-treatment in the Stuðlar Diagnostic and Treatment Centre for Juveniles. Moreover, the delegation received no other evidence of such treatment.

3. Material conditions

123. Material conditions in the treatment unit could be described as excellent; residents were accommodated in single rooms measuring 9 m², all of them well equipped (with a bed, bedding, a cupboard, a desk and a chair), lit and ventilated. Access to communal sanitary facilities was guaranteed at all times, since room doors were unlocked even at night. Moreover, all the rooms and the sanitary facilities were clean and in a good state of repair.

124. The situation in the emergency unit was less favourable but on the whole could still be described as acceptable. The first emergency room (23.5 m²), containing two beds, was well equipped (wardrobes, sofa, table and chairs, WC and a shower). Access to natural light and artificial lighting appeared to be satisfactory; moreover, the room was equipped with a call system.

The second emergency room (21.5 m²), was intended to accommodate intoxicated and/or agitated young persons. It was equipped with two beds (with blankets and pillows), a table and chairs fixed to the floor. The room was equipped with a WC and juveniles could have access to a nearby shower facility. Access to natural light and artificial lighting were satisfactory, and there was a call system.

However, in both emergency rooms, **the ventilation left much to be desired.**

125. The CPT's delegation was also concerned about the presence of numerous sharp corners in the second emergency room, which might be dangerous for agitated juveniles. It also noted that the toilet bowl was made from a breakable ceramic material. This situation was all the more unsatisfactory since the staff were not allowed by law to use any forms of restraint; therefore, it would be difficult to prevent a juvenile from harming him - or herself, other than by calling an outside emergency medical service.

Members of the staff present informed the delegation that there were plans to take the emergency rooms out of service and to convert them into ordinary rooms for juveniles undergoing treatment in the Centre. **The CPT would like to receive more details about these plans.**

In the meantime, **the CPT recommends that the Icelandic authorities take appropriate measures to remedy the above-mentioned safety deficiencies in the second emergency room.**

4. Treatment and activities programme

126. Upon arrival in the Centre, juveniles were first placed in the emergency unit, where the regime was relatively strict. During this initial observation/ assessment period (usually not more than 24 hours), they were kept under close surveillance by the staff. At that stage, juveniles remained locked in their room, where they were allowed to read, listen to the radio and, after 4.00 p. m., watch television. However, they benefited from a daily outdoor exercise in the establishment's courtyard. Naturally, particularly strict surveillance was exercised in respect of intoxicated/agitated young persons. During this initial period, unaccompanied outings would never be granted.

127. In the period following admission, the Centre's staff drew up a medical, social, psychological and educational profile of each juvenile, together with an individual educational and psycho-social plan, based on cognitive and behavioural therapy principles. The staff would then try to secure the juvenile's consent to these objectives in the form of a "contract", to be signed by the juvenile concerned and the establishment's director.

The respect of the terms of this contract (including such elements as the undertaking to follow alcohol or drug therapy, educational and behavioural goals, respecting the internal regulations, handed out upon arrival, etc.) by the juvenile was monitored on a continuous basis by the case workers (educators) and discussed at the weekly meetings of the whole staff.

128. As a part of the monitoring of the juveniles and the management of the treatment unit, a grading system - which took account of compliance with the above-mentioned “contracts” and in particular of such factors as progress in therapy, discipline, positive/negative attitude, effort devoted to studies and willingness to adjust - had been developed, offering the staff a framework for deciding whether a juvenile should be “promoted” or “relegated” from one regime to another, the aim being to grant them ever increasing autonomy.

129. Although each juvenile had his/her individual socio-educative plan, a certain number of common features were always present. All juveniles were required to attend classes, to help with various household tasks, such as looking after clothes, helping prepare meals and cleaning the rooms and communal areas, and to attend individual and group therapy sessions.

130. Education in the establishment’s school was provided by two teachers coming from the special school in Reykjavík. Apart from daily classes (Icelandic, English, Danish, mathematics, geography) taught from 10.00 a.m. to 3.00 p.m. during weekdays, they were also carrying out evaluation work for schools outside, in order to prepare the after-release follow-up of juveniles placed in the Centre. The school’s programme included elements of vocational training (carpentry, electrical work, etc.) which took place in the establishment’s well-equipped workshop. Further, an art teacher came to the Stuðlar Centre three times a week.

131. The establishment offered a rich and varied leisure activities programme to the juveniles, although the degree of their participation in those activities depended on the “grade” which they had reached. The “minimum” programme consisted of a daily outdoor exercise of at least one hour in the establishment’s courtyard, and the possibility to read and listen to the radio/watch TV in their room. However, the vast majority of juveniles could benefit from a wider range of leisure opportunities: organised excursions and trips, visits to the cinema and a swimming pool, outdoor and indoor sports in the Centre’s gymnasium, association and games in the communal rooms, weekly video projections, etc.

132. Finally, the CPT’s delegation noted that one of the Centre’s objectives was to maintain, as far as possible, contact with the outside world - families, schools and social and family institutions - particularly through individual and home leaves and family (and friends’ - for those juveniles in higher “grades”) visits. This aspect was an integral part of the treatment plans.

Concerning visits, juveniles benefited in principle (save in the case of family ill-treatment, when the Child Welfare Committee could impose restrictions as to family visits) from unlimited visits by members of their families, and those in higher “grades” could also be visited by their friends. As regards access to the telephone, during the period immediately following the juveniles’ arrival, it was restricted to calls to parents (or other guardians) and to the Child Welfare Committee, but was gradually extended to cover also making and receiving calls to/from friends as the juveniles were “promoted” to more open regimes. Correspondence was not restricted, although incoming mail could be controlled for security reasons.

133. To sum up, the treatment and activities programme as well as contact with the outside world offered to juveniles placed in Stuðlar Diagnostic and Treatment Centre were of a high standard.

5. Staff

134. The CPT's delegation was impressed by the very high staff/juvenile ratio in the establishment. There were four psychologists (cf. paragraph 136), one of whom was also the Centre's director, two programme supervisors (each responsible for one of the units), two group supervisors and two case workers (educators). During the day, four to six staff members were always present, while the night shift comprised a minimum of two members of personnel.

Moreover, all the staff members appeared to be highly qualified (although some of them had only benefited from in-service training in psychology, interpersonal skills, coping with violence, etc. after having joined the establishment) and motivated. The only potential source of concern for the delegation was the high turnover of staff: 21 staff members had apparently left the Centre since its opening. **The CPT invites the Icelandic authorities to reflect upon ways of overcoming this problem.**

6. Medical care

135. Stuðlar Diagnostic and Treatment Centre did not possess its own general medical service. However, suitable arrangements had been made with the nearby community health centre, so that access to general and specialist medical care did not seem to pose a problem.

136. By contrast, the Centre's psychiatric and psychological service was very well developed, in full conformity with the treatment function of the establishment. The child psychiatrist, employed on a 25% basis, held consultations in the Centre every weekday (he was also on call in emergencies) and the four psychologists organised individual and group therapy sessions daily. After examination of relevant medical and psychological records, as well as conversations with the juveniles concerned, the delegation's medical members were satisfied that the treatment offered to the juveniles was of a high standard.

137. Nevertheless, the CPT's delegation was concerned about the apparent absence of medical examinations of new arrivals. Further, the delegation was informed by the staff members present that, on several occasions, police officers had brought severely intoxicated and/or very agitated juveniles to the establishment, without prior notice and - moreover - without prior medical examination. Although the Centre's staff declared that they would normally refuse to admit such juveniles (or immediately call the local emergency medical service), the Committee is of the opinion that, taking into account the profile of the establishment's population, this is not an acceptable situation. **The CPT recommends that the Icelandic authorities take steps to ensure that all newly-arrived juveniles are medically examined before admission or during this procedure.**

138. The delegation also noted that unqualified non-medical staff members had unrestricted access to medication, which included some strong - including psychotropic - drugs. Further, medication prescribed by outside doctors and the Centre's psychiatrist was distributed to juveniles by non-medical staff. **The CPT recommends that the Icelandic authorities arrange for a daily visit of a nurse to Stuðlar Diagnostic and Treatment Centre. Such a nurse could in particular receive requests from juveniles to see a doctor, ensure the provision and distribution of prescribed medicines and control the Centre's stock of medicine.**

By contrast, the arrangements taken in order to safeguard the confidentiality of medical and psychological records appeared satisfactory. Non-medical staff only had access to the information strictly indispensable for the proper exercise of their duties.

7. Discipline

139. Depending on the circumstances and the seriousness of the case, breaches of the Centre's internal regulations and acts of disobedience or indiscipline by the juveniles were punishable by a range of disciplinary measures, including relegation to a more strict regime, withdrawal of some or all previously-granted privileges and exclusion from some or all communal activities. However, the Centre's internal regulations did not foresee the use of disciplinary solitary confinement.

140. These measures were imposed by the group manager (in charge of the unit) or his deputy. The juvenile concerned had an opportunity to state his/her point of view and was informed in writing of the measure and its reasons, which he/she was asked to confirm with his/her signature. In addition, he/she was also informed of the possibility to appeal against the disciplinary punishment to the Centre's director and further to the Child Welfare Committee. Finally, the measure was recorded in the personal file of the juvenile and a special register (the "red book").

In short, the disciplinary rules and procedure provided for satisfactory safeguards for juveniles placed in Stuðlar Diagnostic and Treatment Centre.

8. Complaints and inspection procedures

141. Effective complaints and inspection procedures are basic safeguards against ill-treatment in juvenile establishments. Juveniles should have avenues of complaint open to them, both within and outside the establishments' administrative system, and be entitled to confidential access to an appropriate authority. The CPT attaches particular importance to regular visits to all juvenile establishments by an independent body (for example, a visiting committee or a judge) with authority to receive - and, if necessary, take action on - juveniles' complaints and to inspect the accommodation and facilities.

142. The CPT's delegation noted that juveniles placed in Stuðlar Diagnostic and Treatment Centre could make written complaints to the establishment's director and, further, to the Child Welfare Committee. However, it was not in a position to ascertain whether they were entitled to correspond with the above-mentioned Committee on a confidential basis. Moreover, it was not clear whether any provision had been made for regular inspections of juvenile establishments by an independent body with authority to receive juveniles' complaints and inspect the premises.

The CPT would like to receive clarifications from the Icelandic authorities on the above-mentioned points.

III. RECAPITULATION AND CONCLUSIONS

A. Police establishments

143. As had been the case during the 1993 visit, the CPT's delegation heard no allegations of torture of persons detained by the police in Iceland, and gathered no other evidence of such methods. Further, it heard very few allegations of other forms of ill treatment of detained persons by police officers; those which were made related mainly to the use of excessive force at the time of arrest. All of the information at the CPT's disposal indicates that persons deprived of their liberty by the Icelandic police run little risk of being ill-treated.

Nonetheless, the CPT has invited the Icelandic authorities to remind police officers that no more force than is strictly necessary should be used when effecting an arrest and that, once apprehended persons have been brought under control, there can never be any justification for their being struck.

144. Conditions of detention in the police establishments visited by the delegation were, on the whole, satisfactory. However, as regards Keflavík Police Station, the CPT has reiterated the recommendation made following the 1993 visit that remand prisoners be offered the possibility to take proper outdoor exercise every day. Moreover, the Committee has recalled that it would be far preferable for remand prisoners to be transferred immediately to a prison.

145. Most of the recommendations concerning safeguards for persons detained by the police made by the CPT in its report on the 1993 visit have been implemented by the Icelandic authorities, in particular via Regulation N° 395/77. However, the CPT has raised various issues which still need to be addressed.

In particular, the CPT has reiterated its recommendation that specific provisions be adopted as regards the right of persons detained by the police to have access to a doctor. Further, the Committee has recommended that this right be referred to in the information sheets distributed to such persons. The procedures followed vis-à-vis highly agitated/intoxicated persons in police custody are also a matter of concern. The CPT has recommended that when a person in police custody is or becomes highly agitated, the police should immediately contact a medical doctor and act in accordance with his opinion.

The CPT has also reiterated its recommendation that the return to police custody of a remand prisoner held in prison be subject to the authorisation of a judge or public prosecutor. The present system under which police officers can on their own initiative take such prisoners back into their custody for further questioning could lend itself to abuse.

146. As regards persons detained by the police under the aliens legislation, the CPT has recommended that the Icelandic authorities provide persons held in the transit zone of Keflavík International Airport with suitable means for sleeping, access to their luggage and properly equipped sanitary and washing facilities, as well as, if necessary, medical care. The Committee has also stressed that the various safeguards against ill-treatment set out in its visit report should also apply to persons detained under the aliens legislation.

Further, the CPT has asked for a detailed account of the precise practical steps taken by the Icelandic authorities to ensure that persons are not returned to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment.

B. Prisons

147. The CPT has noted the first positive results - the withdrawal from service of Sidumuli Prison and the extensive transformation work at Litla-Hraun Prison - of the programme of action for prisons drawn up by the Ministry of Justice. However, it has recommended that the Icelandic authorities attach the highest priority to the construction of the planned new remand prison in Reykjavík. This would render it possible to accommodate all remand prisoners from the Reykjavík area in the region where they have family and social ties, and close to the seat of the competent investigating and/or prosecution authorities, as well as to offer to prisoners a fully appropriate regime of activities.

148. The CPT's delegation heard a small number of allegations of physical ill treatment of prisoners by prison staff; these allegations concerned exclusively Litla-Hraun State Prison and related to the excessive use of force by staff in the course of transferring prisoners to the solitary confinement/security cells in House 1. Whilst recognising that force will on occasion have to be used to control violent and/or recalcitrant prisoners, the CPT has recommended that prison officers at Litla-Hraun State Prison be reminded that force should only be used as a last resort and must not be more than is strictly necessary.

149. The recent deaths of prisoners in Litla-Hraun State Prison are of much greater concern to the CPT. The Committee has noted the decision of the Icelandic authorities to set up an independent expert committee with the task of investigating the circumstances leading to those deaths and making proposals for an action programme in order to prevent suicides in prisons. Further, the Prison and Probation Administration's psychologist has been given the task of drawing up guidelines for the prevention of suicides in prisons. The CPT has requested the Icelandic authorities to provide at the earliest opportunity copies of the expert committee's report and of the above-mentioned guidelines. In this context, the Committee has also drawn attention to certain basic elements to be included in any suicide prevention policy.

150. The CPT's delegation found that the use of solitary confinement for investigation purposes had slightly diminished in Iceland in recent years; in particular, the period of such solitary confinement tended to be shorter than in the past. However, it remained the case that nearly all remand prisoners were placed in solitary confinement for a certain time (on average between two and three weeks) at the outset of their incarceration, and on occasion the solitary confinement could last for a prolonged period. Consequently, this issue continues to be of concern to the Committee.

As regards the procedure followed in this area, the CPT has in particular recommended that the police be required to record in writing the specific reasons justifying the placing of a remand prisoner in solitary confinement for investigation purposes, and that the prisoner be informed of those reasons; this will both enable the prisoner to reach an informed decision as to whether he should exercise his right to refer the issue of solitary confinement to the court and enable the court to make a meaningful review of the matter. The Committee has also recommended that specific efforts be made to counter the harmful effects of solitary confinement whenever a prisoner is subject to such a regime for a prolonged period.

151. The material conditions of detention in Icelandic prisons varied from acceptable to very good. However, the CPT has recommended that the three very small cells exceptionally used for solitary confinement purposes in Litla-Hraun Prison (House 2) never be used for periods of detention exceeding one or two days; preferably, they should be withdrawn from service as prisoner accommodation. The Committee also stressed that the cells at Akureyri Police Headquarters used on occasion to accommodate remand prisoners are not suitable for periods of detention exceeding a few days.

152. As regards the regime of activities, the CPT has noted several improvements at Litla-Hraun State Prison; however, the Committee has recommended that the Icelandic authorities seek to develop a proper programme of activities for prisoners accommodated in House 3. It has also invited those authorities to reflect upon ways of providing prisoners at Litla-Hraun in general with more vocational training possibilities and stressed the importance of providing elementary education to prisoners in need of such education. The desirability of providing additional activities for inmates at Skólavörðustígur and Akureyri State Prisons has also been highlighted. More generally, the CPT has recommended that the authorities take measures to develop rehabilitation and treatment programmes for prisoners in Iceland.

153. The CPT has made a number of remarks concerning medical services in the prisons visited. It has in particular recommended that Litla-Hraun State Prison be provided with the services of a full-time nurse and that provision be made for regular visits to that establishment by a psychiatrist. The Committee has also recommended that steps be taken without delay to develop fully-fledged therapeutic programmes aimed at combating alcohol and drug abuse; a merely repression-oriented approach is not sufficient.

In addition, the CPT has sought information on the practical operation of the new system under which responsibility for prison medical services has been assumed by the Ministry of Health.

154. The CPT has also made recommendations, comments and requests for information on various other issues of relevance to the CPT's mandate: staff-prisoner relations, inter-prisoner violence, separation of different categories of prisoners, contacts with the outside world, and complaints and inspection procedures. Special reference should be made to the recommendations that the Icelandic authorities seek to promote constructive relations between staff and prisoners at Litla-Hraun Prison (particularly in House 3) and pursue actively their efforts to tackle the problem of inter-prisoner violence in that establishment. Immediate steps are also required to ensure that juvenile prisoners are held separately from adults and offered a regime of activities adapted to their needs. Moreover, having regard to the desirability of separating male and female prisoners, the CPT has recommended that the detention of men at Kópavogur State Prison should, as far as possible, be avoided.

C. Psychiatric establishments

155. The CPT's delegation heard no allegations of ill-treatment in the two psychiatric establishments visited; moreover, the delegation received no other evidence of such treatment.

156. As had been the case during the 1993 visit, the living conditions of patients in the Sogn Institution for Mentally Ill Offenders were excellent. However, the situation as regards staff resources remained a matter of concern. Although the amount of psychiatric support had improved somewhat, the nursing staff/patient ratio had fallen to a totally inadequate level and there was still no nurse whatsoever present at night and at weekends. Further, there had been a reduction in other health-care staff (psychologist, occupational therapist, social assistant).

The CPT has reiterated its previous recommendation that steps be taken immediately to ensure permanent nursing cover in the establishment, including at night and over weekends. The Committee has also recommended that the Icelandic authorities ensure the presence of an adequate complement of therapeutic staff; this is important not only in the terms of the treatment provided within the Sogn Institution, but also in facilitating the progression of the patients to less secure facilities.

The CPT has also sought the Icelandic authorities' comments on the opportunity of envisaging, in the long term, the transfer of the Sogn Institution to a location less remote from the capital, where patients might benefit from easier access to the necessary professional and material after-care resources. In the present situation, it was apparent that some of the patients could remain in the Sogn Institution longer than was required by their medical condition.

157. Living conditions, staff resources, and the treatment provided to patients were entirely satisfactory at the Psychiatric Ward of Akureyri Regional Hospital.

D. Stuðlar Diagnostic and Treatment Centre for Juveniles

158. The CPT's delegation heard no allegations of ill-treatment in the Stuðlar Diagnostic and Treatment Centre for Juveniles and received no other evidence of such treatment.

159. Material conditions in the Stuðlar Centre were excellent; however, the CPT has recommended that steps be taken to remedy certain safety deficiencies observed in one of the Centre's emergency rooms. Further, the treatment and activities programme, as well as the contact with the outside world offered to juveniles placed in the Centre, were of a high standard.

Access to general and specialist medical care was guaranteed in a nearby community health centre, and the establishment's psychiatric and psychological service was very well developed. Nevertheless, the CPT has recommended that the Icelandic authorities ensure that all newly-arrived juveniles are medically examined before admission or during this procedure, and that a daily visit of a nurse to the Stuðlar Centre be arranged.

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

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

161. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the CPT requests the Icelandic 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 (NB: 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 be also possible for the Icelandic authorities to provide in the above-mentioned interim report reactions to the comments formulated in this report which are summarised in Appendix I as well as replies to the requests for information made.

APPENDIX I

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

A. Police establishments

1. Ill-treatment

comments

- the Icelandic authorities are invited to remind police officers that no more force than is strictly necessary should be used when effecting an arrest and that, once apprehended persons have been brought under control, there can never be any justification for their being struck (paragraph 13).

2. Conditions of detention in police establishments

recommendations

- remand prisoners held at Keflavík Police Station to be offered the possibility to take proper outdoor exercise every day (paragraph 18).

comments

- it would be far preferable for remand prisoners to be transferred immediately to a prison (paragraph 18).

requests for information

- the timetable for the renovation work to be conducted in the cells at Reykjavík Police Headquarters and the precise improvements involved (paragraph 16).

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

recommendations

- specific provisions (as recommended in document CPT/Inf (94) 8, paragraph 36) to be adopted regarding access to a doctor for persons detained by the police (paragraph 24);
- the information sheets given to persons detained by the police to be revised, so as to refer also to the right of persons detained by the police to have access to a doctor (paragraph 25);
- the return to police custody of a remand prisoner held in prison to be subject to the authorisation of a judge or public prosecutor (paragraph 27);

- existing procedures concerning the treatment of highly agitated persons in police custody to be modified (paragraph 29).

comments

- any delay in the exercise of a person's right to notify someone of his situation should require the approval of a senior police officer or a public prosecutor (paragraph 23);
- the provisions on the conduct of police interrogations set out in Regulation N° 395/1997 could usefully be supplemented on a number of points (paragraph 26);
- the Icelandic authorities are invited to revise Regulation N° 395/1997, so as to make clear that breaks from interviewing should in principle be made at shorter intervals than six hours (paragraph 26).

requests for information

- the comments of the Icelandic authorities on the reservations expressed *inter alia* by the Ombudsman's office as to the efficiency of the new procedure for examining complaints of ill-treatment by police officers (paragraph 28).

4. Persons detained by the police under the aliens legislation

recommendations

- the necessary measures to be taken to ensure that persons who have been refused entry to Iceland, and are kept under police surveillance in the transit area of Keflavík International Airport, are provided with suitable means for sleeping, granted access to their luggage and properly equipped sanitary and washing facilities, and if necessary, guaranteed medical care (paragraph 31).

comments

- the safeguards against ill-treatment of persons deprived of their liberty, set out in paragraphs 21 to 25, should also apply to persons detained under the aliens legislation (paragraph 33).

requests for information

- the comments of the Icelandic authorities on the possibility of accommodating persons deprived of their liberty under the Foreign Nationals Supervision Act in a place specifically designated for that purpose, offering material conditions and a regime appropriate to their legal status and staffed by suitably qualified personnel (paragraph 32);
- a detailed account of the precise practical steps taken by the Icelandic authorities to ensure that persons are not returned to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment (paragraph 34).

B. Prisons

1. Preliminary remarks

recommendations

- the highest priority to be given to the construction of the new remand prison in Reykjavík (paragraph 41).

requests for information

- information on the new remand prison in Reykjavík (projected date of entry into service, planned capacity, regimes envisaged, health care service, etc) (paragraph 41);
- in the context of the action programme for prisons, detailed information on the envisaged new regulations for prison officers and for improving work opportunities for prisoners (paragraph 42).

2. Ill-treatment

recommendations

- prison officers at Litla-Hraun State Prison to be reminded that force should only be used as a last resort and must not be more than is strictly necessary (paragraph 43).

requests for information

- full information on the training received by prison officers in control and restraint techniques (paragraph 43);
- the report drafted by the independent expert committee appointed by the Minister for Justice to investigate recent deaths at Litla-Hraun State Prison (paragraph 47);
- the guidelines for the prevention of suicides in prisons, drafted by the Prison and Probation Administration's psychologist (paragraph 47).

3. Solitary confinement of remand prisoners for investigation purposes

recommendations

- the police to be required to record in writing the specific reasons justifying the placing of a remand prisoner in solitary confinement for investigation purposes, and the prisoner to be informed of those reasons (it being understood that the reasons given might not include details which in the interests of the investigation it is reasonable to withhold from the prisoner) (paragraph 51);
- the same procedure to be followed when decisions to remand in custody are reviewed by the court, and the police wish to prolong the solitary confinement for investigation purposes of the prisoner concerned (paragraph 51);
- efforts to be made to counter the harmful effects of solitary confinement whenever a prisoner is subject to such a regime for a prolonged period e.g. deployment of additional human resources to provide appropriate human contact; access to purposeful activities. The general aim should be to protect such prisoners from experiencing suffering or harm (paragraph 53).

requests for information

- whether arrangements are still in force enabling a remand prisoner whom the police intend to place in solitary confinement to contest this matter before the competent court, immediately after the latter has taken the decision to remand the person concerned in custody, and whether these arrangements apply to all remand prisoners without exception (paragraph 50).

4. Conditions of detention in general

Litla-Hraun State Prison

recommendations

- the three cells in House 2 used exceptionally for solitary confinement purposes, never to be used for periods of detention exceeding one or two days (paragraph 56);
- the Icelandic authorities to seek to develop a proper programme of activities for prisoners accommodated in House 3 (paragraph 59);
- a clear and formal procedure for the movement of prisoners between Houses/units to be established. In particular, the prisoners concerned should be informed in an understandable manner of the criteria which they should fulfil in order to benefit from a better accommodation/regime, and be informed in writing of the reasons for decisions to move them to a different House/unit. Further, they should have the possibility to complain against such a decision to a higher authority, and be informed of such a possibility in writing (paragraph 63).

comments

- the Icelandic authorities are invited to explore means of overcoming the problem of prisoners in cells in House 4 facing the sea having to cover the cell ventilation grills in order to prevent wind and sand from entering (paragraph 55);
- it would be preferable for the three cells in House 2 used exceptionally for solitary confinement purposes to be withdrawn from service as prisoner accommodation (paragraph 56);
- the Icelandic authorities are invited to reflect upon ways of providing prisoners with more vocational training possibilities. Further, it is important to provide elementary education to prisoners in need of such education (paragraph 58).

requests for information

- whether the general health and safety regulations are applicable in the establishment's workshops (paragraph 58).

Skólavörðustígur Prison, Reykjavík

comments

- the Icelandic authorities are invited to pursue actively their efforts in order to provide additional activities for inmates (paragraph 67).

Akureyri State Prison

comments

- the police cells located in the basement of the building are not suitable for periods of detention exceeding a few days (paragraph 69);
- the police custody cells at Akureyri Police Headquarters are not suitable for periods of detention lasting more than a few days (paragraph 70);
- the Icelandic authorities are invited to attempt to provide additional activities for inmates at the prison, particularly those detained there for a prolonged period (paragraph 71).

requests for information

- the regime applied to female prisoners held in the establishment (paragraph 69);
- the comments of the Icelandic authorities on the possibility of entrusting the management of the establishment to a person falling under the direct authority of the Prison and Probation Administration (paragraph 72).

in general

recommendations

- measures to be taken in order to develop rehabilitation and treatment programmes for prisoners in Iceland (paragraph 73).

5. Medical services

recommendations

- Litla-Hraun State Prison to be provided with the services of a full-time nurse; this should in particular bring an end to the current undesirable situation under which prison staff have access to medication and are distributing it to prisoners (paragraph 78);
- every effort to be made to ensure that the post of psychologist in Litla-Hraun State Prison is filled as soon as possible (paragraph 78);
- a nurse to visit Akureyri State Prison at least once a week (paragraph 79);
- all necessary steps to be taken to ensure that the practice regarding access to a doctor is in accordance with the considerations set out in paragraph 106 of the report on the 1993 visit (cf. CPT/Inf (94) 8 (paragraph 84);
- the practice whereby prisoners can forward written requests for prescriptions of medication without being physically seen by the doctor to be discontinued, and prescriptions for medicines to be given only after a proper medical consultation (paragraph 84);
- efforts to be made to secure close co-operation between the different health professionals providing services to prisoners in Litla-Hraun State Prison (paragraph 86);
- the current arrangements with respect to access by prisoners to psychiatric assistance to be reviewed as a matter of urgency. In particular, provision should be made for regular visits by a psychiatrist to Litla-Hraun State Prison (paragraph 88);
- steps to be taken without delay to develop fully-fledged therapeutic programmes aimed at combating alcohol and drug addiction (paragraph 92).

comments

- a more even spread throughout the week of the doctor's hours of attendance at Litla-Hraun State Prison would be preferable (paragraph 77);
- there is a need for the doctor at Litla-Hraun State Prison to be more actively involved in health promotion, particularly as this applies to the areas of drug abuse and health screening (paragraph 77);
- the Icelandic authorities are invited to find a more appropriate facility for medical examinations/consultations at Akureyri State Prison (paragraph 81).

requests for information

- detailed information on the practical operation of the new system for prison medical services, resulting from the amendment to the Prison Law - in particular, copies of the service agreements concluded for each prison in Iceland (paragraph 76);
- whether the new service agreements concluded for prisons in Iceland will guarantee access to preservative dental treatment for all prisoners (paragraph 85);
- the precise content of the agreement recently reached by virtue of which psychiatric wards in Reykjavík and Akureyri would now accept prisoners in need of inpatient psychiatric treatment, and information concerning the agreement's practical implementation (paragraph 89).

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

recommendations

- the Icelandic authorities to seek to promote constructive relations between staff and prisoners at Litla-Hraun State Prison, and more particularly in House 3 of that establishment (paragraph 94);
- efforts to tackle the problem of inter-prisoner violence at Litla-Hraun State Prison to be pursued actively, taking into account the remarks made in paragraph 96 (paragraph 96);
- steps to be taken immediately in order to ensure that juvenile prisoners are held separately from adults and are offered a full programme of educational, recreational and other purposeful activities; physical activities should form an important part of that programme. Moreover, the staff assigned to work with juvenile prisoners should be chosen carefully (and more specifically, be persons capable of guiding and motivating young people) and receive appropriate training (paragraph 97);
- the detention of men at Kópavogur State Prison to be avoided as far as possible (paragraph 98).

requests for information

- whether planned amendments to the Code of Criminal Procedure, entitling remand prisoners to communicate with certain administrative and judicial authorities and other parties on a confidential basis, have now been adopted (paragraph 100);
- the comments of the Icelandic authorities on the possibility of establishing a system under which each prison would be visited on a regular basis by an independent body, possessing powers to inspect the prison's premises and hear complaints from inmates about their treatment in the establishment (paragraph 101).

C. Psychiatric establishments

1. Preliminary remarks

requests for information

- how the requirements of independence and impartiality are guaranteed during the first 23 days of involuntary placement in a psychiatric facility, and how the requirement of objective medical expertise is guaranteed during the involuntary placement procedure in its entirety (paragraph 106).

2. Follow-up visit to Sogn Institution for Mentally Ill Offenders

recommendations

- steps to be taken immediately to ensure permanent nursing cover in the establishment, including at night and over weekends (paragraph 109);
- steps to be taken without delay in order to ensure the presence of an adequate complement of therapeutic staff (paragraph 110);
- a booklet setting out the internal regulations and patient's rights and duties to be issued to every patient upon arrival (paragraph 113).

comments

- it would be desirable for formal clinical reviews of patients' progress to be better documented in the relevant medical records (paragraph 112);
- specific arrangements should exist enabling patients to lodge formal complaints with a clearly-designated body (paragraph 113).

requests for information

- the comments of the Icelandic authorities on the possibility of transferring the establishment to a location less remote from the capital (paragraph 114).

3. Psychiatric Ward at Akureyri Regional Hospital

recommendations

- an information booklet to be issued to every patient on arrival (paragraph 119).

comments

- specific arrangements should exist enabling patients to lodge formal complaints with a clearly-designated body (paragraph 119).

D. Stuðlar Diagnostic and Treatment Centre for Juveniles

1. Material conditions

recommendations

- appropriate measures to be taken to remedy the safety deficiencies in the second emergency room (paragraph 125).

comments

- the ventilation in both emergency rooms left much to be desired (paragraph 124).

requests for information

- more details about plans to take the emergency rooms out of service and to convert them into ordinary rooms for juveniles undergoing treatment in the Centre (paragraph 125).

2. Staff

comments

- the Icelandic authorities are invited to reflect upon ways of overcoming the problem of the high turnover of staff (paragraph 134).

3. Medical care

recommendations

- steps to be taken to ensure that all newly-arrived juveniles are medically examined before admission or during this procedure (paragraph 137);
- arrangements to be made for a daily visit of a nurse to the Centre. Such a nurse could in particular receive requests from juveniles to see a doctor, ensure the provision and distribution of prescribed medicines and control the Centre's stock of medicine (paragraph 138).

4. Complaints and inspection procedures

requests for information

- clarifications as to whether juveniles placed in the Centre are entitled to correspond with the Child Welfare Committee on a confidential basis, and whether any provision has been made for regular inspections of juvenile establishments by an independent body with authority to receive juveniles' complaints and inspect the premises (paragraph 142).

APPENDIX II

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

National authorities

Ministry of Justice

- | | | |
|---|-------------------------|---|
| - | Mr Thorsteinn PÁLSSON | Minister for Justice |
| - | Mr Thorsteinn GEIRSSON | Secretary General |
| - | Ms Björg THORARENSEN | Secretary General |
| - | Mr Bogi NILSSON | Director of Public Prosecutions |
| - | Mr Haraldur JOHANNESSEN | National Police Commissioner |
| - | Mr Thorsteinn JÓNSSON | Director of the Prison and Probation Administration |
| - | Mr Jón THORS | Director of Civil Affairs |
| - | Mr Hjalti ZÓPHÓNÍASSON | Director of Criminal Affairs |

Ministry of Health

- | | | |
|---|---------------------------|------------------------------|
| - | Mr Davíð Á. GUNNARSSON | Secretary General |
| - | Ms Sólveig GUÐMUNDSDÓTTIR | Head of Department |
| - | Ms Vilborg INGÓLFSDÓTTIR | Head of Department |
| - | Mr Sveinn MAGNÚSSON | Head of Department |
| - | Mr Ólafur ÓLAFSSON | Chief Medical Officer |
| - | Mr Lúðvík ÓLAFSSON | Deputy Chief Medical Officer |
| - | Mr Hannes PÉTURSSON | Head Physician |
| - | Mr Jón G. STEFÁNSSON | Head Physician |

Office of the Ombudsman

- Mr Páll HREINSSON Deputy Ombudsman
- Ms Ragnhildur HELGADÓTTIR Legal Adviser

Non-governmental organisations

Icelandic Centre for Human Rights

Icelandic Mental Health Alliance

Icelandic Prisoners' Aid Association