



CPT/Inf (2002) 36

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

from 16 to 27 September 2001

The Slovenian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2002) 37.

Strasbourg, 18 December 2002

CONTENTS

COPY OF THE LETTER TRANSMITTING THE CPT'S REPORT	4
I. INTRODUCTION.....	5
A. Dates of the visit and composition of the delegation	5
B. Establishments visited.....	6
C. Consultations held by the delegation and co-operation encountered.....	7
II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED	8
A. Police establishments	8
1. Preliminary remarks	8
2. Torture and other forms of ill-treatment.....	9
3. Conditions of detention	11
a. introduction	11
b. police stations and police detention facilities.....	12
c. detention facilities for foreign nationals awaiting deportation	13
4. Safeguards against the ill-treatment of persons deprived of their liberty	19
B. Prison establishments	21
1. Preliminary remarks	21
2. Torture and other forms of ill-treatment.....	23
3. Conditions of detention in general.....	24
a. follow-up visits.....	24
<i>i. Dob Prison.....</i>	<i>24</i>
<i>ii. Ljubljana Prison</i>	<i>25</i>
b. Maribor Prison	26
4. Health-care services.....	28
5. Other issues.....	31
a. prison staff.....	31
b. discipline	31
c. agitated or violent prisoners	33
d. "dangerous" prisoners	33

e.	complaints and inspection procedures	34
f.	contact with the outside world	35
g.	handcuffing and transport of prisoners	37
h.	drug-related issues.....	38
C.	Psychiatric establishments	39
1.	Preliminary remarks	39
2.	Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders.....	40
a.	residents' living conditions.....	40
b.	staff and treatment.....	41
3.	Psychiatric Department of Maribor General Hospital	43
a.	patients' living conditions.....	43
b.	staff and treatment.....	44
4.	Restraint of agitated and/or violent residents/patients.....	45
5.	Safeguards	47
a.	initial placement and discharge procedures	47
b.	safeguards during placement.....	50
III.	RECAPITULATION AND CONCLUSIONS	51
A.	Police establishments	51
B.	Prison establishments	53
C.	Psychiatric establishments	55
D.	Action on the CPT's recommendations, comments and requests for information	57
	APPENDIX I LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION	58
	APPENDIX II LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL AND INTERNATIONAL ORGANISATIONS WITH WHICH THE DELEGATION HELD CONSULTATIONS	70

Copy of the letter transmitting the CPT's report

Strasbourg, 11 April 2002

Dear Ambassador,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Government of Slovenia drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Slovenia from 16 to 27 September 2001. The report was adopted by the CPT at its 47th meeting, held from 5 to 8 March 2002.

I would like to draw your attention in particular to paragraph 162 of the report, in which the CPT requests the Slovenian authorities to provide within **six months** a response setting out the measures taken upon its report. The Committee would be grateful if it were possible, in the event of the response being in Slovenian, for it to be accompanied by an English or French translation. It would also be most helpful if the Slovenian authorities could provide a copy of the response in a computer-readable form.

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

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

Yours faithfully,

Silvia CASALE
President of the European Committee for
the prevention of torture and inhuman
or degrading treatment or punishment

Mrs Darja LAVTIŽAR BEBLER
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of Slovenia to the Council of Europe
40, Allée de la Robertsau
67000 Strasbourg

cc: Mr Karl ERJAVEC, State Secretary in charge of Judicial Administration,
Logistics of Judicial Administration Bodies and Personnel Training in Judicial
Bodies, Ministry of Justice of Slovenia

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT visited Slovenia from 16 to 27 September 2001. The visit formed part of the Committee's programme of periodic visits for 2001, and was the second periodic visit to Slovenia to be carried out by the CPT (the first periodic visit having taken place in February 1995).¹

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

- Jagoda POLONCOVÁ, Head of the delegation
- Mario FELICE
- Zdeněk HÁJEK
- Pétur HAUKSSON
- Mauro PALMA.

They were assisted by

- Catherine HAYES (medical doctor, Dublin, Ireland) (expert)
- Clive MEUX (consultant forensic psychiatrist, Oxford, United Kingdom) (expert)
- Metka GRAUNAR (interpreter) (16 to 25 September 2001)
- Alenka MILOVANOVIČ (interpreter) (17 to 21, and 25 to 26 September 2001)
- Milojka POPOVIČ (interpreter) (17 to 26 September 2001)
- Viktorija PREMZL (interpreter) (17 to 24 September 2001)
- Marjana RUPNIK (interpreter) (26 September 2001)
- Marjola ZDRAVIČ (interpreter) (17 to 24 September 2001)
- Nadja ZIDARIČ (interpreter) (16 to 27 September 2001)
- Katja ŽUMER (interpreter) (25 to 27 September 2001)

¹ The Committee's report on its first periodic visit to Slovenia and the interim response of the Slovenian Government have been made public at the request of the Slovenian authorities (cf. documents CPT/Inf (96) 18 and CPT/Inf (96) 19).

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

- Wolfgang RAU, Head of Unit
- Borys WÓDZ.

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Celje Police Station
- Police Detention Facility, Ljubljanska Street, Celje
- Gornja Radgona Police Station
- Ilirska Bistrica Police Station
- Ljubljana-Bežigrad Police Station (follow-up visit)
- Ljubljana-Center Police Station (follow-up visit)
- Ljubljana-Polje Police Station
- Ljubljana-Vič Police Station
- Police Detention Facility, Povšetova Street, Ljubljana (follow-up visit)
- Maribor I Police Detention Facility
- Murska Sobota Police Station
- Novo Mesto Police Station
- Ptuj Police Station
- Rogaška Slatina Border Police Station
- Šentilj Border Police Station

- Detention Centre for Foreigners (COT), Ljubljana
- High Security Alien Detention Centre under Police Supervision (OSPN), Postojna

Prisons

- Dob Prison (follow-up visit)
- Ljubljana Prison (follow-up visit)
- Maribor Prison

Psychiatric establishments

- Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders
- Psychiatric Department of Maribor General Hospital.

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

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

5. As had been the case during the first CPT visit to Slovenia in 1995, the delegation's meetings with national authorities - both at the start and the end of the visit - took place in a spirit of close co-operation. The CPT is grateful for the time devoted to its delegation by the Minister of Internal Affairs, Mr Rado BOHINC, the Minister of Justice, Mr Ivan BIZJAK, and the Minister of Health, Mr Dušan KEBER. Fruitful discussions were held with the Director of Prison Administration, Mr Dušan VALENTINČIČ, the Deputy Director General of the Police, Mr Andrej ANŽIČ, the Director of the Government Office for the Disabled and Chronically Ill, Mr Luj ŠPROHAR, and the Acting Director of the Government Office for Immigration and Refugees, Mr Žarko BOGUNOVIČ. The delegation also welcomed the possibility to hold discussions with Mr Matjaž HANŽEK, the Ombudsman, and members of his staff.

The delegation appreciated the efficient assistance provided to it during and after the visit by the acting liaison officer with the CPT, Mr Karl ERJAVEC, State Secretary at the Ministry of Justice.

6. The delegation received a very satisfactory reception from management and staff in the places of detention visited, including those which had not been notified in advance of the CPT's intention to carry out a visit. In particular, there were no undue delays in gaining access to the premises and the delegation was provided with the information and facilities necessary for its work.

7. Before the visit, the CPT was provided with a list of establishments falling under the responsibility of the Ministry of Internal Affairs. In the course of the visit, it became apparent that the list was not exhaustive; indeed, the CPT's delegation carried out a visit to one police establishment not mentioned on the list. At the end of the visit, the delegation expressed the hope that, in the future, the CPT will be provided, in advance of its visit, with complete lists of all police establishments where persons may be deprived of their liberty (cf. Article 8, paragraph 2, subparagraph b, of the Convention).

In their letter of 10 December 2001, the Slovenian authorities assured the CPT that such lists would be provided to the Committee in the future.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

8. As already indicated, the CPT's delegation visited numerous police establishments in various parts of the country. Further, it examined the treatment of persons held in two police detention facilities for foreign nationals awaiting deportation: the Detention Centre for Aliens (COT) in Ljubljana and the High Security Alien Detention Centre under Police Supervision (OSPN) in Postojna.

9. At present, four main legal acts govern the detention of persons by the police in Slovenia.

Firstly, pursuant to Section 157 of the 1994 Code of Criminal Procedure (CCP), persons suspected of criminal offences may be held by the police for up to 48 hours. If the detention lasts for more than 6 hours, the suspect must receive a formal written decision which specifies the grounds of deprivation of liberty. Before the expiry of the 48 hours period, the apprehended person must be released or brought before the investigating judge, who has the power to order remand in custody.

Secondly, according to Section 43 of the 1998 Police Act, the police may detain a person who disrupts or threatens public order for a maximum of 24 hours. Pursuant to the same provision, a person handed over to the police by foreign law enforcement authorities for transfer to a competent authority may be detained by the police for up to 48 hours. In both cases, the person detained must receive a formal written decision if the detention lasts more than 6 hours.

Thirdly, under Section 108 (2) of the Administrative Offences (Misdemeanours) Act, the police may detain a drunk person for up to 12 hours, until he sobers up; pursuant to Section 109 (2) of the same Act, persons having committed administrative offences may be detained by the police for up to 24 hours in certain circumstances.

Finally, as regards foreign nationals who are illegally present in Slovenia, pursuant to Section 56 of the 1999 Aliens Act, they may be placed for a maximum of six months at a Detention Centre for Aliens, pending their deportation. The decision, which is issued by the police, can be appealed to the Minister of Internal Affairs within eight days. If for objective reasons it is not possible to deport a person within six months, the police may extend the placement for another six months if it is "realistic to expect" that the deportation procedure will be completed by then (cf. Section 58 (4) of the Act). Pursuant to Section 57 of the Act, the police may place an alien under "stricter police supervision" if his identity has not been determined or if there is suspicion that the person concerned will try to avoid deportation; in practice, such persons are placed in the High Security Alien Detention Centre under Police Supervision (OSPN) in Postojna.

The CPT would like to be informed of the possibilities open to foreign nationals detained under the Aliens Act to have the lawfulness of their detention decided speedily by a court.

10. The examination of custody registers in police establishments visited and interviews with persons deprived of their liberty revealed that the above statutory time limits for police custody were generally being observed; further, as was the case in 1995, persons held on suspicion of having committed less serious offences appeared to usually spend relatively short periods in police custody. The majority of persons taken into police custody were foreign nationals detained under the aliens legislation.

2. Torture and other forms of ill-treatment

11. As had been the case in 1995, the CPT's delegation heard no allegations of torture of persons held in police establishments in Slovenia. Moreover, the majority of the persons met by the delegation who were, or recently had been, detained by the police indicated that they had been correctly treated, both at the time of arrest and during questioning. Further, no allegations were received of physical ill-treatment by staff in charge of guarding police cells or working in detention facilities for foreign nationals.

12. Nevertheless, some allegations of physical ill-treatment by the police were received in the course of the visit, relating essentially to the disproportionate use of force at the time of apprehension. In a few isolated cases, physical ill-treatment was also said to have occurred while the person concerned was being transferred in a police vehicle or during questioning by police officers. The ill-treatment alleged concerned, in the main, slaps, punches and kicks.

13. Several allegations of rude and threatening behaviour – including verbal abuse – by custodial staff were heard by the delegation at the OSPN in Postojna. Such behaviour had apparently ceased a few days before the CPT's visit. The CPT also notes with concern that custodial staff in this establishment were openly carrying firearms and truncheons inside accommodation areas; in the Committee's view, this is both an intimidating and a potentially dangerous practice. In contrast, the delegation observed that relations between staff and foreign nationals were relaxed and even friendly at the COT in Ljubljana.

14. The information gathered during the CPT's second visit suggests that persons deprived of their liberty by the police in Slovenia are generally treated correctly. However, the fact that some allegations of ill-treatment were received demonstrates that the Slovenian authorities must exercise continuing vigilance in this area. **The CPT trusts that the Slovenian authorities will remind police officers, through appropriate means and at regular intervals, that the ill-treatment of persons in their custody is not acceptable and will be the subject of severe sanctions.**

Further, **the CPT recommends that the practice of custodial staff openly carrying firearms and truncheons inside accommodation areas at the OSPN in Postojna be discontinued.**

15. In the 1995 visit report, the CPT stressed that the provision of suitable education on human rights questions and of adequate professional training is an essential element of any strategy for the prevention of ill-treatment (cf. CPT/Inf (96) 18, paragraph 15). In their responses to that report and at the outset of the 2001 visit, the Slovenian authorities provided detailed information on human rights training for police officers.

The information received by the CPT suggests that the current training curriculum for police recruits follows a new approach, which seeks to link theoretical courses on human rights with practical training in the handling of high-risk situations (such as the apprehension and interrogation of suspects), as well as with specific education in psychology and the development of inter-personal communication skills. However, it would appear that, for the time being, police officers already in service do not benefit from systematic ongoing training based on this new approach. **The CPT recommends that this lacuna be filled.**

Further, it is clear that continued exposure to highly stressful or violent situations can generate psychological reactions and disproportionate behaviour. **The CPT would like to be informed of any preventive measures taken with a view to providing support for police officers exposed to such situations.**

16. As already stated in the report on the first visit (cf. paragraph 16 of CPT/Inf (96) 18), another effective means of preventing ill-treatment by police officers lies in the diligent examination by the competent authorities of all complaints of such treatment and, when appropriate, the imposition of a suitable penalty. This will have a very strong dissuasive effect on police officers minded to ill-treat detained persons.

In this connection, the CPT welcomes the fact that under Section 157 of the CCP, criminal suspects must be brought before the investigating judge who must decide whether or not to apply the preventive measure of remand in custody. This will provide a timely opportunity for a person who has been ill-treated to lodge a complaint. Further, the judge will be able to take action in good time if there are other indications (e.g. visible injuries; a person's general appearance or demeanour) that ill-treatment might have occurred. In this regard, **the CPT recommends that whenever criminal suspects brought before a judge at the end of police custody allege ill-treatment by the police, the judge record the allegations in writing, order immediately a forensic medical examination and take the necessary steps to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express allegation of ill-treatment, the judge should request a forensic medical examination whenever there are other grounds to believe that a person brought before him could have been the victim of ill-treatment.**

17. During the second visit, the CPT's delegation received detailed information about the new police complaints procedure, which was introduced in 2000. Complaints against the police are now investigated by special police units; every complaint which is found to involve the commission of a criminal offence is referred to the competent judicial authorities for further examination. Disciplinary infringements by police officers are adjudicated by special panels ("Senates"), composed of a president (Director General of the Police, Director of a regional police directorate or a person appointed by them), a representative of the police trade union and a member of civil society. The delegation was told that the complainant and/or his representative receives the case file, has the right to be present during the hearing of the case, and to state his views.

The introduction of the above-mentioned procedure undoubtedly reflects the Slovenian authorities' determination to ensure the "highest level of objectivity in complaint resolution"². However, in the CPT's view, in order for a complaints procedure to be fully effective, it must be, and be seen to be, independent and impartial; in this context, the CPT noted with interest that a working group set up within the Ministry of Internal Affairs had recently been entrusted with the task of preparing proposals for a transfer of the police complaints mechanism outside the police force. **The CPT would like to receive further information on this project and on the timescale within which it may be implemented.**

18. According to the information provided by the Slovenian authorities, 176 complaints concerning excessive use of force (handcuffs, truncheons, gas, physical force, etc.) by police officers had been registered in 1999, and 222 in 2000. Out of these, respectively 5.1% and 11.7% had been considered as justified.

The CPT would like the Slovenian authorities to supply the following information in respect of 2001 and the first half of 2002:

- **the number and types of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by the police.**

3. Conditions of detention

a. introduction

19. The CPT wishes to recall the conditions of detention which should be offered to persons in police custody.

All cells should be clean and 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 have access to 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 police custody should be allowed to comply with the needs of nature 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 in custody for 24 hours or more should, as far as possible, be offered one hour of outdoor exercise every day.

² "2000 Report on the Work of the Police", p. 46.

20. According to the Norms for the Construction, Adaptation and Maintenance of Detention Premises, issued by the Minister of Internal Affairs in March 2000, all police establishments (except those for foreign nationals) have been divided into two categories: smaller police stations which may hold persons for up to 12 hours (and which are, in principle, unsuited for overnight detention), and police detention facilities, where persons may be detained for up to 48 hours. The latter are intended to offer better conditions of detention, including regular provision of food and access to outdoor exercise. Further, cells in such facilities should provide at least 6 m² of living space per detainee, be equipped with a sleeping place, a table and a chair, and persons detained there should receive full bedding.

The adoption of these standards is a step in the right direction. However, the Slovenian authorities admitted that, due to budgetary restraints, the standards had been fully implemented only at newly-built police establishments. Moreover, in practice, the smaller police stations were still being used occasionally for detention periods exceeding 12 hours, including for overnight stays. **The CPT recommends that the Slovenian authorities pursue their efforts to ensure full implementation of the Norms for the Construction, Adaptation and Maintenance of Detention Premises.**

21. As already indicated, foreign nationals detained under aliens legislation may be detained by the police for up to six months and, on occasion, even longer. Such periods of detention call for a better material environment than the one described in paragraph 19, as well as an appropriate activities programme.

b. police stations and police detention facilities

22. Conditions of detention in the police stations visited could generally be described as acceptable for detention periods of up to 12 hours. The smaller cells seen by the delegation measured 6 to 13.5 m² and were equipped with wooden platforms or benches, partially screened Asian toilets and call systems. Some of the police stations also possessed large (20 - 25 m²) holding cells, equipped with benches. Almost all detention areas were clean and in a good state of repair.

However, hardly any of the cells had access to natural light, and artificial lighting was poor in Celje, Ilirska Bistrica, Ljubljana-Vič, Ptuj and Rogaška Slatina. Further, ventilation was inadequate in Celje and Ljubljana-Bežigrad. Moreover, the level of cleanliness of the cells at Ljubljana-Vič left something to be desired, and those seen at Ilirska Bistrica were very dirty. **The CPT recommends that these shortcomings be remedied.**

23. The vast majority of the police stations visited were not suitable for detaining large groups of persons at a time. However, at Ljubljana-Vič, the delegation saw a group of 20 Iraqi Kurds who had entered Slovenia illegally and were being held in the establishment's two cells of some 13 m², awaiting transfer to a detention facility for foreign nationals. Police officers told the delegation that the persons concerned had arrived about an hour earlier and that they were likely to spend a few more hours in such conditions. Consultation of custody registers in several police stations revealed that it was not uncommon for large groups of foreign nationals (on occasion, up to 64 persons) to be held at police stations, including overnight. Confronted with such situations, police officers apparently had to accommodate the persons concerned in any facility available, including, in one case, a large gym (at Novo Mesto) and an underground garage for police vehicles (at Ljubljana-Polje). **The CPT trusts that the Slovenian authorities will strive to find solutions enabling such situations to be avoided in the future.**

24. As to the police detention facilities visited, they were indeed better suited than police stations for longer periods of detention (including overnight stays), although some of the cells seen were rather small (for example, 5.5 m² at Maribor I). The equipment of the cells consisted of bunk beds or sleeping platforms, with bedding, a partially screened sanitary annexe and a call system. Concerning lighting and ventilation, the best conditions were observed at the Celje facility, where cells enjoyed good access to natural light and had adequate artificial lighting and ventilation. However, this was not the case at the Ljubljana-Povšetova and Maribor I facilities, where access to natural light was poor or non-existent, and artificial lighting and ventilation left something to be desired. Suitable arrangements existed in all police detention facilities for the provision of food and for outdoor exercise.

The CPT welcomes the overall positive findings regarding material conditions in police detention facilities; however, **it invites the Slovenian authorities to improve lighting and ventilation in the cells at the Ljubljana-Povšetova and Maribor I facilities.**

c. detention facilities for foreign nationals awaiting deportation

25. Legally speaking, there is only one police detention facility for foreigners awaiting deportation in Slovenia (Sections 56 *et seq.* of the Aliens Act refer to "the Detention Centre for Aliens"). In practice, the management of the centre in Ljubljana (COT) is also in charge of other similar facilities in Postojna, Prosenjakovci and Vidonci. These facilities are considered as sections of the Ljubljana centre.

26. The **Detention Centre for Aliens (COT) in Ljubljana** was opened on 1 January 2000. It is housed in downtown Ljubljana, in a 7-storey building formerly used as a hotel. The premises also contain the Slovenian Asylum Centre (for asylum seekers who are not deprived of their liberty), with which the COT shares certain facilities (reception/transit area, health-care service, laundry, kitchen and canteen).

With an official capacity of 70, the main living quarters of the COT were, at the time of the CPT's visit, accommodating 42 persons belonging to the so-called "vulnerable group" of detained foreign nationals (e.g. families, women, unaccompanied minors, the elderly and the mentally ill). However, as borne out by its registers, the centre usually held higher numbers³. The average length of stay at the centre was 10 days, although some of the inmates had remained there for several months.

Reference should also be made to the reception/transit area (which was the central facility for all foreign nationals detained in Slovenia, except for those held at Prosenjakovci) located in the same building. It received on average 20 to 40 persons per day⁴; on the first day of the visit, 26 persons (23 adult men, one woman and two juveniles) were present in this basement-level facility.

27. The **High Security Alien Detention Centre under Police Supervision (OSPN) in Postojna** was opened at the end of 2000. It is primarily intended to provide accommodation for adult men who are considered to pose a risk of absconding or of resisting deportation; however, on occasion it is also used to hold women and minors, especially if they request to be accommodated together with a person detained there, with whom they have a close relationship. The centre is located in the vicinity of Postojna, some 50 km from Ljubljana, in a rural and quite isolated setting. It occupies the premises of a former military facility, built in the 1980s. With a capacity of 150, the OSPN was accommodating 45 adult men on the day of the delegation's visit. The average length of stay was 7 days, but some inmates had spent up to 2 months at the centre.

28. At the time of the visit, material conditions in the *main living quarters* at the **COT in Ljubljana** were on the whole acceptable, although the relevant registers suggested that severe overcrowding had been the rule rather than the exception in the recent past. The inmates' rooms measured some 12 m² and were accommodating three to four inmates. However, there were sleeping places for up to six; such an occupancy rate would be very high for rooms of such a size, even taking account of the fact that they were only used for sleeping purposes. Other equipment in the rooms included wardrobes, shelves or lockers, and washbasins. The four rooms set aside for unaccompanied minors were of the same size and had only two beds each, as well as additional furniture (desks and chairs). All rooms enjoyed adequate access to natural light, artificial lighting and ventilation, and were clean and pleasantly decorated. The rooms and their furnishings were in a good state of repair. Inmates were provided with personal hygiene items and products for cleaning the rooms. Further, the communal sanitary facilities (including the showers), to which inmates had unrestricted access, were of a high standard.

By contrast, material conditions in the largest basement room of the *reception/transit area*, accommodating adult males, were not acceptable. On the day of the visit, more than 20 persons, most of whom had arrived the night before, were crammed into some 26 m²; such an occupancy rate is grossly excessive. Further, they had spent the night sleeping on thin mattresses or blankets placed directly on the concrete floor. The CPT is pleased to note that according to a letter from the Slovenian authorities dated 10 December 2001, beds and bedding "enough for everyone who stays in this facility overnight" have now been purchased.

³ For example, on 19 September 2001 i.e. a day before the delegation's visit, there had been 92 persons in the facility.

⁴ The numbers could on occasion be much higher. For example, on 31 August 2001 in the morning, 67 persons were accommodated in the reception/transit area of the COT.

The reception/transit area also contained a room used for the accommodation of families, women and minors; it offered better material conditions. The room measured approximately 27 m² and contained 6 sleeping places with bedding.

Both rooms had adequate access to natural light and artificial lighting. However, ventilation in the men's room was poor. Each of the rooms was equipped with sanitary facilities (including showers), to which access was possible at all times; however, the adult male detainees did not receive any personal hygiene items.

29. The material conditions at the **OSPN in Postojna** left much to be desired. The overall impression was of a grim, prison-like setting. The rooms, which measured between 12 and 100 m², were devoid of any equipment other than beds (with bedding) and of any decoration. It is also noteworthy that inmates were not allowed to keep any personal items in the rooms, and that access to their luggage was restricted. As for the potential occupancy rates, the number of sleeping places indicated that the living space per inmate could be as little as 2 m². That said, the rooms were well lit and ventilated, and generally clean.

As in the main living quarters in Ljubljana, inmates received sufficient quantities of personal hygiene items and products for cleaning the rooms; on the other hand, the number of communal toilets (6) and washbasins (3) was clearly insufficient for the potential number of inmates. Furthermore, the shower facility (a large room with several shower heads and no cubicles) was far from ideal, in particular in terms of allowing for privacy.

30. At both centres, the delegation heard complaints from inmates about food, especially concerning the insufficient quantity of the morning and evening meals. Several inmates, in particular at Postojna, also alleged that their specific dietary requirements were not taken into account, although the delegation was informed by staff that pork was never included in the meals served. It was clear from the information gathered by the delegation that genuine efforts were being made by the management to provide additional food to children and pregnant/breastfeeding women.

31. As regards the regime, inmates at both centres could circulate freely within the accommodation areas during the day. However, outdoor exercise (up to 2 hours a day) was only available in Postojna. At the COT in Ljubljana, there was no provision for regular outdoor exercise, except for minors, who were taken twice a week to a playground by members of an NGO. Thus, the bulk of the adult inmates (with the exception of approximately a third of them, who had permission to leave the facility during the day) spent all their time inside the centre's premises. At the end of the visit, the delegation requested the Slovenian authorities to take urgent measures to ensure that all inmates at the COT in Ljubljana are offered at least one hour of outdoor exercise per day. The CPT is pleased to note that, by letter of 10 December 2001, the Slovenian authorities confirmed that this was now the case.

The offer of sports activities was very limited at both centres and the delegation heard several complaints on this issue, in particular from young inmates. As to other organised activities, at Ljubljana, the delegation was impressed by the range of organised activities (discussion groups and Slovenian language courses for adults; games, elementary school training, music, dance, drawing, teaching "good manners" and hygiene for minors) provided by staff and members of the outside community. Inmates could also occupy their time by watching television, reading newspapers, magazines and books, as well as by playing board games in the small activity room. Further, although paid work was not available, a few inmates were allowed to do minor jobs (cleaning, current repairs) in exchange for which they received cigarettes or sweets. The situation was less favourable in Postojna. Access to a modestly equipped common room (a TV and a radio set, tables and benches, some board and card games, a very small amount of old books) was possible during 3 hours per day. However, numerous inmates alleged that access to the common room (as well as to outdoor exercise) had only been granted a few days before the delegation's visit.

At the end of its visit, the delegation stated that the range of activities available to foreign nationals at both centres should be developed. In their letter of 10 December 2001, the Slovenian authorities informed the CPT about various measures taken or envisaged to meet the Committee's concerns in this area. Particular attention had apparently been paid to the Postojna centre: *inter alia*, the range of sports activities had been enlarged and it was planned to involve sports students in their organisation as from 1 January 2002; moreover, NGO representatives now visited the centre four times a week and provided for a range of additional activities similar to those available at the Ljubljana centre. The CPT welcomes these initiatives.

32. As for contact with the outside world, inmates at both centres could receive visits every working day between 2.30 pm and 4.00 pm; visits from NGOs and lawyers were not subjected to any time restrictions. However, at Postojna, due to the relatively long distance from Ljubljana and other cities, visits were apparently an extremely rare occurrence. Inmates were entitled to one free telephone call after their arrival and had unlimited access to pay phones subsequently. In this regard, several inmates at Postojna complained that they were only authorised to make very short (2-3 minutes) telephone calls. There were no limitations whatsoever on correspondence, and destitute foreign nationals could obtain writing materials, envelopes and stamps from the social service.

33. Concerning information provided to inmates, upon arrival each resident was given a brochure containing a summary of the centre's internal regulations (the House Rules), as well as basic information about the applicable legislation and addresses of relevant international organisations and NGOs. The brochure was available in a wide range of languages⁵. In addition, lists of lawyers who could be contacted were on display in inmates' accommodation areas. Thus, the situation in this respect could be considered as broadly satisfactory. However, the delegation heard some complaints from foreign nationals, in particular in Postojna, about the absence of information on the current stage of the procedure concerning them and the likely length of their stay at the centre.

⁵ Arabic, Albanian, Bulgarian, English, French, German, Mandarin, Romanian, Russian, Serbo-Croat, Spanish and Turkish.

34. As regards health-care staff, three part-time general practitioners attended the Ljubljana and Postojna facilities; surgeries were held five times per week in Ljubljana and once or twice per week in Postojna. The nursing staff complement consisted of five full-time nurses and a "medical technician" (nursing assistant). Two nurses were present during the day in Ljubljana and one (sometimes two) in Postojna; however, only the medical technician was on duty at night in Ljubljana, and there was no health-care staff present at night in Postojna.

At the COT in Ljubljana, all newly arrived foreign nationals underwent medical screening (including checking for TB, sexually transmissible diseases and scabies), which was performed by a nurse and - when present - by a doctor within 24 hours of admission. In the event of an emergency or a necessity for specialist diagnosis or treatment (including dental care), the centres relied upon general outside medical services and local hospitals/doctors, which did not seem to pose any particular problems in practice. As to the facilities of the health-care services (consultation rooms and medical isolation rooms), they appeared quite satisfactory.

Summing up, the delegation gained a generally positive impression of the health-care service at the COT in Ljubljana. By contrast, the hours of attendance of the general practitioners and the nursing staff level at the OSPN in Postojna could not be considered as sufficient. Further, a facility with this capacity and population profile would clearly benefit from the presence of a clinically trained staff member (preferably a nurse) at night.

35. The CPT is concerned about the provision of psychological and psychiatric support at the centres visited. Only the COT in Ljubljana employed a psychologist, whose hours of attendance could not be considered sufficient to meet the inmates' needs. At Postojna, the delegation was struck by the high incidence of hunger strikes (up to three cases each month), suicide attempts and acts of self-harm, which were clear indications of a high level of distress among the resident population. This was confirmed by interviews with several inmates who suffered from psychological problems (anxiety, depression, sleeping problems, etc.) or exhibited psychiatric symptoms. The persons concerned had no access to specialist consultations/support and had to rely on the assistance of the nurses or - more rarely - of the general practitioners.

During the final talks with the Slovenian authorities, the delegation stated that the issue of psychological/psychiatric care at the OSPN in Postojna should be addressed as a matter of urgency. In their letter of 10 December 2001, the Slovenian authorities informed the CPT about measures envisaged to address this issue (e.g. provision of psychological and psychiatric assistance with the help of NGOs and volunteers; appropriate training of health-care staff, etc.).

36. The centres' staff comprised uniformed police officers serving as security guards as well as social workers and educators. There were numerous vacancies: of the total number of 100 posts for security staff, 47 were vacant at the time of the visit; there was also one unfilled post for a social worker - out of five - and two for educators. In the opinion of the Head of both centres, this was a highly unsatisfactory situation, only partially alleviated by the help of volunteers and members of NGOs⁶. In this context, the delegation heard several complaints from inmates in Postojna that the social workers were overburdened with work and could not respond to their requests for support and assistance in a timely manner.

⁶ For example, on the first day of the delegation's visit, there were 10 volunteers/NGO members involved in the organisation of activities at the COT in Ljubljana.

The staff of centres for immigration detainees have a particularly onerous task. Consequently, the CPT places a premium upon the supervisory staff in such centres being carefully selected and receiving appropriate training. As well as possessing well-developed qualities in the field of interpersonal communication, the staff concerned should be familiarised with the different cultures of the detainees and at least some of them should have relevant language skills. Further, they should be taught to recognise possible symptoms of stress reactions displayed by detained persons (e.g. post-traumatic, induced by socio-cultural changes, etc.) and to take appropriate action.

In this connection, the CPT was informed that police staff assigned to the COT in Ljubljana and the OSPN in Postojna had not benefited from any specific training before taking up their duties. The centres' management was striving to organise in-service training courses for security and other staff, including on the matters referred to above. However, it was clear that more efforts still had to be made; in particular, at the Postojna centre, the atmosphere was characterised by a high level of mutual distrust and a low level of verbal communication between custodial staff and foreign nationals. Further, contacts between staff and inmates - in particular those of Asian origin - were made more difficult because of the language barrier. Although certain staff members spoke a few foreign languages (English, French, German, Italian and Spanish), the communication difficulties with many of the inmates were a source of tension and mutual frustration.

* * *

37. The CPT recommends that the Slovenian authorities:

- **address the shortcomings as regards material conditions at the COT in Ljubljana and the OSPN in Postojna, highlighted in paragraphs 28 and 29; urgent measures are required to remedy the overcrowding problem in the room for adult males at the reception/transit area at the COT in Ljubljana;**
- **ensure that the quantity of food provided to inmates in both centres is sufficient and the specific dietary requirements of inmates are taken into account;**
- **seek ways to further improve inmates' contact with the outside world, in particular at the OSPN in Postojna;**
- **make additional efforts to ensure that all inmates are duly informed of the nature and state of the proceedings in their cases;**
- **increase the hours of attendance of the general practitioners and the nursing staff level at the OSPN in Postojna. Consideration should also be given to providing for the presence of a clinically trained staff member (preferably a nurse) at night;**
- **ensure appropriate psychological/psychiatric assistance at both centres. In particular, the OSPN in Postojna should be attended on a regular basis by a psychiatrist and/or a psychologist;**
- **fill all vacant staff posts at both centres and pursue efforts to develop staff training, in the light of the remarks made in paragraph 36.**

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

38. In the report on its 1995 visit, the CPT made a number of recommendations and comments as regards safeguards for persons detained by the police (notification of custody, access to a lawyer, access to a doctor, information on rights, etc). The information gathered in the course of the 2001 visit indicates that there remains some room for improvement in this area.

39. In the report on the 1995 visit, the CPT recommended *inter alia* that any possibility exceptionally to delay notification of custody be clearly circumscribed, made subject to appropriate safeguards (e.g. any such delay to be recorded in writing together with the reasons therefor and to require the approval of a senior officer or public prosecutor) and strictly limited in time. In their interim response, the Slovenian authorities indicated that the apprehension form used by the police would be modified so as to indicate the exact time of notification of detention and any reasons for delaying it. The forms seen by the CPT's delegation in the course of the 2001 visit indeed provided for the recording of this information. However, the delegation was not in a position to ascertain whether any delay in the notification of custody was subject to approval by a senior police officer or public prosecutor. **The CPT would like to receive further information from the Slovenian authorities on this point.**

40. In respect of access to a lawyer, the CPT requested in its report on the 1995 visit clarification of whether this right included the right for the detainee to speak in private with a lawyer and to have him present during interrogation by the police. During the initial meeting with the delegation at the outset of the second visit, the Slovenian authorities confirmed both points. It is also noteworthy that the vast majority of persons detained by the police (or who had recently been in police custody) interviewed by the delegation declared that they had been able to consult their lawyer in private and without delay. However, in a few isolated cases, the delegation heard complaints that persons in police custody had only been able to meet their lawyer for the first time when they appeared before the investigating judge. **The CPT would welcome the comments of the Slovenian authorities on this issue.**

41. With regard to access to a doctor for persons detained by the police, the situation has remained very much the same as in 1995 (cf. paragraph 34 of CPT/Inf (96) 18). The delegation did not hear any complaints concerning access to a doctor, and the authorities declared that medical examinations would normally be conducted without the presence of police officers. However, there were still no formal legal provisions to the effect that a detainee has the right of access to a doctor.

The CPT recommends that formal provisions guaranteeing access to a doctor be adopted. These provisions should also stipulate that:

- **all medical examinations are to be conducted out of the hearing and - unless the doctor requests otherwise - out of the sight of police officers;**
- **the results of every examination, as well as any relevant statements by the detainee and the doctor's conclusions, are to be formally recorded by the doctor and made available to the detainee and his lawyer.**

42. As for information on rights, Section 44 of the Police Act stipulates that a person apprehended by the police must be immediately informed, in a language he understands, that he does not have to make any statements, that he has the right to a lawyer of his choice and that the police officer is required to notify the person's relatives of the apprehension if the person so requests.

During the 2001 visit, it was observed that the apprehension forms used by the police contained information on the detained person's rights, as set out in the above Act. The forms, which the person concerned was asked to sign, also contained observations concerning the person's health and possible examinations by a doctor. They did not provide information on the person's right of access to a doctor. However, the delegation was informed that new apprehension forms, mentioning expressly such a right, were to be used as from 1 October 2001. **The CPT would like to receive confirmation that the new forms have now been introduced.**

43. In the report on the 1995 visit, the CPT recommended that a form setting out in a straightforward manner the rights of detainees, available in an appropriate range of languages, be given systematically to persons detained by the police at the outset of their custody.

In this connection, the CPT is pleased to note that in the majority of the police stations visited, the delegation saw information sheets, in several languages, stating the rights set out in the Police Act. These sheets were displayed inside detention zones and were made available to persons upon their arrival at a police establishment.

44. The CPT recommended in the report on its 1995 visit that the Slovenian authorities draw up a code of conduct for interrogations (cf. paragraph 39 of CPT/Inf (96) 18), supplementing the relevant rules contained in the Penal Code and in the Code of Criminal Procedure (CCP). As the Committee pointed out, the existence of such a code of conduct would serve to underpin the lessons taught during professional training.

In their response, the Slovenian authorities stated that they would prepare practical guidelines on this issue for police officers "as soon as possible". During the second visit, the delegation was informed that such guidelines had not yet been adopted because, under current legislation, information gathered by police officers during interrogations had no value of evidence in court. As far as the CPT is concerned, this is not a valid argument for failing to introduce a code of conduct for police interrogations. **The CPT reiterates its recommendation that such a code of conduct be drawn up.**

45. Finally, the delegation found that custody registers in some of the police stations (e.g. Ljubljana-Vič and Murska Sobota) were not properly kept, with the times of arrival and release or transfer not always indicated, and with frequent corrections or additions. **The CPT recommends that appropriate steps be taken to remedy these shortcomings.**

B. Prison establishments

1. Preliminary remarks

46. The CPT's second periodic visit to Slovenia included visits to three prison establishments: Dob and Ljubljana Prisons received follow-up visits, while Maribor Prison was visited for the first time.

47. Overall, the description of **Dob Prison** given in the report on the 1995 visit remains valid (cf. CPT/Inf (96) 18, paragraphs 47 and 61 to 64). Since then, the establishment's official capacity had been reduced from 450 to 289 places, in accordance with new regulations (cf. paragraph 49). On the first day of the visit, the prison was holding 379 male inmates with sentences ranging from 1½ to 20 years (the average sentence being 6 years). As in 1995, the establishment's external open and semi-open units, accommodating 48 inmates, were not visited by the delegation.

In respect of **Ljubljana Prison**, the CPT refers to the description of this establishment made in the report on its previous visit (cf. CPT/Inf (96) 18, paragraphs 48 and 65 to 67). As at Dob, the establishment's official capacity had decreased (from 200 to 128 places). At the time of the 2001 visit, the prison was accommodating 210 male prisoners, including 99 on remand, 93 sentenced (to a maximum of 1½ years) and 18 persons serving a custodial sentence, pursuant to misdemeanour proceedings ("administrative detention"). With an occupancy rate of 164%, Ljubljana Prison was the most overcrowded penitentiary establishment in Slovenia.

Maribor Prison, the third largest prison in the country, was brought into service some 100 years ago and is located in the centre of the town, adjacent to the court house. The establishment's inmate population was very similar to that of Ljubljana Prison, comprising both sentenced and remand prisoners, as well as persons in administrative detention. With an official capacity of 148 inmates, on 24 September 2001, the establishment was holding 184 prisoners (roughly evenly divided among remand and sentenced prisoners, to whom should be added a number of persons in administrative detention), including 7 women and 2 juvenile remand prisoners. The prison's "satellite" sections (at Murska Sobota and Rogoza) had a total official capacity of 76 prisoners and, at the time of the visit, were holding 87 inmates. These sections were not visited by the delegation.

48. Since 1995, several new legal and regulatory instruments pertaining to the Slovenian prison system have entered into force. These include a new Penal Sanctions Enforcement Act, adopted in February 2000, Rules concerning the Enforcement of (Remand) Detention and Rules concerning the Enforcement of Prison Sentences, issued by the Minister of Justice in March 1999 and October 2000 respectively. Further, shortly before the 2001 visit, all Slovenian penitentiary establishments completed the process of adopting "House Rules". The introduction of this new legal and regulatory framework is an important move towards complying with international standards in this area.

49. Since the previous CPT visit, Slovenia's prison population has grown by more than 80%. Further, as mentioned above, the official capacities of penal establishments in Slovenia were reduced to reflect new minimum standards for prisoner accommodation (i.e. 9 m² per person for single occupancy and 7 m² for multi-occupancy).⁷ However, many of the cells and dormitories seen by the CPT's delegation during its 2001 visit failed to meet these standards.

50. The CPT's delegation was informed of various measures conceived to address the issue of prison overcrowding. These measures included the construction of a new prison in Koper, with an official capacity of 112 places (planned to enter into service in 2003). Further, courts had been encouraged repeatedly to make wider use of alternatives to pre-trial detention.

The CPT recommends that the Slovenian authorities pursue the application of a range of measures designed to combat prison overcrowding, including policies to limit or modulate the number of persons sent to prison. In this context, the Slovenian authorities should take into account the principles and measures set out in Recommendation N° R (99) 22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation.⁸

51. The Slovenian authorities continue to attach considerable importance to the delivery of programmes of activities to prisoners, including work, education and vocational training, which is required by current law and regulations;⁹ more particularly, both sentenced and remand prisoners are to be provided with opportunities for work, in accordance with the establishment's possibilities.¹⁰ However, the delegation's findings in the course of the 2001 visit suggest that there remains room for improvement in these areas.

The delegation was informed that after admission to a penitentiary establishment an individual framework programme for each sentenced prisoner is established, which specifies treatment and other activities the inmate concerned is supposed to engage in. The programme is signed by the inmate and the educational department of the prison.

The CPT considers that securing the cooperation of prisoners in any individualised treatment or activity programme is a prerequisite for the successful completion of such a programme. The conclusion of an agreement setting out the administration's and the prisoner's rights and obligations in this respect is an important step in the right direction. The CPT welcomes the approach taken by the Slovenian authorities in this area.

More specifically, the programmes and interventions delivered should offer prisoners opportunities for addressing their offending behaviour (i.e. teaching them to consider the implications of their criminal behaviour for themselves and others, increasing self-control and self-awareness, providing opportunities to practice pro-social behaviour). **The CPT would like to be informed whether such opportunities are offered in the context of the existing activity/treatment programmes.**

⁷ Cf. section 27 of the Rules concerning the Enforcement of Prison Sentences.

⁸ Cf. the official home page of the Committee of Ministers: <http://cm.coe.int/ta/rec/1999/99r22.htm>

⁹ Cf. sections 16 and 102 of the Penal Sanctions Enforcement Act and sections 24 and 25 of the Rules concerning the Enforcement of Prison Sentences.

¹⁰ Cf. section 213a (2) of the Code of Criminal Procedure (remand prisoners) and section 15 (1) of the Penal Sanctions Enforcement Act (sentenced prisoners).

2. Torture and other forms of ill-treatment

52. As had been the case in 1995, the CPT's delegation heard no allegations of torture of prisoners by staff - and gathered no other evidence of such treatment - in the prisons visited in Slovenia. Overall, no signs of particular tension between staff and inmates were observed.

However, at **Dob Prison**, the delegation gathered medical evidence which indicated that, on two recent occasions, excessive physical force had been applied to agitated prisoners while they were being transferred to a padded room, referred to as "the medical cell". One inmate who had been placed in such a room shortly before the CPT's visit exhibited, upon examination by one of the delegation's medical members, lesions on both wrists characteristic of handcuffs having been applied too tightly.

At **Ljubljana Prison** a few isolated allegations of physical ill-treatment by staff (consisting of slaps, punches and kicks), mainly in the context of verbal disputes between inmates and custodial staff, were heard.

Finally, at **Maribor Prison**, the delegation was informed about an incident involving a prison officer who had allegedly verbally abused and assaulted an inmate during escort on the establishment's premises. An internal inquiry into the incident did not confirm these allegations. However, following a complaint lodged by the inmate's father, the case was referred to the competent prosecutor for further investigation.

53. In the report on its first visit, the CPT highlighted the importance of prison management delivering the clear message that ill-treatment of inmates by prison officers is not acceptable and will, if discovered, be dealt with severely (cf. CPT/Inf (96) 18, paragraph 58). **The CPT recommends that the Slovenian authorities at both central and local level remain vigilant in this respect and recall the above-mentioned message to prison staff at suitable intervals. Moreover, the Committee would like to be informed of the results of the investigation referred to in paragraph 52.**

54. The CPT recognises that prison staff will, on occasion, have to use force to control violent and/or recalcitrant prisoners and exceptionally may even need to resort to instruments of physical restraint. However, that force should only be used as a last resort and must not be more than is strictly necessary. In view of the information set out in paragraph 52, **the CPT recommends that prison officers at Dob Prison be reminded of these precepts.**

55. The CPT's mandate is not limited to the prevention of ill-treatment inflicted by prison staff. The Committee is also very concerned when it discovers a culture which is conducive to inter-prisoner intimidation and violence.

At the penitentiary establishments visited, both inmates and staff indicated that inter-prisoner violence was not an uncommon occurrence. In this regard, it is noteworthy that at Dob Prison, the delegation met a number of prisoners who were being held in segregation for their own protection.

The CPT formed a positive impression of the manner in which the problem of inter-prisoner violence was tackled at the establishments visited. Such incidents, when discovered, were reported to the establishment's management, and action was taken in order to investigate the incidents and to protect the inmates who had been victimised. It is worth mentioning that at the time of the visit, at Maribor Prison, four inmates who had allegedly severely abused a fellow inmate were being held in segregation for the purpose of the investigation. Moreover, at the three establishments, the prevention of inter-prisoner violence was apparently given high priority, including through identification (and reallocation) of potential victims and likely perpetrators.

The CPT encourages the Slovenian authorities to pursue their efforts to tackle the problem of inter-prisoner intimidation and violence, including through appropriate initial and ongoing training programmes for staff of all grades.

3. Conditions of detention in general

a. follow-up visits

i. Dob Prison

56. As regards material conditions, Dob Prison continued to provide clean and decent accommodation for prisoners. The best conditions were found in a section of Unit II (which was being renovated at the time of the CPT's first visit). Following the recommendation made in paragraph 63 of the report on the CPT's 1995 visit, the 7 m² cells now held only one inmate each. However, several such cells (located in Unit III) had lavatories which were not properly partitioned.

By contrast, the 60 m² dormitories accommodated up to 14 inmates at the time of the visit (i.e. four to six inmates more than in 1995). In this connection, the delegation heard complaints from prisoners that, for the numbers held, the capacity of the existing hot water boilers was insufficient, and there were long delays in getting access to the in-cell lavatories.

The CPT recommends that efforts be made to reduce the occupancy rate of the 60 m² dormitories, having regard to the new minimum standards for prison accommodation (cf. paragraph 49). Further, the Committee wishes to reiterate that smaller accommodation units for prisoner are far preferable to large units such as the 60 m² dormitories seen in Dob Prison.

The CPT also recommends that steps be taken to improve the partitioning of sanitary facilities in the single cells in Unit III.

57. As in 1995, the CPT's delegation formed an overall positive impression of the activity programmes offered to inmates at Dob Prison. The delegation found that the range of educational and vocational activities had even been slightly broadened (covering such areas as elementary school education, alphabetisation courses, language learning, acquisition of computer skills, vocational training in cooking and catering). However, the offer fell short of the demand and a number of prisoners had to be placed on waiting lists. The delegation was also informed that a four-year technical school curriculum was to be initiated in the near future. **The CPT would like to receive more precise information about this project, including the number of inmates for whom it is designed.**

As regards work for prisoners, the establishment's management had apparently not been in a position to maintain the full-employment situation prevailing in 1995. At the time of the 2001 visit, 60% of the inmates had a job¹¹, mainly in the establishment's fire extinguishing equipment plant; according to the information provided to the delegation, there were at least 60 prisoners waiting for a work opportunity.

A number of prisoners were involved in various artistic activities (tapestry, embroidery, pottery, woodcarving, painting), and regular film projections, concerts and other social events were organised. Further, as during the first visit, prisoners enjoyed generous out-of-cell time and benefited from unrestricted access to the well-equipped common areas. In the light of the above remarks, **the CPT can only encourage the Slovenian authorities to continue to develop activity programmes for all inmates at Dob Prison (in particular as regards work and education).**

58. Daily outdoor exercise of up to 4 hours was guaranteed, during which time there was access to a range of sports activities. However, **the CPT wishes to reiterate the comment made after the 1995 visit, namely that the establishment's outdoor exercise facilities should be provided with a means of shelter against inclement weather.**

ii. Ljubljana Prison

59. The material conditions of detention at Ljubljana Prison had improved in certain respects, as compared to the situation found in 1995 (cf. paragraphs 65 to 67 of CPT/Inf (96) 18). There was no longer any noticeable discrepancy in the conditions under which remand and sentenced prisoners were accommodated. Further, all cells now had fully screened sanitary annexes.

However, as in 1995, cell occupancy levels were far from satisfactory throughout the establishment; the 18 m² cells accommodated up to six prisoners and the 8 m² cells generally held two prisoners each. At this level of occupancy, both types of cells continued to provide only cramped accommodation for prisoners. Consequently, **the CPT reiterates its recommendation that efforts be made to reduce to a maximum of four the number of prisoners held in the cells measuring 18 m², and to accommodate only one prisoner in each cell measuring 8 m².**

The prison's shower facilities, laundry, kitchen and canteen were of a good standard. The delegation heard no complaints from prisoners regarding these issues.

¹¹ By comparison, the average prisoner employment rate in Slovenia stood at some 27% at the time of the visit.

60. The delegation's findings in the course of the 2001 visit suggest that there remains considerable room for improvement in respect of the activity programmes delivered to prisoners at Ljubljana Prison. Despite efforts of the management, only approximately a third of the sentenced prisoners had work (in the establishment's production unit and on various maintenance duties). Educational activities for this category of inmates were limited to distance learning and there was no organised vocational training. On the positive side, in addition to regular outdoor exercise, sentenced prisoners were offered a range of sports activities (football, bowling, jogging, table tennis, access to a weightlifting room, etc.).

As had been the case at the time of the first visit, Ljubljana Prison was not in a position to offer remand prisoners anything which remotely resembled a programme of activities. Hardly any of them had work, and no organised education or vocational training were available. However, remand prisoners had access to a fitness room (twice a week for sessions of 45 minutes) and outdoor exercise for two hours was guaranteed on a daily basis. To sum up, the vast majority of remand prisoners spent up to 22 hours a day confined to overcrowded cells, in a state of idleness, their main distraction being watching television, listening to the radio and reading books and newspapers.

The CPT recommends that the Slovenian authorities intensify their efforts to develop the activity programmes for inmates at Ljubljana Prison. These programmes should aim to ensure that all prisoners, including those on remand, spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work; education; sport; recreation/association).

Further, **the comment made in paragraph 58 concerning outdoor exercise facilities at Dob Prison applies equally here.**

b. Maribor Prison

61. As regards material conditions, the vast majority of remand prisoners at the establishment were accommodated - three to a cell - in cells of some 9 m². Further, the delegation saw a cell (No 25) measuring approximately 32 m², accommodating 18 prisoners detained in pursuance of misdemeanour proceedings (cf. paragraph 62 below). The living space available to sentenced prisoners was overall more generous (for example, 4 inmates in a cell of 20 m²; 5 in a cell of 31 m²; 6 in a cell of 35 m²).

Each cell had a sanitary annex equipped with a toilet and washbasin. However, in the 9 m² cells, it was only partitioned by a curtain (full partitioning was provided in the larger cells). The cells were reasonably clean, well lit and ventilated and furnished with beds, tables, some lockers/shelves and chairs. The delegation saw a number of TV sets in prisoner accommodation, including in rooms occupied by remand prisoners. Some of the cells were also fitted with a call system. As for the collective bathrooms to which inmates had access twice a week, they were of an acceptable and - as regards the facilities used by female prisoners - even good standard.

More generally, the CPT's delegation noted the management's efforts to keep the establishment in an adequate state of repair and cleanliness, and some refurbishment work was in progress during the visit.

62. To sum up, material conditions of detention at Maribor Prison were on the whole quite acceptable as regards sentenced prisoners. However, cells measuring some 9 m², inclusive of a sanitary facility, provide cramped accommodation for two prisoners and are totally unsuitable for holding three, as was the case in the vast majority of cells seen in the remand section of the establishment.

Moreover, as regards cell No 25, holding prisoners under such cramped conditions, even for short periods of time, is clearly not acceptable. At the end of the visit, the delegation requested the Slovenian authorities to take immediate action to remedy this situation and to inform the CPT about the measures taken within one month. By letter of 12 November 2001, the Slovenian authorities indicated that misdemeanour judges in the Maribor area had been asked to avoid ordering detention for large numbers of persons at the same time. Should "peaks" occur nevertheless (like the one observed on the last day of the delegation's visit), prisoners would be reallocated within the establishment in order to avoid unacceptable crowding levels in particular cells.

63. In the light of the above, **the CPT recommends that**

- **reducing occupancy levels in the 9 m² cells at Maribor Prison be considered a priority. A cell of such a size should, ideally, be used to accommodate only one prisoner and should never accommodate more than two;**
- **the partitioning of the sanitary annexes in the 9 m² cells be improved;**
- **all cells be equipped with a call system.**

64. The delegation heard a few complaints about the quality and quantity of the food provided to prisoners. Further, a visit to the establishment's dining room, which was situated in the basement, showed it to be dilapidated and affected by high humidity. The delegation was told that on account of the facility's location, a lasting upgrading was difficult, if not impossible, to achieve. **The CPT would like to receive the comments of the Slovenian authorities on these matters.**

65. Generally speaking, the situation as regards activity programmes for sentenced inmates at Maribor Prison was similar to that observed at Ljubljana Prison. However, with about 50%, the proportion of sentenced prisoners engaged in various types of work (including metal work, storage, maintenance) was higher, without reaching the Dob level. It is also noteworthy that six of the working prisoners were employed in the workshops of the establishment's open section at Rogoza and a further seven - serving sentences of up to 6 months - pursued their professional activity in the outside community.

As was the case at Ljubljana Prison, only very few inmates on remand had a job; the overwhelming majority spent almost all their time locked in overcrowded cells with little to occupy their time.

Consequently, **the recommendation already made in paragraph 60 concerning activities for prisoners at Ljubljana Prison is to be read as applying equally to Maribor Prison.**

66. The delegation understood that on any given day both sentenced and remand prisoners had to choose between outdoor exercise or the use of the establishment's fitness room. The CPT wishes to stress that daily outdoor exercise is a fundamental requirement and should not be curtailed as a result of prisoners having access to other activities. **The CPT recommends that steps be taken without delay to ensure that all prisoners at Maribor Prison have access every day to outdoor exercise.**

The facilities available at Maribor Prison for outdoor exercise and sports/training activities were of a satisfactory standard (consisting of an adequately equipped fitness room, a spacious exercise yard for male prisoners and a small separate exercise area for female inmates). However, as already mentioned in respect of Dob and Ljubljana Prisons, **these facilities should be equipped with means of shelter against inclement weather.**

4. Health-care services

67. As regards health-care staff resources, at **Dob Prison**, there was a full-time general practitioner, a part-time dentist who attended the establishment twice a week, a dental technician, a consultant psychiatrist who held surgeries once a week and three full-time nurses, one of whom was specialised in dentistry.

The health-care service of **Ljubljana Prison** comprised a part-time general practitioner, present on three mornings per week (i.e. a total of approximately 9 hours), a part-time dentist, visiting the establishment once a week, three consultant psychiatrists (present, on a rota basis, once a week), and two full-time nurses.

At **Maribor Prison**, health care was provided by two part-time general practitioners, attending the establishment four days a week (totalling some 8 hours a week), a consultant psychiatrist, present once a week, and two nurses (one of whom was also in charge of the prison's department in Rogoza). There was no dentist appointed to the establishment.

68. The attendance of doctors at Dob Prison could, in principle, be considered as adequate. However, this was not the case at Ljubljana and Maribor Prisons; in particular, the GP attendance hours at both establishments were clearly insufficient to meet the needs of the respective inmate populations. Moreover, the number of nurses in each prison visited was hardly generous, in particular at Dob. Further, arrangements should be made for Maribor Prison to be visited regularly by a dentist.

In each of the three prisons, no qualified health-care staff was present during much of the afternoon, at night and (except in Ljubljana) over weekends; in the absence of such staff, the establishments relied on local health-care centres in cases of emergency. Further, the limited times of presence of health-care staff resulted in medication being administered by medically untrained custodial staff. In the three establishments, the delegation also heard complaints from inmates about long delays in having access to the doctor.

The CPT recommends that staffing levels and hours of attendance of health-care personnel at the three prisons visited be reviewed, in the light of the above remarks. In particular, steps should be taken to provide for the presence of general practitioners during at least 30 hours per week at Ljubljana and Maribor Prisons. As regards Dob Prison, given the location of the establishment and the size of its inmate population, measures should be taken to ensure that a qualified nurse is always present at the establishment, including at night.

It should also be added that a number of inmates at Dob and Ljubljana Prisons claimed that the quality of care provided by the general practitioners was poor. Further, several inmates at Ljubljana Prison complained about delays in access to specialist care, in particular when transfers to outside hospitals were required. **The CPT would like to receive the comments of the Slovenian authorities on these points.**

69. The CPT is concerned about the provision of psychiatric and psychological care at Dob, Ljubljana and Maribor Prisons. In addition to the consultant psychiatrists mentioned above, each of the establishments employed psychologists (one at Dob, one fully trained and two trainee psychologists at Ljubljana and one at Maribor). However, these staffing levels could hardly be described as generous, an assessment underpinned by widespread complaints from inmates concerning delays in access to psychiatric/psychological consultations, and the allegedly brief and superficial nature of such consultations. It is also noteworthy that none of the few nurses working in the three prisons had received specialised psychiatric nursing training.

The CPT recommends that the Slovenian authorities strengthen psychiatric/psychological care resources at Dob, Ljubljana and Maribor Prisons, in the light of the above remarks.

70. Staff met at the three establishments claimed that the transfer of mentally ill prisoners to suitable mental health establishments did not pose particular problems. However, at Ljubljana and Maribor Prisons, the delegation's doctors saw some prisoners who, due to the severity of their mental state, should clearly have been transferred to such a psychiatric facility. In particular, at Ljubljana Prison, an inmate suffering from severe anxiety disorder (bordering on psychosis) had been held in solitary confinement for several months, without being offered adequate psychiatric/psychological assistance. The establishment's Director agreed with the delegation's opinion that the person concerned was in need of urgent hospitalisation, but explained that it was difficult to arrange his transfer "because doctors were of a different opinion than the management".

In this connection, the Committee wishes to stress that seriously 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. The transfer of such a prisoner to a psychiatric facility should be treated as a matter of the highest priority. **The CPT recommends that immediate steps be taken to ensure that mentally disturbed prisoners who require in-patient psychiatric treatment are kept and cared for in appropriate facilities.**

71. The delegation was concerned to note that, at the time of the visit, a substantial proportion of inmates (e.g. 45% of remand prisoners and 32% of sentenced prisoners in Maribor, and some 25% of all inmates in Dob) were taking psychiatric medication, including tranquillisers, hypnotics, antidepressants and neuroleptics. Prisoners interviewed at each of the three establishments visited claimed that tranquillisers were being prescribed generously, especially by general practitioners, in order to "keep prisoners quiet". **The CPT would welcome the comments of the Slovenian authorities on this issue.**

72. Unlike in 1995, the delegation did not find any evidence suggesting possible delays in the medical screening of newly-arrived prisoners. As a rule, such examinations (including screening for transmissible conditions, such as TB, hepatitis B and - on a voluntary and confidential basis - HIV) took place within a few hours of arrival and were performed by the general practitioner or - in his absence - by the nurse who reported to the doctor within 48 hours. The CPT welcomes this state of affairs.

However, as regards the recording of injuries as part of the initial medical screening, the observations made by the CPT's delegation suggest that only cursory descriptions were made of injuries in prisoners' personal medical files. In this connection, **the CPT recommends that the record drawn up following a medical examination of a newly-arrived prisoner contain: (i) a full account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment); (ii) a full account of objective medical findings based on a thorough examination (including the nature, location, size and specific characteristics of each and every injury observed); and (iii) an indication of the degree of consistency between any allegations made and the objective medical findings;** this will enable the relevant authorities, and in particular prosecutors, to properly assess the information set out in the record. **The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison.**

Further, **the results of the examination, as well as the above-mentioned statements and the doctor's conclusions, should also be made available to the prisoner and his lawyer.**

73. At the three prisons visited, all newly-arrived prisoners received information about transmissible diseases (in particular, on hepatitis B, AIDS and skin diseases). Moreover, regular training sessions were organised for both prison staff and inmates about these issues (including methods of transmission and means of protection). The CPT welcomes this approach and wishes to encourage the Slovenian authorities to pursue their efforts in this field; **the Committee suggests that more information be provided to staff and prisoners on tuberculosis, especially as regards methods of transmission and means of protection.**

74. In the report on the 1995 visit, the CPT recommended that steps be taken to ensure the strict confidentiality of medical data (cf. CPT/Inf (96) 18, paragraph 72). The delegation which carried out the 2001 visit found that non-medical staff at the three establishments had no access to prisoners' medical files. However, the notes made by doctors and nurses during the initial medical examination on admission were included in the patients' general administrative files. **The CPT recommends that steps be taken to ensure that all medical data concerning prisoners is handled in such a way as to ensure the strict confidentiality of that data.**

5. Other issues

a. prison staff

75. The delegation was told at the three establishments visited that a number of posts making up the official staff complements were vacant (for example, 18 vacancies out of 159 posts in Maribor; 25 vacancies out of 139 posts in Ljubljana). The staff shortage concerned in the main custodial and treatment staff (educators, social workers, work instructors). The lack of treatment staff was specifically highlighted by the Director of Ljubljana Prison.

In this connection, some of the prisoners met by the delegation complained that the available treatment staff - despite their competence and commitment - was not always in a position to respond in a timely manner to their needs for support and counselling. The situation was aggravated further by the shortage of psychiatric/psychological care resources at the three establishments (cf. paragraph 69). As a consequence, the demand for help and assistance from the establishments' nurses was very high.

The CPT recommends that steps be taken to fill the vacant prison staff posts at the three establishments.

76. The information gathered by the delegation suggests that, since the last visit, the Slovenian authorities have made significant efforts to improve the training of newly recruited officers and of staff already in service. The acquisition and development of interpersonal communication skills as well as the management of high-risk situations appear to be given particular attention in the context of such training. This is a welcome development. **The CPT encourages the Slovenian authorities to pursue their efforts in the area of prison staff training, both at the induction stage and for staff already in service.**

More particularly, the CPT's delegation learned that a new 6-month training programme for newly-recruited officers would replace the existing 3-month initial training programme as from 1 January 2002. **The CPT would appreciate further information about the content of this programme.**

b. discipline

77. Sections 88 and 89 of the Penal Sanctions Enforcement Act provide for a range of disciplinary sanctions in respect of *sentenced prisoners* for serious infractions of prison discipline; they include withdrawal of privileges and cellular confinement for up to 30 days.

Such sanctions are imposed by a special disciplinary board, established at each prison in Slovenia. The prisoner concerned has to be informed in writing about the charges against him. Before taking a decision, the board must hear the prisoner concerned, who is also entitled to be assisted by an authorised representative such as his lawyer. Any disciplinary decision must be issued to the prisoner in writing. Further, section 93 of the above Act provides for a right of appeal against disciplinary decisions to the Minister of Justice, who must take a decision within 3 days of an appeal being lodged. In the case of the most severe disciplinary sanctions, such as solitary confinement, the lodging of the appeal by the prisoner has a suspensive effect.

The disciplinary procedure applicable to sentenced prisoners is thus accompanied by appropriate safeguards.

According to the information provided to the delegation, disciplinary sanctions in respect of *remand prisoners* are imposed by the competent judge, following a proposal from the prison director. **The CPT would like to be informed whether the above-mentioned procedural safeguards also apply to remand prisoners, especially as regards their being heard in person by the deciding authority and rights of appeal.**

78. An examination of disciplinary registers in the establishments visited did not reveal an excessive recourse to cellular confinement or other disciplinary sanctions.

79. The "House Rules" of the establishments visited stipulate that, before a prisoner is placed in disciplinary confinement, the prison doctor has to certify on a special form that the inmate concerned is able to sustain it¹². The delegation's doctors saw several recent certificates concerning fitness for punishment in prisoners' personal medical files.

In this regard, the CPT wishes to emphasise that, in principle, a prison doctor acts as a patient's personal doctor. Any participation of the doctor in disciplinary procedures which comes close, or could be perceived as coming close, to authorising the imposition of disciplinary sanctions (especially confinement) in respect of his patient, is likely to undermine that relationship.

In this context, reference might usefully be made to Recommendation No R (98) 7 of the Committee of Ministers of the Council of Europe concerning the ethical and organisational aspects of health care in prison, and more particularly to recommendation 66 which stipulates: "In the case of a sanction of disciplinary confinement, any other disciplinary punishment or security measure which might have an adverse effect on the physical or mental health of the prisoner, health care staff should provide medical assistance or treatment on request by the prisoner or by prison staff." The Explanatory Memorandum to Recommendation No R (98) 7 provides the following commentary on this recommendation: "As a matter of principle the decision to impose a disciplinary sanction on a prisoner, including disciplinary confinement, or to have recourse to specific security measures (e.g. transfer of an inmate to a special prison unit) rests with the prison management. **Doctors should not become involved in such a decision**" (emphasis added).

The CPT recommends that the Slovenian authorities review the relevant regulations and practice, in the light of the above remarks.

¹² Cf. sections 71 (Dob), 72 (Ljubljana and Maribor).

80. The material conditions in the disciplinary cells at the three establishments were quite satisfactory in terms of size, lighting, ventilation and equipment; however, the cells seen at Dob and Maribor Prisons were not equipped with a call system. Inmates under disciplinary confinement had access to reading matter and were allowed two hours of outdoor exercise per day, as well as a closed visit of an hour per week.

The CPT recommends that a call system be installed in the disciplinary cells at Dob and Maribor Prisons.

c. agitated or violent prisoners

81. The three prisons had padded cells, in which agitated or violent prisoners could be placed for a maximum of 12 hours. The establishments' registers indicated that such placements were infrequent and generally distinctly shorter than the legally permitted maximum. In general, the decision to place an inmate in a padded cell was taken by custodial staff and was subject to confirmation by the prison director.

82. The delegation was not able to obtain a clear picture of current rules and practice in respect of the prison doctor's role in the context of such placements. More particularly, the delegation was not convinced that the placement of an agitated or violent prisoner by custodial staff in a padded cell was in all cases immediately brought to the attention of a doctor, as recommended in the CPT's report on the 1995 visit (cf. CPT/Inf. (96) 18, paragraph 81). **The CPT would like to receive the comments of the Slovenian authorities on this point.**

83. The material conditions prevailing in the padded cells of the three establishments left something to be desired. The cells had poor lighting and ventilation and, with the exception of the cell at Ljubljana Prison, were not equipped with a call system. **The CPT recommends that these shortcomings be remedied.**

d. "dangerous" prisoners

84. During the 2001 visit, the CPT's delegation met six prisoners considered as "dangerous" in Unit I of Dob Prison. Material conditions in the cells for such inmates were, on the whole, satisfactory. The prisoners concerned were accommodated in single cells measuring some 7 m², which were well lit and ventilated, adequately equipped (bed with bedding, table, chair, wardrobe, a sanitary annexe with a toilet and a washbasin), clean and in a good state of repair.

85. However, the CPT has misgivings about the regime being applied to the prisoners concerned. Apart from two hours of daily outdoor exercise, which they took together (albeit, separately from other categories of inmates), the prisoners spent the bulk of the day locked up in their cell, with little to occupy their time.

Any regime which denies appropriate mental and physical stimulation to prisoners is likely to have a detrimental effect on the health of the persons concerned and, in particular, can lead to a gradual deterioration of mental faculties and social abilities. Consequently, regardless of the gravity of the offences of which prisoners are accused or have been convicted and/or their presumed dangerousness, efforts must be made to provide them with appropriate stimulation and, in particular, with adequate human contact.

The CPT recommends that the Slovenian authorities review the regime applied to prisoners considered as "dangerous" at Dob Prison, in the light of the above remarks.

86. The CPT wishes to stress that any decision to apply a special security regime to a prisoner should be accompanied by certain procedural safeguards. The prisoner concerned should be informed in writing of the reasons for the measure taken against him (it being understood that the reasons given might not include details which security requirements reasonably justify withholding from the prisoner), be given an opportunity to present his views on the matter before a definitive decision is taken, and be able to contest the measure before an appropriate authority.

It is also axiomatic that prisoners should not be subject to a special security regime any longer than the risk they present makes necessary. This calls for regular reviews of placement decisions. Such reviews should always be based on the continuous assessment of the individual prisoner by staff specially trained to carry out such assessment.

The CPT wishes to be informed whether these different safeguards exist in Slovenia vis-à-vis prisoners considered as "dangerous".

e. complaints and inspection procedures

87. The complaints and inspection mechanisms described in paragraphs 86 and 87 of the report on the 1995 visit (cf. CPT/Inf (96) 18) remained basically unchanged in 2001 and appeared on the whole to be operating satisfactorily.

More particularly, the prisoners met by the delegation were generally aware of the avenues of complaint open to them, both within and outside the prison system. However, the vast majority of inmates were not informed about the possibility to communicate with the CPT by confidential letter¹³. **The CPT would like to receive the comments of the Slovenian authorities on this question.**

88. Several inmates at Dob Prison claimed that the judge responsible for supervising the establishment would only see prisoners who had expressly requested to speak to him. Further, at Ljubljana and Maribor Prisons, a number of remand prisoners alleged that staff members would invariably stay within hearing distance during the judge's talks with inmates. The CPT considers that such practices are not conducive to inmates raising issues relating to their treatment in the establishment.

¹³ In their interim response to the report on the 1995 visit (cf. page 29 of CPT/Inf (96) 19), the Slovenian authorities stated that the President of the CPT had been added to the list of authorities with whom prisoners can communicate by confidential letter.

In this context, the CPT wishes once again to emphasise (cf. paragraph 87 of document CPT/Inf (96) 18) that authorities with powers of inspection should make themselves "visible" not only to the prison management and staff, but also to the prisoners themselves. This is all the more important during unannounced visits (which should be preferred to announced visits). The authorities concerned should not limit their activities to seeing persons who have expressly requested to meet them, but should take the initiative and visit the establishments' detention areas and enter into contact with prisoners. Further, prisoners should be seen out of the hearing - and preferably out of the sight - of staff.

The CPT invites the Slovenian authorities to bring these considerations to the attention of all judges responsible for carrying out visits to penal establishments.

f. contact with the outside world

89. As had been the case at the time of the CPT's first visit to Slovenia, sentenced prisoners had satisfactory possibilities for retaining and developing their contacts with the outside world through short term and long term visits as well as arrangements for temporary leave from the establishment (ranging from a few hours to a full weekend). A substantial number of sentenced prisoners at the three establishments visited benefited from this facility on a regular basis.

90. According to Slovenian law¹⁴, remand prisoners can receive visits from close family members at least once a week for a minimum of 30 minutes, subject to authorisation by the competent judge. The "House Rules" of penal establishments holding remand prisoners can provide for more frequent visits. In principle, visits are to be supervised by prison staff and take place under closed conditions, i.e. inmates and visitors are separated by a glass partition. However, prison directors are empowered to authorise open visits.

Since 1995 (cf. CPT/Inf (96) 18, paragraph 80), the visiting arrangements for remand prisoners at Ljubljana Prison have improved in several respects. The information gathered by the delegation suggests that the aforementioned minimum visiting entitlement of 30 minutes per week was respected in practice. Further, a not insignificant number of remand prisoners benefited from either one open supervised visit or one open unsupervised visit, of up to one hour per week. The CPT welcomes this development.

By contrast, open supervised visits to remand prisoners in Maribor were highly exceptional and appeared to occur only when large numbers of visitors had to be admitted during the period set aside for such visits (5½ hours on Wednesday). Unsupervised visits were not available at the establishment.

The visiting facilities at Ljubljana and Maribor prisons were clearly insufficient for the number of prisoners held; moreover, they offered little privacy to inmates and visitors had to speak with a raised voice to make themselves heard.

As in 1995, the visiting facilities at Dob Prison were generally of an acceptable standard.

¹⁴ Cf. section 213b (1) of the Code of Criminal Procedure and sections 45-49 of the Rules concerning the Enforcement of (Remand) Detention.

91. In the light of the above, **the CPT recommends that the Slovenian authorities**
- **strive to further increase the visiting time allowed to remand prisoners; a minimum of one hour per week should be the objective;**
 - **take steps to increase the capacity, and improve the layout, of the visiting facilities at Ljubljana and Maribor Prisons;**
 - **move to more open visiting arrangements for remand prisoners, bearing in mind - and taking forward - the arrangements introduced at Ljubljana Prison.**

As regards the latter point, booth-type facilities, such as those presently used in Ljubljana and Maribor, do not facilitate the maintenance of positive relations between prisoners and members of their families. The CPT fully understands that closed visiting arrangements may be necessary in some cases; however, this approach should constitute the exception, not the rule.

92. As was the case during the 1995 visit (cf. CPT/Inf (96) 18, paragraph 80), all correspondence of remand prisoners was transmitted through the court under the authority of which the inmate in question was remanded in custody, and was subject to supervision. As in 1995, the delegation heard some allegations at Ljubljana Prison of delays in forwarding correspondence. No such complaints were heard at Maribor Prison. **The CPT therefore reiterates its request that the Slovenian authorities verify that the correspondence of remand prisoners at Ljubljana Prison is not subject to undue delays.**

The arrangements in respect of sentenced prisoners' correspondence at the establishments visited do not call for any particular remarks.

93. At the three establishments visited, access of sentenced prisoners to the telephone and the facilities available for this purpose were quite satisfactory.

Under Section 51 of the 1998 Rules concerning the Enforcement of (Remand) Detention, the competent court "shall allow" remand prisoners to have access to a telephone "at their own expense and within the limits of the possibilities of the prison." The "House Rules" of Ljubljana and Maribor Prisons stipulate that remand prisoners are allowed one weekly telephone call of a maximum of 10 minutes to close relatives; as a rule, such telephone calls are to be monitored by prison staff.

It would appear that the competent courts hardly ever withheld authorisation for telephone calls by remand prisoners. The CPT welcomes this state of affairs. However, many such prisoners complained that, for organisational reasons (lack of telephones and the requirement to have calls monitored by prison staff), the duration of the weekly telephone call to their relatives in fact rarely exceeded a few minutes.

The CPT recommends that the Slovenian authorities seek ways of improving opportunities for telephone contact between remand prisoners and their families.

g. handcuffing and transport of prisoners

94. At the three establishments, the delegation heard complaints from prisoners (mainly on remand) that they were always handcuffed when on escort outside prison, including during transport in prison vans and while moving on court or hospital premises. The manner in which handcuffs were applied (in front or behind the back) was said to depend on the discretion of the head of the prison's security department.

The Slovenian Ombudsman transmitted to the delegation a copy of a letter dated 10 July 2001, which he had addressed to the Minister of Justice, in which (among other things) the issue of the systematic application of handcuffs to remand prisoners each time they were taken out of prison was raised. In that letter, the Ombudsman took the view that the use of "securing devices (handcuffs) without exception or without selection of any kind ... is contrary to the principle of proportionality." Moreover, he expressed concern at the absence of clear rules regarding the use of means of coercion by prison staff.

Subsequently, the Minister of Justice issued new Regulations on the Implementation of the Tasks of Prison Officers, which came into force on 6 October 2001. The regulations contain detailed provisions concerning the use of securing devices by prison staff. Section 62 of the Regulations contains a "general rule" according to which prisoners "who are not considered likely to use an accompanied journey to make an escape shall not be restrained."

The CPT welcomes the adoption of the aforementioned general rule and **would like to receive confirmation that the practice of prisoners being routinely handcuffed when on escort outside prison has now been discontinued.**

95. In the course of its visit, the delegation examined the vehicles used for prisoner transport. The vehicles had a secure rear compartment of 1.7 m² for a maximum intended seating capacity of 6 prisoners; in the CPT's opinion, a compartment of such a size should not accommodate more than four prisoners. There was poor ventilation and no access to natural light, and the artificial lighting was extremely dim. Further, the intercom equipment did not allow prisoners to make themselves heard properly by the escorting officers. The compartment was not equipped with seatbelts, nor did it have any handles or railings which would prevent prisoners from losing their balance as the vehicle moved. These difficulties were confirmed by many prisoners interviewed; one remand prisoner alleged that, while handcuffed behind the back, he had fallen onto the floor and had been unable to get up again before the end of the journey.

The CPT recommends that the Slovenian authorities review current arrangements for the transport of prisoners, in the light of the above remarks.

h. drug-related issues

96. The Slovenian authorities acknowledge that a large - and growing - proportion of persons admitted to prison have drug-related problems. The CPT noted the authorities' efforts to address this issue through a multifaceted strategy which involved preventing the entry of drugs into prisons and discovering those that have been brought in, offering treatment, assistance and information to prisoners with drug problems (including with a view to reducing the risks associated with the taking of drugs), and providing suitable training to staff.

97. Dob and Ljubljana Prisons had programmes for inmates with drug problems, based on early detection using appropriate screening procedures, drug testing (carried out on the basis of a "therapy agreement"), drug counselling and support, as well as detoxification (including the treatment of withdrawal symptoms). It is noteworthy that non-specialist staff (educators and custodial officers) were involved in the delivery of these programmes. Further, work in this area included contacts and cooperation with relevant professionals and organisations in the community. The CPT welcomes this approach.

By contrast, it would appear that the assistance provided to drug addicts at Maribor Prison did not reach the standards achieved at Dob and Ljubljana Prisons. **The CPT would like to receive the comments of the Slovenian authorities on this point.**

98. Following the entry into force of the Penal Sanctions Enforcement Act in April 2000, "drug-free units" have been set up in some Slovenian prisons. The delegation visited one such drug-free unit at Dob Prison. The unit, which accommodated inmates who had committed themselves to refrain from taking drugs, was situated in the renovated section of the establishment and, consequently, offered very good conditions of detention (cf. paragraph 56). That said, the unit only had a very limited number of places (17 in total). Both the delegation's own observations and the meetings held with health-care staff showed that a number of additional inmates could usefully have benefited from the programmes offered in this unit. **The CPT recommends that the Slovenian authorities endeavour to increase the number of places in the "drug-free unit" at Dob Prison.**

C. Psychiatric establishments

1. Preliminary remarks

99. During its second periodic visit to Slovenia, the CPT's delegation examined in some depth the situation at the Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders, as well as at the Psychiatric Department of Maribor General Hospital. The first establishment is under the authority of the Ministry of Labour, Family and Social Affairs, the second of the Ministry of Health.

100. The **Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders** comprises two sites located some 20 km from each other in small villages (Hrastovec and Trate) in the Maribor area. Both sites consist of state-protected medieval castles which have formed a social welfare establishment for "people with special needs" since 1948.

The establishment's main site in Hrastovec also comprises several recent, purpose-built buildings (residential/care units, administration, kitchen, etc.), which are located in extensive grounds.

At the time of the visit, the establishment was operating at its full capacity: 620 residents (488 in Hrastovec and 132 in Trate), both men and women, were being cared for, of whom some 358 were oligophrenic (learning disabled), 144 classified as schizophrenic and the remainder suffered from dementia or epilepsy. It is noteworthy that a number of residents had additional physical handicaps, such as deafness, blindness or impaired mobility.

Residents were accommodated on a large number of different wards and units, according to their abilities and level of autonomy. Approximately a third of the residents were held on the seven closed wards of the establishment.

The delegation was informed about medium and long term plans to take the two castles out of service as resident accommodation and to gradually close down the whole institution. This process would involve inter alia a reduction in new admissions and a transfer of residents to alternative accommodation in the community. The CPT welcomes this approach **and would like to receive more detailed information about its implementation.**

101. The **Psychiatric Department of Maribor General Hospital** is located in the countryside, some 10 km from the main hospital complex. The establishment caters for a wide variety of patients with different diagnoses and needs. The bulk of patient accommodation is provided in a three-storey building, a former Manor House dating back to the late 19th century, which has been used as a psychiatric hospital as from 1972. The ground floor of the main building contains offices, an out-patient service and occupational therapy rooms. Men and women are accommodated on the first and second floor respectively, each comprising an open and a closed ward.

At the time of the visit, the department had a total of 184 beds and was accommodating 152 in-patients, including 9 persons - two men and seven women - who had been placed there involuntarily, pursuant to sections 70 to 81 of the 1986 Non-Litigious Civil Procedure Act (cf. paragraph 134). Involuntary and voluntary patients were accommodated together on both open and closed wards. The annual number of admissions to the department was in the area of 1200 (of which some 40 on an involuntary basis), with an average length of stay of 6-7 weeks.

102. The CPT wishes to stress at the outset that the delegation gathered no evidence of ill-treatment of the establishments' residents/patients. The atmosphere in the two institutions appeared relaxed and friendly and staff-resident/patient relations were good. The approach of the medical and nursing staff was found to be professional and caring towards their residents/patients and the staff spoke with sensitivity about their work.

2. Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders

a. residents' living conditions

103. The aim in any social welfare/psychiatric establishment should be to offer material conditions which are conducive to the treatment and well-being of residents/patients; in psychiatric terms, a positive therapeutic environment. Creating such an environment involves, first of all, providing sufficient living space per person as well as adequate lighting, heating and ventilation, maintaining the establishment in a satisfactory state of repair and meeting hospital hygiene requirements. Particular attention should also be given to the decoration of both residents'/patients' rooms and recreation areas. Further, it is important that residents/patients be provided with adequate lockable space in which they can keep their belongings; the failure to provide such a facility can impinge upon their sense of security and autonomy.

104. The living conditions in the modern buildings of the Hrastovec-Trate Institution were overall of a very good standard and do not call for particular comments. By contrast, the two castles within which approximately half of the residents lived, had certain limitations imposed by their age and structure. At Trate (and to a lesser extent at Hrastovec), the delegation saw steep and narrow stairways as well as cramped corridors, which made movement within the establishment difficult, especially for residents with impaired mobility. In this regard, the delegation was informed about plans to equip the Trate castle with elevators. **The CPT trusts that the implementation of these plans will be accorded a high priority.**

105. The wards, including those situated in the modern buildings, accommodated in most cases between 20 and 40 residents, occasionally up to 54 ("Perla" ward at Trate). Throughout the establishment, resident accommodation was impeccably clean, well-lit and ventilated. Further, residents had ready access to sanitary facilities, which were in a good state of repair and cleanliness, and suitably equipped for persons with impaired mobility.

Residents could spend most of their time in well-decorated dayrooms with stimulating equipment (toys, games etc.), television sets and appropriate seating facilities (including ergonomic chairs for physically handicapped persons). The delegation also saw two Snoozelen rooms, containing relaxation aids (e.g. music and lighting) which promoted positive sensory experiences.

106. Residents' rooms and dormitories were on the whole of an acceptable size for the occupancy rates (for example, 3 beds in a room of 13 m², 6 in a room of 27 m², 7 in a room of 35 m²), bearing in mind that residents spent most of the day outside their rooms/dormitories. However, some of the dormitories, especially at Trate, had capacities of up to 15 beds; such facilities fail to provide a satisfactory level of privacy for residents. In this connection it should be stressed that the provision of accommodation structures based on small groups is a crucial factor in preserving/restoring residents' dignity, and also a key element of any policy for the psychological and social rehabilitation of residents.

It is also noteworthy that the large-capacity dormitories tended to be rather austere and impersonal, with little specific decoration and few pieces of furniture, and only a limited number of personal belongings were in evidence.

The CPT recommends that efforts be made to replace the aforementioned large-capacity dormitories by smaller units.

107. Both Hrastovec and Trate had small residential ("family") units for relatively autonomous residents, with homely common areas (living rooms, kitchens etc.) and pleasantly decorated and furnished bedrooms, including for couples.

108. The grounds of the Hrastovec site were vast, with grass areas, trees and paths, where a number of residents were seen walking. The Trate site had an outside area with covered tables which was used for outdoor exercise and various social activities. At Hrastovec, there was also a spacious and well equipped gym. However, at the time of the visit, part of it was used for the storage of bedding; **this practice is inappropriate.**

b. staff and treatment

109. At the time of the visit, the Hrastovec-Trate Institution had a staff of 358, of whom 256 were said to be working "on the wards". Psychiatric treatment was provided by one resident psychiatrist who, in her capacity as the establishment's head of health care, also acted as a general practitioner. The psychiatrist was supported by a team of other doctors working on a contracted-in basis (including two general practitioners, visiting the establishment twice a week, two dentists, a neurologist, an internist and two doctors specialising in physiotherapy).

As regards other staff qualified to provide rehabilitative and therapeutic activities, there were 3 psychologists, 4 occupational therapists, 6 social therapists ("defectologists"), 15 instructors, 5 physiotherapists and 5 social workers.

The nursing staff represented some 65% of the total staff, about half of whom were fully trained nurses (including senior nurses with higher training) and the other half were nursing assistants.

110. The presence of one psychiatrist in the establishment is clearly insufficient, having regard to both the number of residents and their mental and physical status. The same can be said for the presence of general practitioners.

The CPT recommends that the presence of psychiatrists and general practitioners at the establishment be substantially increased. Moreover, the existing multidisciplinary approach could be further enhanced by an increased contribution from psychologists and occupational therapists.

111. The CPT is concerned by the overall low number of nursing staff present on the wards, including on those with the most disturbed and/or physically handicapped residents¹⁵; such low staffing levels tend to generate highly stressful work conditions and increase the risk of disproportionate reactions towards challenging patients. Further, several senior nurses spoken to by the delegation took the view that nursing assistants would benefit from specific training in dealing with the categories of residents cared for at the establishment.

The CPT recommends that the Slovenian authorities:

- **strive to increase the nursing staff presence on the wards, especially during the afternoon and at night;**
- **provide specialised training for nursing assistants in dealing with oligophrenic and mentally ill residents.**

112. Quite a wide range of therapeutic and rehabilitative activities was available at the Hrastovec-Trate Institution, such as pharmacotherapy, physiotherapy, psychotherapy, social, recreational and occupational therapy, as well as training in communication and other basic skills (for learning disabled residents).

As regards more particularly pharmacotherapy, it appeared to be adequate and there was no evidence of excessive use of psychoactive medication. However, the information gathered by the delegation suggested that access of residents to occupational therapy left something to be desired (70 residents regularly attending various courses organised by the occupational therapy department and some others being delivered such therapy on the wards). This is hardly surprising given the shortage of occupational therapists (cf. paragraph 109). **The CPT recommends that efforts be made to involve more residents in occupational therapy.**

¹⁵ For example, the 40 residents of "Breze" Ward were attended to by 3 nurses/assistants in the morning, 1 nurse and 1 assistant during the afternoon and, at night, 1 assistant together with a duty nurse in charge of a total of four wards.

113. The CPT's delegation noted an overall lack of detailed and individualised medical and psychiatric documentation/assessments concerning residents; as a consequence, only a small number of them benefited from individual treatment/care plans (with special efforts apparently being made to establish such plans for residents displaying high levels of aggressiveness). **The CPT recommends that the medical documentation in respect of each resident be improved and that individual treatment plans be drawn up for all residents.** This will ensure better targeting of their care needs and provision for a range of therapeutic activities adapted to those needs.

114. The CPT has serious misgivings about the practice of mixing mentally-ill residents with oligophrenic behaviourally disturbed residents on closed wards. The Committee is far from convinced that such a practice is beneficial for either category of residents; in particular, it might well hamper the effective rehabilitation of the mentally-ill and be perceived by them as humiliating and degrading. **The CPT recommends that the policy of mixing mentally-ill residents with oligophrenic behaviourally disturbed residents on closed wards be reviewed.**

3. Psychiatric Department of Maribor General Hospital

a. patients' living conditions

115. The fabric of the Psychiatric Department's main building (and of the building's outer walls in particular) was in such a state of deterioration that only significant renovation work would allow it to be restored to an acceptable condition. In this connection, the delegation was informed that, recently, the department's operating licence had only been extended on a provisional basis, pending its move, in the years to come, to new custom-built premises in the General Hospital's complex. The delegation's own observations confirmed that the need for new facilities was acute. **The CPT would like to be informed about the envisaged date of entry into service of the new premises.**

116. Despite the above-mentioned deficiencies, the management of the department had succeeded in maintaining patient accommodation as well as common and therapy areas in a quite acceptable state of repair and cleanliness. However, throughout the establishment, little effort had been made to personalise patients' rooms and communal areas.

The majority of patients were accommodated in rooms which had between 3 and 6 beds, and the living space per patient could be considered as globally satisfactory (for example, 3 beds in a room of 15 m²; 5 beds in a room of 21 m²). The establishment also had two large dormitories measuring 53 m² with 13 beds each. The comments made in paragraph 106 above apply equally to these two dormitories.

Patient's rooms were clean, well lit and equipped with hospital beds and small bedside tables. However, the delegation was informed that shortly before its visit, three patients had had to sleep on mattresses on the floor because there were not enough beds; **this is unacceptable, even for short periods of time.** For lack of lockable space, patients' personal belongings were stored in the nurses' rooms.

Sanitary facilities in all wards were of an acceptable standard and access to them was possible at all times. Further, each ward had a communal room, equipped with some basic furniture (tables, chairs) and a TV.

The delegation was impressed by the patients' dining room, which could also be used for various celebrations, and the well-equipped hospital kitchen, both located in a separate modern building. In addition, there was a partly walled park-like garden with trees and benches, which was used by patients for exercise and recreation.

117. The CPT recommends that steps be taken to remedy the shortcomings highlighted in paragraph 116 as regards personalisation of patients' rooms and common areas as well as lockable space for patients' personal belongings.

Further, the CPT recommends that the 53 m² dormitories be replaced by smaller units.

b. staff and treatment

118. The medical team comprised 14 medical doctors: 7 specialist psychiatrists (including the Chief Medical Doctor), 5 higher trainee psychiatrists and 2 basic trainee psychiatrists. Other patient care tasks were the responsibility of 16 qualified nurses and 40 nursing assistants ("health technicians"), all of whom had been trained in the mental health field.

In addition, 6 occupational therapists, 3 social workers and 3 clinical psychologists were employed at the department, and a physician and an ophthalmologist visited the establishment on a regular basis. Consultations with other specialists could be arranged if required.

119. Although the number of doctors working in the Psychiatric Department was adequate, the complement of qualified nurses and nursing assistants could scarcely be considered as generous. The day shift on each of the closed wards comprised a maximum of two qualified nurses and four nursing assistants (one qualified nurse and two assistants on each of the open wards). During much of the afternoon and at night the nursing staff was reduced to one (open wards) or two nursing assistants (closed wards), with only one qualified nurse on duty for the whole establishment. Such a level of presence is not satisfactory. **The CPT recommends that measures be taken to increase the number of qualified nurses and nursing assistants working in the establishment, which should inter alia make it possible to reinforce the teams present during both the day and night shifts.**

120. The delegation's conversations with patients and staff, as well as the consultation of medical records, showed that patients received individualised, mainly pharmacotherapy-based, treatment appropriate to their condition. Modern psychotropic drugs were available and no particular signs of overmedication among patients were observed.

121. At the time of the visit, approximately 60 patients, almost exclusively from the open wards, attended the occupational therapy department for various activities (including painting, embroidery, computer work, reading and discussion groups, dance etc.). Access of patients from the closed wards (including those officially admitted as involuntary patients) to such activities appeared to be rather limited, and they spent a large part of their day in a state of inactivity. **The CPT recommends that efforts be made to increase the proportion of such patients who are offered occupational therapy.**

122. All patients, including those admitted on an involuntary basis, benefited from an open regime; indeed, the doors in the wards were open and patients had good access to dayrooms and other communal areas. Further, a number of patients, including from the closed wards/involuntary patients, returned to their families during the weekend. This is a praiseworthy practice.

123. The delegation saw a number of patients dressed in pyjamas/night-gowns. Others appeared to be wearing blue tracksuits (allegedly encouraged by the establishment) or their own clothes. In this connection, the CPT wishes to stress that for patients to be dressed in pyjamas/night-gowns at all times is not conducive to strengthening personal identity and self-esteem. **The CPT therefore recommends that all non bed-ridden patients be allowed and, if necessary, encouraged to wear their own clothes during the day or be provided with appropriate non-uniform garments.**

124. The delegation noted that some patients from the closed wards did not benefit from outdoor exercise for lengthy periods. Consequently, at the end of the visit the delegation requested the Slovenian authorities to confirm within 3 months that all patients whose medical condition so permits are offered at least one hour of outdoor exercise every day. By letter of 31 January 2002, the Slovenian authorities confirmed that measures had been taken to offer a minimum of one hour of outdoor exercise per day to all patients, except to those whose health condition does not allow it. The Committee welcomes this development.

4. Restraint of agitated and/or violent residents/patients

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

It is essential that the restraint of patients be the subject of a clearly-defined policy. That policy should make clear that initial attempts to restrain agitated or violent patients should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control.

Resort to instruments of physical restraint (straps, strait-jackets, etc.) shall only very rarely be justified and must always be either expressly ordered by a doctor or immediately brought to the attention of a doctor with a view to seeking his approval. If, exceptionally, recourse is had to instruments of physical restraint, they should be removed at the earliest opportunity; they should never be applied, or their application prolonged, as a punishment.

Further, every instance of the physical restraint of a resident/patient (manual control, use of instruments of physical restraint, seclusion) should be recorded in a specific register established for this purpose (as well as in the patient's file). The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff. This will greatly facilitate both the management of such incidents and the oversight of the extent of their occurrence

126. At both establishments, means of restraint were rarely used. The first response to an agitated or a violent resident/patient was dialogue and persuasion, if necessary followed by manual control and/or medication, on the orders of a doctor. Physical restraint was only used as a last resort, upon the order or with the approval of a doctor, and then for a short period of time. This is consistent with the approach advocated in paragraph 125.

127. At the Hrastovec-Trate Institution, the delegation saw three padded rooms for the seclusion of agitated or violent residents; the rooms were clean, adequately lit and properly furnished. Two of them had closed circuit television equipment for the permanent monitoring of secluded residents.

Other means of restraint used at the establishment comprised soft fixation (straps or bandages) and placement in a net-bed. The delegation was informed that strait-jackets were practically never resorted to. A draft policy document on the use of means of restraint, drawn up shortly before the CPT's visit, was shown to the delegation. **The CPT would like to know whether the document has now been finalised and, if so, to receive a copy thereof.**

128. Maribor Psychiatric Department had no seclusion rooms; in those rare cases where the restraint of agitated and/or aggressive patients proved necessary, recourse was had to strait-jackets and, as at Hrastovec-Trate, to soft fixation as well as placement in a net-bed. There was no detailed written policy on the subject. **The CPT recommends that a clear policy as regards the use of restraint be drawn up at Maribor Psychiatric Department.**

129. At both establishments, every instance of restraint of a resident/patient was recorded in the nursing ward book and in the individual medical files. However, there were no dedicated registers for such occurrences. **The CPT recommends that such registers be set up at the Hrastovec-Trate Institution and at Maribor Psychiatric Department.**

130. Particular mention should be made of the use of net-beds at the two establishments.

The net-beds seen by the delegation had the shape and size of standard hospital beds and were topped with a metal frame, to which a net of soft rope was attached; there were no locks and able residents/patients could open the beds without additional help.

At Hrastovec-Trate, the net-beds were generally located in residents' sleeping quarters. At Maribor, the doors of the rooms which contained the beds had large windows and, as the delegation could ascertain itself, tended to be kept open during the day, apparently to facilitate constant supervision of the patients placed in the net-beds. As a consequence, at both establishments, the persons placed in net-beds could be seen by other residents/patients and potential visitors. Such a situation was said by patients to be degrading. Further, in the CPT's opinion, this could also affect the psychological state of the other residents/patients.

131. The CPT is of the opinion that net-beds are not an appropriate means of dealing with residents or patients in a state of agitation. **It recommends that net-beds cease to be used as a tool for managing such persons as soon as possible.** In this connection the Committee was pleased to learn that net-beds would no longer be used in the new facilities of Maribor Psychiatric Department.

For as long as net-beds remain in use, **the CPT recommends that measures be taken to ensure that persons placed in such facilities are not exposed to the view of other residents/patients and are subject to appropriate supervision by staff; this recommendation applies *mutatis mutandis* to other means of restraint, such as strait-jackets or fixation. This should not preclude persons subject to means of restraint being visited by fellow residents/patients, if this is advisable from a medical standpoint.**

5. Safeguards

132. On account of their vulnerability, the mentally ill and mentally handicapped warrant particular 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 establishment should always be surrounded by appropriate safeguards.

a. initial placement and discharge procedures

133. It is axiomatic that the procedure by which involuntary placement in a psychiatric/social welfare establishment is decided should offer guarantees of independence and impartiality as well as of objective psychiatric expertise. Further, such placement should cease as soon as it is no longer required by the patient's mental state. Consequently, the need for placement should be reviewed by an appropriate authority at regular intervals. In addition, the patient himself should be able to request at reasonable intervals that the necessity for placement be considered by a judicial authority.

134. Current Slovenian legislation concerning involuntary placement of a civil nature deals only with the *emergency* admission of mental patients to “psychiatric health organisations” (on decision of a psychiatrist of such an organisation). Under the provisions of the 1986 Non-Litigious Civil Procedure Act¹⁶, the establishment concerned is under an obligation to notify the competent court of every case of involuntary placement in a closed ward within 48 hours after admission of a patient. Within three days of the notification, a judge must visit the establishment and hear the patient in person. Further, the delegation was assured at the Hrastovec-Trate Institution and Maribor Psychiatric Department, that the judge would always ask for a second psychiatric opinion before taking a decision on whether or not to authorise the placement (for a maximum period of 1 year). That decision has to be taken at the latest 30 days after receiving the notification of placement by the health organisation concerned.

The need for placement must be reviewed by the competent judge at the end of each placement period; it can also be reviewed at any time at the request of the person concerned. Further, decisions concerning involuntary placement (or the continuation of such placement) are appealable before a higher court.

135. Most residents of the **Hrastovec-Trate Institution** had been placed at the establishment following lengthy stays at other psychiatric/social care institutions, and would normally spend the rest of their life at the institution.

The delegation was told that virtually all residents had formally agreed to their placement (and many had expressly applied for admission); nevertheless, unlike at other similar establishments in Slovenia, all placements were systematically brought to the attention of the court for approval. The delegation understood that the procedure applied followed the rules provided for under the above-mentioned Act (cf. paragraph 134). **The CPT would like to be informed about the precise legal status of the residents of the Hrastovec-Trate Institution.**

136. By letter dated 3 December 2001, the CPT was informed about new instructions issued by the Ministry of Labour, Family and Social Affairs concerning admission procedures at Hrastovec-Trate, including the legal safeguards applicable to involuntary placement. **The CPT would like to receive a copy of these instructions.**

137. The placement of residents at Hrastovec-Trate is subject to regular court reviews (i.e. once per year); the review is performed by the competent judge in the context of a special hearing, which takes place at the establishment itself and is attended by the resident concerned, the establishment's psychiatrist, a second independent forensic psychiatrist, a social worker and a senior nurse.

¹⁶ Cf. sections 70-81.

The information gathered by the delegation (including the examination of a series of court decisions) revealed that review hearings were rather cursory (with up to 20 cases being examined per day), and often involved very brief and standardised psychiatric assessments. Further, it would appear that residents had no opportunity to speak to the second psychiatric expert in private.

The CPT is of the opinion that the above practice is not conducive to residents developing a sense of trust in the impartiality and thoroughness of the review procedure. **The Committee would like to receive the comments of the Slovenian authorities on this issue.**

138. At **Maribor Psychiatric Department**, the evidence gathered by the delegation suggested that, on the whole, the involuntary hospitalisation of patients was effected in accordance with the procedure referred to above (cf. paragraph 134).

However, the CPT is concerned by the situation of some of the "voluntary" patients interviewed at the closed wards of Maribor Psychiatric Department, who complained that they had not been allowed to leave the establishment when they had expressed a wish to do so. Staff confirmed this and indicated that the discharge of these patients could not be envisaged because they had nowhere to go. **The CPT would like to have the comments of the Slovenian authorities on this point.**

139. More generally, the CPT wishes to stress that the exercise of patients'/residents' rights both in the context of their initial placement and, subsequently, during review procedures, could be enhanced if provision was made for the designation of an independent adviser to assist the persons concerned in these procedures. In this respect, the delegation was informed that new legislation on patients' advocacy and access to legal aid was being prepared in the context of the ongoing reform of Slovenian mental health law. Further, in their letter of 3 December 2001, the Slovenian authorities referred to plans to provide all residents of the Hrastovec-Trate Institution with "independent representation". **The CPT would like to receive more information on these matters.**

140. As already mentioned above (cf. paragraph 134), current Slovenian legislation only provides for an *emergency* procedure by which a court subsequently authorises a "psychiatric health organisation" to detain a person against his will; a *normal* procedure, whereby a patient could be hospitalised against his will after a court decision has been taken, is apparently not provided for. **The CPT would like to know whether it is intended to make provision for such a procedure in the context of the ongoing reform of the Slovenian mental health legislation.**

b. safeguards during placement

141. An introductory brochure setting out the establishment's routine and patients' rights should be issued to each patient on admission, as well as to their families. Any patients unable to understand this brochure should receive appropriate assistance.

At the Hrastovec-Trate Institution, residents and their families were provided with detailed written information concerning these issues. This is a step in the right direction. However, many of the residents with whom the delegation spoke did not seem to be aware of their rights, nor of the legal procedure applicable to them. **The CPT recommends that additional efforts be made to assist residents in understanding these matters.**

By contrast, the information given to patients at Maribor Hospital appeared to be very limited. Apart from oral information provided upon admission on mainly medical issues (examinations/analyses required; possible treatments and their likely side effects), patients did not receive written information explaining their situation and rights and outlining the hospital's internal regulations. **The CPT recommends that such a brochure be devised and issued to each patient on admission, as well as to their families.**

142. An effective complaints procedure is another basic safeguard against ill-treatment in psychiatric establishments. Specific arrangements should exist enabling patients to lodge formal complaints with a clearly-designated body, and to communicate on a confidential basis with an appropriate authority outside the establishment.

Residents/patients at both establishments had various avenues of complaint on the internal level (e.g. via specific complaints and grievance boards) and to outside bodies, such as the competent judge, the Slovenian Ombudsman or a newly established special Ombudsman for patients' rights in the Maribor area. **The CPT would like to receive further information on the Maribor Ombudsman's powers and activities, in particular in respect of the processing of residents'/patients' complaints and the inspection of social welfare/psychiatric establishments.**

143. As concerns contact with the outside world, the delegation was told that a number of residents at Hrastovec-Trate had been abandoned by their families (about half of the residents were said not to receive any visits). The management of the establishment was making considerable efforts to remedy the situation, inter alia by providing travel support and overnight-stay for relatives. Moreover, the local village community seemed to be closely involved with the situation of the residents. **The CPT encourages the Slovenian authorities to pursue their efforts in order to increase the number of residents who receive regular visits from their families.**

Patients at Maribor Hospital could receive regular visits throughout the week and a number of them (including involuntary patients) returned to their families during the weekend. However, patients had no access to a telephone. **The CPT recommends that the Slovenian authorities provide patients at Maribor Hospital with the possibility to use a phone.**

III. RECAPITULATION AND CONCLUSIONS

A. Police establishments

144. The information gathered during the CPT's 2001 visit suggests that persons deprived of their liberty by the police in Slovenia are generally treated correctly. Nevertheless, the Committee's delegation heard some allegations of physical ill-treatment by the police, relating essentially to the disproportionate use of force at the time of apprehension. In a few isolated cases, physical ill-treatment (slaps, punches and kicks) was also said to have occurred while the person concerned was being transferred in a police vehicle or during questioning by police officers.

Several allegations of rude and threatening behaviour by custodial staff were received by the delegation at the High Security Alien Detention Centre under Police Supervision (OSPN) in Postojna. The CPT has also noted with concern that custodial staff in this establishment were openly carrying firearms and truncheons inside accommodation areas; this is both an intimidating and a potentially dangerous practice. In contrast, relations between staff and foreign nationals were relaxed and even friendly at the Detention Centre for Foreigners (COT) in Ljubljana.

The CPT has emphasised that the Slovenian authorities must exercise continuing vigilance in this area. In particular, police officers should be reminded, through appropriate means and at regular intervals, that the ill-treatment of persons in their custody is not acceptable and will be the subject of severe sanctions. The Committee has also recommended that the practice of custodial staff openly carrying firearms and truncheons inside accommodation areas at the OSPN in Postojna be discontinued.

145. The provision of adequate professional training to police officers is an essential element of any strategy for the prevention of ill-treatment. In this respect, the CPT has noted with interest that the current training curriculum for police recruits seeks to link theoretical courses on human rights with practical training in the handling of high risk situations; it has recommended that police officers already in service should also be able to benefit from systematic ongoing training based on this new approach.

146. Another effective means of preventing ill-treatment by police officers lies in the diligent examination by the competent authorities of all complaints of such treatment and, when appropriate, the imposition of a suitable penalty.

In this regard, the CPT has recommended that whenever criminal suspects brought before a judge at the end of police custody allege ill-treatment by the police, the judge record the allegations in writing, order immediately a forensic medical examination and take the necessary steps to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Even in the absence of an express allegation of ill-treatment, the judge should request a forensic medical examination whenever there are other grounds to believe that a person brought before him could have been the victim of ill-treatment.

147. In the report on its 1995 visit, the CPT made a number of recommendations and comments concerning safeguards for persons detained by the police (notification of custody, access to a lawyer, access to a doctor, information on rights, etc). The information gathered in the course of the 2001 visit indicates that there remains some room for improvement in this area. More specifically, the CPT has sought clarification as to whether any delay in the notification of custody is subject to approval by a senior police officer or public prosecutor. Further, the Committee has recommended that formal provisions guaranteeing access to a doctor for persons detained by the police be adopted and that a code of conduct for police interrogations be drawn up.

148. As regards conditions of detention in police establishments, the issuing of the Norms for the Construction, Adaptation and Maintenance of Detention Premises in March 2000 constitutes a step in the right direction. The CPT has recommended that the Slovenian authorities pursue their efforts to ensure full implementation of those norms.

The *police stations* visited could generally be described as acceptable for detention periods of up to 12 hours (i.e. the maximum permitted period for this type of establishment). However, hardly any of the cells seen by the CPT's delegation had access to natural light, and artificial lighting, ventilation and the level of cleanliness were not always adequate; the CPT has recommended that these shortcomings be remedied.

The *police detention facilities* visited, which may hold persons for up to 48 hours, were indeed better suited than police stations for longer periods of detention; the CPT has welcomed the overall positive findings regarding material conditions in these facilities.

149. With regard to *detention facilities for foreign nationals awaiting deportation*, material conditions in the main living quarters at the COT in Ljubljana were found to be on the whole acceptable at the time of the visit (although severe overcrowding had apparently been the rule rather than the exception in the recent past). However, this was not the case in the basement room of the establishment's reception/transit area used to accommodate adult males; in particular, the room was grossly overcrowded. Material conditions at the OSPN in Postojna also left much to be desired. The CPT has made several recommendations on these matters. At the same time, the Committee has welcomed initiatives taken by the Slovenian authorities to develop the range of activities available to foreign nationals at both centres.

The CPT has made a series of recommendations concerning the provision of food to inmates of the centres, their contact with the outside world, the information provided to inmates about the nature and state of the proceedings in their cases, and the provision of psychological/psychiatric assistance.

Finally, the Committee has stressed the importance of supervisory staff in centres for immigration detainees being carefully selected and receiving appropriate training.

B. Prison establishments

150. As regards ill-treatment, the CPT's delegation heard no allegations of torture of prisoners by staff - and gathered no other evidence of such treatment - in the prisons visited. Overall, no signs of particular tension between staff and inmates were observed.

However, at Dob Prison, medical evidence was gathered which indicated that, on two recent occasions, excessive physical force had been applied to agitated prisoners while they were being transferred to a padded room. At Ljubljana Prison, a few isolated allegations of physical ill-treatment by staff (consisting of slaps, punches and kicks), mainly in the context of verbal disputes between inmates and custodial staff, were heard. At Maribor Prison, the delegation was informed about an incident involving a prison officer who had allegedly verbally abused and assaulted an inmate during escort on the establishment's premises.

The CPT has recommended that the Slovenian authorities at both central and local level remain vigilant and recall to prison staff, at suitable intervals, that the ill-treatment of inmates is not acceptable and will be dealt with severely. Further, the Committee has recommended that prison officers at Dob Prison be reminded that force should only be used as a last resort in respect of violent and/or recalcitrant prisoners and that any force employed must not be more than is strictly necessary.

The CPT formed a positive impression of the manner in which the problem of inter-prisoner intimidation and violence was tackled at the establishments visited.

151. Since the CPT's 1995 visit, Slovenia's prison population has grown by more than 80% and various measures have been conceived by the Slovenian authorities to address the issue of prison overcrowding. The CPT has recommended that the Slovenian authorities pursue the application of a range of measures in this area, including policies to limit or modulate the number of persons sent to prison.

152. Regarding material conditions, Dob Prison, which had already been visited in 1995, continued to provide clean and decent accommodation for prisoners. Nevertheless, the CPT has recommended that efforts be made to reduce the occupancy rate of the establishment's 60 m² dormitories; in this context, the Committee has also reiterated that smaller accommodation units for prisoners are far preferable to large units.

Material conditions of detention at Ljubljana Prison had improved in certain respects, as compared to the situation found in 1995. However, cell occupancy levels were still far from satisfactory throughout the establishment; the CPT has recommended once again that efforts be made to remedy this situation.

Maribor Prison offered on the whole quite acceptable conditions of detention for sentenced prisoners. However, as regards prisoners on remand, the CPT has recommended that the reduction of occupancy levels in the cells measuring some 9 m² be considered a priority. A cell of such a size should, ideally, be used to accommodate only one prisoner and should never accommodate more than two; unfortunately, the vast majority of the 9 m² cells in the remand section of the establishment in fact held three inmates each.

153. As in 1995, the CPT's delegation formed an overall positive impression of the activity programmes offered to inmates at Dob Prison; the Committee has encouraged the Slovenian authorities to continue to develop these programmes for all inmates at the establishment (in particular as regards work and education).

At Ljubljana and Maribor Prisons, there was considerable room for improvement in respect of activity programmes. In particular, both establishments were not in a position to offer remand prisoners anything which remotely resembled a programme of activities. The CPT has recommended that the Slovenian authorities intensify their efforts to develop such programmes, aimed at ensuring that all prisoners, including those on remand, spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work; education; sport; recreation/association). Further, in the light of the delegation's findings, the CPT has recommended that steps be taken without delay to ensure that all prisoners at Maribor Prison have access every day to outdoor exercise.

The Committee has also stressed that the programmes and interventions delivered in penal establishments should offer prisoners opportunities for addressing their offending behaviour (i.e. teaching them to consider the implications of their criminal behaviour for themselves and others, increasing self-control and self-awareness, providing opportunities to practice pro-social behaviour).

154. In respect of the three prisons visited, the CPT has recommended that staffing levels and hours of attendance of health-care personnel be reviewed and that psychiatric/psychological care resources be strengthened. In the light of the delegation's findings at Ljubljana and Maribor Prisons, the Committee has stressed that mentally disturbed prisoners who require in-patient psychiatric treatment must be kept and cared for in appropriate facilities. Further, the CPT has made detailed recommendations concerning the medical screening of newly-arrived prisoners.

155. The CPT has also examined a range of other issues of relevance to the Committee's mandate (prison staff; discipline; agitated or violent prisoners; "dangerous" prisoners; complaints and inspection procedures; contact with the outside world; handcuffing and transport of prisoners; drug-related issues). Particular mention should be made of the point that doctors should not become involved in decisions to impose disciplinary sanctions on prisoners. The CPT has also recommended that the Slovenian authorities strive to further increase the visiting time allowed to remand prisoners and to move to more open visiting arrangements for such prisoners.

C. Psychiatric establishments

156. The delegation gathered no evidence of the ill-treatment of residents/patients at the Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders and at the Psychiatric Department of Maribor General Hospital. The atmosphere in both institutions appeared relaxed and friendly and staff-resident/patient relations were good. The approach of the medical and nursing staff was found to be professional and caring towards their residents/patients and the staff spoke with sensitivity about their work.

157. The residents' living conditions in the modern buildings of the *Hrastovec-Trate Institute* were overall of a very good standard. By contrast, the two castles, within which approximately half of the residents lived, had certain limitations imposed by their age and structure. That said, resident accommodation throughout the establishment was impeccably clean and well lit and ventilated, and residents had ready access to suitably equipped sanitary facilities.

Residents' rooms were on the whole of an acceptable size for the occupancy rates. However, some of the dormitories had capacities of up to 15 beds and therefore failed to provide a satisfactory level of privacy to residents; the CPT has recommended that efforts be made to replace these dormitories by smaller units. The Committee has also welcomed the approach adopted by the Slovenian authorities aimed at the gradual closing down of the Hrastovec-Trate Institute, involving *inter alia* a reduction in new admissions and a transfer of residents to alternative accommodation in the community.

As regards staff issues, the CPT has recommended that the presence of psychiatrists and general practitioners be substantially increased; moreover, the Committee has stressed that the existing multidisciplinary approach could be further enhanced by an increased contribution from psychologists and occupational therapists. The CPT has also expressed concern about the overall low number of nursing staff present on the wards, and recommended that specialised training be provided for nursing assistants in dealing with oligophrenic and mentally ill residents.

Quite a wide range of therapeutic and rehabilitative activities was available at the Hrastovec-Trate Institute. The CPT has nevertheless recommended that efforts be made to involve more residents in occupational therapy. The Committee has also expressed serious misgivings about the practice of mixing mentally-ill residents with oligophrenic behaviourally disturbed residents on closed wards.

158. With respect to patients' living conditions at *Maribor Psychiatric Department*, the fabric of the Department's main building was in such a state of deterioration that only significant renovation work would allow it to be restored to an acceptable condition. Despite this situation, the management of the Department had succeeded in maintaining patient accommodation as well as common and therapy areas in an acceptable state of repair and cleanliness. Some shortcomings concerning the personalisation of patients' rooms/common areas and the availability of lockable space for patients' personal belongings were identified. Further, the Committee has recommended that the Department's large dormitories be replaced by smaller units.

Concerning staff, the number of doctors was adequate; by contrast, the complement of qualified nurses and nursing assistants could scarcely be considered as generous. The CPT has recommended that measures be taken to remedy this problem.

Patients received individualised, mainly pharmacotherapy-based, treatment appropriate to their condition, and no particular signs of overmedication were observed. The CPT has recommended increasing the proportion of patients from the closed wards who are offered occupational therapy. Further, it has proposed that all non bed-ridden patients be allowed and, if necessary, encouraged to wear their own clothes during the day or be provided with appropriate non-uniform garments; being dressed in pyjamas/night-gowns at all times is not conducive to strengthening personal identity and self-esteem.

159. The approach as regards means of restraint was on the whole satisfactory in both establishments. The first response to an agitated or a violent resident/patient was dialogue and persuasion, if necessary followed by manual control and/or medication, on the orders of a doctor. Physical restraint was only used as a last resort, upon the order or with the approval of a doctor, and then for a short period of time. However, the Committee has recommended that specific registers for recording the use of means of restraint be set up at both establishments.

Particular mention should be made of the use of net-beds at the two establishments. In the CPT's view, net-beds are not an appropriate means of dealing with residents or patients in a state of agitation. The Committee has recommended that they cease to be used as a tool for managing such persons as soon as possible and that, for as long as they remain in use, measures be taken to ensure that persons placed in such facilities are not exposed to the view of other residents/patients and are subject to appropriate supervision by staff.

160. The CPT has also raised a number of issues concerning the safeguards which apply in the context of involuntary civil placement. In this connection, the CPT has recommended that additional efforts be made to assist residents at the Hrastovec-Trate Institute in understanding their rights and the legal procedure applicable to them. Similarly, the CPT has recommended that a brochure be devised and issued to each patient on admission to the Maribor Psychiatric Department, as well as to their families, explaining their situation and rights and outlining the hospital's internal regulations.

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

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

162. With respect more particularly to the CPT's recommendations, having regard to Article 10 of the Convention, the CPT requests the Slovenian authorities to provide **within six months** a response providing a full account of action taken to implement the CPT's recommendations.

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

APPENDIX I

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

A. Police establishments

1. Preliminary remarks

requests for information

- possibilities open to foreign nationals detained under the Aliens Act to have the lawfulness of their detention decided speedily by a court (paragraph 9).

2. Torture and other forms of physical ill-treatment

recommendations

- the practice of custodial staff openly carrying firearms and truncheons inside accommodation areas at the OSPN in Postojna to be discontinued (paragraph 14);
- police officers already in service to benefit from systematic ongoing training based on the new approach referred to in paragraph 15 (paragraph 15);
- whenever criminal suspects brought before a judge at the end of police custody allege ill-treatment by the police, the judge to record the allegations in writing, order immediately a forensic medical examination and take the necessary steps to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express allegation of ill-treatment, the judge should request a forensic medical examination whenever there are other grounds to believe that a person brought before him could have been the victim of ill-treatment (paragraph 16).

comments

- the CPT trusts that the Slovenian authorities will remind police officers, through appropriate means and at regular intervals, that the ill-treatment of persons in their custody is not acceptable and will be the subject of severe sanctions (paragraph 14).

requests for information

- any preventive measures taken with a view to providing support for police officers exposed to highly stressful or violent situations (paragraph 15);
- further information on the project of transferring the police complaints mechanism outside the police force and on the timescale within which it may be implemented (paragraph 17);
- in respect of 2001 and of the first half of 2002:
 - the number and types of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;
 - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by the police (paragraph 18).

3. Conditions of detention

recommendations

- the Slovenian authorities to pursue their efforts to ensure full implementation of the Norms for the Construction, Adaptation and Maintenance of Detention Premises (paragraph 20);
- shortcomings in respect of conditions of detention in the police stations visited to be remedied (paragraph 22);
- the Slovenian authorities to:
 - address the shortcomings as regards material conditions at the COT in Ljubljana and the OSPN in Postojna, highlighted in paragraphs 28 and 29 of the report; urgent measures are required to remedy the overcrowding problem in the room for adult men at the reception/transit area at the COT in Ljubljana;
 - ensure that the quantity of food provided to inmates in both centres is sufficient and the specific dietary requirements of inmates are taken into account;
 - seek ways to further improve inmates' contact with the outside world, in particular at the OSPN in Postojna;
 - make additional efforts to ensure that all inmates are duly informed of the nature and state of the proceedings in their cases;

- increase the hours of attendance of the general practitioners and the nursing staff level at the OSPN in Postojna. Consideration should also be given to providing for the presence of a clinically trained staff member (preferably a nurse) at night;
- ensure appropriate psychological/psychiatric assistance at both centres. In particular, the OSPN in Postojna should be attended on a regular basis by a psychiatrist and/or a psychologist;
- fill all vacant staff posts at both centres and pursue efforts to develop staff training, in the light of the remarks made in paragraph 36 of the report (paragraph 37).

comments

- the CPT trusts that the Slovenian authorities will strive to find solutions making it possible to avoid in the future situations in which large groups of foreign nationals are held at police stations, including overnight (paragraph 23);
- the Slovenian authorities are invited to improve lighting and ventilation in the cells at the Ljubljana-Povšetova and Maribor I police detention facilities (paragraph 24).

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

recommendations

- formal provisions guaranteeing access to a doctor to be adopted. These provisions should also stipulate that:
 - all medical examinations are to be conducted out of the hearing and - unless the doctor requests otherwise - out of the sight of police officers;
 - the results of every examination, as well as any relevant statements by the detainee and the doctor's conclusions, are to be formally recorded by the doctor and made available to the detainee and his lawyer (paragraph 41);
- a code of conduct for police interrogations to be drawn up (paragraph 44);
- appropriate steps to be taken to ensure that custody registers in all police stations (in particular, at Ljubljana-Vič and at Murska Sobota) are kept properly (paragraph 45).

requests for information

- further information on whether any delay in the notification of custody is subject to approval by a senior police officer or public prosecutor (paragraph 39);

- comments on the allegations heard in a few isolated cases that persons in police custody had only been able to meet their lawyer for the first time when they appeared before the investigating judge (paragraph 40);
- confirmation that new apprehension forms expressly mentioning a detained person's right of access to a doctor have now been introduced (paragraph 42).

B. Prison establishments

1. Preliminary remarks

recommendations

- the Slovenian authorities to pursue the application of a range of measures designed to combat prison overcrowding, including policies to limit or modulate the number of persons sent to prison. In this context, the Slovenian authorities should take into account the principles and measures set out in Recommendation No R (99) 22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation (paragraph 50).

requests for information

- whether, in the context of the existing activity/treatment programmes, prisoners are offered opportunities for addressing their offending behaviour (i.e. teaching them to consider the implications of their criminal behaviour for themselves and others, increasing self-control and self-awareness, providing opportunities to practice pro-social behaviour) (paragraph 51).

2. Torture and other forms of ill-treatment

recommendations

- the Slovenian authorities at both central and local level to remain vigilant and to recall to prison staff, at suitable intervals, that the ill-treatment of inmates is not acceptable and will, if discovered, be dealt with severely (paragraph 53);
- prison officers at Dob Prison to be reminded that force should only be used as a last resort to control violent and/or recalcitrant prisoners and that any force employed must not be more than is strictly necessary (paragraph 54).

comments

- the Slovenian authorities are encouraged to pursue their efforts to tackle the problem of inter-prisoner intimidation and violence, including through appropriate initial and ongoing training programmes for staff of all grades (paragraph 55).

requests for information

- the results of the investigation referred to in paragraph 52 of the report (paragraph 53).

3. Conditions of detention in general

recommendations

- efforts to be made to reduce the occupancy rate of the 60 m² dormitories at Dob Prison, having regard to the new minimum standards for prison accommodation referred to in paragraph 49 of the report (paragraph 56);
- steps to be taken to improve the partitioning of sanitary facilities in the single cells in Unit III at Dob Prison (paragraph 56);
- efforts to be made to reduce to a maximum of four the number of prisoners held at Ljubljana Prison in cells measuring 18 m², and to accommodate only one prisoner in each cell measuring 8 m² (paragraph 59);
- in respect of Maribor Prison:
 - reducing occupancy levels in the 9 m² cells to be considered a priority. A cell of such a size should, ideally be used to accommodate only one prisoner and should never accommodate more than two;
 - the partitioning of the sanitary annexes in the 9 m² cells to be improved;
 - all cells to be equipped with a call system (paragraph 63);
- the Slovenian authorities to intensify their efforts to develop the activity programmes for inmates at Ljubljana and Maribor Prisons. These programmes should aim to ensure that all prisoners, including those on remand, spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work; education; sport; recreation/association) (paragraphs 60 and 65);
- steps to be taken without delay to ensure that all prisoners at Maribor Prison have access every day to outdoor exercise (paragraph 66).

comments

- smaller accommodation units for prisoners are far preferable to large units such as the 60 m² dormitories seen in Dob Prison (paragraph 56);

- the CPT encourages the Slovenian authorities to continue to develop activity programmes for all inmates at Dob Prison (in particular as regards work and education) (paragraph 57);
- outdoor exercise facilities at Dob, Ljubljana and Maribor Prisons should be provided with a means of shelter against inclement weather (paragraphs 58, 60 and 66).

requests for information

- more precise information about the project for a four-year technical school curriculum to be initiated in the near future at Dob Prison, including the number of inmates for whom it is designed (paragraph 57);
- comments of the Slovenian authorities on the food-related matters raised in paragraph 64, in respect of Maribor Prison (paragraph 64).

4. Health-care services

recommendations

- staffing levels and hours of attendance of health-care personnel at Dob, Ljubljana and Maribor Prisons to be reviewed, in the light of the remarks made in paragraph 68 of the report. In particular, steps should be taken to provide for the presence of general practitioners during at least 30 hours per week at Ljubljana and Maribor Prisons. As regards Dob Prison, given the location of the establishment and the size of its inmate population, measures should be taken to ensure that a qualified nurse is always present at the establishment, including at night (paragraph 68);
- the Slovenian authorities to strengthen psychiatric/psychological care resources at Dob, Ljubljana and Maribor Prisons, in the light of the remarks made in paragraph 69 of the report (paragraph 69);
- immediate steps to be taken to ensure that mentally disturbed prisoners who require in-patient psychiatric treatment are kept and cared for in appropriate facilities (paragraph 70);
- the record drawn up following a medical examination of a newly-arrived prisoner to contain: (i) a full account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment); (ii) a full account of objective medical findings based on a thorough examination (including the nature, location, size and specific characteristics of each and every injury observed); and (iii) an indication of the degree of consistency between any allegations made and the objective medical findings. The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison. Further, the results of the examination as well as the above-mentioned statements and the doctor's conclusions should be made available to the prisoner and his lawyer (paragraph 72);

- steps to be taken to ensure that all medical data concerning prisoners is handled in such a way as to ensure the strict confidentiality of that data (paragraph 74).

comments

- the CPT suggests that more information be provided to staff and prisoners on tuberculosis, especially as regards methods of transmission and means of protection (paragraph 73).

requests for information

- comments of the Slovenian authorities on the complaints by a number of inmates at Dob and Ljubljana Prisons about the quality of care provided by the general practitioners and, as regards Ljubljana Prison, about delays in access to specialist care (paragraph 68);
- comments of the Slovenian authorities on the fact that a substantial proportion of inmates in the establishments visited were taking psychiatric medication (paragraph 71).

5. Other issues

recommendations

- steps to be taken to fill the vacant prison staff posts at Dob, Ljubljana and Maribor Prisons (paragraph 75);
- the relevant regulations and practice with regard to disciplinary confinement to be reviewed, in the light of the remarks made in paragraph 79 of the report (paragraph 79);
- a call system to be installed in the disciplinary cells at Dob and Maribor Prisons (paragraph 80);
- the shortcomings observed with regard to material conditions in the padded cells of the three establishments to be remedied (paragraph 83);
- the regime applied to prisoners considered as "dangerous" at Dob Prison to be reviewed, in the light of the remarks made in paragraph 85 of the report (paragraph 85);

- the Slovenian authorities to:
 - strive to further increase the visiting time allowed to remand prisoners; a minimum of one hour per week should be the objective;
 - take steps to increase the capacity, and improve the layout, of the visiting facilities at Ljubljana and Maribor Prisons;
 - move to more open visiting arrangements for remand prisoners, bearing in mind - and taking forward - the arrangements introduced at Ljubljana Prison (paragraph 91);
- the Slovenian authorities to seek ways of improving opportunities for telephone contact between remand prisoners and their families (paragraph 93);
- current arrangements for the transport of prisoners to be reviewed, in the light of the remarks made in paragraph 95 of the report (paragraph 95);
- the Slovenian authorities to endeavour to increase the number of places in the "drug-free unit" at Dob Prison (paragraph 98).

comments

- the CPT encourages the Slovenian authorities to pursue their efforts in the area of prison staff training, both at the induction stage and for staff already in service (paragraph 76);
- the Slovenian authorities are invited to bring the considerations made in paragraph 88 of the report, concerning inspections of penal establishments, to the attention of all judges responsible for carrying out visits to such establishments (paragraph 88);
- the Slovenian authorities to verify that the correspondence of remand prisoners at Ljubljana Prison is not subject to undue delays (paragraph 92).

requests for information

- further information about the content of the new six-month training programme for newly-recruited prison officers (paragraph 76);
- whether the procedural safeguards accompanying the disciplinary procedure in respect of sentenced prisoners also apply to remand prisoners, especially as regards their being heard in person by the deciding authority and rights of appeal (paragraph 77);
- comments of the Slovenian authorities on the current rules and practice in respect of the prison doctor's role in the context of placements of agitated or violent prisoners in padded cells (paragraph 82);

- whether the different safeguards referred to in paragraph 86 of the report exist in Slovenia vis-à-vis prisoners considered as "dangerous" (paragraph 86);
- comments of the Slovenian authorities on the fact that the vast majority of inmates were not informed about the possibility to communicate with the CPT by confidential letter (paragraph 87);
- confirmation that the practice of prisoners being routinely handcuffed when on escort outside prison has now been discontinued (paragraph 94);
- comments of the Slovenian authorities on the assistance provided to drug addicts at Maribor Prison (paragraph 97).

C. Psychiatric establishments

1. Preliminary remarks

requests for information

- more detailed information about the gradually closing down of the Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders, which would involve inter alia a reduction in new admissions and a transfer of residents to alternative accommodation in the community (paragraph 100).

2. Hrastovec-Trate Institute for the Treatment of Mental and Nervous Disorders

recommendations

- efforts to be made to replace large-capacity dormitories by smaller units (paragraph 106).
- the presence of psychiatrists and general practitioners to be substantially increased (paragraph 110);
- the Slovenian authorities to:
 - strive to increase the nursing staff presence on the wards, especially during the afternoon and at night;
 - provide specialised training for nursing assistants in dealing with oligophrenic and mentally ill residents (paragraph 111);
- efforts to be made to involve more residents in occupational therapy (paragraph 112);

- the medical documentation in respect of each resident to be improved and individual treatment plans to be drawn up for all residents (paragraph 113);
- the policy of mixing mentally-ill residents with oligophrenic behaviourally disturbed residents on closed wards to be reviewed (paragraph 114).

comments

- the CPT trusts that the implementation of plans to equip the Trate castle with elevators will be accorded a high priority (paragraph 104);
- the practice of using a part of the gym at Hrastovec for the storage of bedding is inappropriate (paragraph 108);
- the existing multidisciplinary approach as regards patients' treatment could be further enhanced by an increased contribution from psychologists and occupational therapists (paragraph 110).

3. Psychiatric Department of Maribor General Hospital

recommendations

- steps to be taken to remedy the shortcomings highlighted in paragraph 116 of the report as regards personalisation of patients' rooms and common areas as well as lockable space for patients' personal belongings (paragraph 117);
- the 53 m² dormitories to be replaced by smaller units (paragraph 117);
- measures to be taken to increase the number of qualified nurses and nursing assistants working in the establishment, which should inter alia make it possible to reinforce the teams present during both the day and night shifts (paragraph 119);
- efforts to be made to increase the proportion of patients from closed wards who are offered occupational therapy (paragraph 121);
- all non bed-ridden patients to be allowed and, if necessary, encouraged to wear their own clothes during the day or to be provided with appropriate non-uniform garments (paragraph 123).

comments

- it is unacceptable for patients to have to sleep on mattresses on the floor due to a lack of beds, even for short periods of time (paragraph 116).

requests for information

- the envisaged date of entry into service of the new custom-built premises for the Psychiatric Department at the Maribor General Hospital's complex (paragraph 115).

4. Restraint of agitated and/or violent residents/patients

recommendations

- a clear policy as regards the use of restraint to be drawn at Maribor Psychiatric Department (paragraph 128);
- special registers recording every instance of restraint of a resident/patient to be set up at the Hrastovec-Trate Institute and at Maribor Psychiatric Department (paragraph 129);
- the practice of using net-beds as a tool for managing agitated residents/patients to be ended as soon as possible (paragraph 131);
- measures to be taken to ensure that persons placed in net-beds are not exposed to the view of other residents/patients and are subject to appropriate supervision by staff; this recommendation applies *mutatis mutandis* to other means of restraint, such as strait-jackets or fixation. This should not preclude persons subject to means of restraint being visited by fellow residents/patients, if this is advisable from a medical standpoint (paragraph 131).

requests for information

- whether the policy document on the use of means of restraint drawn up at the Hrastovec-Trate Institute has now been finalised and, if so, a copy thereof (paragraph 127).

5. Safeguards

recommendations

- additional efforts to be made to assist residents at the Hrastovec-Trate Institute in understanding their rights and the legal procedure applicable to them (paragraph 141);
- an introductory brochure explaining to patients their situation and rights, and outlining the establishment's internal regulations, to be devised at Maribor Hospital and issued to each patient on admission as well as to their families (paragraph 141);
- the Slovenian authorities to provide patients at Maribor Hospital with the possibility to use a phone (paragraph 143).

comments

- the CPT encourages the Slovenian authorities to pursue their efforts in order to increase the number of residents at Hrastovec-Trate who receive regular visits from their families (paragraph 143).

requests for information

- the precise legal status of the residents of the Hrastovec-Trate Institute (paragraph 135);
- a copy of new instructions issued by the Ministry of Labour, Family and Social Affairs concerning admission procedures at Hrastovec-Trate, including the legal safeguards applicable to involuntary placement (paragraph 136);
- comments of the Slovenian authorities on the matters raised in paragraph 137 of the report in respect of the review procedure at Hrastovec-Trate (paragraph 137);
- comments of the Slovenian authorities on the situation of some of the "voluntary" patients in the closed wards of Maribor Psychiatric Department, who apparently had had a request to leave the establishment refused (paragraph 138);
- more information on the preparation of new legislation on patients' advocacy and access to legal aid, and on plans to provide all residents of the Hrastovec-Trate Institution with "independent representation" (paragraph 139);
- whether it is intended, in the context of the ongoing reform of the Slovenian mental health legislation, to make provision for a *normal* procedure whereby a patient could be hospitalised against his will after a court decision has been taken (paragraph 140);
- further information on the powers and activities of the Maribor Ombudsman for patients' rights, in particular in respect of the processing of residents'/patients' complaints and the inspection of social welfare/psychiatric establishments (paragraph 142).

APPENDIX II

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

A. National authorities

Ministry of the Interior

Mr Rado BOHINC	Minister
Mr Miha MOLAN	State Secretary
Mr Igor VEZOVIK	State Undersecretary
Mr Vekoslav RAJH	Director, Bureau for Police Management and Control
Mr Miroslav ŽABERL	Bureau for Police Management and Control
Mr Andrej ANŽIČ	Deputy Director General of the Police
Mr Stanislav VENIGER	State Undersecretary, Director of Uniformed Police Directorate
Mr Bojan SKOČIR	Deputy Director
Mr Dusan MOHORKO	Director, State Undersecretary
Mr Tone KOPŠE	Head of the Division for Complaints, Internal Affairs and for Assistance to Police Officers
Mr Marko KRAŠOVEC	Personnel Department
Mr Janez MEKINC	Office of Director General of the police, Senior Counsellor
Mrs Darja PEHARC	Head of Centre for Foreigners

Ministry of Justice

Mr Ivan BIZJAK	Minister
Mr Karl ERJAVEC	State Secretary
Mr Miha WOHINZ	State Undersecretary
Mr Dušan VALENTINČIČ	Director of National Prison Administration
Mr Božidar PETEH	Assistant Director of the Department of Implementation of Sanctions
Mr Frank STANONIK	Advisor to the Government

Ministry of Health

Mr Dušan KEBER	Minister
Mr Dorjan MARUŠIČ	State Secretary
Mrs Vlasta MOČNIK-DRNOVŠEK	Advisor to the Government

Ministry of Foreign Affairs

Mrs Simona DRENIK	Attaché
Mrs Eva TOMIČ	Counsellor to the Government

Ministry of Labour, Family and Social Affairs

Mr Jože VALENCIČ	Head of the Department of Professional and Administrative Supervision
Mrs Stanka TUTTA	State Undersecretary
Mrs Marjeta FELAN-ISTINIČ	Advisor to the Government

Government Office for Immigration and Refugees

Mr Žarko BOGUNOVIČ	Acting Director
Mr Mirko VAUPOTIČ	Deputy Director
Ms Darja POKRIVAČ	Trainee
Ms Pina STEPAN	Trainee

Government Office for the Disabled and Chronically Ill

Mr Luj ŠPROHAR	Director
Mrs Aleksandra TABAJ	Advisor to Director
Mr Damijan JAGODIČ	Senior Advisor to the Government
Mrs Nadja ČOBAL	Advisor to the Government
Mrs Biserka DAVIDOVIČ	Advisor to the Government
Mrs Bojana GLOBAČNIK	Advisor to the Government

Ombudsman's Office

Mr Matjaž HANŽEK	Ombudsman
Mr Aleš BUTALA	Deputy Ombudsman

B. Non-governmental organisations

ALTRA
Helsinki Monitor Slovenia
Slovenian Association for Mental Health (SENT)

C. International organisations

UNHCR Branch Office in Slovenia