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European Committee for the Prevention of Torture  
and Inhuman or Degrading Treatment or Punishment  
(CPT)

# **16th General Report on the CPT's activities**

**covering the period 1 August 2005 to 31 July 2006**

Strasbourg, 16 October 2006

The CPT is required to draw up every year a general report on its activities, which is published. This 16<sup>th</sup> General Report, as well as previous general reports and other information about the work of the CPT, may be obtained from the Committee's Secretariat or from its website:

Secretariat of the CPT  
Human Rights Building  
Council of Europe  
F-67075 Strasbourg Cedex, France

Tel: +33 (0)3 88 41 39 39

Fax: +33 (0)3 88 41 27 72

E-mail: [cptdoc@coe.int](mailto:cptdoc@coe.int)

Web: <http://www.cpt.coe.int>

Database: <http://hudoc.cpt.coe.int>

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## PREFACE

2006 saw an important step forward in the development of international co-operation on human rights, with the entry into force on 22 June of the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). As a result of this, the long-awaited machinery of a universal character for the prevention of torture and other forms of ill-treatment will finally become a reality early next year. This is welcome news to the CPT.

This achievement has its genesis in the inventiveness and tenacity of a former Swiss banker, Jean-Jacques Gautier. It was he who conceived of independent and internationally binding monitoring of places of deprivation of liberty as a crucial means of preventing torture, and founded the *Comité suisse contre la torture* (CSCT) in 1977 for the purpose of pursuing that goal. Initial attempts to launch this idea at United Nations level were not crowned with success. Consequently, in the early 1980s the CSCT and its close ally, the International Commission of Jurists, focused their attention on promoting the adoption of a regional instrument at European level, and they succeeded in mobilising strong political support from the Parliamentary Assembly of the Council of Europe. The outcome was the adoption and opening for signature in 1987 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, and the establishment some two years later of the CPT.

For some, the main interest of setting up in Europe a treaty-based mechanism for on-site monitoring of places of detention was to test the viability and usefulness of such an approach prior to its implementation at universal level; the CPT will leave it to others to comment upon whether that test has been passed. In any event, almost twenty years later, a UN-based Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, with a mandate and powers similar to those of the CPT, is about to be established. The CPT salutes this development and pledges itself to work together with the global mechanism for the shared goal of preventing ill-treatment. The Committee is keen to develop concrete plans for co-operation between the two bodies, as envisaged in the OPCAT, which explicitly encourages the Subcommittee and regional bodies like the CPT “to consult and co-operate with a view to avoiding duplication”. This is plain common sense.

One way to promote such co-operation and the effective use of resources would be to return to an idea mooted by the CPT as long ago as 1992 in its 3<sup>rd</sup> General Report. Fourteen European States are at present Parties to both the European Convention for the Prevention of Torture (ECPT) and the OPCAT. The CPT reiterates its proposal that States bound by the two treaties agree that visit reports drawn up by the CPT in respect of their countries, and their responses to such reports, be immediately and systematically forwarded to the Subcommittee on Prevention on a confidential basis. In this way, consultations between the Subcommittee and the CPT could be held in the light of all the relevant facts; this should greatly facilitate the desired co-ordination of activities as well as the maintenance of consistent standards. In the CPT’s view, implementation of the measure proposed should not require an amendment of the ECPT.

Although there are similarities between the two treaties, the OPCAT is far from being a carbon copy of the ECPT. Most significantly, in addition to the Subcommittee on Prevention at international level, States adhering to the OPCAT are obliged to provide at the domestic level for national preventive mechanisms possessing extensive monitoring powers in relation to places of detention. This two-pillar system could prove to be one of the OPCAT’s greatest strengths and it is certainly fully in line with the standards developed by the CPT; the Committee has consistently advocated, as a fundamental safeguard against ill-treatment, that all places where persons are deprived of their liberty be subject to oversight by independent bodies at national level. In European States which are also Party to the OPCAT, the national preventive mechanisms operating under the Optional Protocol will be among the CPT’s most important interlocutors.

With the entry into force of the OPCAT and the arrival on the international scene of the Subcommittee on Prevention, one might say that the CPT is finally being united with the next of kin it was denied at birth. Co-operation, complementarity and synergy must be the hallmarks of the relationship between these two bodies; the arduous task of upholding in today’s world (as in yesterday’s) the absolute prohibition of torture and inhuman or degrading treatment or punishment requires nothing less. Together they must strive to ensure that the prohibition remains truly *absolute* and that undertakings solemnly given to respect this fundamental rule are translated into deeds.



## ACTIVITIES DURING THE PERIOD 1 AUGUST 2005 TO 31 JULY 2006

### Visits

1. The CPT organised eighteen visits totalling 168 days during the twelve-month period covered by this General Report. Of those visits, ten (totalling 111 days) formed part of the CPT's annual programme of periodic visits and eight (57 days) were ad hoc visits which the Committee considered were required by the circumstances. This represents a small increase in visit days as compared to the previous year. However, development of the annual visit programme beyond the 170-day level continues to be hampered by staff-related factors.

The CPT is at present required to carry out its mandate in 47 States. To cope effectively with the workload involved, the Committee must at the earliest opportunity be placed in a position to increase the volume of visit days to 200 per year. This would make it possible to organise a periodic visit to each Party to the ECPT on average every four years and at the same time leave sufficient scope for the different types of ad hoc visits required in the circumstances.

2. Periodic visits were organised to Armenia, the Czech Republic, Germany, Greece, Monaco, Norway, Romania, Slovenia, "the former Yugoslav Republic of Macedonia" and Ukraine. The visit to Monaco was the first by the CPT to that State Party.

The programme of a periodic visit will typically cover various types of establishments (police stations, prisons, psychiatric hospitals, institutions for minors) located in different parts of the country concerned. Particular attention was given during certain visits (for example, to Germany, Greece, Romania, Slovenia and Ukraine) to the treatment of foreign nationals detained under immigration legislation. Another area of focus for a number of visits (such as those to Armenia, the Czech Republic, Romania and Ukraine) concerned the treatment of persons sentenced to life-imprisonment.

3. The eight ad hoc visits carried out by the CPT during the period covered by this General Report concerned Albania, Italy, Moldova (including the Transnistrian region), the Russian Federation (North Caucasian region), Spain, Turkey and the United Kingdom.

4. The main purpose of the **ad hoc visit to Albania in March 2006** was to examine the steps taken by the national authorities to implement recommendations made by the CPT after the May/June 2005 periodic visit. Discussions were held on this subject with the Ministers of Health, the Interior and Justice, as well as with the Prime Minister. Particular attention was paid to the conditions of detention in pre-trial detention facilities under the authority of the Ministry of the Interior. In addition, the delegation explored whether the 1996 Mental Health Act, which includes a number of guarantees intended to safeguard the fundamental rights of psychiatric patients, was being effectively implemented.

5. During the **June 2006 ad hoc visit to Italy** the CPT focused on the treatment of immigration detainees, reviewing steps taken by the authorities in the light of the recommendations on this subject contained in the report on the Committee's November/December 2004 periodic visit. An examination of cases of deportations of foreign nationals from Crotone and Lampedusa airports in 2005 and the first half of 2006 was also carried out. At the end of the visit, the CPT's delegation had a fruitful discussion with the Minister of the Interior and other senior officials responsible for immigration matters.

6. The **ad hoc visit to Moldova in November 2005** was aimed at examining on the spot the measures taken by the Moldovan authorities to implement recommendations made by the Committee after its periodic visit in September 2004. Particular attention was given to the situation of persons detained by the police and to the treatment of life-sentenced prisoners and of prisoners suffering from multi-resistant tuberculosis.

7. **In March 2006**, the CPT carried out its third **ad hoc visit to the Transnistrian region of Moldova** (a region which unilaterally declared itself an independent republic in 1991). One of the main goals of the visit was to examine the situation of prisoners in the region suffering from tuberculosis; in this context, the Committee's delegation assessed the results of a Council of Europe financed project, implemented by Caritas Luxembourg, to improve the living conditions of such prisoners. Further, it looked into the treatment of other categories of prisoners, particularly those placed under strict or special detention regimes.

The precarious situation at Prison No. 8 in Bender, an establishment located in the Transnistrian region but which forms part of the prison system of the Republic of Moldova, was also re-examined. Due to decisions by the Bender municipal authorities, the prison had been deprived of running water and electricity since mid-2003, and had been disconnected from the city's sewage disposal system since 2005.

8. The **ad hoc visit to the North Caucasian region of Russia in April/May 2006** was the eighth organised by the CPT to that part of the Federation since 2000. This is a reflection of the Committee's continuing concern about the treatment received by persons when detained by members of law enforcement agencies and security forces in that region, in particular the Chechen Republic. In addition to returning to the Chechen and Ingush Republics, the Committee's delegation examined for the first time the treatment of persons deprived of their liberty in the Republic of Dagestan.

On 1 May 2006, the CPT's delegation took the exceptional measure of interrupting the visit, following a denial of access to Tsentoroy (Khosiyurt), a village in the Chechen Republic situated south-east of Gudermes. However, in the light of assurances received from the President of the Chechen Republic, the delegation decided to resume the visit and it gained access to Tsentoroy during the afternoon of the following day. The delegation wished to visit the village as it had grounds for believing that one or more facilities that could be used as unofficial places of detention were located there.

9. The **ad hoc visit to Spain in December 2005** addressed the situation of persons deprived of their liberty by law enforcement agencies. Particular attention was paid to effective access to a lawyer as from the very outset of deprivation of liberty, an issue which had repeatedly been the subject of recommendations in reports on previous visits to Spain. The CPT's delegation also explored the role of the judiciary in protecting persons in the custody of law enforcement agencies from ill-treatment. These matters were pursued through both on-site visits and discussions with senior officials, including the Minister of the Interior and the President of the *Audiencia Nacional*.

Further, following reports of concerted attempts to breach border fences on the North African coast, the CPT's delegation decided to examine the procedures for the interception and the treatment of foreign nationals by the Civil Guard at Spain's border with Morocco in Melilla. This included accompanying the night patrols of the border fence.

10. During the **ad hoc visit to Turkey in December 2005**, the CPT's delegation reviewed the situation in practice as regards the treatment of persons held by the law enforcement agencies and assessed the day-to-day operation of the legal safeguards against ill-treatment currently in force. Attention was also given to developments in F-type (high security) prisons, in particular with regard to communal activities for inmates and the regime applied to prisoners serving a sentence of "aggravated life imprisonment". A third objective of the visit was to examine procedures for the administration of electroconvulsive therapy (ECT) in psychiatric establishments.

11. The primary focus of the **November 2005 ad hoc visit to the United Kingdom** was to examine the treatment and conditions of detention of certain persons who had recently been detained under the 1971 Immigration Act, with a view to being deported. The delegation had met a number of these persons during previous visits, either when they were detained under Part IV of the Anti-Terrorism, Crime and Security Act 2001 or when they were subject to control orders as provided for in the Prevention of Terrorism Act 2005. Particular attention was given to the mental health of the individuals concerned.

During the visit, the delegation held an exchange of views with officials from the Home Office and Foreign and Commonwealth Office on the issue of “diplomatic assurances” in the context of deportation procedures and related Memoranda of Understanding with other countries.

12. The level of co-operation shown towards CPT visiting delegations by the competent national authorities continues on the whole to be very good, and it was exemplary during the Committee’s first visit to Monaco. Meetings with Ministers and other senior officials at the beginning and end of visits almost invariably take place in a constructive atmosphere. Further, in the great majority of cases at local level, CPT delegations enjoy rapid access to places visited and are provided with the information they need.

13. Nevertheless, as in previous years, there were isolated examples of attempts to disguise the true situation in places visited, such as efforts to conceal the presence of certain inmates. Further, lists of places of deprivation of liberty provided to CPT delegations by the competent authorities were sometimes incomplete, in particular as regards law enforcement establishments.

14. It must also be noted that on several occasions, CPT delegations gained the distinct impression that inmates at places visited had been warned against making any complaints. Any such behaviour on the part of State officials would be entirely contrary to the principle of co-operation and hence totally unacceptable.

15. Reference has already been made to an incident in which a CPT visiting delegation was initially refused access to a part of the territory of the State visited. In another country, the visiting delegation was initially denied access to a specific section of a psychiatric establishment. In both cases, it was subsequently affirmed that this state of affairs was the result of the officials concerned being unaware of the CPT’s mandate and powers. This only serves to highlight the need for continued efforts to ensure that all relevant authorities receive detailed information on the Committee’s task and their obligations vis-à-vis visiting delegations.

In another case, a CPT delegation was initially refused access to a social care home, the competent local authorities contending that all the residents had been admitted on a voluntary basis and hence the establishment did not fall within the Committee’s mandate. However, when the establishment was finally visited, it was discovered that a significant number of the residents could certainly be considered as being deprived of their liberty. To avoid situations of this kind arising, it is essential for CPT visiting delegations to have the possibility to verify that “voluntary” inmates in a given establishment are indeed there at their own wish.

16. The requirement to co-operate is not limited to an actual visit but is a continuing obligation extending throughout the on-going dialogue between the CPT and State Parties. In particular, the principle of co-operation set out in the Convention requires that effective measures be taken to improve the situation of persons deprived of their liberty, in the light of the CPT’s findings. The Committee has been obliged to reiterate this point to a number of States during the period covered by this General Report.

17. To sum up, despite the clear prevalence of good co-operation between Parties to the Convention and the CPT, certain problems of co-operation arise from time to time and can on occasion be of such gravity as to raise issues under Article 10, paragraph 2, of the Convention. To date the CPT has invoked that provision very sparingly and intends to continue to act in this way. However, if faced with solid evidence of intimidatory or retaliatory action against a person before or after contact with a CPT delegation, or with a persistent failure to implement recommendations on key issues, the Committee will have little choice but to consider having recourse to its power to issue a public statement.

## Meetings and working methods

18. The CPT held three one-week plenary sessions during the twelve months covered by this General Report – in November 2005, and March and July 2006. A total of 20 visit reports were adopted by the Committee at these meetings, eleven of them according to the expedited procedure (under which draft visit reports circulated at least two weeks before a plenary session are adopted without debate, save for paragraphs in respect of which a discussion has been specifically requested in advance).

Besides the adoption of visit reports, plenary sessions are the occasion to review the ongoing dialogue with Parties to the Convention, hold thematic discussions on issues related to the CPT's mandate and prepare future visits. Much of this activity takes place in the context of subgroups of the Committee – delegations responsible for visits, the medical group, the working group on the Committee's "jurisprudence", etc.

Recent guests at plenary sessions for exchanges of views on issues of topical interest have included the UN Special Rapporteur on the question of torture, Manfred Nowak, the outgoing Council of Europe Human Rights Commissioner, Alvaro Gil-Robles, and the incoming Commissioner, Thomas Hammarberg.

19. The CPT has continued to seek to intensify its on-going dialogue with certain States by means of high-level talks outside the framework of a given visit. Reference might be made in this connection to the talks between senior Russian officials and representatives of the CPT, held in Moscow on 24 and 25 April 2006; they focused on the Committee's findings during the 2005 periodic visit to the Russian Federation. Further, on 19 June 2006 the CPT's President and First Vice-President held discussions in Ankara with the Minister of Justice of Turkey concerning the continuing difficulties of access to Imralı island for the relatives and lawyers of Abdullah Öcalan.

20. The CPT continues to seize opportunities for promoting synergy with other bodies. This frequently includes contacts during visits with field missions of the European Union, the International Committee of the Red Cross, the OSCE and the UNHCR.

The CPT welcomes every opportunity to contribute to discussions within the Council of Europe concerning matters related to the Committee's mandate. For example, the Committee was pleased to have been invited to take part in the meetings of the Group of specialists on human rights and the fight against terrorism (DH-S-TER) which focused on the use of diplomatic assurances in the context of expulsion procedures.

The CPT also appreciates the opportunities afforded to it by numerous invitations to participate in meetings of intergovernmental and non-governmental organisations, where the Committee can not only provide information on its activities but, equally importantly, exchange experiences and ideas.

Further, as already indicated in the Preface to this General Report, the CPT places a premium on the closest possible synergy with the Subcommittee on Prevention soon to be established under the Optional Protocol to the United Nations Convention against Torture.

21. Reference has been made in previous General Reports to the idea of organising a pilot project in a limited number of countries amongst those experiencing difficulties with the implementation of the CPT's recommendations, especially those requiring significant financial investment.

Following an open tender process launched at the end of 2005, the Research Institute for Human Rights and Social Justice at London Metropolitan University was selected to carry out the pilot project in Albania, Georgia and Moldova. The objective is to conduct a study in each of these countries in order to assess their needs as regards the implementation of the Committee's recommendations, to identify concrete areas and proposals for outside assistance, and to seek external financing. A final report containing specific proposals should be available before the end of 2006.

The CPT is grateful to the Governments of Luxembourg and Turkey for their voluntary financial contributions which permitted the pilot project to be implemented.

## Publications

22. The well-established trend towards States lifting the veil of confidentiality and publishing CPT visit reports and government responses was confirmed once again during the period covered by this General Report. Over the last twelve months, reports on fourteen visits have been published by the Committee, at the request of the governments concerned. At the time of writing, 165 of the 206 visit reports so far drawn up have been placed in the public domain. A State-by-State table showing the current situation is set out in Appendix 4.

23. Further translations and updates of the “information pack”, containing various materials describing the CPT’s modus operandi and the standards developed by the Committee, have been produced during the last twelve months. The pack is currently available in nineteen languages and is posted in all of those languages on the CPT’s website; printed copies can be obtained from the Committee’s Secretariat.

A new edition of the CD-ROM containing the whole of the CPT’s website was issued in December 2005.

24. Reference should also be made to the recent publication of “The treatment of prisoners – European standards” (Council of Europe Publishing) by Jim Murdoch, Professor of Public Law at Glasgow University. This book contains a comprehensive analysis of the CPT’s work to date and juxtaposes it with the jurisprudence of the European Court of Human Rights.

## ORGANISATIONAL MATTERS

### The Convention establishing the CPT

25. The Convention was signed and ratified by the Principality of Monaco on 30 November 2005 and entered into force in respect of the Principality on 1 March 2006. The CPT's first visit to Monaco was organised at the end of the same month.

On 14 June 2006, the Committee of Ministers of the Council of Europe noted that following the declaration of independence of the Republic of Montenegro on 3 June, the Republic of Serbia was a party to the Convention. The Committee of Ministers also agreed that the Republic of Montenegro was a party to the Convention with effect from 6 June 2006, the date of the Republic's declaration of succession to the Council of Europe conventions of which Serbia and Montenegro was a signatory or party.

As a result, there are currently 47 Parties to the Convention.

26. Further, the CPT will soon begin to carry out its mandate in Kosovo, now that arrangements for the Committee's visits to detention facilities operated by the "international security presence in Kosovo" (KFOR) have been defined in an exchange of letters between the Secretaries General of NATO and the Council of Europe. The CPT welcomes this development.

The CPT plans to organise in the near future an information seminar in Kosovo for officials and all other interested parties, the aim being to ensure that everyone concerned is familiar with the Committee's mandate and working methods before visits begin.

### CPT membership

27. At the time of publication of this General Report, the CPT has 42 members. The seats in respect of Bosnia and Herzegovina, France, Montenegro, Serbia and Ukraine are currently vacant.<sup>1</sup>

28. Fifteen new CPT members were elected during the twelve months covered by this General Report: Ömer Atalar (in respect of Turkey), Tim Dalton (Ireland), Celso José das Neves Manata (Portugal), Haritini Dipla (Greece), Gergely Fliegauf (Hungary), Anna Gavrilova-Antcheva (Bulgaria), Ladislav Getlík (Slovak Republic), Emilio Gines Santidrián (Spain), Wolfgang Heinz (Germany), Birgit Lie (Norway), Roland Marquet (Monaco), Jørgen Worsaae Rasmussen (Denmark), Elena Sereda (Russian Federation), George Tugushi (Georgia) and Antonius Maria van Kalmthout (Netherlands).

Further, the following members were re-elected: Ales Butala (Slovenia), Silvia Casale (United Kingdom), Marija Definis Gojanović (Croatia), Eugenijus Gefenas (Lithuania), Renate Kicker (Austria), Isolde Kieber (Liechtenstein), Andres Lehtmets (Estonia), Ann-Marie Orler (Sweden), Tatiana Răducanu (Moldova), Jean-Pierre Restellini (Switzerland) and Pierre Schmit (Luxembourg).

29. The following members of the CPT left the Committee during the last twelve months, on the expiry of their terms of office: Roger Beauvois (France), Laszlo Csetneky (Hungary), Hildburg Kindt (Germany), Günsel Koptagel-Ilal (Turkey), Ingrid Lycke Ellingsen (Norway), Esteban Mestre Delgado (Spain), Ole Vedel Rasmussen (Denmark) and Pieter Reinhard Stoffelen (Netherlands). Further, Olivera Vulić (elected in respect of Serbia and Montenegro) resigned from the Committee on 26 June 2006.

The CPT wishes to sincerely thank all the above persons for their contributions to the Committee's work.

<sup>1</sup> See Appendix 5 for the list of CPT members. Abridged curricula vitae of the members are posted on the CPT's website ([www.cpt.coe.int](http://www.cpt.coe.int)) and can also be obtained from the Committee's Secretariat.

30. The system introduced by Protocol No. 2 to the Convention whereby one half of the seats on the CPT are renewed every two years has now been fully implemented. As a result, the Committee's current membership can be expected to remain stable until the end of 2007.

However, the CPT would suggest that thought be given without delay to how best to organise the elections for the 21 seats which will fall vacant on 19 December 2007. Having so many terms of office expiring on the same date will no doubt pose organisational challenges for the different bodies within the Parliamentary Assembly and the Committee of Ministers which play a role in the election procedure.

The CPT remains of the view that interviews of candidates at some stage of the election procedure within the Council of Europe would be advisable.

31. As regards the spread of professional expertise within the CPT, a significant number of its current members have practical experience of prison work. However, the Committee requires more members with first-hand knowledge of the work of prosecution services or law enforcement agencies. The CPT would also benefit from the presence among its members of more doctors with relevant forensic skills, in particular as regards the observing and recording of physical injuries, as well as of more persons with specialised knowledge of immigration issues.

More generally, the CPT trusts that the relevant bodies within the Assembly and Committee of Ministers will continue to examine carefully the lists of candidates for membership of the Committee, in the light of the requirements laid down in Article 4 (paragraphs 2 and 4) of the Convention. The CPT's effectiveness will ultimately depend on the quality of its membership.

## Administrative and budgetary questions

32. A number of changes have occurred in recent months within the CPT's Secretariat. In particular, the Deputy Executive Secretary, Geneviève Mayer, left on 1 September 2006 to take up the post of Head of the Department for the execution of judgments of the European Court of Human Rights. The CPT wishes to place on record its appreciation of Ms Mayer's outstanding contribution to the Committee's activities during her almost seventeen years of service in its Secretariat.

Fabrice Kellens has taken up the position of Deputy Executive Secretary, and Michael Neurauter has been appointed to Mr Kellens's former post of Head of Division 1.

33. The present composition of the CPT's Secretariat is shown in the organigram reproduced in Appendix 6. The Committee hopes that it will be possible to fill in the near future the vacant A2/A3 post in Division 1 and the vacant B4 post in Division 2. It also remains necessary to bring Division 3 up to the same strength as the other two Divisions, by the addition of a B4 post and a further A2/A3 post; the CPT is grateful to the Secretary General for having included the latter post in his budget proposals for 2007.

34. The CPT understands that it is proposed to allocate to the Committee budgetary appropriations for 185 visit days in 2007. The Committee welcomes this and hopes that the staff situation will evolve favourably so as to enable it to complete such a programme. As already indicated at the outset of this General Report, the ultimate goal should remain an annual programme of 200 visit days.

35. Finally, the CPT would like to take this opportunity to express its gratitude towards Pierre-Henri Imbert, the former Director General of Human Rights, who recently retired. Mr Imbert played an important role in the drafting of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and, subsequently, was always on hand to offer precious advice to the CPT when the need arose.

## MEANS OF RESTRAINT IN PSYCHIATRIC ESTABLISHMENTS FOR ADULTS

### Preliminary remarks

36. In its 8th General Report covering the year 1997, the CPT addressed the issue of involuntary placement in psychiatric establishments for adults. In this context, the Committee made a number of remarks concerning the restraint of agitated and/or violent patients. During the intervening nine years, the debate over the use of restraint has continued to fire passions, with different psychiatric traditions advocating alternative approaches for managing such patients.

In many psychiatric establishments, recourse to means which limit the freedom of movement of agitated and/or violent patients may on occasion be necessary. Given the potential for abuse and ill-treatment, such use of means of restraint remains of particular concern for the CPT. Consequently, visiting delegations examine carefully the procedures and practice in psychiatric establishments as regards restraint as well as the frequency of resort to such means. Regrettably, it would appear that in many of the establishments visited there is an excessive recourse to means of restraint.

The CPT believes that the time is ripe to expand upon its earlier remarks and would welcome the comments of practitioners on this section of the General Report. It is in this spirit of constructive dialogue, with a view to assisting health-care staff in performing their arduous tasks and providing patients with appropriate care, that the following remarks are made.

### On the use of restraint in general

37. As a matter of principle, hospitals should be safe places for both patients and staff. Psychiatric patients should be treated with respect and dignity, and in a safe, humane manner that respects their choices and self-determination. The absence of violence and abuse, of patients by staff or between patients, constitutes a minimum requirement.

That said, on occasion the use of physical force against a patient may be unavoidable in order to ensure the safety of staff and patients alike. Creating and maintaining good living conditions for patients, as well as a proper therapeutic climate - a primary task for hospital staff - presupposes an absence of aggression and violence amongst patients and against staff. For this reason, it is essential that staff be provided with the appropriate training and leadership to be capable of meeting in an ethically appropriate manner the challenge posed by an agitated and/or violent patient.

38. The line separating proportional physical force to control a patient from acts of violence can be a fine one. When that line is crossed, it is often due to inadvertence or unpreparedness rather than a result of malevolent intention. In many cases staff are simply not properly equipped to intervene when confronted with agitated and/or violent patients.

It should also be emphasised that CPT delegations have found that an active and alert role by management with respect to resort to means of restraint in a given establishment has usually resulted in a steady decline in their use.

## Types of restraint in use

39. The CPT has come across various methods of controlling agitated and/or violent patients, which may be used separately or in combination: shadowing (when a staff member is constantly at the side of a patient and intervenes in his/her activities when necessary), manual control, mechanical restraints such as straps, straitjackets or enclosed beds, chemical restraint (medicating a patient against his/her will for the purpose of controlling behaviour) and seclusion (involuntary placement of a patient alone in a locked room). As a general rule, the method chosen in respect of a particular patient should be the most proportionate (among those available) to the situation encountered; for example, automatic resort to mechanical or chemical restraint is not called for in cases when a brief period of manual control combined with the use of psychological means of calming the person down would suffice.

As one might expect, using oral persuasion (i.e. talking to the patient to calm him/her down) would be the CPT's preferred technique but, at times, it may be necessary to resort to other means directly limiting the patient's freedom of movement.

40. Certain mechanical restraints, which are still to be found in some psychiatric hospitals visited by the CPT, are totally unsuitable for such a purpose and could well be considered as degrading. Handcuffs, metal chains and cage-beds clearly fall within this category; they have no rightful place in psychiatric practice and should be withdrawn from use immediately.

The use of net-beds, widespread in a number of countries until only a few years ago, appears to be in steady decline. Even in those few countries where they are still in use, net-beds are resorted to on a diminishing basis. This is a positive development and the CPT would like to encourage States to continue making efforts to reduce further the number of net-beds in use.

41. If recourse is had to chemical restraint such as sedatives, antipsychotics, hypnotics and tranquillisers, they should be subjected to the same safeguards as mechanical restraints. The side-effects that such medication may have on a particular patient need to be constantly borne in mind, particularly when medication is used in combination with mechanical restraint or seclusion.

42. As regards seclusion, this particular measure is not necessarily a proper alternative to the use of mechanical, chemical or other means of restraint. Placing a patient in seclusion may produce a calming effect in the short term, but is also known to cause disorientation and anxiety, at least for certain patients. In other words, placement in a seclusion room without appropriate, accompanying safeguards may have an adverse result. The tendency observed in several psychiatric hospitals to routinely forgo resort to other means of restraint in favour of seclusion is of concern to the CPT.

## When to restrain a patient

43. As a general rule, a patient should only be restrained as a measure of last resort; an extreme action applied in order to prevent imminent injury or to reduce acute agitation and/or violence.

In reality, the CPT often finds that patients are restrained, usually with mechanical restraints, as a sanction for perceived misbehaviour or as a means to bring about a change of behaviour.

Moreover, in many psychiatric establishments visited by the CPT, the application of restraints is resorted to as a means of convenience for the staff; securing difficult patients while other tasks are performed. The usual justification provided to the CPT is that a lack of staff necessitates an increase in recourse to means of restraint.

This reasoning is unsound. The application of means of restraint in the correct manner and appropriate environment requires more - not fewer - medical staff, as each case of restraint necessitates a member of staff to provide direct, personal and continuous supervision (cf. paragraph 50).

Voluntary patients should only be restrained with their consent. If the application of restraint to a voluntary patient is deemed necessary and the patient disagrees, the legal status of the patient should be reviewed.

44. What can be done to prevent the misuse or overuse of means of restraint? First of all, experience has shown that in many psychiatric establishments the use of, in particular, mechanical restraint can be substantially reduced. Programmes set up in some countries for that purpose seem to have been successful, without this having led to an increased resort to chemical restraint or manual control. The question therefore arises whether complete (or almost complete) eradication of mechanical restraint might not be a realistic goal in the longer term.

It is imperative that every single case of resort to means of restraint be authorised by a doctor or, at least, brought without delay to a doctor's attention in order to seek approval for the measure. In the CPT's experience, means of restraint tend to be applied more frequently when prior blanket consent is given by the doctor, instead of decisions being taken on a case by case (situation by situation) basis.

45. When the emergency situation resulting in the application of restraint ceases to exist, the patient should be released immediately. On occasion, the CPT encounters patients to whom mechanical restraints have been applied for days on end. There can be no justification for such a practice, which in the CPT's view amounts to ill-treatment.

One of the main reasons why such practices linger on is that very few psychiatric establishments have developed clear rules on the duration of periods of restraint. Psychiatric establishments should consider adopting a rule whereby the authorisation of the use of a mechanical restraint lapses after a certain period of time, unless explicitly extended by a doctor. For a doctor, the existence of such a rule will act as a powerful incentive to visit the restrained patient in person and thus verify his/her state of mental and physical well-being.

46. Once means of restraint have been removed, it is essential that a debriefing of the patient take place. For the doctor, this will provide an opportunity to explain the rationale behind the measure, and thus reduce the psychological trauma of the experience as well as restore the doctor-patient relationship. For the patient, such a debriefing is an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour. The patient and staff together can try to find alternative means for the patient to maintain control over himself/herself, thereby possibly preventing future eruptions of violence and subsequent restraint.

## How restraint should be used

47. Over the years, many patients have talked to CPT delegations about their experiences of being restrained. Patients have repeatedly said that they felt the whole ordeal to be humiliating, a feeling at times exacerbated by the manner in which the restraint was applied.

For the staff of a psychiatric hospital, it should be of the utmost concern that the conditions and circumstances surrounding the use of restraint do not aggravate the mental and physical health of the restrained patient. This implies, *inter alia*, that previously prescribed therapeutic treatment should, as far as possible, not be interrupted and that substance-dependent patients should receive adequate treatment for withdrawal symptoms. Whether these symptoms are caused by deprivation of illegal drugs, nicotine or other substances should not make any difference.

48. In general, the place where a patient is restrained should be specially designed for that specific purpose. It should be safe (e.g. without broken glass or tiles), and enjoy appropriate light and adequate heating, thereby promoting a calming environment for the patient.

Further, a restrained patient should be adequately clothed and not exposed to other patients, unless he/she explicitly requests otherwise or when the patient is known to have a preference for company. It must be guaranteed in all circumstances that patients subject to means of restraint are not harmed by other patients. Of course, staff should not be assisted by other patients when applying means of restraint to a patient.

When recourse is had to restraint, the means should be applied with skill and care in order not to endanger the health of the patient or cause pain. Vital functions of the patient, such as respiration, and the ability to communicate, eat and drink must not be hampered. If a patient has a tendency to bite, suck or spit, potential damage should be averted in a manner other than by covering the mouth.

49. Restraining an agitated or violent patient properly is no easy task for staff. Not only is training essential but refresher courses need to be organised at regular intervals. Such training should not only focus on instructing health-care staff how to apply means of restraint but, equally importantly, should ensure that they understand the impact the use of restraint may have on a patient and that they know how to care for a restrained patient.

50. The use of restraint in an appropriate manner requires considerable staff resources. For example, the CPT considers that when the limbs of a patient are held with straps or belts, a trained member of staff should be continuously present in order to maintain the therapeutic alliance and to provide assistance. Such assistance may include escorting the patient to a toilet facility or, in the exceptional case where the measure of restraint cannot be brought to an end in a matter of minutes, helping him/her to consume food.

Clearly, video surveillance cannot replace such a continuous staff presence. In cases where a patient is secluded, the staff member may be outside the patient's room, provided that the patient can fully see the staff member and the latter can continuously observe and hear the patient.

## **The adoption of a comprehensive restraint policy**

51. Every psychiatric establishment should have a comprehensive, carefully developed, policy on restraint. The involvement and support of both staff and management in elaborating the policy is essential. Such a policy should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated.

The policy should also contain sections on other important issues such as: staff training; complaints policy; internal and external reporting mechanisms; and debriefing. In the CPT's opinion, such a comprehensive policy is not only a major support for staff, but is also helpful in ensuring that patients and their guardians or proxies understand the rationale behind a measure of restraint that may be imposed.

## **Recording incidents of restraint**

52. Experience has shown that detailed and accurate recording of instances of restraint can provide hospital management with an oversight of the extent of their occurrence and enable measures to be taken, where appropriate, to reduce their incidence.

Preferably, a specific register should be established to record all instances of recourse to means of restraint. This would be in addition to the records contained within the patient's personal medical file. The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered or approved it; and an account of any injuries sustained by patients or staff. Patients should be entitled to attach comments to the register, and should be informed of this; at their request, they should receive a copy of the full entry.

53. Regular reporting to an outside monitoring body, for instance a Health-Care Inspectorate, might be considered as well. The obvious advantage of such a reporting mechanism is that it would facilitate a national or regional overview of restraint practices, thus facilitating efforts to better understand and, consequently, manage their use.

## **Final remarks**

54. It should be acknowledged that resort to restraint measures appears to be substantially influenced by non-clinical factors such as staff perceptions of their role and patients' awareness of their rights. Comparative studies have shown that the frequency of use of restraint, including seclusion, is a function not only of staffing levels, diagnoses of patients or material conditions on the ward, but also of the "culture and attitudes" of hospital staff.

Reducing recourse to the use of restraint to a viable minimum requires a change of culture in many psychiatric establishments. The role of management is crucial in this regard. Unless the management encourages staff and offers them alternatives, an established practice of frequent recourse to means of restraint is likely to prevail.



# **APPENDICES**

## APPENDIX 1

### The CPT's mandate and modus operandi

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) was set up under the 1987 Council of Europe Convention of the same name (hereinafter “the Convention”). According to Article 1 of the Convention:

“There shall be established a European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment... The Committee shall, by means of visits, examine the treatment of persons deprived of their liberty with a view to strengthening, if necessary, the protection of such persons from torture and from inhuman or degrading treatment or punishment.”

The work of the CPT is designed to be an integrated part of the Council of Europe system for the protection of human rights, placing a proactive non-judicial mechanism alongside the existing reactive judicial mechanism of the European Court of Human Rights.

The CPT implements its essentially preventive function through two kinds of visits – periodic and ad hoc. Periodic visits are carried out to all Parties to the Convention on a regular basis. Ad hoc visits are organised in these States when they appear to the Committee “to be required in the circumstances”.

When carrying out a visit, the CPT enjoys extensive powers under the Convention: access to the territory of the State concerned and the right to travel without restriction; unlimited access to any place where persons are deprived of their liberty, including the right to move inside such places without restriction; access to full information on places where persons deprived of their liberty are being held, as well as to other information available to the State which is necessary for the Committee to carry out its task.

The Committee is also entitled to interview in private persons deprived of their liberty and to communicate freely with anyone whom it believes can supply relevant information.

Each Party to the Convention must permit visits to any place within its jurisdiction “where persons are deprived of their liberty by a public authority”. The CPT's mandate thus extends beyond prisons and police stations to encompass, for example, psychiatric institutions, detention areas at military barracks, holding centres for asylum seekers or other categories of foreigners, and places in which young persons may be deprived of their liberty by judicial or administrative order.

Two fundamental principles govern relations between the CPT and Parties to the Convention – co-operation and confidentiality. In this respect, it should be emphasised that the role of the Committee is not to condemn States, but rather to assist them to prevent the ill-treatment of persons deprived of their liberty.

After each visit, the CPT draws up a report which sets out its findings and includes, if necessary, recommendations and other advice, on the basis of which a dialogue is developed with the State concerned. The Committee's visit report is, in principle, confidential; however, almost all States have chosen to waive the rule of confidentiality and publish the report.

## APPENDIX 2

**Signatures and ratifications  
of the European Convention for the Prevention of Torture  
and Inhuman or Degrading Treatment or Punishment**

<b>Member States of the Council of Europe</b>	<b>Date of signature</b>	<b>Date of ratification</b>	<b>Date of entry into force</b>
Albania	02/10/1996	02/10/1996	01/02/1997
Andorra	10/09/1996	06/01/1997	01/05/1997
Armenia	11/05/2001	18/06/2002	01/10/2002
Austria	26/11/1987	06/01/1989	01/05/1989
Azerbaijan	21/12/2001	15/04/2002	01/08/2002
Belgium	26/11/1987	23/07/1991	01/11/1991
Bosnia and Herzegovina	12/07/2002	12/07/2002	01/11/2002
Bulgaria	30/09/1993	03/05/1994	01/09/1994
Croatia	06/11/1996	11/10/1997	01/02/1998
Cyprus	26/11/1987	03/04/1989	01/08/1989
Czech Republic	23/12/1992	07/09/1995	01/01/1996
Denmark	26/11/1987	02/05/1989	01/09/1989
Estonia	28/06/1996	06/11/1996	01/03/1997
Finland	16/11/1989	20/12/1990	01/04/1991
France	26/11/1987	09/01/1989	01/05/1989
Georgia	16/02/2000	20/06/2000	01/10/2000
Germany	26/11/1987	21/02/1990	01/06/1990
Greece	26/11/1987	02/08/1991	01/12/1991
Hungary	09/02/1993	04/11/1993	01/03/1994
Iceland	26/11/1987	19/06/1990	01/10/1990
Ireland	14/03/1988	14/03/1988	01/02/1989
Italy	26/11/1987	29/12/1988	01/04/1989
Latvia	11/09/1997	10/02/1998	01/06/1998
Liechtenstein	26/11/1987	12/09/1991	01/01/1992
Lithuania	14/09/1995	26/11/1998	01/03/1999
Luxembourg	26/11/1987	06/09/1988	01/02/1989
Malta	26/11/1987	07/03/1988	01/02/1989
Moldova	02/05/1996	02/10/1997	01/02/1998
Monaco	30/11/2005	30/11/2005	01/03/2006
Netherlands	26/11/1987	12/10/1988	01/02/1989
Norway	26/11/1987	21/04/1989	01/08/1989
Poland	11/07/1994	10/10/1994	01/02/1995
Portugal	26/11/1987	29/03/1990	01/07/1990
Romania	04/11/1993	04/10/1994	01/02/1995
Russian Federation	28/02/1996	05/05/1998	01/09/1998
San Marino	16/11/1989	31/01/1990	01/05/1990
Serbia	03/03/2004 *	03/03/2004 *	01/07/2004
Slovakia	23/12/1992	11/05/1994	01/09/1994
Slovenia	04/11/1993	02/02/1994	01/06/1994
Spain	26/11/1987	02/05/1989	01/09/1989
Sweden	26/11/1987	21/06/1988	01/02/1989
Switzerland	26/11/1987	07/10/1988	01/02/1989
“the former Yugoslav Republic of Macedonia”	14/06/1996	06/06/1997	01/10/1997
Turkey	11/01/1988	26/02/1988	01/02/1989
Ukraine	02/05/1996	05/05/1997	01/09/1997
United Kingdom	26/11/1987	24/06/1988	01/02/1989
<b>Non-member States of the Council of Europe</b>			<b>Date of entry into force</b>
Montenegro			06/06/2006 **

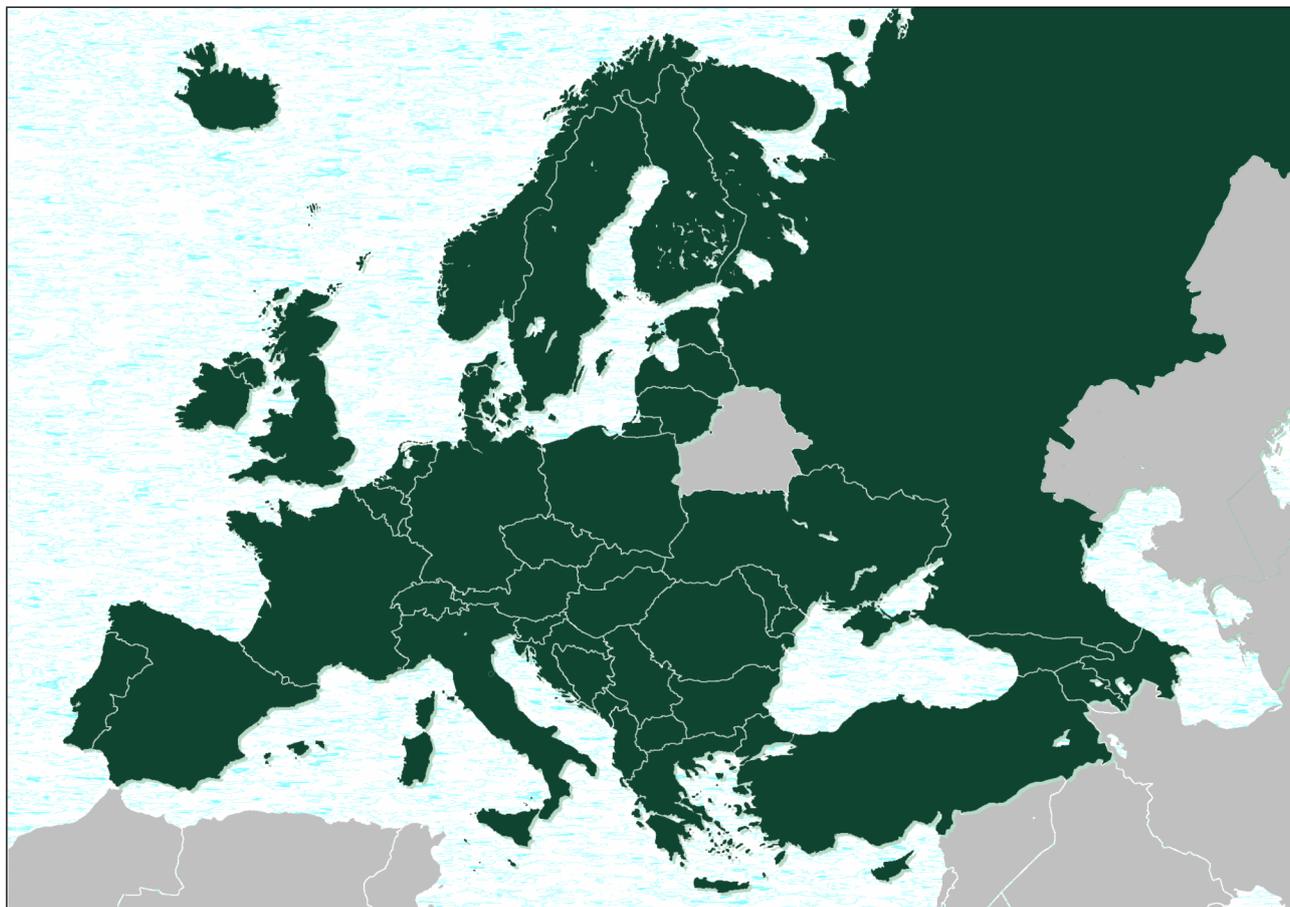
Note The Convention is open for signature by the member States of the Council of Europe. Since 1 March 2002, the Committee of Ministers of the Council of Europe may also invite any non-member State of the Council of Europe to accede to the Convention.

\* Dates of signature and ratification by the state union of Serbia and Montenegro.

\*\* On 14 June 2006, the Committee of Ministers of the Council of Europe agreed that the Republic of Montenegro was a party to the Convention with effect from 6 June 2006, the date of the Republic's declaration of succession to the Council of Europe conventions of which Serbia and Montenegro was a signatory or party.

### APPENDIX 3

## The CPT's field of operations



Note: This is an unofficial representation of States bound by the Convention.  
For technical reasons it has not been possible to show the entire territory of certain of the States concerned.

<b>States bound by the Convention</b>	<b>Prison population *</b>
<b>47 States</b>	<b>1 792 496 prisoners</b>
<ul style="list-style-type: none"> <li>- Albania</li> <li>- Andorra</li> <li>- Armenia</li> <li>- Austria</li> <li>- Azerbaijan</li> <li>- Belgium</li> <li>- Bosnia and Herzegovina</li> <li>- Bulgaria</li> <li>- Croatia</li> <li>- Cyprus</li> <li>- Czech Republic</li> <li>- Denmark</li> <li>- Estonia</li> <li>- Finland</li> <li>- France</li> <li>- Georgia</li> <li>- Germany</li> <li>- Greece</li> <li>- Hungary</li> <li>- Iceland</li> <li>- Ireland</li> <li>- Italy</li> <li>- Latvia</li> <li>- Liechtenstein</li> <li>- Lithuania</li> <li>- Luxembourg</li> <li>- Malta</li> <li>- Moldova</li> <li>- Monaco</li> <li>- Montenegro</li> <li>- Netherlands</li> <li>- Norway</li> <li>- Poland</li> <li>- Portugal</li> <li>- Romania</li> <li>- Russian Federation</li> <li>- San Marino</li> <li>- Serbia</li> <li>- Slovakia</li> <li>- Slovenia</li> <li>- Spain</li> <li>- Sweden</li> <li>- Switzerland</li> <li>- "the former Yugoslav Republic of Macedonia"</li> <li>- Turkey</li> <li>- Ukraine</li> <li>- United Kingdom</li> </ul>	<p>(Main source: Council of Europe Annual Penal Statistics (SPACE I, Survey 2004.1); data as at 1 September 2004)</p> <p>* It should be noted that the CPT's mandate covers also all other categories of places where persons are deprived of their liberty:</p> <ul style="list-style-type: none"> <li>- police establishments</li> <li>- detention centres for juveniles</li> <li>- military detention facilities</li> <li>- holding centres for aliens</li> <li>- psychiatric hospitals</li> <li>- homes for the elderly</li> </ul> <p>etc.</p>

## APPENDIX 4

**State-by-State table showing the number of visits by the CPT,  
visit reports sent to Governments and reports published  
(as at 1 October 2006)**

States	Number of visits	Number of reports sent	Number of reports published
Albania	7	7	6
Andorra	2	2	2
Armenia	3	2	1
Austria	4	4	4
Azerbaijan	3	3	1
Belgium	4	4	4
Bosnia and Herzegovina	2	2	1
Bulgaria	5	4	4
Croatia	2	2	1
Cyprus	4	4	3
Czech Republic	3	3	2
Denmark	3	3	3
Estonia	3	3	3
Finland	3	3	3
France	8	8	8
Georgia	2	2	2
Germany	5	5	4
Greece	6	6	5
Hungary	4	4	4
Iceland	3	3	3
Ireland	3	3	3
Italy	6	5	5
Latvia	3	3	2
Liechtenstein	2	2	2
Lithuania	2	2	2
Luxembourg	3	3	3
Malta	5	5	4
Moldova	9	8 (a)	4
Monaco	1	1	0
Netherlands	6	6	6
Norway	4	4	4
Poland	3	3	3
Portugal	6	6	4
Romania	7	5 (b)	5 (b)
Russian Federation	15	11 (c)	1
San Marino	3	3	2
Serbia	1 (d)	1	1
Slovakia	3	3	3
Slovenia	3	3	2
Spain	9	9	7
Sweden	4	4	4
Switzerland	4	4	4
“the former Yugoslav Republic of Macedonia”	6	5	4
Turkey	18	16 (e)	11 (f)
Ukraine	5	5	4
United Kingdom	11	12 (g)	11

- (a) Covering the nine visits.  
 (b) Covering six visits.  
 (c) Covering thirteen visits.  
 (d) Organised in September 2004 to Serbia and Montenegro.  
 (e) Covering the eighteen visits.  
 (f) Covering thirteen visits.  
 (g) Including one report drawn up in pursuance of the Agreement between the United Nations and the Government of the United Kingdom of Great Britain and Northern Ireland on the Enforcement of Sentences of the International Criminal Tribunal for the former Yugoslavia (ICTY).

## APPENDIX 5

## Members of the CPT

(listed in order of precedence – as at 1 October 2006) \*

Name	Elected in respect of	Term of office expires
Ms Silvia CASALE, President	United Kingdom	19/12/2009
Mr Mauro PALMA, 1st Vice-President	Italy	19/12/2007
Mr Andres LEHTMETS, 2nd Vice-President	Estonia	19/12/2009
Mr Mario BENEDETTINI	San Marino	19/12/2007
Mr Florin STANESCU	Romania	19/12/2007
Mr Zdeněk HÁJEK	Czech Republic	19/12/2007
Mr Pierre SCHMIT	Luxembourg	19/12/2009
Ms Renate KICKER	Austria	19/12/2009
Mr Aleš BUTALA	Slovenia	19/12/2009
Ms Veronica PIMENOFF	Finland	19/12/2007
Mr Petros MICHAELIDES	Cyprus	19/12/2007
Mr Marc NÈVE	Belgium	19/12/2007
Mr Mario FELICE	Malta	19/12/2007
Mr Pétur HAUKSSON	Iceland	19/12/2007
Mr Fatmir BRAKA	Albania	19/12/2007
Mr Eugenijus GEFENAS	Lithuania	19/12/2007
Mr Jean-Pierre RESTELLINI	Switzerland	19/12/2009
Ms Tatiana RĂDUCANU	Moldova	19/12/2009
Ms Marija DEFINIS GOJANOVIĆ	Croatia	19/12/2009
Ms Isolde KIEBER	Liechtenstein	19/12/2009
Ms Ann-Marie ORLER	Sweden	19/12/2009
Mr Zbigniew HOŁDA	Poland	19/12/2007
Mr Vladimir ORTAKOV	“the former Yugoslav Republic of Macedonia”	19/12/2007
Mr Lätif HÜSEYNOV	Azerbaijan	19/12/2007
Mr Joan-Miquel RASCAGNERES	Andorra	19/12/2007
Ms Asya KHACHATRYAN	Armenia	19/12/2007
Mr Vitolds ZAHARS	Latvia	19/12/2007
Ms Anna GAVRILOVA-ANTCHEVA	Bulgaria	19/12/2009
Mr Celso José DAS NEVES MANATA	Portugal	19/12/2007
Mr Gergely FLIEGAUF	Hungary	19/12/2009
Ms Haritini DIPLA	Greece	19/12/2007
Mr Jørgen Worsaae RASMUSSEN	Denmark	19/12/2009
Mr Antonius Maria VAN KALMTHOUT	Netherlands	19/12/2009
Mr Ladislav GETLÍK	Slovak Republic	19/12/2007
Ms Elena SEREDA	Russian Federation	19/12/2007
Mr George TUGUSHI	Georgia	19/12/2009
Mr Wolfgang HEINZ	Germany	19/12/2009
Ms Birgit LIE	Norway	19/12/2009
Mr Tim DALTON	Ireland	19/12/2011
Mr Emilio GINES SANTIDRIÁN	Spain	19/12/2009
Mr Roland MARQUET	Monaco	19/12/2009
Mr Ömer ATALAR	Turkey	19/12/2009

\* At this date, the seats in respect of the following States were vacant: Bosnia and Herzegovina, France, Montenegro, Serbia, Ukraine.

## APPENDIX 6

**Secretariat of the CPT**  
(as at 1 October 2006)

Mr Trevor STEVENS	Executive Secretary
Mr Fabrice KELLENS	Deputy Executive Secretary
Secretariat:	Ms Janey COPE
	Ms Antonella NASTASIE

<b>Central section</b>	
Mr Patrick MÜLLER	Documentary research, information strategies and media contacts
Ms Mireille MONTI	Archives and publications
Ms Morven TRAIN	Administrative, budgetary and staff questions

**Divisions responsible for visits \***

<b>Division 1</b>	
Mr Michael NEURAUTER, Head of Division	<ul style="list-style-type: none"> <li>• Albania</li> <li>• Austria</li> <li>• Belgium</li> <li>• Estonia</li> <li>• France</li> <li>• Germany</li> <li>• Italy</li> <li>• Latvia</li> <li>• Liechtenstein</li> <li>• Lithuania</li> <li>• Luxembourg</li> <li>• Malta</li> <li>• Monaco</li> <li>• Norway</li> <li>• Romania</li> <li>• San Marino</li> <li>• Switzerland</li> <li>• Turkey</li> </ul>
Ms Muriel ISELI	
Mr Elvin ALIYEV	
Mr/Ms ...	
Ms Yvonne HARTLAND, Administrative assistant	
Secretariat: Ms Nadine SCHAEFFER	

<b>Division 2</b>	
Ms Petya NESTOROVA, Head of Division	<ul style="list-style-type: none"> <li>• Armenia</li> <li>• Azerbaijan</li> <li>• Bulgaria</li> <li>• Croatia</li> <li>• Denmark</li> <li>• Finland</li> <li>• Georgia</li> <li>• Hungary</li> <li>• Iceland</li> <li>• Moldova</li> <li>• Montenegro</li> <li>• Poland</li> <li>• Russian Federation</li> <li>• Serbia</li> <li>• Slovenia</li> <li>• Sweden</li> <li>• Ukraine</li> </ul>
Mr Borys WÓDZ	
Mr Johan FRIESTEDT	
Ms Isabelle SERVOZ-GALLUCCI	
Mr/Ms ..., Administrative assistant	
Secretariat: Ms Maia MAMULASHVILI	

<b>Division 3</b>	
Mr Hugh CHETWYND, Head of Division	<ul style="list-style-type: none"> <li>• Andorra</li> <li>• Bosnia and Herzegovina</li> <li>• Cyprus</li> <li>• Czech Republic</li> <li>• Greece</li> <li>• Ireland</li> <li>• Netherlands</li> <li>• Portugal</li> <li>• Slovakia</li> <li>• Spain</li> <li>• “the former Yugoslav Republic of Macedonia”</li> <li>• United Kingdom</li> </ul>
Ms Caterina BOLOGNESE	
Mr Marco LEIDEKKER	
Secretariat: Ms Morag YOUNG	

\* The Executive Secretary and the Deputy Executive Secretary are directly involved in the operational activities of the Divisions concerning certain countries.

## APPENDIX 7

### Countries and places of detention visited by CPT delegations during the period 1 August 2005 to 31 July 2006

#### I. Periodic visits

##### A. Armenia (02/04/2006 - 12/04/2006)

###### Police establishments

- Holding Centre for Detainees of Yerevan City Police Department
- Erebuni District Police Division, Yerevan
- Kentron and Nork-Marash District Police Division, Yerevan
- Shengavit District Police Division, Yerevan
- Main Department for Combating Organised Crime, Yerevan
- Charentsavan Police Department
- Gavar Police Department
- Goris Police Department
- Hrazdan Police Department
- Sevan Police Department
- Sisian Police Department
- Vanadzor Police Department
- Bazum District Police Division, Vanadzor
- Yeghegnadzor Police Department

###### Prisons

- Abovyan Prison
- Goris Prison
- Nubarashen Prison (unit for life-sentenced prisoners)
- Vanadzor Prison

###### Psychiatric establishments

- Sevan Psychiatric Hospital

##### B. Czech Republic (27/03/2006 - 07/04/2006)

###### Police establishments

###### *Brno region*

- Brno District Police Station

###### *Liberec region*

- Liberec District Police Station, Liberec
- Jablonec Police Station
- Jičín District Police Station

###### *Ostrava region*

- Masná District Police Station, Ostrava
- Strma Municipal Police Station, Ostrava

###### *Plzeň region*

- Dobřany Police Station

###### *Prague region*

- Kongresová Police Headquarters, Prague
- Hybernska Police Station, Prague
- Vysehradská Police Station, Prague

###### Prisons

- Liberec Prison
- Mírov Prison
- Ostrava Prison
- Valdice Prison

The delegation also interviewed certain patients at Brno Prison Hospital, as well as some recently arrived remand prisoners at Prague-Pankrác and Prague-Ruzyně Prisons.

###### Health-care establishments

- Brno Psychiatric Hospital
- Dobřany Psychiatric Hospital
- Anti Alcoholic Detention Unit, Ostrava Municipal Hospital

###### Other establishments

- Brandýs nad Labem Social Care Home
- Prague 1 Municipality Social Care Home
- Střelice Social Care Home

**C. Germany (20/11/2005 - 02/12/2005)**Police establishments*Baden-Württemberg*

- Police Headquarters (*Polizeidirektion*), Heidelberg

*Berlin*

- Police Station, Wedekindstrasse
- Federal Police Station, Central Railway Station (*Zoologischer Garten*)

*Brandenbourg*

- Regional Police Headquarters (*Polizeipräsidium*), Nuhnenstrasse, Frankfurt an der Oder
- Police Station, Frankfurt an der Oder - Halbe Stadt

*Hamburg*

- Regional Police Headquarters (*Polizeipräsidium*), Hamburg-Winterhude

*Lower Saxony*

- Police Station Hameln-Lohstrasse

*Thuringia*

- Police Headquarters (*Polizeiinspektion*), Weimar (Carl-von-Ossietzky-Strasse)

Prisons*Berlin*

- Tegel Prison (Unit for secure custody (*Sicherungsverwahrung*) and special security unit)

*Lower Saxony*

- Hameln Juvenile Prison

*Saxony-Anhalt*

- Halle Prison No. 1

*Thuringia*

- Detached Unit of Ichtershausen Juvenile Prison, Weimar

Holding centres for aliens*Brandenbourg*

- Detention Centre for Foreigners, Eisenhüttenstadt

*Hamburg*

- Fuhlsbüttel Prison (Unit for immigration detainees)
- Hamburg Remand Prison (immigration detainees)

Psychiatric establishments*Baden-Württemberg*

- Nordbaden Psychiatric Centre, Wiesloch

*Schleswig-Holstein*

- Neustadt Psychiatric Centre ("psychatrium GRUPPE")

**D. Greece (28/08/2005 - 09/09/2005)**Police establishments (including holding centres for aliens)*Attica prefecture*

- Athens Police Headquarters, Alexandras Avenue
- Kypseli Police Station (Athens)
- Omonia Police Station (Athens)
- Drapetsona Police Station (Piraeus)
- Petro Rali Special holding facility
- Holding Areas at Athens Airport
- Hellinikon Holding Centres for illegal immigrants
- Piraeus Transfer Centre

*Chios prefecture*

- Chios Town Police Station
- Chios Temporary Reception Centre for illegal immigrants

*Evros prefecture*

- Alexandroupolis Police Station
- Peplos Special holding facility for illegal immigrants
- Feres Border Police Station
- Soufli Border Police Station
- Tichero Border Police Station

*Corfu prefecture*

- Corfu Town Security Police sub-directorate

*Lesvos Prefecture*

- Mytilini Police Headquarters
- Mytilini Special holding facility for illegal immigrants

*Rodopi Prefecture*

- Iasmos Border Police Station
- Komotini Police Station
- Vena Special holding facility for illegal immigrants

Prisons

- Chios Judicial prison
- Komotini Judicial prison
- Korydallos Men's Prison
- Korydallos Women's Closed Prison
- Korydallos Prison Hospital
- Korydallos Psychiatric Hospital

Psychiatric establishments

- Corfu Psychiatric Hospital

Other establishments

- Chios Port Authority
- Mytilini Port Authority

**E. Monaco (28/03/2006 - 31/03/2006)**Police establishments

- Central Directorate of Public Security
- Monte-Carlo District Police Station
- Court holding cells

Prisons

- Monaco Remand Prison

Psychiatric establishments

- Department of Psychiatry and Medical Psychology, Princess Grace Hospital

**F. Norway (03/10/2005 - 10/10/2005)**Police establishments (including holding centres for aliens)

- Oslo Police District Headquarters
- Trondheim Police Station
- Trandum Aliens Holding Centre

Prisons

- Ila Preventive and Security Detention Prison
- Ringerike Prison
- Trondheim Prison

The delegation also went to Stavanger Prison with a view to meeting remand prisoners subject to very high security conditions of detention

Psychiatric establishments

- Sør-Trøndelag psychiatric hospital, Brøset, Trondheim

**G. Romania (08/06/2006 - 19/06/2006)**Police establishments

- Detention facilities at Bacău County Police Headquarters (Bacău County)
- Detention facilities at Bucharest Municipal Police Station No. 13
- Detention facilities at Câmpina Municipal Police Headquarters (Prahova County)
- Detention facilities at Craiova County Police Headquarters (Dolj County)□
- Detention facilities at Oradea County Police Headquarters (Bihor County)
- Beius Police Station (Bihor County)
- Otopeni Detention Centre for Foreigners□
- Holding facilities for foreigners in the transit zone at Bucharest-Otopeni International Airport□

The delegation also went briefly to Bucharest-Baneasa International Airport and the Reception Centre for Asylum-Seekers at Bucharest-Otopeni International Airport, in order to examine the conditions under which foreign nationals may be held there.

Prisons

- Bacău Prison
- Bucharest-Jilava Prison (Section for “dangerous prisoners”)□
- Craiova Prison (Section for “dangerous prisoners”)□
- Ploiești Prison

Psychiatric establishments

- Oradea Psychiatric Hospital
- Nucet Medical-Social Centre
- Nucet Psychiatric Hospital

Other establishments

- Holding rooms at Piatra-Neamt Criminal Court

**H. Slovenia (31/01/2006 - 08/02/2006)**Police establishments (including holding centres for aliens)*Ljubljana Police Directorate*

- Ljubljana-Bežigrad Police Station, Posavskega street
- Ljubljana-Centre Police Station, Trdinova street
- Ljubljana-Šiška Police Station, Podutiška street
- Ljubljana-Vič Police Station, Tbilisijska street
- Police Holding Facility at Ljubljana-Moste Police Station, Tovarniška street
- Premises of the Police Special Unit, Podutiška street

*Celje Police Directorate*

- Celje Police Station, Ljubljanska street
- Rogaška Slatina Police Station, Izletniška street

*Koper Police Directorate*

- Piran Police Station, Portorož, Obala street

*Krško Police Directorate*

- Brežice Police Station, Svobode street
- Obrežje Border Police Station (border check-point)

*Holding facilities for aliens*

- Postojna Centre for Aliens
- Closed section at Ljubljana Home for asylum seekers

*Brnik airport*

- Brnik Airport Police Station
- Brnik holding premises for aliens

Prisons

- Ig Prison for women
- Koper Prison
- Ljubljana Prison (remand section)
- Radeče Re-education Centre

Other establishments

- Fužine Home for Elderly Persons, Ljubljana

**I. "the former Yugoslav Republic of Macedonia" (15.05.2006 - 26.05.2006)**Police and UBK establishments

- Kumanovo Police Station
- Premises of the Directorate for Security and Counterintelligence (UBK), Kumanovo
- Bit Pazar Police Station, Skopje
- Čair Police Station, Skopje
- Centar Police Station, Skopje
- Gazi Baba Police Station, Skopje
- Karpoš Police Station, Skopje
- Kisela Voda Police Station, Skopje
- Kisela Voda Traffic Police Station, Skopje
- Mirkovci Police Station, Skopje
- Special Mobile Police Unit ("Alfa") Headquarters, Skopje
- Tetovo Police Station

Prisons

- Idrizovo Prison
- Skopje Prison
- Štip Prison
- Tetovo Prison
- Educational-Correctional Institution, Skopje
- the Closed Unit at the State University Hospital, Skopje.

Ministry of health establishments

- Demir Hisar Psychiatric Hospital, including the Prilep Mental Health Care centre

The delegation also visited the Institute of Forensic Medicine at the State University Hospital in Skopje.

Other establishments

- Demir Kapija Special Institution for mentally disabled persons

**J. Ukraine (09/10/2005 - 21/10/2005)**Police establishments*Kyiv City*

- Ministry of Internal Affairs Temporary Holding Facility (ITT), Kosogirnyi Street
- Dniprovske District Command of Internal Affairs, Sub-Division No. 4, Kaunaska Street
- Golosyivske District Command of Internal Affairs, Golosiyvska Street
- Centre for the reception and distribution of vagrants and special detention centre, Remontna Street

*Kherson City*

- Komsomolskyi District Command of Internal Affairs, Filatova Street

*Lviv Region*

- Ministry of Internal Affairs Temporary Holding Facility (ITT), S. Bandera Street, Lviv
- Shevchenkivskyi District Command of Internal Affairs, Akademika Kuchera Street, Lviv
- Zaliznychnyi District Command of Internal Affairs, Gorodotska Street, Lviv
- Centre for the reception and distribution of vagrants, Sinna Street, Lviv
- Centre for the reception and distribution of minors, Shevchenka Street, Lviv
- Department of Internal Affairs, Budzinovskovo Street, Mostyska

*Poltava City*

- Ministry of Internal Affairs Temporary Holding Facility (ITT), Marshala Byryuzova Street
- Oktyabrskyi District Command of Internal Affairs, Komsomolska Street

*Transcarpathian Region*

- Ministry of Internal Affairs Temporary Holding Facility (ITT), Yaroslav Mudryi Street, Mukachevo
- Department of Internal Affairs, Moskovska Street, Mukachevo
- Centre for the reception and distribution of vagrants, Drugetiv Street, Uzhgorod

Prisons*Kharkiv Region*

- Temnivka Colony No. 100 for men, including the unit for men sentenced to life imprisonment
- Temporary unit for women sentenced to life imprisonment at Kharkiv Colony No. 54

*Kherson Region*

- Kherson Colony No. 61 for prisoners with tuberculosis

*Poltava Region*

- Bozhkivske Colony No. 65 for women

Border Guard Service establishments*Lviv Region*

- Temporary Holding Facility of Border Guard Detachment 2144, Lichakivska Street, Lviv
- Temporary Holding Premises at Border Guard "Prykarpattya" check-point, Yaroslav Mudryi Street, Mostyska

*Transcarpathian Region*

- Temporary Holding Facility of Border Guard Detachment 2142, Nedetsyi Street, Mukachevo
- Pavshino Temporary Holding Centre for Men
- Temporary Holding Premises at Border Guard "Zakarpattya" check-point, Golovna Street, Chop
- Border Guard Unit No. 9, Sobrinetska Street, Uzhgorod

State Security Service establishments

- State Security Service Holding Facility, Askoldiv Street, Kyiv

Other establishments

- Closed ward of the Municipal Clinical Emergency Hospital, Kyiv

## II. Ad hoc visits

### A. Albania (28/03/2006 - 31/03/2006)

#### Police establishments

- Pre-trial detention facilities at Durres Police Directorate
- Pre-trial detention facilities at Fier Police Directorate
- Police Stations No. 1 and No. 4, Tirana

### B. Italy (16/06/2006 - 23/06/2006)

#### Holding centres for aliens

- former Holding Centre for foreigners at Agrigento
- First Help and Assistance Centre at Lampedusa
- Holding Centre and First Reception Centre for foreigners at Crotone
- Holding Centre for female foreigners at Ragusa

### C. Moldova (21/11/2005 - 25/11/2005)

#### Police establishments

- EDP (temporary detention facility) of the Department for the fight against organised crime, Bucuria street, Chişinău
- EDP of the Municipal Police Headquarters, Tighina street, Chişinău

#### Prisons

- Hospital for prisoners suffering from tuberculosis, Prison No. 17, Rezina
- Unit for life-sentenced prisoners at Prison No. 17, Rezina

### D. Moldova (Transnistrian region) (15/03/2006 - 20/03/2006)

#### Prisons

- Prison No. 1, Glinoe
- Colony No. 2, Tiraspol
- Remand section of Colony No. 3, Tiraspol
- Prison No. 8, Bender

### E. Russian Federation (North Caucasian region) (25/04/2006 - 04/05/2006)

#### *Chechen Republic*

- ORB-2 (Operational/Search Bureau of the Main Department of the Ministry of Internal Affairs of Russia responsible for the Southern Federal Region), Grozny
- IVS (temporary detention facility) of the Temporary Operational task force of Agencies and Units (VOGOiP) of the Ministry of Internal Affairs of Russia, Grozny (located on the premises of ORB-2)
- IVS of the Leninskiy District Division of Internal Affairs, Grozny
- IVS of the Gudermes District Division of Internal Affairs
- SIZO (pre-trial establishment) No. 1, Grozny

#### *Republic of Dagestan*

- IVS of the Internal Affairs Department of Makhachkala City
- IVS of the Buynaksk City Internal Affairs Division
- IVS of the Kaspiysk City Internal Affairs Division
- Kirovskiy District Police Station, Makhachkala
- Internal Affairs Department for Combating Organised Crime (UBOP), Makhachkala
- Makhachkala Internal Affairs Division for Transport
- SIZO No. 1, Makhachkala
- SIZO No. 3, Khasavyurt

#### *Republic of Ingushetia*

- IVS of the Ministry of Internal Affairs of Ingushetia, Nazran
- Internal Affairs Department for Combating Organised Crime (UBOP), Nazran

The delegation also visited the Republican Forensic Medical Bureaux in Grozny and Makhachkala.

**F. Spain (12/12/2005 - 19/12/2005)**Law enforcement establishments*National Police stations*

- Madrid, Tetuán
- Madrid, San Blas
- Almería, Alcalde Muñoz
- Almería, Av. del Mediterráneo
- Melilla, Jefatura Superior

*Municipal Police*

- Roquetas de Mar, *Depósito municipal de detenidos*

*Guardia Civil*

- Almería, Comandancia
- Roquetas de Mar
- Roquetas de Mar-Aguadulce
- Melilla, Comandancia
- Melilla, Beni Enzar

Prisons

- Soto del Real – Madrid V
- Almería – El Acebuche

In these prisons, the CPT's delegation conducted interviews with persons who had recently been in the custody of law enforcement agencies.

Other establishments

- Melilla, *Centro de Estancia Temporal de Inmigrantes*

**G. Turkey (06/12/2005 - 14/12/2005)**Law enforcement establishments

- Adana Police Headquarters
- İstanbul Police Headquarters
- Beyoğlu District Police Headquarters, İstanbul
- Sirkeci Police Station, Eminönü District, İstanbul
- Van Police Headquarters
- Provincial Gendarmerie Headquarters, Van

Prisons

- Adana F-type Prison
- Tekirdağ F-type Prisons, No.1 and No. 2

Psychiatric establishments

- Adana Mental Health Hospital
- Bakırköy Mental Health Hospital, İstanbul

The delegation also went to Adana E-type Prison, Bayrampaşa Closed Prison, Bitlis E-type Prison, Ümraniye E-type Prison and Van M-type Prison, where it conducted interviews with persons who had recently been in the custody of law enforcement agencies.

**H. United Kingdom (20/11/2005 - 25/11/2005)**Police establishments

- Paddington Green High Security Police Station

Prisons

- Full Sutton Prison
- Long Lartin Prison

Secure hospitals

- Broadmoor Special Hospital

