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Report

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

from 20 to 30 November 2006

The Azerbaijani Government has requested the publication of this report.

Strasbourg, 25 April 2017

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Copy of the letter transmitting the CPT's report

Strasbourg, 12 July 2007

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 Azerbaijani Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Azerbaijan from 20 to 30 November 2006. The report was adopted by the CPT at its 63rd meeting, held from 2 to 6 July 2007.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Azerbaijani authorities to provide **within six months** a response giving a full account of action taken to implement them. As for the recommendations in paragraphs 124, 127, 128 and 131, the authorities are requested to provide a response **within three months**.

The CPT trusts that it will also be possible for the Azerbaijani authorities to provide, in the response requested within six months, reactions to the comments formulated in this report as well as replies to the requests for information made.

The CPT would ask, in the event of the responses being forwarded in the Azerbaijani language, that they be accompanied by an English or French translation. It would be most helpful if the Azerbaijani authorities could provide a copy of the responses in a computer-readable form.

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

Yours faithfully,

Mauro PALMA
President of the European Committee for
the prevention of torture and inhuman
or degrading treatment or punishment

Mr Arif Mammadov
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of Azerbaijan to the Council of Europe
2, rue Westercamp
67000 Strasbourg

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 Azerbaijan from 20 to 30 November 2006. The visit formed part of the Committee’s programme of periodic visits for 2006, and was the fourth visit to Azerbaijan to be carried out by the CPT¹.

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

- Renate KICKER, Head of delegation
- Zdeněk HÁJEK
- Celso José DAS NEVES MANATA
- Jean-Pierre RESTELLINI
- Vitolds ZAHARS

who were supported by the following members of the CPT’s Secretariat:

- Petya NESTOROVA, Head of Division
- Borys WÓDZ
- Isabelle SERVOZ-GALLUCCI.

They were assisted by:

- James McMANUS, Professor of Criminal Justice at Glasgow Caledonian University, United Kingdom (expert)
- Clive MEUX, consultant forensic psychiatrist, Oxford, United Kingdom (expert)
- Seymour BALAMMADOV (interpreter)
- Mehriban van de GRIENDT (interpreter)

¹ The first periodic visit took place in November/December 2002. The CPT’s report on that visit has been made public at the request of the Azerbaijani authorities, together with their responses (see CPT/Inf (2004) 36 and CPT/Inf (2004) 37). Further, two ad hoc visits were carried out, in January 2004 and May 2005 respectively; the reports on these visits have not yet been made public.

- Mahammad GULUZADE (interpreter)
- Hafiz QAYIBOV (interpreter)
- Rashad SHIRINOV (interpreter).

B. Establishments visited

3. The delegation visited the following places of detention:

Establishments under the Ministry of Internal Affairs

- Temporary detention centre of the Main Department for Combating Organised Crime, Baku
- Temporary detention centre of Narimanov District Police Department, Baku
- Reception and distribution centre for minors of the Main City Police Department, Baku
- Bilajari unit of the Main Transport Police Department, Baku
- Sabayil District Police Department, Baku
- Police station No. 15, Baku
- Police station No. 30, Baku
- Temporary detention centre of Gakh District Police Department
- Temporary detention centre of Shamakhi District Police Department
- Temporary detention centre of Sumgayit City Police Department
- Temporary detention centre of Zagatala District Police Department

Nakhchivan Autonomous Republic

- Temporary detention centre of the Ministry of Internal Affairs, Böyük Düz
- Nakhchivan City Police Department
- Babak District Police Division
- Sadarak District Police Division
- Sharur District Police Division

Establishments under the Ministry of Justice

- Gobustan Prison
- Investigative isolator No. 3, Shuvalan
- Strict-regime penitentiary establishment No. 11, Binagadi District, Baku

Establishments under the Ministry of Health

- City Psychiatric Hospital No. 1, Baku
- Regional Psycho-Neurological Dispensary, Sheki

Establishments under the Ministry of Defence

- “Hauptvacht” (disciplinary unit) of Nakhchivan Garrison

Establishments under the State Border Service

- Temporary detention centre for persons who have violated the border regime, State Border Service military unit, Nakhchivan City.

In addition, the delegation interviewed prisoners at the Central penitentiary hospital in Baku who had recently been transferred from Gobustan Prison, and examined the construction site of the new mixed-regime penitentiary establishment in the Nakhchivan Autonomous Republic.

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

4. In the course of the visit, the CPT’s delegation held consultations with Fikrat MAMMADOV, Minister of Justice, Nazim ALAKBAROV, Deputy Minister of Justice and Director of the Penitentiary Service, Senan KERIMOV, Deputy Minister of Health, and Rustam USUBOV, First Deputy Prosecutor General, as well as with other senior Government officials. It also met Elmira SULEYMANOVA, Human Rights Commissioner.

Further, discussions were held with members of non-governmental and international 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 previous CPT visits to Azerbaijan, the co-operation received from the national authorities was of a very high standard. The delegation was provided with all the information and facilities requested. Further, steps had been taken to ensure the delegation’s immediate access to all the places visited (including ones not notified in advance).

The CPT wishes to express its appreciation for the assistance provided to its delegation by the liaison officer designated by the national authorities, Faig GURBANOV, Head of the Department of Human Rights and Public Relations at the Ministry of Justice.

6. However, at the local level, on a number of occasions there appeared to be a lack of understanding of the objectives of CPT visits. This resulted in staff trying to create an unrealistic impression by either concealing certain problems or attempting to mislead the delegation. The most striking example was the emptying of a ward at Psychiatric Hospital No. 1 in Baku (Ward 3), which was in a particularly bad state, and the pretence that it was not in use. Moreover, at the establishments which had been notified in advance of the CPT’s visit – in particular, at Investigative Isolator No. 3 in Shuvalan and the Temporary detention centre of the Ministry of Internal Affairs in the Republic of Nakhchivan – the delegation received the clear impression that staff had instructed detained persons to speak only positively of the establishment concerned and/or had warned them against making any complaints to the delegation.

In this connection, the CPT wishes to stress that the principle of co-operation which lies at the heart of the Convention governing the Committee's activities encompasses the obligation of the national authorities to provide accurate information to managers and staff at the local level on the CPT's mandate, working methods and objectives. Further, any kind of intimidating or retaliatory action against a person before or after he has spoken to a CPT delegation would be entirely incompatible with the obligations of Parties to the Convention and, as such, totally unacceptable. The Committee calls upon the Azerbaijani authorities to act in full conformity with the provisions of the Convention; this involves disseminating relevant information to all the staff concerned prior to CPT visits, and taking all necessary measures to prevent any kind of intimidating or retaliatory action against detained persons before or after they have spoken to a CPT delegation.

D. Immediate observations under Article 8, paragraph 5, of the Convention

7. At the end of the visit, the CPT's delegation met senior Government officials in order to acquaint them with the main facts found during the visit. On that occasion, the delegation made an immediate observation, in pursuance of Article 8, paragraph 5, of the Convention, in respect of City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki. The conditions in which patients in both establishments were obliged to live – sometimes for years – could in general be described as inhuman and degrading. The delegation requested the Azerbaijani authorities to carry out a thorough review of the situation in the two establishments, addressing all aspects (material conditions, hygiene, food, treatment, staffing), and to provide a detailed action plan setting out how the failings observed will be addressed and outlining the funding which will be made available.

8. The above-mentioned immediate observation was subsequently confirmed in a letter of 7 December 2006. The Committee requested the Azerbaijani authorities to provide, within three months, an account of the steps taken in response.

By letter of 26 April 2007, the Azerbaijani authorities informed the CPT of the measures taken in response to the delegation's immediate observations as well as in respect of other remarks contained in the end-of-visit statement. These measures will be assessed later in the report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Establishments under the authority of the Ministry of Internal Affairs

1. Preliminary remarks

9. The legal framework governing the detention of criminal suspects by the police has remained basically unchanged since the 2002 visit. It should be recalled that, pursuant to the Code of Criminal Procedure (CCP), a criminal suspect may be held by the police on their own authority for up to 48 hours. Within 24 hours of detention, a decree on the instigation of a criminal case must be issued and transmitted to the prosecutor. Within the following 24 hours, an inquiry officer or an investigator must decide whether or not to bring criminal charges. By the expiry of the 48-hour period, every person against whom charges have been brought should be presented to a judge who decides whether that person is to be remanded in custody, made subject to another preventive measure or released. Pursuant to Section 157 (3) of the CCP, persons remanded in custody may not be held in a police detention facility for longer than 24 hours after the court's decision and should be transferred to an investigation isolator before the expiry of this period (which does not include the time spent transporting the person to the remand facility).

10. In the report on the 2002 visit, the CPT expressed concern about the frequent failure to observe the legal provisions on the duration of police custody. The Azerbaijani authorities stated in their follow-up response to that report that because there were only three investigative isolators in the country, it was impossible to organise transfers of detained persons more than three times a month. At the same time, the authorities indicated that all measures were being taken to improve the situation, including the construction of additional investigative isolators in various regions of the country (see paragraph 43).

11. During the 2006 visit, the delegation noted that certain progress had been made as regards the observance of the provisions of the CCP concerning the duration of police custody. Nevertheless, it also gathered new evidence of criminal suspects spending extended periods of time in police custody. The examination of custody records and detained persons' personal files revealed that persons had on occasion spent up to 2 days in a district police station before being transferred to a temporary detention centre, and up to 6 days at some of the temporary detention centres visited (in one particular case at the Main Department for combating organised crime in Baku, even 10 days). As stressed in the 2002 visit report, such practices entail a heightened risk of ill-treatment. **The CPT calls upon the Azerbaijani authorities to take urgent steps to ensure that the legal provisions on the duration of police custody are respected in practice and that persons remanded in custody are transferred promptly to investigative isolators.**

In some cases, it transpired that criminal suspects had remained at temporary detention centres after being remanded into custody, not as a result of problems of transportation, but because of a special authorisation by a prosecutor, judge or senior police officer to hold the person concerned for further investigation. Reference was made in this context to Order No. 428/2001 by the Minister of Internal Affairs, which makes it possible for persons to be kept in police detention facilities for up to 10 days. Although this situation might be in accordance with Order No. 428/2001, it appears to be a violation of the provisions of the CCP and clearly undermines the protection afforded by the strict time limits of initial detention. **The CPT would like to have the comments of the Azerbaijani authorities on this issue.**

Further, the Committee reiterates the request made by its delegation during the visit to be provided with a copy of Minister of Internal Affairs' Order No. 428 of 6 November 2001, amended by Orders Nos. 224 of 12 June 2002 and 81 of 16 February 2004 (concerning the rules on internal order in temporary detention centres).

12. The above-mentioned Order No. 428/2001 also makes it possible for remand prisoners to be transferred back from an investigative isolator to a temporary detention centre when necessary for the purposes of the investigation or the court proceedings, for periods of up to 10 days at a time. However, as in 2002, the delegation gathered evidence that such transfers sometimes lasted considerably longer than 10 days (e.g. up to 22 days at the Temporary detention centre in Sumgayit; up to two months at the Temporary detention centre in Zagatala). In contrast, no violations of the 10-day rule were observed at the detention centres in Gakh, Shamakhi and Narimanov District.

On the issue of holding remand prisoners in police establishments, the CPT is particularly concerned by the situation observed in the Nakhchivan Autonomous Republic. Due to the absence of an investigative isolator in that part of the country, remand prisoners were routinely being held in the temporary detention centre in Böyük Düz for periods of up to 6 months. The delegation learned that this anomalous situation would be resolved once the construction of the new penitentiary complex in Nakhchivan (comprising a remand section) has been completed (see paragraph 43). **The CPT would like to receive confirmation of this from the Azerbaijani authorities.**

The CPT calls upon the Azerbaijani authorities to take resolute action to ensure that the return of remand prisoners to police facilities, for whatever purpose, is sought and authorised only when there is absolutely no other alternative, and for the shortest time possible. The objective should be to end completely the practice of holding remand prisoners in police establishments. For as long as the present practice continues, the judicial control of persons remanded in custody and held on police premises should be reinforced; more specifically, such persons should be physically brought before a judge at regular intervals.

13. Similar to what had been observed during the 2002 visit, it transpired that the provisions of the Code of Administrative Offences were being used by the police to prolong the time available for questioning criminal suspects. In particular, the 3-hour period envisaged for holding persons suspected of administrative offences was often used to detain and question persons who in fact were suspected of criminal offences, before drawing up a protocol of detention (the 3 hours thus being added to the 48 hours available to the police to bring criminal charges). Further, the delegation came across cases of persons having first been placed under administrative arrest (for up to 15 days) and then detained for an additional period and investigated as criminal suspects (e.g. at the Temporary detention centre of the Main Department for Combating Organised Crime in Baku).

The CPT recommends that resolute steps be taken to stamp out the above-mentioned practices. Further, the Committee recommends that the Azerbaijani authorities issue instructions specifying that the period of police custody runs from the moment a person is obliged to remain with the police, and that this time should appear in the protocol of detention, even if that protocol has been drawn up at a later stage.

14. It should also be noted that the CPT's delegation continued to receive allegations that police officers had asked for money in order to drop charges against detained persons and arrange their release. The delegation was informed that, in 2006, the salaries of police officers had been significantly increased as part of efforts to combat corruption. **The CPT would like to be informed of other steps taken to eradicate the problem of corruption in the police. In this context, the Committee reiterates the recommendation made in the 2002 visit report that the Azerbaijani authorities deliver to police staff the clear message that abusing their position in order to obtain money from detained persons will be the subject of severe sanctions.**

2. Ill-treatment

15. During the second periodic visit to Azerbaijan, the CPT's delegation heard a number of allegations of physical ill-treatment of criminal suspects detained by the police. In some cases, the severity of the ill-treatment alleged was such that it could be considered as amounting to torture. Practically all the allegations related to the time of questioning, the risk of ill-treatment apparently being particularly high in respect of detained persons who did not confess immediately. The allegations were received both from adults and juveniles, and concerned mainly slaps, punches, kicks and blows with truncheons or other hard objects, frequently inflicted while the persons concerned had been handcuffed and maintained in painful positions. A few allegations were also heard of blows struck on the soles of the feet and of the infliction of electric shocks. Further, several persons interviewed by the delegation alleged that police staff had threatened them with the use of physical force and/or degrading treatment (such as inserting a truncheon or a bottle into the anus) to make them confess to a crime.

In addition, some allegations were heard of the disproportionate use of force at the time of apprehension (e.g. kicks, truncheon blows after the person concerned had been brought under control, being dragged along the ground while handcuffed).

Most of the allegations of ill-treatment related to periods some time before the delegation's visit; consequently, any injuries which might have been caused by the ill-treatment alleged would almost certainly have healed in the meantime. Nevertheless, in several cases the delegation's doctors observed physical marks or found medical evidence in the documentation consulted at the penitentiary establishments visited which were consistent with allegations of police ill-treatment.

On a more positive note, it is noteworthy that a number of persons with previous experience of the police stated that there had been a change for the better in recent years as regards the manner in which police officers treated persons in their custody. Further, no allegations of ill-treatment by staff working in temporary detention centres were received.

16. In the report on its first periodic visit to Azerbaijan in 2002, the CPT concluded that persons deprived of their liberty by the police ran a significant risk of being ill-treated, and that on occasion resort may be had to severe ill-treatment/torture. Although the facts found during the 2006 visit suggest that the magnitude of police ill-treatment had somewhat decreased, it is clear that continued determined action is needed to combat this phenomenon. Consequently, **the CPT calls upon the Azerbaijani authorities to deliver to all police staff a strong message, emanating from the highest political level, that the ill-treatment of detained persons is illegal and will be the subject of severe sanctions. Police officers should also be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can be no justification for their being struck.**

17. The CPT's report on the 2002 visit contained recommendations concerning the recruitment and professional training of police officers. From the subsequent responses provided by the Ministry of Internal Affairs, it would appear that some efforts have been made in this area. However, the information contained in paragraph 15 suggests that more remains to be done.

In this context, the Committee wishes to stress that human rights should be a common thread throughout all aspects of professional training (e.g. restraint techniques, the use of firearms and auxiliary means, interviewing techniques, etc.), both theoretical and practical, and for all ranks and categories of law enforcement staff (operative officers and investigators). Further, particular attention should be given to training in the art of handling, and more especially of speaking to, persons in police custody, i.e. interpersonal communication skills. In the course of police training, it must also be made clear that the precise aim of questioning criminal suspects should be to obtain accurate and reliable information in order to discover the truth about matters under investigation, not to secure a confession from someone already presumed, in the eyes of law enforcement officials, to be guilty.

The CPT recommends that the Azerbaijani authorities continue to develop professional training of law enforcement officials, with a particular emphasis being placed on advanced methods of crime investigation, thereby reducing reliance on information and confessions obtained via interrogations for the purpose of securing convictions. The change in philosophy of going "from the evidence to the suspect" rather than "from the suspect to the evidence" must be firmly rooted in the criminal justice system. This should be combined with the adoption of detailed instructions on the questioning of criminal suspects (including initial interviews by operational officers)² and a Code of Police Ethics.

18. In addition to further steps in respect of police staff training, a more active approach is needed from prosecutors, judges and senior police staff to make sure that no case of ill-treatment goes unnoticed and unpunished.

During the 2006 visit, senior representatives of the Prosecutor General's Office acknowledged the persistence of the problem of ill-treatment by the police. The CPT's delegation was provided with information on two recent cases of ill-treatment/death in police custody; in the first case, three police officers had been charged under Section 309 (2) of the Criminal Code (exceeding the limits of power) and remanded in custody, and in the second case, two police officers were found guilty for neglecting their obligations (Section 314 (2) of the Criminal Code).

² See the CPT's previous recommendation concerning the need to draw up a code of conduct of police interviews, paragraph 40 of CPT/Inf (2004) 36.

Further, at the initial meeting with representatives of the Ministry of Internal Affairs, the delegation was informed that, in the first 10 months of 2006, the Ministry's Internal Investigation Department had examined 189 complaints against police staff; 96 staff had been disciplined for various violations of detainees' rights.

In order for the CPT to obtain a full picture of the current situation, **the Committee would like the Azerbaijani authorities to supply the following information in respect of 2005 and 2006:**

- **a breakdown by type of violation of the complaints made against police staff and the disciplinary sanctions imposed as a result;**
- **the number of criminal proceedings instituted and criminal sanctions imposed following complaints of ill-treatment by the police. In this context, the CPT is interested to know if there have been any criminal proceedings and convictions of law enforcement officials on the basis of Sections 133³ and 293⁴ of the Criminal Code.**

In this context, the CPT also invites the Azerbaijani authorities to take steps to avoid any perception of impunity by providing information to the public on the outcome of investigations into complaints of ill-treatment by the police.

19. The CPT wishes to stress that, in order for the investigation of complaints against the police to be fully effective, the procedure involved must be, and be seen to be, independent and impartial. From the information provided by the Ministry of Internal Affairs, it is not obvious whether the procedures for handling complaints against police staff incorporate sufficient safeguards ensuring the independence and impartiality of the structures examining complaints. **The CPT wishes to receive more information on this issue, including copies of any regulations governing the work of the Ministry's Internal Investigation Department.**

Further, an atmosphere must be created within the police, in which the right thing to do is to report ill-treatment by colleagues; there must be a clear understanding that culpability for ill-treatment extends beyond the actual perpetrators to anyone who knows, or should know, that ill-treatment is occurring and fails to act to prevent or report it. This implies the existence of a clear reporting line as well as the adoption of whistle-blower protective measures. **The CPT recommends that the Azerbaijani authorities adopt appropriate measures in the light of the above remarks.**

³ Section 133 (1) CC: torture (inflicting severe physical pain or mental suffering through systematic beatings or other violent acts. Section 133 (2) CC: when the above-mentioned acts are committed in aggravating circumstances. Section 133 (3) CC: when the above-mentioned acts are committed by or at the instigation of a public official in order to obtain information or a confession or to punish for the committed act.

⁴ Section 293 CC: use of threat, blackmail, humiliation or other unlawful acts (including torture) during interrogation in order to force a statement.

20. It is axiomatic that judges must take appropriate action when there are indications that ill-treatment by the police may have occurred. In this connection, it should be noted that during the 2006 visit, some detained persons met by the delegation alleged that their complaints of ill-treatment had not been taken seriously or had been ignored by prosecutors or judges before whom they had been brought shortly after apprehension.

In their interim response to the report on the 2002 visit, the Azerbaijani authorities indicated that there was no provision in law obliging judges to request a forensic medical examination at the time of considering a complaint of ill-treatment, “the judge’s scope of action being limited to requesting medical documents”.⁵ At the same time, it was admitted that even in the absence of a specific legal obligation, there was nothing preventing judges from complying with the CPT’s recommendation and requesting a forensic medical examination.

The CPT considers that the attention of judges should be drawn to the need for adopting a more proactive attitude. **In this context, the Committee reiterates its recommendation that whenever a detained person brought before a judge alleges ill-treatment by police officers, these allegations be recorded in writing, a forensic medical examination immediately ordered, and the necessary steps taken to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Moreover, even in the absence of an express allegation of ill-treatment, a forensic medical examination should be requested whenever there are other grounds to believe that a person could have been the victim of ill-treatment. If necessary, the relevant legal provisions should be amended.**

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

At present, only State-appointed forensic doctors employed by the Centre for forensic expertise (which is subordinated to the Ministry of Justice) can provide forensic medical reports which have legal force in court. However, it would appear that such reports cannot be issued without an authorisation from a prosecutor or judge. In this context, the CPT wishes to stress that no barriers should be placed between persons who allege ill-treatment and doctors who can provide forensic reports recognised by the prosecutorial and judicial authorities. **The CPT recommends that persons who are, or have been, detained be formally entitled to directly request an examination by a recognised forensic medical expert and to be issued with a certificate which has legal force in court.**

Further, the delegation learned that the number of State forensic doctors was limited and only a few of them were based outside Baku. Some allegations were also heard concerning lack of independence and corruption of forensic doctors. **The CPT would like to have the comments of the Azerbaijani authorities on these issues.**

⁵ See Section 405 (5) of the CCP.

22. The role played by medical doctors in the prevention of ill-treatment has already been emphasised by the CPT in the past.⁶ The observations made during the 2006 visit suggest that the procedure as regards the recording of injuries and their reporting remains unsatisfactory. At some of the temporary detention centres visited (e.g. in Narimanov District of Baku, Nakhchivan and Shamakhi), the delegation was informed that a doctor employed by the police or on call from the emergency service examined newly admitted detainees. However, the medical records kept were very meagre; in particular, no information was recorded about the circumstances in which injuries observed had been sustained.

As regards the procedure followed at Investigative isolator No. 3, the delegation was pleased to note the introduction (in June 2006) of a new individual medical file, with two pages reserved for the recording of injuries observed on prisoners. However, the examination of these medical files, as well as of the register of traumatic lesions, revealed that only brief entries concerning injuries observed had been made, without any indication of statements made by the prisoner concerning the origin of the observed injuries (despite there being a section in the file for that purpose). Further, there appeared to be no system for systematically reporting cases of injuries observed on prisoners to the Ministry of Justice and the Prosecutor's Office.

The CPT reiterates its recommendation that the record drawn up following the medical examination of detained persons (both at temporary detention centres and investigative isolators) 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, and (iii) the doctor's conclusions in the light of (i) and (ii), indicating the degree of consistency between any allegations made and the objective medical findings.

Whenever injuries are recorded which are consistent with allegations of ill-treatment made, the record should be systematically brought to the attention of the relevant authority. Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the detained person and his lawyer.

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

23. In the 2002 visit report, the CPT examined in detail the formal safeguards against ill-treatment which are offered to persons detained by the police, and their operation in practice. The Committee has placed particular emphasis on three fundamental rights, namely the right of detained persons to inform a close relative or another third party of their situation, to have access to a lawyer, and to have access to a doctor. As stressed by the CPT, these rights should be enjoyed by all categories of persons from the very outset of their deprivation of liberty (i.e. from the moment the persons concerned are obliged to remain with the police). It is equally fundamental that persons detained by the police be informed without delay of their rights, including those mentioned above, in a language they understand.

⁶ See paragraph 26 of CPT/Inf (2004) 36.

24. As regards the right of notification of custody, pursuant to Section 90 (7) (6) of the CCP, a criminal suspect has the right to inform his family or place of work/study immediately after he has been detained, by telephone or other means; this right applies from the outset of detention or from the moment a decision on the choice of preventive measure is issued.

Most of the detained persons interviewed during the 2006 visit confirmed that they had been informed of this right and placed in a position to exercise it. However, as in 2002, it appeared that this information was generally provided at the time when the protocol of detention was drawn up rather than at the very outset of detention. Further, a few detainees (including juveniles) complained that they had asked to speak with their family after being apprehended, but that this had been refused and their relatives had been informed of the fact of their detention at a much later stage (e.g. only after they had been admitted to a temporary detention centre or an investigative isolator).

In their interim response to the 2002 visit report, the Azerbaijani authorities stated that there was no provision in law to exceptionally delay notification of custody; at the same time, they indicated that certain exceptions could be envisaged (e.g. in case of detaining members of terrorist or organised crime groups, or with a view to increasing the effectiveness of the preventive measure), and that appropriate regulation mechanisms should be provided to this end. **The CPT would like to know if steps have been taken in the meantime to clearly circumscribe in law any exceptions to the right of immediate notification of custody.**

Further, the CPT recommends that the Azerbaijani authorities take appropriate steps to render fully effective in practice the right of persons deprived of their liberty by the police to inform a close relative or a third party of their situation, as from the very outset of their deprivation of liberty. The exercise of this right should be recorded in writing.

25. Regarding the right of access to a lawyer, the Azerbaijani authorities stressed in their interim response to the 2002 visit report that this right applies from the actual time of deprivation of liberty. However, the delegation's observations from the 2006 visit suggest that the practice does not mirror the legal provisions. Many detained persons met during the visit indicated that they had not been expressly informed of their right of access to a lawyer, and that their requests to contact a lawyer and have him present during questioning had been declined. Some allegations were also heard of police officers putting pressure on detained persons to make them renounce the exercise of their right to a lawyer. It became clear during the visit that it was very rare for persons to benefit from the presence of a lawyer while in police custody.⁷ Most detained persons interviewed by the delegation indicated that they had met a lawyer for the first time in court when the application of the preventive measure was being decided or after being transferred to an investigative isolator.

The CPT recommends that the Azerbaijani authorities recall to all police officers the legal obligation to grant access to a lawyer from the very outset of a person's deprivation of liberty.

⁷ The examination of records at the temporary detention centres visited showed that very few detained persons had had contacts with lawyers: at Narimanov District of Baku, 27 out of 876 persons detained in the first eleven months of 2006; at Sumgayit, 39 out of 1,528 persons detained in the same period; at Gakh, no-one out of 79 persons detained in the same period.

26. It should be noted that, pursuant to Section 92 (4) (2) of the CCP, the participation of a lawyer when a detained person is being questioned is required only in specific cases (i.e. when the suspect suffers from an illness or defect which prevents him from defending himself independently, does not speak the language of the criminal proceedings, is a juvenile, or is charged with a very serious offence). As stressed by the CPT in the 2002 visit report, persons should be entitled to have a lawyer present during any questioning, whether this is before they are officially deemed a suspect or after, and whether the questioning is conducted by bodies of the inquiry, investigating officers or prosecutors. **The CPT recommends that the Azerbaijani authorities take steps to ensure, if necessary through legislative amendments, that all persons detained by the police are granted the right to have a lawyer present during any questioning, as from the very outset of their deprivation of liberty.** Naturally, the fact that a detained person has stated that he wishes to have access to a lawyer should not prevent the police from beginning to question him on urgent matters before the lawyer arrives.

27. The CCP entitles criminal suspects to free-of-charge legal assistance.⁸ As during the 2002 visit, many detained persons who had benefited from the services of *ex officio* lawyers complained about the quality of their work (the lawyers apparently met their clients very briefly at the first court hearing, and did not provide assistance subsequently) and expressed scepticism about their independence of the police and the prosecuting authorities. In fact, faced with the choice between having an *ex officio* lawyer and no lawyer at all, many detained persons said they had preferred the latter. In this context, the delegation was also informed that there was a shortage of *ex officio* lawyers, inter alia due to their low pay and the manner in which the Bar Association functioned.

It is clear that without an effective legal aid system for persons in police custody, the right of access to a lawyer at this stage of the procedure will remain purely theoretical for indigent persons. **The CPT recommends that steps be taken as a matter of urgency to develop a fully fledged and properly funded system of legal aid for persons in police custody who are not in a position to pay for a lawyer. Particular attention should be paid to the issue of independence of *ex officio* lawyers from the police structures and the prosecuting authorities, and to putting in place practical arrangements to ensure that *ex officio* lawyers are contacted and meet their clients while in police custody.**

28. With regard to the right of access to a doctor, at the initial meeting with representatives of the Ministry of Internal Affairs, the delegation was told that it is now provided for in law that the police must grant such access if a detained person asks for it. **The CPT would like to receive information on the precise legal provisions in this respect (including copies of relevant legislation/regulations).**

It became apparent during the visit that detained persons had not been made aware of their right to request a medical examination. Further, several persons interviewed by the delegation claimed that they had asked to see a doctor during the period of police custody but that their request had been ignored. The examination of registers of medical consultations at the temporary detention centres visited revealed that there had been occasional visits by doctors⁹; however, from the brief entries made in the registers on these occasions, it was not possible to evaluate the effectiveness of the right of access to a doctor.

⁸ See Section 90 (7) (9) of the CCP.

⁹ For example, 3 visits in 2006 at the Temporary detention centre of the Main Department for Combating Organised Crime; 3 visits between June and November 2006 at the Gakh Temporary Detention Centre.

The CPT recommends that instructions be issued on the subject of the right of persons in police custody to have access to a doctor, stipulating that:

- **a request by a detained person to see a doctor should always be granted; police officers should not seek to vet such requests;**
- **a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police (it being understood that an examination by a doctor of the detained person's own choice may be carried out at his own expense);**
- **the results of every examination, including relevant statements by the detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and his lawyer;**
- **the exercise of the right of access to a doctor should be recorded in writing.**

29. As for information on rights, it was still provided to detained persons only at the moment when the protocol of detention was drawn up, which could happen several hours or, exceptionally, even days after the actual apprehension. A number of persons interviewed by the delegation stated that they had not been expressly informed of their rights at any time while in police custody.

In some detained persons' files, the delegation noted a form setting out the rights and duties of persons suspected of having committed criminal offences. The form in question referred to Section 90 of the CCP, including the rights of notification of custody and access to a lawyer, as well as the duty to undergo medical examination. Detained persons were asked to confirm with their signature the fact of having received information on their rights and duties. However, it should be noted that not all detained persons' files contained such a form; moreover, not all police establishments visited possessed copies of it.

The delegation also noted that extracts from the Constitution and other laws containing provisions on detained persons' rights had been posted in the halls of police stations and the corridors/cells of the temporary detention centres visited. Although a welcome development, the placing of such information on the walls of police establishments cannot fulfil the obligation of police staff to explain to detained persons their rights.

The CPT recommends that steps be taken to ensure that a form explaining the rights of persons deprived of their liberty by the police – including the right of access to a doctor, rather than the duty to be medically examined – is systematically given to all persons as from the very outset of their deprivation of liberty (and not only when the protocol of detention is drawn up). Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case. The form should also be made available in an appropriate range of languages.

30. The CPT is concerned in particular about the situation of juveniles in police custody. From interviews with detained juveniles and/or their lawyers or relatives, the delegation found that juveniles had not been allowed to contact their parents for several days after apprehension, and had been questioned for long periods and made to sign statements without the benefit of the presence of either a trusted person or a defence lawyer.

The Committee recommends that steps be taken to ensure that:

- **juveniles detained by the police are effectively guaranteed the right to inform a family member or guardian of their situation;**
- **detained juveniles do not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer and/or a trusted person being present and assisting the juvenile;**
- **a specific information form on rights, setting out the particular position of detained juveniles and including a reference to the right to have a lawyer and/or a trusted person present, is developed and given to all such persons taken into custody. Special care should be taken to explain the information carefully to ensure comprehension.**

More generally, the CPT wishes to stress that the setting-up of separate juvenile police units is one way of acknowledging the vulnerability of this age group and the need to provide special safeguards. By removing juveniles from the general population of persons in police custody, this approach provides an opportunity to reinforce the special treatment that should be accorded to this age group. In such systems, juvenile police staff can be specially recruited and trained in the specific legal procedures relating to juveniles. **The CPT invites the Azerbaijani authorities to consider adopting the above-mentioned approach, taking into account Recommendation Rec (2003) 20 of the Council of Europe's Committee of Ministers concerning new ways of dealing with juvenile delinquency and the role of juvenile justice.**

31. The delegation's examination of custody records at the police establishments visited revealed that there had been some improvement in record-keeping. However, despite the presence of a variety of registers, the information relating to the time spent with the police remained incomplete. Further, the records were not always accurately kept, the deficiencies concerning mainly entries in respect of the time of release/transfer. As regards in particular the records kept at local police stations, it was impossible to establish where persons brought in had been kept.

The CPT recommends that further steps be taken to ensure that the period of police custody is properly recorded. This should include measures to ensure that protocols of detention are drawn up at the time of the actual apprehension, and that custody registers are properly maintained, accurately record the times of deprivation of liberty, release or transfer, and reflect all other aspects of custody (precise location of where a detained person is held; visits by a lawyer, relative, doctor or consular official; taking out for questioning, etc.).

32. The importance of systems for the independent inspection of detention facilities has already been stressed by the CPT in the 2002 visit report. Since that visit, in addition to the already existing system of inspection by prosecutors, the Human Rights Commissioner has started carrying out visits to temporary detention centres. Further, the delegation was informed that several NGOs were allowed to visit such centres on the basis of an agreement with the Ministry of Internal Affairs.

The CPT welcomes these developments, which can contribute towards the prevention of ill-treatment of persons detained by the police and, more generally, help to ensure satisfactory conditions of detention. In this context, the Committee wishes to stress that, to be fully effective, visits by monitoring groups should be both frequent and unannounced. The monitors should be empowered to interview detained persons in private and, among other things, examine material conditions of detention, custody records and the exercise of detained persons' rights. **The CPT recommends that these principles be fully observed in the activities of the above-mentioned monitoring bodies.**

4. Conditions of detention

a. temporary detention centres

33. At the outset of the 2006 visit, the delegation was informed that, pursuant to a 2002 Decree of the Minister of Internal Affairs on the organisation of temporary detention centres, a large-scale refurbishment programme had been initiated. During the visit, the delegation could observe the positive impact of this programme. With the notable exception of the Temporary detention centre of Sumgayit District Police Department (see paragraph 34), the temporary detention centres visited offered generally acceptable material conditions and some were of a very good standard (e.g. those of the Ministry of Internal Affairs of the Nakhchivan Autonomous Republic, in Böyük Düz, and the Main Department for Combating Organised Crime in Baku).

Cells in the majority of the temporary detention centres visited were sufficiently large for their intended occupancy, e.g. cells for two, three and four persons measured respectively 9, 12 and 16 m². Most of the cells were clean, well lit (including access to natural light), ventilated and heated. The cells' equipment consisted of bunk or single beds (with mattresses, pillows and blankets), a table, stools and a partially screened sanitary annexe comprising a floor-level toilet and a washbasin. Further, detainees had access to a shower and were provided with some personal hygiene items (e.g. soap, towel). As regards food, arrangements had been made to provide three meals a day, including at least one warm meal.

34. However, there were a few exceptions to the above-described favourable situation, e.g. the cells at the Temporary detention centre of Gakh District Police Department were too small (single cells measuring 4 m²; double cells measuring 6 m²) and the in-cell toilets were unscreened. Further, the cells at the Temporary detention centres of Narimanov District Police Department in Baku and Shamakhi District Police Department were quite cold because the central heating was switched off. **The CPT recommends that measures be taken to remedy these deficiencies. In particular, the single cells at Gakh Police Department should be enlarged to at least 6 m², and the double cells to at least 8 m².**

Conditions at the Temporary detention centre of Sumgayit District Police Department could not be considered as adequate. The cells were poorly lit and ventilated, dilapidated, dirty and not sufficiently heated (12°C measured at 10 a.m.). The shower facility was out of order and there were problems with the supply of running water. Further, food was provided only twice a day. At the time of the visit, the facility was not overcrowded: there were 32 detainees for an official capacity of 35, and the cells offered adequate living space for the number of persons held in them (i.e. two persons in cells measuring 9 m²; up to four persons in cells measuring 18 m²). That said, consultation of the custody registers revealed that the establishment frequently accommodated up to 50 detainees at a time. Seen in this context, the above-mentioned deficiencies are of all the more concern. **The CPT recommends that urgent steps be taken to address them.**

35. All the temporary detention centres visited possessed exercise yards and detainees were in principle entitled to one hour of outdoor exercise a day. However, some detained persons interviewed by the delegation at the Narimanov, Shamakhi and Zagatala temporary detention centres alleged that they were not allowed to use the exercise yard for longer than 30-45 minutes per day, and at the Sumgayit facility the delegation received many allegations that the daily outdoor exercise periods were limited to 15 minutes (the fact that the latter facility possessed only one exercise yard lent credence to those allegations). Further, it should be noted that the exercise yards at the temporary detention centres in Böyük Düz and Gakh were of limited size (some 18 m² and 22 m² respectively). More generally, none of the exercise yards at the facilities visited was equipped with a means of rest or a shelter against inclement weather.

The CPT recommends that steps be taken to ensure that all persons held at temporary detention centres have the possibility to take at least one hour of outdoor exercise every day. Further, measures should be taken to enlarge the exercise yards at the temporary detention centres in Böyük Düz and Gakh, as well as to equip the exercise yards in all temporary detention centres with a bench and shelter against inclement weather.

36. To sum up, conditions in the temporary detention centres visited could generally be considered as acceptable for the duration of police custody (i.e. 72 hours maximum). However, they were not suitable for prolonged stays, to which remand prisoners and administrative detainees could be subject (see paragraphs 12 and 13). In particular, there were no activities (such as access to books, newspapers, radio, TV, board games), except for outdoor exercise. The situation was of particular concern at the Temporary detention centre of the Ministry of Internal Affairs of the Nakhchivan Autonomous Republic, which, as already noted in paragraph 12, fulfilled the purposes of a remand facility (admittedly it had a small library).

The CPT recommends that steps be taken to provide some form of activity in addition to outdoor exercise to persons held in excess of a few days at temporary detention centres.

37. Finally, the CPT wishes to draw the attention of the Azerbaijani authorities to the lack of mixed-gender staffing in temporary detention centres. All facilities visited could hold female detainees; however, none of them employed female custodial staff. This was clearly felt as an embarrassment by female detainees, who were reluctant to take outdoor exercise while being supervised by male staff (e.g. at the Temporary detention centre in Böyük Düz).

Mixed-gender staffing can contribute to improved relations between staff and persons in custody and is a requirement when women are held, so that gender sensitive tasks can always be performed by persons of the same gender. **The CPT recommends that the Azerbaijani authorities employ female staff in detention areas in all temporary detention centres, and ensure that at least one female staff member is constantly present whenever a temporary detention centre accommodates female detainees.**

b. cells at local police stations

38. The cells seen by the delegation at the local police stations visited (referred to as “waiting rooms”) were not suitable for holding persons for more than a few hours. They were small (measuring between 2 and 4.5 m²), dark and unventilated, and were equipped at best with a bench.

It should be noted that, following legislative changes in force since 2000, a decision had been taken not to use such cells for holding detainees overnight (see paragraph 52 of CPT/Inf (2004) 36). However, the delegation received many allegations that persons had in fact been held overnight in local police stations, on occasion for up to 48 hours. During that time, the persons concerned had apparently not been provided with mattresses or blankets, and had not been offered anything to eat. The examination of custody records confirmed that it was not uncommon for criminal suspects to stay overnight in local police stations; staff indicated that this time was spent either in a “waiting room” or in staff offices.

The current situation is totally unacceptable. **The CPT calls upon the Azerbaijani authorities to take effective steps to ensure that the legal provisions in force – according to which persons should not be kept overnight at local police stations – are fully respected in practice. Further, immediate steps should be taken to equip all “waiting rooms” with a means of rest (e.g. a bench).**

c. other police establishments

39. The Reception and distribution centre for minors of the Main City Police Department in Baku was first visited by the CPT in 2002 and was the subject of several recommendations in the report on that visit (see paragraphs 57 to 59 of CPT/Inf (2004) 36). At the time of the 2006 visit, the centre was not holding any children, and the delegation was informed that this had been the case since the beginning of 2006, following the entry into force of a new law¹⁰ introducing a mechanism for judicial control over the placement of minors in police detention facilities.

¹⁰ Law No. 919 i.q. of 24 May 2005 on preventive measures in respect of minors who have committed offences.

According to the centre's Director, the future of the establishment was unclear and staff were awaiting the issuing of instructions by the Ministry of Internal Affairs which would define its functions and operation. In the meantime, material conditions in the centre remained unchanged, as did the staff (which was still exclusively male).

The CPT would like to receive up-to-date information on the functions and operation of the Reception and distribution centre for minors of the Main City Police Department in Baku, including copies of the relevant legislation and instructions. Once the role of the centre has been clarified, the Committee trusts that the recommendations made in the 2002 visit report will be implemented.

40. The Bilajari unit of the Main Transport Police Department (Baku) is used for holding persons apprehended in relation to offences committed on the transport infrastructure (i.e. railways). Nobody was in custody at the time of the visit and the examination of the custody records revealed that the facility was not used frequently. The detention area comprised five identical cells, which were of a sufficient size for their intended occupancy (12 m² for three detainees), well lit, ventilated and heated, adequately equipped (beds with full bedding, a table, two benches and a partially screened sanitary annexe) and clean. Further, according to staff, detained persons had access to a shower and there were arrangements for the provision of food three times a day. The facility also possessed an outdoor exercise yard, measuring some 45 m² and equipped with a shelter against inclement weather; however, according to staff, detainees were only allowed to use the yard for 10 - 20 minutes per day. **The CPT recommends that persons held at the Bilajari unit of the Main Transport Police Department be authorised to take at least one hour of outdoor exercise a day.**

d. transport of detained persons

41. The failure to observe the legal provisions on the duration of police custody (see paragraphs 11 and 12) was often ascribed by police staff to difficulties in organising regular transport of detained persons between temporary detention centres and pre-trial establishments.

The delegation had the opportunity to inspect a truck (GAZ 53) used by the police for transporting detained persons. Conditions in it were unacceptable. The truck cabin was divided into two bar-fronted cubicles, measuring some 3 m² each and equipped with narrow benches; there was no access to natural light and heating, and artificial lighting and ventilation were poor. Up to 30 persons could reportedly be transported at a time. In addition, there was a very small cubicle (0.5 m²) used to transport female detainees or persons requiring special protection; **such a confined space is unsuitable for transporting a person, no matter how short the duration.**

The CPT recommends that the Azerbaijani authorities take steps to review the arrangements for transporting detained persons, with a view to ensuring that the legally binding time-limits on police custody are respected. This should involve a major improvement to the fleet of vehicles used by the police, in the light of the above remarks.

B. Establishments under the authority of the Ministry of Justice

1. Preliminary remarks

42. The delegation carried out first-time full visits to Investigative isolator No. 3 in Shuvalan and Strict-regime penitentiary establishment No. 11 in Baku, as well as a follow-up visit to Gobustan Prison in order to assess the changes made there since the ad hoc visit in May 2005. Further, it interviewed prisoners at the Central penitentiary hospital who had recently been transferred from Gobustan Prison, and examined the construction site of the new mixed-regime penitentiary establishment in the Nakhchivan Autonomous Republic.

43. At the time of the second periodic visit, the total number of prisoners in Azerbaijan stood at 15,389 (including 2,348 on remand), compared to some 17,000 at the time of the 2002 visit. Thus the positive trend towards a reduction of the prison population already noted in 2002 continues. Senior officials of the Ministry of Justice informed the delegation of various measures taken to control the problem of overcrowding. In particular, there had been an increase in the number of conditional early releases, as well as a wider use of alternatives to imprisonment and a more selective application of remand custody by the courts.

These measures were complemented by the construction of three new mixed-regime penitentiary establishments, in Nakhchivan (650 places), Sheki (900 places) and Lenkoran (1,000 places), which would hold both remand and sentenced prisoners and should be completed in 2007-2008. Plans were also being made for the construction of a new pre-trial facility (2,500 places) which should replace Investigative isolators Nos. 1 and 3, as well as a new high-security prison (mainly for lifers) to replace Gobustan Prison. **The CPT hopes that the entry into service of new penitentiary establishments will make it possible to put an end to the practice of holding remand prisoners in police temporary detention centres as well as ensure observance of the principle that prisoners should be allocated, as far as possible, to prisons close to their homes.**

It is also important to ensure that the construction of new penitentiary establishments does not lead to an inflation of the prison population. **The Committee trusts that the Azerbaijani authorities will continue their efforts to combat prison overcrowding and, in so doing, will be guided by Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, as well as Recommendation Rec(2003)22 on conditional release (parole).**

44. In the report on the 2002 visit, the CPT noted that the situation as regards the provision of work and other activities to prisoners was unsatisfactory. During the 2006 visit, the Azerbaijani authorities informed the delegation that measures had been taken to create more jobs for prisoners, provide new sports facilities, extend the existing libraries and develop comprehensive and vocational schools in penitentiary establishments. The results of these measures were witnessed by the delegation at Strict-regime penitentiary establishment No. 11. **The CPT recommends that the Azerbaijani authorities continue their efforts to provide purposeful activities for prisoners. As regards in particular work, a major improvement of the employment situation in prisons would require a fundamental change in approach, based on the concept of prisoners' work being geared towards rehabilitation and resocialisation rather than financial profit.**

45. The CPT is concerned that the above-mentioned plans do not seem to have made an impact upon the regime for remand prisoners, which remains marked by the principle of “isolation”. The bulk of remand prisoners still have no access to work and other purposeful activities (such as education or vocational training), and possibilities for them to maintain contact with the outside world continue to be extremely restricted. In the CPT’s view, the starting point for considering regimes for remand prisoners must be the presumption of innocence and the principle that prisoners should be subject to no more restrictions than are strictly necessary to secure their safe confinement and the interests of justice. Any restrictions should be kept to a minimum and be of the shortest possible duration.

The current almost total lack of constructive activities for remand prisoners in Azerbaijan aggravates the experience of imprisonment and renders it more punitive than the regime for sentenced persons. Taken together with the aforementioned restrictions on contact with the outside world and association, they produce a regime which is oppressive and stultifying. **The CPT recommends that the current regime for remand prisoners be fundamentally reviewed, in the light of the above remarks. If necessary, the relevant legislation should be amended.**

The delegation was informed that a draft Law on the custody of suspected and accused persons is being considered by Parliament. **The CPT would like to be provided with a copy of this law.**

46. Another area of continuing concern to the CPT is the regime of life-sentenced and other prisoners held in high-security conditions (“prison regime”). In addition to paying a follow-up visit to Gobustan Prison where all such prisoners are currently held, the delegation took the opportunity to visit the construction site of the new mixed-regime penitentiary establishment in the Nakhchivan Autonomous Republic. It observed that material conditions would on the whole be of a good standard. However, as regards prisoners held in high-security conditions (including life-sentenced prisoners), the delegation noted that they would be kept in a separate block, apparently without any possibilities to engage in organised activities or be integrated with the rest of the prisoner population. Further, the design of the outdoor exercise yards envisaged for prisoners held in high-security conditions as well as for remand prisoners (i.e. small high-walled areas resembling cells without roofs) would not allow for genuine outdoor exercise.

In the context of the prison-building programme undertaken by the Azerbaijani authorities, the CPT must recall that all prisoners – including those sentenced to life or serving their sentences under high-security conditions – should spend a reasonable part of the day outside their cells engaged in purposeful activities of a varied nature: work, preferably with a vocational value; education; sport; recreation/association. **A fundamental change of approach, supported by appropriate legislative changes and training of staff, is needed in order to meet the Committee’s recommendations.**

47. As during previous CPT visits, a number of prisoners alleged that they had been asked to pay money to staff in order to be allowed to exercise their rights (e.g. concerning visits, correspondence, access to a shower, access to medical care, transfer to a hospital, etc.) or be granted certain privileges, such as extra visits. Further, some allegations were heard of staff members requesting payment in order not to place a prisoner in a disciplinary cell or remove him from it.

The CPT is aware of a number of steps taken by the Azerbaijani authorities at both national and international level to address the problem of corruption. Within the penitentiary system, a special action plan has been approved, including various measures aimed at fighting corruption, in accordance with the Law on the Fight against Corruption and the relevant State Programme for 2004-2006. Further, on 1 August 2006, the salaries of prison staff were significantly increased; this provides a welcome opportunity to clamp down on corruption in the penitentiary system.

The CPT recommends that the Azerbaijani authorities persevere in their efforts to combat corruption in the prison system through prevention, education and the application of appropriate sanctions. Staff working in the prison system should be given the clear message that obtaining or demanding advantages from prisoners is not acceptable; this message should be reiterated in an appropriate form at suitable intervals. In this context, the Committee would like to receive more details of the action plan for combating corruption within the penitentiary system and of the results of its implementation.

2. Ill-treatment

48. The delegation heard no allegations of physical ill-treatment of prisoners held at Investigative isolator No. 3 by staff working at that establishment.

However, at Gobustan Prison, a number of prisoners complained about ill-treatment by staff. The allegations concerned kicks, punches, slaps and blows with truncheons, which were apparently inflicted in the establishment's "club" or in staff offices; in one case, an allegation was made of a truncheon being inserted into an inmate's anus. More generally, the delegation observed that the very restrictive regime, obliging prisoners to spend 23 hours (or more) a day locked up in their cells, without any organised activities, as well as the fact that life-sentenced and other long-term prisoners lacked prospects for progressing to less strict regimes, created frictions and tension which had a negative impact on the overall atmosphere at the establishment.

Further, at Strict-regime penitentiary establishment No. 11, the delegation received numerous and consistent allegations of physical ill-treatment of prisoners by staff. The ill-treatment alleged (consisting of punches, kicks and truncheon blows) was reportedly inflicted in the disciplinary unit, staff offices and the guard room. It was allegedly triggered by minor violations of the regime and was perceived by inmates as a means for staff to assert their dominance. The delegation gained the clear impression that the general atmosphere in the establishment was that of fear, security depending largely on intimidation rather than positive relations between staff and prisoners. In this context, it should be noted that staffing levels were extremely low, which was dangerous for both staff and prisoners and had as one of its consequences the partial reliance on inmates for the maintenance of order and control (see paragraph 99).

49. **The CPT recommends that the management of Gobustan Prison and Strict-regime penitentiary establishment No. 11 deliver the clear message to custodial staff that physical ill-treatment and verbal abuse of inmates, as well as other forms of disrespectful or provocative behaviour vis-à-vis prisoners, are not acceptable and will be dealt with severely.**

Further, the management of the two establishments in question should make use of all means at their disposal to decrease tension. In addition to investigating complaints made by prisoners, this should involve the regular presence of prison managers in the detention areas, their direct contact with prisoners, and the improvement of prison staff training.

On the latter point, the CPT recommends that, in the course of prison staff training, considerable emphasis be placed on the acquisition and development of inter-personal communication skills. Measures should also be taken to upgrade the skills of custodial staff in handling problematic situations without using unnecessary force, in particular by providing training in ways of averting crises and defusing tension.

50. In their letter of 26 April 2007, sent in response to the statement made by the delegation at the end of the visit, the Azerbaijani authorities provided information concerning the previously-mentioned case of an inmate who alleged that a truncheon had been inserted in his anus at Gobustan Prison. According to that letter, on 3 October 2006, the prisoner concerned resisted staff physically and a rubber truncheon was used against him. This was reportedly reflected in the relevant documentation (however, see paragraph 51). It was also indicated that the prisoner was examined on 11 January 2007 (i.e. more than 3 months after the incident), with the participation of employees of the Ministry of Justice' Medical Department, and that stripe-shaped marks were found on his shoulder blade. Following a complaint lodged by the prisoner, a preliminary investigation was conducted by Garadagh District Prosecutor's Office and a criminal case was opened on 21 February 2007. **The CPT would like to receive information on the outcome of that criminal case.**

51. Following a recommendation by the CPT in the report on the visit in May 2005, special registers for recording the use of "security means" (such as physical force, handcuffs, truncheons) have been set up in all penitentiary establishments. The delegation noted that the respective register at Gobustan Prison – which had been opened at the beginning of 2006 and was consulted on 23 November 2006 – contained no entries. As for the register at Strict-regime penitentiary establishment No. 11, there had been three entries so far in 2006 (two concerning the use of truncheons, one concerning the use of truncheon and handcuffs). In addition to the brief information contained in the register, the personal files of the prisoners concerned contained detailed reports from staff and a doctor's certificate.

In any prison system, prison staff may on occasion have to use force to control violent and/or recalcitrant prisoners. These are clearly high-risk situations insofar as the possible ill-treatment of prisoners is concerned, and as such call for specific safeguards. In particular, a record should be kept of every instance of the use of force against prisoners. Moreover, physical force and "security means" should never be applied as a punishment. A prisoner against whom any means of force has been used should have the right to be immediately examined and, if necessary, treated by a medical doctor. The results of the examination (including any relevant statements by the prisoner and the doctor's conclusions) should be formally recorded and made available to the prisoner, who in addition should be enabled to undergo a forensic medical examination. Further, it is important that bodies with the power to inspect and investigate be systematically notified of any use of force and "special means" by prison staff and be particularly vigilant when examining such cases.

The CPT recommends that the Azerbaijani authorities take steps to bring practice into line with the above considerations. In this context, it is also important to ensure that prosecutors and the Ministry of Justice's Inspectorate are systematically notified of any use of physical force and "security means" by prison staff and are particularly vigilant when examining such cases.

52. At Strict-regime establishment No. 11, the delegation noted that all newly-arrived prisoners had their heads shaved, and that subsequently, inmates were disciplined if their hair was more than 2 cm long. In the Committee's view, such a systematic practice could certainly be felt as degrading by the prisoners concerned, and cannot be justified either on medical or security grounds; **the CPT recommends that it be discontinued.**

53. At both Gobustan Prison and Penitentiary establishment No. 11, the prisoners' situation was exacerbated by the perceived impossibility of complaining in a confidential manner to outside bodies, including the European Court of Human Rights, without risking repercussions (see also paragraph 112). **The CPT recommends that prison staff receive the clear message that any kind of threats or intimidating action against a prisoner who has complained or any attempts to prevent complaints or requests from reaching the relevant supervisory bodies will not be tolerated.**

In this context, **the CPT would like to receive detailed information on the complaints and disciplinary procedures in respect of prison staff, including the safeguards incorporated to ensure their objectivity, proper documentation, timely consideration and resolution.**

Further, in order to obtain a nationwide view of the situation concerning the treatment of prisoners by prison staff, **the CPT would like to receive the following information for 2005 and 2006 in respect of all prisons in Azerbaijan:**

- **the number of complaints of ill-treatment lodged against prison staff;**
- **an account of disciplinary and/or criminal proceedings initiated and any sanctions imposed.**

3. Conditions of detention

a. follow-up visit to Gobustan Prison

54. Gobustan Prison had first been the subject of an ad hoc visit by the CPT in May 2005 (see CPT (2005) 45). As part of the second periodic visit to Azerbaijan, the delegation paid a follow-up visit to that establishment with a view to assessing the progress made towards implementing the recommendations made by the Committee in the report on the 2005 visit.

55. When visited on 21-22 November 2006, the establishment was holding 630 prisoners (for an official capacity of 694). Out of them, 202 had been sentenced to life imprisonment¹¹, 63 were serving long sentences (the first five years of which under a strict regime), 326 had been transferred from other establishments for periods ranging from six months to three years, and 39 were serving their sentences under an ordinary regime and had been assigned to work at the establishment.

i. material conditions

56. The delegation noted that a number of material improvements had taken place since the May 2005 visit. In particular, cells in the most dilapidated unit No. 1 – including the two quarantine cells – had been refurbished (one notable exception was cell No. 35, which remained in a very bad state of repair). Further, in an attempt to improve ventilation in the cells, apertures had been made above the cell doors into the corridor. Moreover, the shower facilities in each unit had been re-tiled and the piping improved. In addition, a new medical unit had been set up (see paragraph 88) and a new kitchen with modern equipment was about to be opened.

The delegation was also informed that the number of beds in each unit had been reduced in order to provide 4 m² per prisoner; in general, this standard appeared to be observed in most of the cells visited (e.g. 2 prisoners in cells measuring 8.5 m² to 9.5 m²; 5 prisoners in a cell measuring some 20 m²). Nonetheless, living space remained far from generous, particularly bearing in mind that prisoners spent 23 hours or more locked up in their cells (see paragraph 62).

Moreover, the temperature in the cells (as well as in many staff offices) was quite low (e.g. some 12 C°).

57. Prisoners' access to a shower had improved since the May 2005 visit and was once a week at the time of the visit. Nevertheless, due to the problems with the water and electricity supply, there was apparently a shortage of hot water. The range of personal hygiene products provided by the establishment was limited to soap and detergent. Further, inmates washed their own clothes in the cells using cold water.

¹¹ Gobustan Prison continues to hold all of the country's life-sentenced prisoners.

58. Concerning food, most prisoners stated that it was sufficient in quantity, but lacking in quality and variety. The examination of the food menu for the period 16 to 22 November 2006 revealed that meat and/or fish was served every day (usually around 180 g a day); however, dairy products, eggs and fruit were absent from the menu. Further, the proportion of carbohydrates in the menu (some 70-74%) was too high. In general, the food was monotonous as regards the products used and the meals prepared (porridge, mashed potatoes and pasta soup on a daily basis).

59. As mentioned in paragraph 43, the planned construction of a new high-security prison will eventually lead to the closing down of Gobustan Prison; **the CPT would like to receive more information on the timetable for this measure and the plans of the new establishment.**

In the meantime, **the Committee recommends that the Azerbaijani authorities continue their efforts to improve material conditions at Gobustan Prison, and in particular:**

- **ensure that cells are properly heated;**
- **maintain the prisoner accommodation in a satisfactory state of repair;**
- **consider the possibility of increasing the frequency of prisoners' access to a shower, taking into consideration Rule 19.4 of the revised European Prison Rules¹²;**
- **supply prisoners with a wider range of personal hygiene products (including toothpaste, toilet paper, etc.) in adequate quantities;**
- **improve the quality and variety of food provided to prisoners.**

ii. activities

60. The progress made since the May 2005 visit with regard to the provision of activities to prisoners was quite modest. The prison's library had received new books and was in possession of 4,000 volumes, a prayer room had been set up (although it was not clear whether life-sentenced prisoners had access to it), and all cells had been fitted with a radio. Further, the prison's management had submitted requests to the Ministry of Justice for the construction of a gym and the opening of more work places, and proposals had been made with a view to improving the regime of life-sentenced prisoners, in particular granting them permission to have access to television and work. However, staff indicated that any change to the regime of these prisoners depended on legislative changes.

61. The delegation noted that, although the outdoor exercise yards had been fitted with a seat, they remained very limited in size (ranging from 10 to 25 m², with two to eight prisoners exercising simultaneously). Some allegations were heard from prisoners that outdoor exercise tended to last less than one hour; the number of yards in each unit and the time during which exercise took place lent credence to those allegations (for example, in unit 6, there were four yards for 40 cells, and outdoor exercise could take place from 10.30 a.m. to 6.30 p.m.).

¹² Rule 19.4 of the EPR states: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene."

62. Regardless of the above-mentioned steps, it remained the case that prisoners (with the exception of the 39 inmates assigned to work at the establishment), continued to spend 23 hours or more a day locked up in their cells, without being offered any form of organised activity.

In the report on the May 2005 visit¹³, the CPT stressed the urgent need for developing the regime applied to life-sentenced and other long-term prisoners at Gobustan Prison, as well as ensuring that other prisoners transferred to that establishment benefit from a developed programme of activities (work, preferably with vocational value; education; sport; association/recreation). The urgency of implementing this recommendation was all the more obvious at the time of the 2006 visit; many prisoners met by the delegation complained bitterly about the enforced inactivity in which they spent years on end, and the lack of human contact, which consisted of communication with one cellmate and very rare visits (see paragraph 103). This, combined with the fact that life-sentenced prisoners could not expect any liberalisation of their regime before having served ten years of their sentence, had negative repercussions on the psychological state of prisoners. It probably also affected the morale of staff working at the prison, who had their hands tied by the law and could do nothing to compensate for these negative effects in a proactive way, for example by organising some activities for prisoners.

The CPT calls upon the Azerbaijani authorities to reconsider as a matter of urgency the regime applied to life-sentenced and other long-term prisoners at Gobustan Prison, taking into account the above remarks. If necessary, the relevant legislation should be amended.

63. Further, the CPT must stress once again that it can see no justification for keeping life-sentenced prisoners apart from other prisoners. Particular reference should be made in this regard to the Council of Europe's Committee of Ministers' Recommendation Rec(2003)23, on the "management by prison administrations of life-sentence and other long-term prisoners" of 9 October 2003. One of the general principles underpinning such management is the non-segregation principle, which states that consideration should be given to not segregating life-sentence prisoners on the sole ground of their sentence. This principle should be read in conjunction with the security and safety principle, which calls for a careful assessment of whether prisoners pose a risk of harm to themselves, to other prisoners, to those working in the prison or to the external community. It recalls that the assumption is often wrongly made that the fact of a life-sentence implies that a prisoner is dangerous. The placement of persons sentenced to life-imprisonment should therefore be the result of a comprehensive and ongoing risk and needs assessment, based on an individualised sentence plan, and not merely be a result of their sentence.

In addition, it is 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 by staff specially trained to carry out such an assessment. Moreover, prisoners should as far as possible be kept fully informed of the reasons for their placement and, if necessary, its renewal; this will, inter alia, enable them to make effective use of avenues for challenging that measure.

¹³ See paragraphs 25 to 30 of CPT (2005) 45.

The CPT recommends that the Azerbaijani authorities take due account of the above remarks when devising their policy on the treatment of life-sentenced prisoners. In this context, the Committee reiterates its recommendation made in the May 2005 visit report that the current legal provisions and practice be amended with a view to ensuring that the application of special security regimes is the responsibility of the prison administration – in the light of the behaviour or dangerousness of each individual prisoner – rather than part of the catalogue of criminal sanctions imposed by courts.

iii. security and safety of prisoners

64. The information gathered during the 2006 visit suggests that incidents of self-harm and inter-prisoner violence, sometimes resulting in death, occur frequently at Gobustan Prison.¹⁴

The examination of the relevant documentation at Gobustan Prison raised a number of questions, some of which are dealt with in the section “Health-care services” (see paragraph 93). In this context, it appeared that the procedure for opening cell doors at night remained cumbersome: night duty guards did not have keys on them and, in an emergency, informed the officer on duty who in turn requested special authorisation from the Director. As a result, cell doors were practically never opened at night.

65. Soon after the 2006 visit, the delegation received reports concerning the death of another life-sentenced prisoner, A.* In response to a request for information made by the CPT by letter of 19 December 2006, the Azerbaijani authorities indicated that the prisoner concerned, who had been suffering from epilepsy, was alone in his cell on the day of the incident because his cell-mate was receiving a long-term visit. It would appear that, while smoking, the prisoner in question had an epileptic attack and lost consciousness, as a result of which his bedding and cell caught fire. It is not clear from the response at what time the prisoner was found by staff, but by then he already had extensive 1st and 2nd degree burns, and, despite the provision of medical assistance (including transfer to the Central penitentiary hospital in Baku), died on 3 December 2006 at 3.30 p.m. As a result of an investigation into the incident, two staff members responsible for supervising the cell of the prisoner concerned were disciplined and special instructions were issued to the prison administration to reinforce surveillance. On 9 December 2007, Garadagh District Prosecutor’s Office decided not to open criminal proceedings “because of the absence of criminal content in the collected documents on the death of the convict as a result of his own carelessness”. This decision was overturned on 16 February 2007 and the materials were sent back for additional examination.

¹⁴ There had been six cases of death in 2006 (of which four concerned life-sentenced prisoners) and two in the first three months of 2007.

* In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the name has been deleted.

66. In view of the above, it is clear that special care should be taken at Gobustan Prison to develop a policy which guarantees the security and safety of prisoners, including suicide prevention, classification of prisoners, staff training, continuous supervision (especially at night) and the investigation of incidents. **The CPT recommends that the Azerbaijani authorities develop as a matter of priority such a policy at Gobustan Prison. Further, the Committee would like to receive reports on all deaths in Gobustan Prison in 2006 and 2007, including the outcome of the investigations carried out and any measures taken in response.**

b. Investigative isolator No. 3, Shuvalan

67. Investigative isolator No. 3 is the second largest pre-trial facility in Azerbaijan. It is located some 40 km outside Baku, in the settlement of Shuvalan, where it occupies a large site comprising a number of buildings, some of which are a century old. Although the establishment was said to have an official capacity of 1,050, it transpired during the visit that there were only some 772 beds. **The CPT would like to receive the comments of the Azerbaijani authorities on the criteria by which the official capacity of Investigative isolator No. 3 has been set.**

According to information provided by the Penitentiary Department, on 18 November 2006, the isolator was holding 811 prisoners, including 53 women, 29 juveniles and 57 sentenced working prisoners employed on maintenance tasks. On the first day of the delegation's visit (23 November 2006), the Director stated that 722 prisoners were physically present; however, according to the custody records, 999 prisoners were registered at the establishment. The difference between these two numbers was explained by the common practice of returning remand prisoners to temporary detention centres; some prisoners had been absent from the isolator for more than two months, but were still counted in the total numbers. It appeared that there was no system for informing the management of the isolator whether the prisoners concerned were still being held in temporary detention centres or had been transferred to another isolator or released from court. **The CPT invites the Azerbaijani authorities to improve the system for registering remand prisoners and recording their transfers and actual location.**

i. *material conditions*

68. Prisoner accommodation was provided in four blocks. Blocks Nos. 1, 2 and 3 had been constructed some 100 years ago and, despite efforts to keep them clean and orderly, displayed structural deficiencies due to their advanced age. There was no heating in Blocks Nos. 1 and 2; further, the cell windows were small, artificial lighting was generally dim, and there was no ventilation system (which was particularly problematic as prisoners smoked in most of the cells, and there was no separation of smoking and non-smoking prisoners).

The cell equipment in these three blocks consisted of double bunk-beds placed tightly together, a table, benches, the occasional locker, and a partitioned sanitary annexe. Serious overcrowding was observed in practically all the occupied cells (e.g. eight to ten inmates in cells measuring some 18 m²; fourteen inmates in a cell of 25 m²; sixteen to twenty inmates in cells measuring some 33 m²). Further, not all prisoners had their own bed. At the same time, the delegation saw some empty cells.

69. Material conditions were much better in Block 4, which was a relatively modern construction, dating back to 1994. Its three floors were occupied, respectively, by juvenile, female and male remand prisoners. The cells were in a good state of repair, with large windows, heating, and fully-partitioned sanitary annexes. The furnishings comprised bunk-beds, cupboards, a table and benches. Unlike in the other blocks, the standard of 4 m² per prisoner was generally being observed (e.g. cells measuring some 16 m² were holding two to four prisoners; cells measuring some 23 m² were holding up to six prisoners). However, in one of the cells equipped with eight beds there were nine prisoners.

70. Prisoners spent the first few days after admission in a “quarantine” cell. The delegation was shown a room in Block 2 which was fulfilling the purpose of “quarantine”; the cell in question had six bunk-beds and was similar to other cells in the same block. However, it transpired from interviews with inmates and the consultation of cell-distribution records that another cell, No. 10 in Block 1, had until very recently been used as a “quarantine”; that cell was completely dark and was not fit for use.

71. Male remand prisoners in Blocks Nos. 1, 2 and 3 had access to a shower once every ten days; some complaints were heard about problems with the water supply. There were separate shower rooms on each floor of Block 4, which made it possible for women and juveniles to have more frequent showers (every day for the former, once a week for the latter).

Concerning hygiene products, the establishment provided soap and detergents for cleaning the cells; in addition, female prisoners apparently received sanitary towels for their monthly needs.

72. As regards food, the delegation received no complaints and observed that its preparation was satisfactory. Examination of the menu for the week of 20 to 26 November 2006 revealed that attempts were being made to vary the products used and the meals prepared. In addition to daily servings of meat and fish (180-200 g a day), prisoners received eggs twice a week and were given multivitamins every day. **However, dairy products and fruit (fresh or preparations) were absent from the menu, even for juveniles.**

73. As already mentioned (see paragraph 43), the Azerbaijani authorities have planned the replacement of Investigative isolator No. 3 by a new remand establishment. **The CPT would like to receive more information on the proposed timetable for this measure.**

In the meantime, the Committee recommends that steps be taken at Investigative isolator No. 3 to:

- **reduce the occupancy rate of the cells in Blocks Nos. 1, 2 and 3, the objective being to offer a minimum of 4 m² per prisoner, and to ensure that each prisoner has his own bed; this might require an optimisation of the use of the available accommodation;**
- **ensure that cells in Blocks Nos. 1 and 2 are adequately heated;**
- **improve ventilation and artificial lighting in the cells in Blocks Nos. 1 and 2;**

- **consider the possibility of increasing the frequency of showers for inmates, in the light of Rule 19.4 of the revised European Prison Rules;**
- **supply prisoners with a wider range of personal hygiene products (including toothpaste, toilet paper, etc.) in adequate quantities.**

ii. activities

74. The only out-of-cell activity available to remand prisoners was one hour of outdoor exercise per day (which could be extended to two hours in the case of juveniles). However, some prisoners in Blocks Nos. 1 and 2 alleged that, in practice, outdoor exercise usually lasted only 30 to 40 minutes. The number of exercise yards available and the hours during which they were being used gave credence to these allegations.

The exercise yards (four for Blocks Nos. 1 and 2, eight for Block No. 3, and six for Block No. 4) consisted of high-walled concrete areas topped with wire netting and fitted with a bench. By virtue of their configuration, limited size (between 8 and 50 m²) and the number of inmates taking exercise at the same time, these facilities did not allow prisoners to physically exert themselves.

75. Jobs were provided only to 57 sentenced prisoners assigned to work at the isolator (in the kitchen, distributing food, cleaning, on maintenance, etc.). The remainder of the inmates spent 23 hours a day, if not more, locked up in their cells with hardly anything to occupy their time. The only forms of distraction were reading books, playing board games and listening to the radio (television was not allowed). The establishment had a library with some 3,000 books (most of which were old and written in Cyrillic script); it should be noted that remand prisoners had no direct access to the library (it was the educators' duty to distribute books) and very few indicated that they had ever borrowed books.

There was a club where social events were organised and a prayer room, but apparently only working prisoners had access to them.

76. The programme of activities offered to juvenile prisoners was also very poor, though efforts were being made to fill their time with some activity. In addition to outdoor exercise, they occasionally played football and volleyball in the establishment's extensive grounds. Further, there was a common room with a TV set (to which juveniles had access every second day), as well as a prayer room. However, no provision was made for education or vocational training for the juveniles, despite the fact that some of them had stayed as long as 1½ years at the establishment.

77. The CPT recommends that the Azerbaijani authorities make serious efforts to develop activities for remand prisoners at Investigative isolator No. 3, in the light of the general remarks made in paragraph 45. Urgent measures should be taken to ensure that juvenile inmates are offered educational and recreational activities which take into account the specific needs of their age group. Further, the CPT recommends that steps be taken to enlarge the outdoor exercise yards and make them less oppressive, as well as to ensure that all prisoners have the possibility to take outdoor exercise for at least one hour every day.

c. Strict-regime penitentiary establishment No. 11

78. Strict-regime penitentiary establishment No.11 occupies extensive grounds in Binagadi, an industrial suburb of Baku. It is used to accommodate adult men convicted of serious and/or repeated offences. Built in the 1960s, initially as a general-regime colony, the establishment has an official capacity of 1,100 and, at the time of the delegation's visit, was accommodating 891 inmates.

i. *material conditions*

79. The bulk of the prisoner accommodation was provided in four 2-storey blocks, each comprising four large-capacity dormitories. Despite the fact that the establishment was operating below its official capacity, inmates were held in cramped conditions: dormitories measuring between 45 and 120 m² were accommodating from 20 to 38 prisoners. Nevertheless, the negative consequences of this state of affairs were attenuated by the fact that prisoners were free to move around the establishment's extensive living zone area throughout the day. Further, the dormitories were clean, tidy, well-lit and ventilated, and sufficiently heated.

Dormitory equipment consisted of single or bunk beds with full bedding, lockers (usually shared by two prisoners) and stools. The furniture and bedding were in a decent condition, and the presence of pictures, posters and plants contributed to the creation of a more relaxed atmosphere. However, the state of repair of the accommodation areas was generally quite poor (damp walls with peeling paint, damaged floors, and leaking roofs in the block accommodating units 5 and 6).

80. Newly-arrived prisoners spent up to 14 days in the establishment's "quarantine" unit, situated in a separate block surrounded by a fence. Conditions in that unit were, in general, of an adequate standard. The prisoners' dormitory was well lit, ventilated and heated, properly equipped and nicely decorated. Further, there was a small dining area with a table, benches, and TV and radio sets. Throughout the day, inmates could use a reasonably large (some 120 m²) exercise yard, equipped with a bench and a shelter against inclement weather. That said, the dormitory in which they slept offered very cramped conditions (10 bunk-beds in an area of 30 m²).

81. The establishment's communal sanitary facilities (toilets and washrooms) were invariably in a rundown condition. Prisoners could use the central bathroom once a week, which was also an occasion for them to wash their clothes. The bathroom was quite dilapidated, but clean, and there was no shortage of hot water. As regards personal hygiene products, the establishment provided prisoners with soap, detergent and towels. Bed linen was washed every 10 days in the establishment's laundry.

82. The delegation heard numerous complaints about the food provided to prisoners, especially as regards its quality and variety. In this context, many inmates told the delegation that they relied to a large extent on food packages sent by their families. The establishment's kitchen – although modestly equipped – was clean and in working order. However, the area where inmates stocked and prepared their own food was dirty, dark and infested with cockroaches and rats; further, prisoners had at their disposal only two small fridges in which to keep perishable goods brought by their relatives.

83. The CPT recommends that steps be taken at Strict-regime penitentiary establishment No. 11 in order to:

- decrease occupancy levels in the prisoner accommodation areas, with a view to meeting the requirement of at least 4 m² of living space per inmate set out in the Code of Enforcement of Sentences; in this context, consideration might be given to bringing back into service the presently unused accommodation block, following its refurbishment;
- refurbish the accommodation blocks;
- refurbish the toilet, washing and bathing facilities; as regards access to a shower, the Azerbaijani authorities should consider the possibility of increasing the frequency of showers for inmates, in the light of Rule 19.4 of the revised European Prison Rules;
- supply prisoners with a wider range of personal hygiene products (including toothpaste, toilet paper, etc.) in adequate quantities;
- improve the quality and variety of the food provided to prisoners;
- address the deficiencies referred to in paragraph 82 as regards the premises in which inmates may stock and prepare food received from home.

ii. activities

84. At the time of the visit, some 15% of prisoners had work. The delegation was informed that 84 prisoners were employed in workshops (producing metal beds and lockers, stone items, wooden board games and souvenirs). The workshops were clearly operating below their capacity and were in a generally dilapidated condition, with many machines out of order. Several inmates told the delegation that there was not enough paid work to make the workshops operate every day. Further, 48 prisoners were employed in general services (kitchen, laundry, cleaning, small repairs, etc.).

85. The establishment had on its premises a secondary school and a vocational training centre. At the time of the visit, 115 inmates were enrolled in the school and 135 were said to be receiving vocational training in four groups (welders, painters, turners and electricians).

86. As already mentioned (see paragraph 79), prisoners had the possibility to stay outdoors throughout the day. The establishment's living zone area was equipped with several sheltered sitting areas and decorated with plants and trees. There were also some outdoor sports installations (e.g. a volleyball pitch), but no indoor sports facilities.

As regards other activities, the establishment had a large club in which performances/social events were organised, as well as a library with some 10,000 books. The delegation was also shown a mosque under construction. Further, in their free time prisoners could play board games, watch TV or listen to the radio; however, private radio sets had apparently been prohibited recently and inmates were obliged to listen to loud music from the establishment's central broadcasting system. **The CPT would like to receive the comments of the Azerbaijani authorities on this issue.**

87. The CPT acknowledges the efforts made by the establishment's management to provide inmates with work, vocational training and education. Nevertheless, more needs to be done, as the majority of prisoners have at present no access to any organised activities. **The CPT recommends that the Azerbaijani authorities strive to increase the number of prisoners at Strict-regime penitentiary establishment No. 11 engaged in purposeful activities. Consideration should also be given to equipping the establishment with an indoor gym.**

4. Health-care services

88. The health-care staffing situation at *Gobustan Prison* remained globally satisfactory as regards doctors¹⁵. In addition to the staff available at the time of the May 2005 visit, a full-time surgeon had been employed. The delegation was informed that the newly-created posts for a radiologist, laboratory technician and X-ray technician were still vacant, but a recruitment procedure was underway. A psychiatrist's post was also vacant at the time of the visit. According to the Head doctor, it was possible to call in outside medical specialists, including private doctors (provided the prisoner concerned could pay for treatment himself). However, no nurses were employed at the prison.

The delegation was concerned to note the presence of a prisoner (with training as a surgeon) who worked for the health-care service and, in particular, provided on-duty care to prisoners at night, when health-care staff were absent. The prisoner in question had free access to other prisoners and medical documentation.

As already noted (see paragraph 56), a new medical unit had been set up. It occupied one of the buildings previously used as a detention block, which had been fully refurbished. The unit comprised facilities for performing operations, a well-equipped dental surgery and an ECG machine. There was also a laboratory and a room intended for performing X-rays, both of which were still lacking equipment. Further, the medical unit comprised an infirmary with eleven rooms (each with four beds). According to the Head doctor, there were no particular problems with the supply of medication, which appeared to have improved since the May 2005 visit.

¹⁵ See paragraph 42 of CPT (2005) 45.

89. *Investigative isolator No. 3* employed three full-time doctors (a Head doctor and two GPs), as well as a full-time dentist and a part-time radiologist. The posts of psychiatrist and feldsher were vacant at the time of the visit. As at Gobustan, there were no nurses, but the delegation was told that prison officers on each block helped out as orderlies. In case of need, outside specialists could be called in for consultation. At night, one of the doctors was on call or an ambulance could be called.

The medical unit was rudimentarily equipped (e.g. there were no laboratory or X-ray facilities); however, the establishment had recently been provided with an ECG machine. According to the Head doctor, the supply of medication was adequate.

90. The situation was distinctly less favourable at *Strict-regime penitentiary establishment No. 11*, where the health-care staffing resources could not be considered adequate to cater for a population of up to 1,100 prisoners. The establishment employed two doctors, but it appeared that usually only one of them was present, due to absences of leave and secondment. There was a part-time post for a dentist, which at the time was being filled by a prisoner (a trained dentist), following the departure of the dentist about a month previously. Further, the sole feldsher's post had been vacant for some four months and a prisoner (with a medical degree) was fulfilling that function, providing in particular night-time and weekend cover. Another prisoner was being used as an orderly, doing injections and bandages. The delegation was also told that the posts for a radiographer and a laboratory technician had been vacant for some two years.

According to staff, there was a sufficient supply of medication. The medical unit had an 18-bed infirmary which offered satisfactory conditions. However, there was no equipment for performing blood tests or X-rays (the available X-ray machine was broken).

91. In view of the above remarks, **the CPT recommends that the Azerbaijani authorities:**

- **reinforce the team of doctors working at Strict-regime penitentiary establishment No. 11;**
- **employ a dentist at Strict-regime penitentiary establishment No. 11;**
- **substantially increase the number of nursing staff at Gobustan Prison, Investigative isolator No. 3 and Strict-regime penitentiary establishment No. 11;**
- **ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the premises of the establishments concerned, including at night and weekends;**
- **complete the equipment of the medical unit at Gobustan Prison and upgrade the equipment of the medical units of Investigative isolator No. 3 and Strict-regime penitentiary establishment No. 11.**

Further, the CPT wishes to stress that the employment of inmates in a prison's health-care service should be seen as a last resort. Prisoners should not be involved in the performance of health-care tasks, and under no circumstances should they carry out the distribution of medicines. **The Committee recommends that the position of the prisoners performing health-care tasks at Gobustan Prison and Strict-regime penitentiary establishment No. 11 be reviewed, in the light of these remarks.**

92. As regards the provision of psychiatric and psychological care to prisoners, the situation observed in the establishments visited during the 2006 visit remains a matter of serious concern to the CPT. Each of the prisons accommodated a certain number of inmates with psychiatric or psychological problems. However, at all the establishments visited, the psychiatrists' posts were vacant. As for psychologists, only Gobustan Prison had one; he had been employed full-time for some four months and provided individual supportive psychotherapy, mostly to life-sentenced prisoners.

The CPT recommends that the Azerbaijani authorities take steps to fill the psychiatrists' posts at the establishments visited, and to reinforce the provision of psychological care to prisoners, particular attention to be paid to the needs of prisoners serving long – including life – sentences.

93. Despite the favourable situation as regards the number of doctors employed, the CPT continues to entertain serious doubts about the adequacy of the medical care provided at Gobustan Prison and the arrangements for providing emergency assistance to prisoners (see paragraph 46 of CPT (2005) 45). During the 2006 visit, the delegation once again received complaints about delays in gaining access to a doctor and a dentist, and the standard of treatment and care provided. Further, prisoners alleged that they had to pay to be examined, receive medication and be hospitalised.

The delegation examined in detail the documentation regarding the cases of five prisoners who had died at the prison since the beginning of 2006. It should be noted in this context that the Head doctor had not received the conclusions of their autopsy reports; **this should be remedied.**

Particular reference should be made to the case of a prisoner, aged 33, who died on 20 May 2005 (the cause of death noted in the medical records was "cardiac insufficiency"). The prisoner concerned had suffered from TB in the past. Since June 2005, he had repeatedly asked for medical examinations, complaining first of coughing and tiredness (which was diagnosed as chronic bronchitis, with a course of penicillin and vitamins prescribed), and later of "radiating pain towards the left upper limb" (which was diagnosed as neurovegetative dystonia, with treatment with valerian and validol, i.e. sedatives, prescribed). On 22 March 2006, the prisoner complained of "anesthesia in both arms"; it is noteworthy that his blood pressure was not measured on that occasion, and he was prescribed a calming syrup (despite a note in the doctor's records stating that "this case is worrying"). On the morning of the day of the prisoner's death, the inmate employed by the health-care service was called in at 6.30 a.m.; despite his emergency intervention and the application of appropriate intravenous injections, the prisoner died an hour later. No ambulance was called in because, according to the prisoner-doctor, he "did not have the right to call an ambulance".

Another prisoner, aged 22, was reportedly found dead in his cell on the morning of 8 April 2006; the cause of death noted in the medical records was "cardiac insufficiency and asthma attack". In this connection, reference should be made to the cumbersome procedure for opening cell doors at night (see paragraph 65).

The CPT calls upon the Azerbaijani authorities to carry out a thorough examination of the provision of health care at Gobustan Prison, in the light of the above remarks. In this context, immediate steps should be taken to ensure that the security arrangements are such that prisoners in need of urgent medical care can be assisted without delay, including at night. Further, it should be stressed that the requirement to have a staff member who is qualified to provide first aid present on the premises at night should include the possibility for this person to call an ambulance.

94. Some complaints were heard at the three establishments visited of long delays in securing transfers to the Central penitentiary hospital (though the situation had apparently improved at Gobustan Prison, following the appointment of a new Head doctor).

The CPT recommends that measures be taken to ensure that prisoners in need of hospital treatment are promptly transferred to appropriate medical facilities.

95. As already mentioned (see paragraph 22), a new individual medical file had recently been introduced throughout the penitentiary system, and the delegation was informed that such a file was being opened in respect of all prisoners. The file was very detailed and had pre-printed pages with entries concerning the results of the initial medical examination (e.g. height, weight, blood pressure, temperature, previous diseases, TB, medical complaints, etc.), as well as further examinations, transfers to hospital, out-patient care, etc. Further, there were two pages reserved for the recording of injuries observed on prisoners (specifying different parts on the body), which contained an entry “who inflicted the torture and where”. **In this context, reference is made to the recommendation in paragraph 22.**

The medical registers kept at the establishments visited were well-maintained (with the exception of those seen at Gobustan Prison), and only health-care staff had access to them.

96. At the outset of the visit, the Azerbaijani authorities informed the delegation that particular attention was being paid to the timely detection of remand and sentenced prisoners suffering from tuberculosis and providing them with appropriate treatment, including a regular supply of medicine and food. As a result, the number of prisoners dying of TB had decreased in the last two years.

As regards screening for tuberculosis, at Investigative isolator No. 3 and Gobustan Prison, the initial examination of newly arrived-prisoners was performed according to guidelines issued by the ICRC (which involved, in the event of suspicion, the submission of three sputum samples for microscopy at an outside laboratory). At Penitentiary establishment No. 11, the delegation was informed that a mass testing for TB (including X-ray and sputum testing) had been undertaken in May-June 2006 by the ICRC, as a result of which 13 prisoners were diagnosed with TB.

Prisoners suspected of being BK-positive were transferred to the Specialised medical establishment for prisoners suffering from tuberculosis in Bina. After their return from Bina, such prisoners were initially placed under observation in the prison’s infirmary before being relocated to the ordinary living units.

The CPT trusts that the Azerbaijani authorities will persevere in their efforts to combat tuberculosis in the penitentiary system.

97. The delegation was informed that the number of prisoners with drug-related problems was on the rise. However, it appeared during the visit that little action (other than traditional prison security) was being taken as regards prevention and the provision of psycho-socio-educational assistance to such prisoners. The CPT considers that the provision of assistance to prisoners with drug-related problems should combine a prevention policy with programmes for medical detoxification, psychological support, rehabilitation and substitution. **The Committee recommends that the Azerbaijani authorities develop a comprehensive strategy for the provision of assistance to persons with drug-related problems, in the light of these remarks.**

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

a. prison staff

98. In the report on its 2002 visit, the CPT emphasised the importance of adequate recruitment and training of prison staff¹⁶. During the 2006 visit, the CPT's delegation was informed about progress made in this area. Among other measures, new training curricula, including subjects such as human rights, inter-personal communication and conflictology, had been introduced at the Penitentiary Training Centre, and there were plans to open a Justice Academy with a special department for prison staff. **The CPT encourages the Azerbaijani authorities to pursue their efforts in the area of prison staff training, both initial and ongoing.**

At the initial meeting with the Ministry of Justice, the delegation was informed that a decision had been taken by the Cabinet of Ministers to create 792 new posts in the prison system (in addition to the existing 5,597 posts), and that the necessary funds had been made available in the 2007 budget. Recruitment of staff working in the penitentiary service was being effected through a competition procedure. Further, efforts were being made to render the work of prison staff more attractive, inter alia through a recent substantial increase in salaries.

99. Despite the above-mentioned measures, recruiting new personnel remained a difficult task and there were unfilled custodial staff posts in the prisons visited¹⁷. The delegation observed for itself that the number of staff working in the prisoner accommodation areas was generally low. For example, at Strict-regime establishment No. 11, there were only eight basic-grade custodial staff ("controllers") and five "educators" during the day, and four officers and five "controllers" at night. Several of the staff members with whom the delegation spoke considered this situation unsatisfactory and expressed concern about their own and the inmates' safety. It was clear that control by staff was impossible in these circumstances; accordingly, the staff relied to a great extent on prisoners to assist them in certain custodial tasks.

¹⁶ See paragraph 134 of CPT/Inf (2004) 36.

¹⁷ For example, there were 24 vacant posts in Gobustan Prison and 13 in Investigative isolator No. 3.

The CPT wishes to stress that ensuring positive staff-inmate relations will depend greatly on having an adequate number of staff present in detention areas at any given time. An overall low staff complement will certainly impede the development of positive relations; more generally, this will generate an insecure environment for both staff and prisoners, which in turn is likely to exacerbate the tension inherent in any prison environment. In addition, a low staff complement will have a negative influence on the quality and level of the activities programme developed. **The CPT recommends that the Azerbaijani authorities persevere in their efforts to improve staffing levels in penitentiary establishments.**

100. As for the practice of relying on prisoners to assist staff in certain custodial tasks, the Committee wishes to stress that such a partial abrogation of the responsibility for order and security - which properly falls within the ambit of custodial staff - is unacceptable. It exposes weaker prisoners to the risk of being exploited by their fellow inmates. **The CPT recommends that the Azerbaijani authorities take steps to ensure that no prisoner is put in a position to exercise power over other prisoners** (in this context, see Rule 62 of the revised European Prison Rules).

101. In the women's unit of Investigative isolator No. 3, six out of the thirteen custodial staff were women; however, no female officer was on duty at night. The CPT considers that in units for female prisoners, a significant number of staff in contact with prisoners should be female; further, there should always be at least one female staff member on duty at night. **The CPT invites the Azerbaijani authorities to increase the number of female staff deployed in the women's unit of Investigative isolator No. 3, in the light of these remarks.**

b. contact with the outside world

102. In the report on the 2002 visit, the CPT recommended that the regulations concerning remand prisoners' possibility to receive visits be amended. The situation remained practically unchanged at the time of the 2006 visit. The delegation noted that very few remand prisoners at Investigative isolator No. 3 received visits; an exception was being made for juvenile prisoners, who reportedly received visits without limitation.

The CPT must stress once again that, in its opinion, remand prisoners should be entitled to receive visits as a matter of principle, rather than subject to authorisation by an investigator or court. Any refusal to permit such visits should be specifically substantiated by the needs of the investigation and be applied for a specified period of time. Under no circumstances should visits between a remand prisoner and his family be prohibited for a prolonged period. If there is considered to be an ongoing risk of collusion, visits should be authorised but under strict supervision. As concerns, more specifically, juvenile remand prisoners, many of them may have behavioural problems related to emotional deprivation or a lack of social skills; their contacts with the outside world should be actively promoted. **The CPT calls upon the Azerbaijani authorities to take relevant steps in the light of these remarks. The draft Law on the custody of suspects and accused should provide an opportunity to address this issue.**

103. As regards sentenced prisoners, Azerbaijani legislation fixes the number of visits in relation to the type of regime to which a prisoner is sentenced by the court. Prisoners serving their sentence in a strict-regime establishment can receive up to twelve short-term visits (of up to 4 hours) and two long-term visits (of up to 72 hours) per year; the establishment's director may grant additionally up to six short-term and two long-term visits per year as a reward. As for prisoners serving their sentences under a "prison regime"¹⁸, they are entitled to up to four short-term and two long-term visits per year, if placed under "general conditions", or to two short-term visits per year if serving their sentences under "strict conditions". The visit entitlement of life-sentenced prisoners is three short-term visits and one long-term visit per year; two more short-term visits and one long-term visit may be allowed as a reward.

The CPT reiterates its recommendation that the entitlement to visits of life-sentenced prisoners and prisoners serving their sentences under a "prison regime" be increased, so as to ensure that such prisoners can receive at least one visit (either short- or long-term) per month.

More generally, the CPT considers that a system under which the extent of a prisoner's contact with the outside world is determined automatically as part of the sentence imposed is fundamentally flawed. The principle should be the same possibility for all sentenced prisoners. **The Committee invites the Azerbaijani authorities to amend the legislation concerning sentenced prisoners' visiting entitlement, in the light of these remarks.**

104. As regards the visiting facilities, there were four cubicles for short-term visits at Investigative isolator No. 3, in which inmates and visitors were physically separated from each other. The establishment also possessed a facility for long-term visits for sentenced prisoners, which comprised two double rooms, a bathroom and a kitchen. Further, juvenile prisoners met their relatives in open conditions, in rooms designed for meeting with lawyers.

The short-term visit facility at Strict-regime establishment No. 11 was a large (some 125 m²) room equipped with a long table and stools; there was no physical separation between inmates and their visitors. Further, there were 15 rooms for long-term visits, which were well equipped and pleasantly decorated, as well as a kitchen, toilets and showers at the disposal of inmates and their visitors.

The short-term visiting facilities at Gobustan Prison remained unchanged (a room divided in the middle by a corridor encircled with wire mesh) and did not offer conditions propitious for maintaining normal human contacts.

The CPT recommends that steps be taken to improve the visiting facilities at Investigative isolator No. 3 and at Gobustan Prison, in the light of the above remarks. As already stressed by the Committee in the past, the aim should be to enable all prisoners, including those on remand, to receive visits under reasonably open conditions; the use of closed visiting facilities should be the exception rather than the rule.

¹⁸ "Prison regime" is a maximum-security regime under which prisoners are held in cells which are locked all the time. This type of regime is applied at Gobustan Prison.

105. Sentenced prisoners could send and receive letters without restriction. However, remand prisoners continued to require authorisation from the investigator or the court to correspond with their families. The CPT wishes to stress again that remand prisoners should be allowed to send and receive letters without restriction, except when expressly prohibited by the competent investigator or court, for a clearly determined period of time, for reasons duly justified by the requirements of the individual case. **The Committee calls upon the Azerbaijani authorities to amend the relevant provisions in the light of these remarks.**

All letters sent and received by remand and sentenced prisoners were read except for those exchanged with their lawyers and bodies empowered to receive complaints (e.g. the Human Rights Commissioner). In this context, the delegation heard many allegations from prisoners concerning excessive delays in the delivery of private correspondence. **The Committee would welcome the comments of the Azerbaijani authorities on this issue.**

106. The CPT noted that sentenced prisoners had access to a telephone. However, this was not the case with remand prisoners. **The Committee invites the Azerbaijani authorities to explore the possibility of offering remand prisoners access to a telephone. If there is a perceived risk of collusion, a particular phone call could be monitored.**

c. discipline

107. The most severe disciplinary sanction for prisoners envisaged by law is placement in a disciplinary cell for a maximum of 10 days in the case of remand prisoners (5 days for women and juveniles) and 15 days in the case of sentenced inmates (10 days for women and juveniles). No repeated placements are allowed, and an inmate may not spend more than 60 days of a given year in a disciplinary cell. For persistent violations of prison discipline, sentenced prisoners may be placed – by decision of the prison director – in disciplinary segregation (“KTO”) for a period of one to six months. Further, for several serious violations inside the general accommodation or for violations of the “KTO” regime, a prisoner may be sent by court decision, on request by the prison administration, to a “prison regime” (served at Gobustan Prison) for a period of one to three years.

108. As regards the disciplinary procedure, one positive development since the 2002 visit has been the introduction of the right of appeal to a higher authority¹⁹. However, the right of prisoners facing disciplinary charges to be heard in person on the subject of the offence of which they were accused is still not formally guaranteed, although it was a common practice to grant such a hearing at the establishments visited. **The CPT reiterates its earlier recommendation that steps be taken to formally guarantee the latter right.**

¹⁹ See Section 14.3 of the Code of Enforcement of Sentences.

109. The delegation gathered no evidence of excessive resort to disciplinary punishments²⁰. However, the CPT is concerned about the involvement of health-care staff in the disciplinary procedure. According to the information provided to the delegation, doctors in the establishments visited were required to examine medically each inmate before the disciplinary hearing; without a medical certificate confirming fitness for isolation/segregation, an inmate was in principle not placed in a disciplinary cell.

The Committee wishes to stress that medical practitioners working in prisons act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote that relationship. This point was recognised in the Committee of Ministers' Recommendation Rec (2006)2 on the revised European Prison Rules; indeed, the rule in the previous version of the Rules, stipulating that prison doctors must certify that a prisoner is fit to sustain the punishment of disciplinary confinement, has now been removed. On the other hand, prison doctors should be very attentive to the situation of prisoners placed in disciplinary cells.

The CPT recommends that the role of prison doctors in relation to disciplinary matters be reviewed. In so doing, regard should be had to the revised European Prison Rules (in particular, Rule 43.2) and the comments made by the CPT in its 15th General Report (see paragraph 53 of CPT/Inf (2005) 17).

110. As for conditions in the disciplinary cells in the establishments visited, at Investigative isolator No. 3, the two cells seen by the delegation were spacious (i.e. some 12 m² for single occupancy) and adequately lit and ventilated; however, in the absence of a functioning heating system, the cells were cold. One of the cells was fitted with a wooden sleeping platform (which was lifted during the day), while the other had an ordinary bed; mattresses and blankets were provided for the night. The rest of the equipment consisted of a table, stool, floor-level toilet and washbasin.

The disciplinary cells at Strict-regime establishment No. 11 were also well lit and ventilated; further, they were adequately heated, clean and in a good state of repair. Each cell was equipped with sleeping platforms (unfolded in the evening, when prisoners received mattresses and blankets for the night), a table and stools fixed to the floor. However, the cells were too small for their intended occupancy (i.e. double cells measured some 7.5 m², and those for four inmates measured 14 m²). The five "KTO" cells were equipped in a similar way (except for having beds instead of sleeping platforms) and had good access to natural light and ventilation; that said, the artificial lighting was rather dim. Further, as was the case with the disciplinary cells, they were too small for the number of prisoners they could accommodate (e.g. up to six persons in a cell of some 18 m²).

At Gobustan Prison, a number of improvements had been made to the punishment cells in units 1, 4, 5 and 6, in accordance with the CPT's earlier recommendations; in particular, the cell windows had been enlarged, a table and stools had been added, and the in-cell toilets had been upgraded and fully partitioned. Refurbishment was continuing in units 2 and 3.

²⁰ Between 1 January and 23 November 2006, there had been 41 disciplinary cell placements at Investigative isolator No. 3, and 106 at Gobustan Prison. As for Strict-regime establishment No. 11, there had been 165 disciplinary cell placements and 14 placements in a "KTO" in the period 23 July to 14 November 2006.

Inmates placed in disciplinary cells were entitled to one hour of outdoor exercise per day, which is an improvement on the situation observed in 2002. However, they were still not allowed reading matter and it appeared that it was not possible to take a shower during the period of disciplinary confinement.

111. **The CPT recommends that steps be taken to:**

- **ensure a minimum of 4 m² of living space per prisoner in the disciplinary and that “KTO” cells of Strict-regime penitentiary establishment No. 11. Cells of 7.5 m² should never accommodate more than one inmate;**
- **improve the artificial lighting in the “KTO” cells at the above-mentioned establishment;**
- **ensure that disciplinary cells at Investigative isolator No. 3 are adequately heated.**

Further, the CPT reiterates its recommendation that steps be taken to ensure that all prisoners placed in disciplinary cells are offered access to reading matter. As for access to a shower, reference is made to the recommendations in paragraphs 59, 73 and 83.

d. complaints and inspection procedures

112. As during the 2002 visit, many prisoners interviewed by the delegation expressed scepticism about the operation of the complaints procedure. It was claimed that the establishments' administration withheld complaints or threatened inmates with various forms of reprisals in order to prevent them from complaining in a confidential manner to an outside authority. **The CPT recommends that the Azerbaijani authorities take steps to ensure that the right of prisoners to lodge complaints is fully respected, by reviewing the rules on the censorship of correspondence and guaranteeing in practice that complainants will be free from reprisals.**

In addition, allegations were received that complaints sent to competent outside bodies were not responded to or action upon them was made dependent on conditions impossible to fulfil. For example, the delegation saw a letter sent by Garadag District Court in response to a complaint about ill-treatment by prison staff, in which the complainant was asked, in accordance with Section 149 (2) (2) of the Code of Administrative Procedure, to provide the names, home addresses and passport registrations of the persons (former prison officers) against whom the complaint was made. **The CPT would like to receive the comments of the Azerbaijani authorities on this issue.**

113. As regards inspection procedures, penitentiary establishments were visited by staff of the Human Rights Commissioner's Office and a recently established Public Committee for the Control of the Penitentiary System²¹. The committee is inter alia empowered to speak in private with prisoners, make recommendations to remedy the violations found and submit proposals for legislative changes to the Minister of Justice. The CPT welcomes the introduction of such a committee, which has the potential of making an important contribution to the protection of prisoners' rights in Azerbaijan. However, some elements of the Public Committee's status raise questions as regards its capacity to operate in an independent and impartial manner. In particular, the selection of its members has to be approved by the Minister of Justice; further, in some situations, the Minister of Justice can limit the Public Committee's access to penitentiary establishments²². It should also be noted that the Public Committee's present mandate does not cover remand prisoners under investigation. **The CPT would welcome the comments of the Azerbaijani authorities on these issues.**

e. Ministry of Internal Affairs operational staff

114. In the report on the 2002 visit, the CPT expressed concern about the presence of Ministry of Internal Affairs operational staff in investigative isolators²³. The delegation which carried out the 2006 visit observed a similar situation at Investigative isolator No. 3. The Ministry of Internal Affairs officers present at that establishment were not subordinated to the prison management, had direct access to inmates and fulfilled criminal investigative tasks.

The Committee has stressed in the past that the presence in a prison of a person with free access to all prisoners who is not accountable to the prison director can be detrimental to the safeguarding of inmates' rights. It is also arguably contrary to Rule 84.3 of the new European Prison Rules, according to which the prison administration must ensure that every institution is at all times in the full charge of the director, the deputy director or other authorised official. **The CPT calls upon the Azerbaijani authorities to review the presence of Ministry of Internal Affairs staff in investigative isolators, in the light of the above remarks.**

²¹ According to the Minister of Justice's Order of 25 April 2006, under Section 20 of the Code of Enforcement of Sentences.

²² Under Section 2.5 of the above-mentioned order, "the Public Committee's functioning may be provisionally limited or suspended during the application of high detention conditions in the penitentiary facilities".

²³ See paragraphs 149 and 150 of CPT/Inf (2004) 36.

C. Establishments under the authority of the Ministry of Health

1. Preliminary remarks

115. The CPT's delegation visited two establishments under the authority of the Ministry of Health: City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki.

City Psychiatric Hospital No. 1 in Baku occupies a secure compound in the Bayil district, comprising two 2-storey accommodation buildings. The establishment, built in 1913 as a private hospital, was subsequently transformed into a military hospital and became a psychiatric facility after the Second World War. It receives patients from Baku and the surrounding regions and performs primarily the function of a short-term facility although, at the time of the visit, there were some patients who had been hospitalised for up to two years. With an official capacity of 200 beds, the hospital was accommodating 126 adult patients, of whom 57 were women. Patients were distributed into three wards (two for men and one for women)²⁴. Nearly all patients were diagnosed as suffering from schizophrenia.

The Regional Psycho-Neurological Dispensary in Sheki has a catchment area covering Sheki and five other districts. In addition to performing out-patient work, it has two in-patient wards, for male and female patients respectively. The main accommodation building (originally a nobleman's house) dates back to the end of the 19th century; there are also some auxiliary buildings built later (dating back to the 1920s). With a capacity of 100 beds, the establishment's in-patient wards were accommodating, at the time of the visit, 83 adult patients (48 men and 35 women). According to the management, the vast majority of patients had chronic conditions; many of them been at the dispensary for several years (some for over 15 years). The main diagnosis was said to be schizophrenia; there were also some patients diagnosed with learning disability ("oligophrenia"), personality disorders and epilepsy.

2. Ill-treatment

116. At City Psychiatric Hospital No. 1 in Baku, the delegation received some allegations of the inappropriate use of force (slaps, kicks) by nurses and orderlies to bring disturbed patients under physical control.

At the Regional Psycho-Neurological Dispensary in Sheki, the delegation heard a few allegations of physical ill-treatment (punches, kicks) and rough behaviour by orderlies (pushing patients, verbally abusing them). More generally, the delegation observed a rather disengaged and directive attitude of staff towards patients.

At both establishments, although inter-patient violence did not appear to be a serious problem, there were obvious frictions between patients, exacerbated by the very difficult living conditions.

²⁴ The establishment also has a day (out-patient) ward.

117. **The CPT recommends that the management of City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki make it clear to staff that all forms of ill-treatment of patients, including verbal abuse, are unacceptable and will be subject to severe sanctions.**

As regards in particular the orderlies, given the challenging nature of their job, it is essential that they be carefully selected and given suitable training before taking up their duties, as well as ongoing training. While carrying out their duties, such staff should also be closely supervised by – and placed under the authority and responsibility of – qualified health-care staff. **The CPT recommends that the procedures for the selection, training and supervision of orderlies be improved in the light of the above remarks.**

Further, **the CPT invites the Azerbaijani authorities to take measures to ensure that staff in both establishments protect patients from other patients who might cause them harm. This requires not only adequate staff presence and supervision at all times, but also that staff be properly trained in handling challenging situations/patients.**

118. It should be noted at this stage that the conditions in which patients in both establishments were obliged to live – sometimes for years – could in general be described as inhuman and degrading (see paragraphs 119 to 123).

3. Patients' living conditions

119. At City Psychiatric Hospital No. 1 in Baku, the patient accommodation areas were in a state of terminal decay, with crumbling walls, collapsed floors and ceilings damaged by damp. The worst situation was observed in Ward 3 for men, where the roof had partially collapsed. In some dormitories, the delegation saw broken windows covered with pieces of cardboard; it is noteworthy that all windows had been fitted with panes on the second day of the delegation's visit. In both of the male wards, the absence of a functioning heating system and the resulting cold (e.g. 13°C, measured inside Ward 1 at 5.30 pm on 21 November 2006) obliged patients to sleep in their clothes and hats.

The dormitories measured between 25 and 100 m² and were accommodating five to twenty patients each. Some of them had no direct access to natural light and all had a very weak or not functioning artificial lighting and poor ventilation. The equipment was limited to beds and bedding in a very bad condition; there was no storage space for patients' personal items. Conditions were slightly better in Ward 2 for women, where the dormitories had large windows, allowing good access to natural light and fresh air, and a gas stove.

120. Living conditions were even more execrable in the Regional Psycho-Neurological Dispensary in Sheki. The patients' dormitories were overcrowded (4 to 12 patients in 10 to 28 m²) and in an extremely dilapidated and dirty condition. The dormitories had no artificial lighting and some were deprived of access to natural light; further, the heating system was not functioning and ventilation was insufficient. Beds – which constituted the only items of furniture – were often broken and the bedding was sometimes incomplete, with missing mattresses or pillows. New bed-sheets, provided shortly before the visit, made little difference to this grim picture.

121. At both establishments, the levels of hygiene did not befit a health-care institution. The toilets at the Baku hospital (which the patients had to use in full view of others) were filthy, access to a shower inadequate (one dilapidated shower per ward, with an irregular water supply), and the establishment was infested with cockroaches and rats.

The situation in Sheki hardly differed in this respect. The showers were out of order (instead, patients had to use buckets filled with warm water). Further, patients complained about infestation with lice, bedbugs and rats.

The only personal hygiene item provided to patients at both establishments was a small bar of soap. The washing machines were out of order, and bed linen and clothes were hand-washed by orderlies.

122. In both establishments, patients' clothes appeared dirty and in poor condition. At the Baku hospital, patients had received new pyjamas during the visit, which they were wearing over their day clothes. It was clear that there was no change of clothes available, and thus patients had to wear the same garments all the time. Further, patients were provided with slippers but had no shoes to walk outdoors.

123. Both establishments experienced problems with feeding patients, due to the very limited budget allocated for this purpose (1 AZN, i.e. the equivalent of some 0.90 EUR, per patient per day). The food served at City Psychiatric Hospital No. 1 in Baku was of poor quality, with no fresh vegetables and fruit, and meat available only once a week. At the Sheki dispensary, not only was the quality of the food poor, it was also insufficient in quantity; the dispensary relied to a large extent on patients' families and charity to feed the patients.

The delegation noted with concern that the patients' nutritional status was not regularly monitored (by weighing and calculating the Body Mass Index), and there was no medical intervention and follow-up of patients who were losing weight. The Sheki dispensary even lacked scales for weighing patients.

In both establishments, the kitchens were extremely rudimentary and dilapidated. As for the canteens where patients took their meals, the items of furniture were broken and insufficient in number, obliging some patients to eat on the floor or in their beds.

124. As already mentioned (see paragraph 7), at the end of the visit to Azerbaijan, the CPT's delegation invoked Article 8, paragraph 5, of the Convention and made an immediate observation in respect of City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki, requesting the Azerbaijani authorities to carry out a thorough review of the situation in those establishments. In the meantime, the delegation requested that urgent steps be taken at both establishments, inter alia with a view to: (i) ensuring an adequate level of hygiene in all patient accommodation areas, toilets and shower rooms; (ii) replacing all missing/broken window panes and providing the dormitories with some form of heating; (iii) improving the quality and quantity of the food offered to patients.

In their letter of 26 April 2007, the Azerbaijani authorities informed the CPT of certain measures taken after the visit, in particular the installation of water cisterns at both establishments with a view to improving the water supply. However, most of the concerns expressed by the delegation at the end of the 2006 visit have not received a reaction. Consequently, **the CPT recommends that urgent steps be taken at City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki to:**

- **launch a refurbishment programme which involves improving access to natural light, artificial lighting, ventilation and heating in the patients' dormitories. In this context, the possibility of transforming the large-capacity dormitories into smaller structures should be considered.** This could help preserve/restore patients' dignity, facilitate the therapeutic differentiation of patients and make for significantly easier provision of care by exploiting the full range of psychiatric and psycho-social treatment; such structures are also a key element of any psycho-social rehabilitation of patients;
- **offer a more congenial and personalised environment to patients, in particular by providing them with lockable space;**
- **provide patients with bedding (mattresses, pillows, bed-sheets and blankets) in a decent condition;**
- **refurbish the toilet, washing and bathing facilities (in particular, the toilets should be fitted in a manner allowing patients some privacy) and maintain them in a clean condition;**
- **ensure that incontinent patients are cared for in a manner which is respectful of their dignity;**
- **provide patients with a range of personal hygiene items (toothbrush, toothpaste, sanitary materials for women's monthly needs, toilet paper, etc.);**
- **refurbish the laundry facilities and take steps to ensure that bed-linen and patients' clothes are washed at regular intervals;**
- **provide patients with appropriate footwear;**
- **ensure that the food served to patients is sufficient in quantity and quality; further, patients' nutritional status should be regularly monitored and there should be medical intervention and follow-up if required;**
- **refurbish the kitchens and canteens and maintain them in a clean condition.**

125. During the visit to City Psychiatric Hospital No. 1 in Baku, the delegation was informed of plans to close down the establishment in the course of 2007 (after the completion of works at City Psychiatric Hospital No. 2) and carry out a thorough reconstruction. **The CPT would like to receive more information on this issue, including information on the location to which patients will be transferred during the works.**

4. Treatment and staff

126. In both establishments visited, the treatment relied almost exclusively on pharmacotherapy. There was no shortage of basic psychiatric medication at the Baku hospital and, according to the medical records and information obtained by the delegation from interviews with patients and staff, no evidence of overmedication. In contrast, at the Sheki dispensary, the available medication was lacking in quantity and variety, and families were asked to supply medicines and syringes for injections; further, interruptions in the supply of medication obliged doctors to change the course of treatment.

As for other therapeutic options, they were virtually non-existent. At the hospital in Baku, a few patients occasionally received individual psychotherapy sessions provided by psychiatrists. Neither establishment had facilities for occupational therapy. At the Baku hospital, a few patients performed, on a voluntary basis, simple cleaning or repair tasks, while at the Sheki dispensary, a small number of patients helped staff take care of the garden and keep rabbits.

As far as the delegation could ascertain, patients did not have individualised treatment plans. Further, there was no multidisciplinary team approach to enable staff to meet regularly in order to share information and discuss patients' progress.

127. The CPT recommends that:

- **urgent steps be taken to ensure adequate supplies of basic psychiatric medication at the Regional Psycho-Neurological Dispensary in Sheki;**
- **serious efforts be made in both establishments to develop a range of therapeutic options and involve long-term patients in rehabilitative psycho-social activities, in order to prepare them for independent life or return to their families; occupational therapy should be an integral part of the rehabilitation programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image;**
- **an individual treatment plan be drawn up for each patient (taking into account the special needs of acute and long-term patients), including the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and the evaluation of their progress.**

The CPT also wishes to stress the importance of the different categories of staff working on a ward meeting regularly and forming a multidisciplinary team, under the authority of a senior doctor. This will allow information on patients' progress to be exchanged, day-to-day problems to be identified and discussed, and guidance to be given.

128. As regards somatic care, patients in both establishments underwent a medical examination on admission, which included blood and urine tests. Further, patients in Baku underwent an X-ray chest examination for TB. Otherwise, somatic (including dental) care was basically limited to emergencies. Both establishments experienced problems with the supply of somatic medication and related materials. Further, some of the medical equipment was out of order, for example the ECG.

The CPT recommends that urgent action be taken to:

- **introduce systematic screening for tuberculosis of all newly-arrived patients at the Sheki dispensary;**
- **improve arrangements for somatic (including dental) care for patients in both establishments, as well as the supply of basic somatic medication and related materials.**

129. With the exception of a few patients authorised to leave the premises during the day, patients in both establishments were locked inside their wards 24 hours a day. At the time of the visit, patients had no access to outdoor exercise, though in the summer such access was reportedly possible. At the Baku hospital, the exercise yards had no means of rest, and the yard used by female patients was potentially dangerous (it had a deep hole in it, partially blocked with an old bed-frame). At the Sheki dispensary, patients could reportedly walk in the garden and the courtyard area, provided there were staff present (the outer limits of the dispensary were not secured).

As for other activities, patients at City Psychiatric Hospital No. 1 in Baku could watch TV and had access to some board games, newspapers and books (mostly brought in by their families). Not even these few distractions were offered to patients at Sheki, who spent their time in a state of total idleness.

At the end of the 2006 visit, the CPT's delegation requested confirmation that patients in both establishments whose state of health so permits were offered the possibility to take at least one hour of outdoor exercise every day. As regards the Sheki dispensary, the delegation also requested the Azerbaijani authorities to confirm that patients have been given the possibility to engage in some activities. In their letter of 26 April 2007, the Azerbaijani authorities indicated that patients are being offered outdoor exercise whenever weather conditions permit, and that two TV sets had been installed in the wards at the Sheki dispensary.

130. Turning to staff issues, City Psychiatric Hospital No. 1 in Baku employed seven full-time psychiatrists (including the head doctor) and two trainee psychiatrists. The nursing staff comprised 22 full-time nurses and 46 orderlies; most of the nurses and orderlies occupied 1.5 posts each (i.e. they worked until 6 p.m. instead of 3 p.m. every weekday), in order to complement their low salaries. During the day, two or three nurses and three or four orderlies were present on each ward; at night and at weekends, one duty doctor was present for the whole hospital, as well as one nurse and one or two orderlies on each ward.

The staffing situation was less favourable at the Regional Psycho-Neurological Dispensary in Sheki, where many of the available posts were vacant. At the time of the visit, the establishment employed three psychiatrists (including the head doctor), each working on 1.5 posts; another four doctors' posts were vacant. Further, there were 8 nurses (for 13.5 available posts) and 18 orderlies (for 21 posts); both nurses and orderlies regularly worked overtime. Any given shift comprised one or two nurses and three or four orderlies. The delegation was concerned to note that there was no formal on-call duty system for the doctors at night and weekends, although it was apparently always possible to contact one of the doctors in case of emergency.

According to the management of both establishments, the low level of training of nurses and orderlies was a problem; some in-service training for these categories of staff was apparently available in Baku but not in Sheki. Further, neither establishment employed any staff qualified to provide therapeutic activities (e.g. psychologists, occupational therapists) or social workers.

131. To sum up, the psychiatrist/patient ratio in the two establishments at the time of the visit could be considered as acceptable. However, the insufficient number of nurses and orderlies and the total absence of other staff qualified to provide therapeutic activities precluded the emergence of a therapeutic milieu based on a multidisciplinary approach.

The CPT recommends that the Azerbaijani authorities take steps at City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki to:

- **substantially increase the number of nurses and orderlies;**
- **employ specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, etc.).**

Further, as regards the Regional Psycho-Neurological Dispensary in Sheki, the Committee recommends that:

- **a formal on-call duty system for the doctors at night and weekends be introduced;**
- **steps be taken to provide nursing staff with specialised - initial and ongoing - training; training should also be provided to orderlies (see also paragraph 117).**

132. At City Psychiatric Hospital No. 1 in Baku, the delegation was concerned by the practice of staff delegating certain security tasks (e.g. keeping the key to the barred gate separating dormitories from the TV/dining room) to selected patients. The CPT considers such a practice unacceptable and **recommends that it be discontinued without delay; carrying out security tasks should be the exclusive responsibility of the staff.**

5. Means of restraint

133. Pursuant to Section 24 (2) of the 2001 Law on Psychiatric Assistance (LPA), means of restraint and seclusion may be applied to an agitated and/or aggressive patient exclusively upon the decision of a psychiatrist. During the application of the measure, the patient must be under constant supervision by health-care staff. The grounds for and duration of the measure should be recorded in the medical documentation.

134. There was no resort to individual seclusion at neither of the establishments visited. That said, a small number of patients (four female and four male patients in Baku; six male patients in Sheki) were placed in multi-occupancy rooms with barred and locked doors, located near the staff offices and referred to as “isolators”. It appeared that access to a toilet was problematic for patients placed in these rooms; the delegation saw incontinent patients lying on soiled beds and in dirty clothes, with faeces and urine accumulated on the floor.

In their letter of 26 April 2007, the Azerbaijani authorities informed the CPT that the “isolator” at the Sheki dispensary had been abolished. The Committee welcomes this step and **would like to know if similar action is envisaged at City Psychiatric Hospital No. 1 in Baku. In the meantime, the CPT recommends that staff at the latter establishment be instructed to grant ready access to a toilet at all times (including at night) to patients placed in the “isolators”.**

135. The delegation gained the impression that there was no excessive recourse to physical restraint in the two establishments visited. The measure was ordered by a doctor or, in an emergency, by a nurse and confirmed as soon as possible by a doctor. The physical restraint, which involved tying the patient to his bed with strips of cloth, was applied for as long as it took for the chemical restraint (i.e. sedating medication) to start taking effect.

However, the delegation was informed in Sheki that if restraint was applied at night or on a weekend, a doctor would only be notified at the beginning of the first following working day. This practice, which is not in conformity with the law, was one of the consequences of the lack of a formal on-call duty system for the doctors at night and weekends (see paragraph 130). **The CPT recommends that immediate steps be taken to rectify this deficiency.**

In both establishments, the delegation was informed that patients were usually restrained in full view of other patients; further, patients could on occasion be requested to help staff apply mechanical restraint to other patients and supervise restrained patients. The CPT strongly disapproves of these practices and **recommends that they be discontinued without delay; the physical restraint of patients should not take place in the sight of other patients, and the restraint and supervision of patients should be the exclusive responsibility of qualified health-care staff assisted, when necessary, by orderlies.**

It should also be noted that notwithstanding a previous recommendation on this point by the CPT, there was no specific register for recording the use of restraints. A reference was made in the patient's file and the nurses' journal; however, this was not always done in a detailed and diligent manner (in particular, records of the time the measure began and ended were often missing).

136. The Committee wishes to stress once again that the use of physical and/or chemical restraint measures should be the subject of a detailed and clear written policy for staff working in psychiatric establishments. This policy should define the use of any means of restraint as a matter of last resort in cases of emergency (imminent danger for the patient or others), after other reasonable alternatives have failed to prevent or stop the dangerous situation. Alternatives to restraint should be actively looked at by staff together with the patients. As regards physical restraint in particular, the aforementioned policy should specify 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. Further, if the application of mechanical restraints is required, it should be for the shortest time possible and be frequently reviewed, and the patient should be under the direct personal supervision of the staff.

The adoption of such a policy should be accompanied by practical training on approved control and restraint techniques, which must involve all staff concerned (doctors, nurses, orderlies, etc.) and be regularly updated. Patients should also be duly informed (in writing) of the establishment's restraint policy as well as the existing complaints mechanisms.

It is not uncommon that the application of means of restraint is perceived by patients as a form of punishment. In order to avoid such a misunderstanding and further develop the doctor-patient relationship, patients who have been subject to – or have witnessed the application of – means of restraint should receive a debriefing at the end of the measure. This will provide an opportunity for the doctor to explain the need for the measure and thus help relieve uncertainty about its rationale. For the patient, such a debriefing would be an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour.

The CPT recommends that the Azerbaijani authorities adopt a policy for the use of means of restraint, in the light of the above remarks²⁵. In addition, the Committee reiterates its recommendation that every instance of physical and/or chemical restraint be recorded in a specific register established for that purpose (in addition to 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. Such a system of recording information will, inter alia, assist the management and outside bodies to monitor the use of restraints.

²⁵ See also paragraphs 36 to 54 of the 16th General Report on the CPT's activities (CPT/Inf (2006) 35).

6. Safeguards in the context of involuntary hospitalisation

137. During its first periodic visit to Azerbaijan in 2002, the CPT examined the situation of persons undergoing forensic psychiatric assessment and subjected to compulsory psychiatric treatment in the context of criminal proceedings²⁶. The 2006 visit provided an opportunity for the Committee to assess the treatment of “civil” patients placed in psychiatric establishments and, in this context, to examine the application in practice of the provisions of the LPA regarding involuntary psychiatric hospitalisation and treatment.

138. As regards the hospitalisation procedure, the LPA distinguishes between an emergency and a non-emergency procedure. Under Section 18, in an emergency (i.e. if a person is of danger to himself or others), he may be referred for psychiatric assessment to an appropriate establishment by a psychiatrist or an emergency service doctor. Admission is decided by the establishment’s duty psychiatrist.

The non-emergency hospitalisation procedure is set out in Section 19 of the LPA. If a person cannot take care of himself or his condition may deteriorate without treatment, but the person concerned or his legal representative refuses hospitalisation, relatives, neighbours, the person’s employer or doctor may make a written request to admit the person to a psychiatric establishment against his will.

The initial admission should be followed by an examination by the hospital’s psychiatric commission which should, within 48 hours from the moment of admission, reach a conclusion on the need for further hospitalisation and, as appropriate, either recommend that the patient be discharged or make a reasoned request to the competent court to confirm the hospitalisation measure (see Sections 25 and 26 (2) of the LPA).

The LPA also contains provisions on the periodic review of hospitalisation. Pursuant to Section 28, the establishment’s psychiatric commission should see each involuntary patient and review his case at least once a month during the first 6 months of hospitalisation; subsequently, the review should take place every 6 months. Prolongation of the hospitalisation measure requires a court decision on each occasion, issued on the basis of the psychiatric commission’s recommendation.

139. It became clear during the visits to City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki that the above-mentioned procedural safeguards were not being applied in practice.

²⁶ See paragraphs 155 to 161 of CPT/Inf (2004) 36.

According to information received from the management of both establishments, there had been only one case of involuntary hospitalisation confirmed by a court decision at the Sheki dispensary, and none at the Baku hospital. Some 95% of patients had reportedly been admitted upon application by their relatives, without seeking the patient's consent; at the same time, none of the patients was formally deprived of their legal capacity. The relatives had been asked to sign a form agreeing to hospitalisation, in order to avoid court involvement, and thus practically all the patients were considered to be "voluntary". At the same time, it should be noted that patients in both establishments were kept in locked wards, and the overwhelming majority of those with whom the delegation spoke declared that they had been hospitalised against their will and wanted to be discharged. To sum up, in practice, no legal procedures were applied to confirm the patients' hospitalisation, review it and address the patients' consent or lack of consent to it.

Further, there appeared to be a misunderstanding of the provisions of the LPA amongst staff: for example, the Director of the Baku Hospital stated that cases of patients with a history of hospitalisation and approved diagnoses did not have to be submitted to court.

The CPT recommends that steps be taken to ensure that the provisions of the LPA on involuntary civil hospitalisation are fully implemented in practice. This will involve the provision of appropriate information and training to all structures and persons involved (in particular, psychiatrists, hospital management and judges). In this context, it should be explained clearly to all the individuals involved that a written request for hospitalisation by a relative cannot itself substitute for an informed consent to hospitalisation by the patient himself, unless the person has been deprived of his/her legal capacity by a court decision and the relative in question has been appointed the patient's legal guardian.

More particularly, steps should be taken to ensure that:

- **persons admitted to psychiatric establishments are provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, as well as on the possibility to withdraw their consent subsequently;**
- **patients who are admitted to a psychiatric hospital on an involuntary basis have the effective right to be heard in person by a judge during placement or appeal procedures;**
- **the patient concerned receives a copy of any court decision on involuntary placement in a psychiatric hospital and is informed in writing about the reasons for the decision and the avenues/deadlines for lodging an appeal.**

140. At the end of the 2006 visit, the CPT's delegation stressed that there should be a nationwide review of the situation in psychiatric establishments and the implementation of the Law on Psychiatric Assistance. **The Committee recommends that the Azerbaijani authorities review the situation of all patients currently hospitalised in psychiatric establishments, in the light of the LPA.** In this context, it would be advisable to start compiling establishment-level and national statistics on the number of patients hospitalised against their will under the "civil" procedure.

141. Psychiatric patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis should not preclude seeking informed consent to treatment. Every competent patient, whether voluntary or involuntary, should be fully informed about the treatment which it is intended to prescribe and given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances.

Section 23 (4) of the LPA provides that every patient should be informed upon admission about the nature of his disease, the reasons for hospitalisation, the treatment methods chosen and the therapeutic objectives. A note to this effect should be made in the relevant medical documentation. However, the LPA does not expressly state that a patient has the right to refuse the treatment proposed. Further, the delegation's interviews with patients and medical staff, as well as the consultation of medical files, revealed that patients were generally not provided with the above-mentioned information, and that there was no procedure for obtaining their consent to treatment.

The CPT recommends that all patients (and, if they are incompetent, their legal representatives) be provided systematically with information about their condition and the treatment prescribed for them, and that doctors be instructed that they should always seek the patient's consent to treatment prior to its commencement. This could be done by means of a special form of informed consent to treatment, signed by the patient or (if he is incompetent) by his legal representative. Relevant information should also be provided to patients and their legal representatives during treatment.

142. Patients placed against their will in psychiatric establishments should have access to legal assistance, if necessary free of charge. Such a right is provided for in the LPA (see Section 6 (3) (7)), which also specifies that patients can meet with their lawyers and legal representatives in private (see Section 23 (1) (3) of the LPA). However, none of the patients with whom the delegation spoke in the two establishments visited had benefited from this right. **The CPT recommends that steps be taken to ensure that involuntary psychiatric patients have an effective access to legal assistance (independent of the admitting hospital), if necessary free of charge.**

143. Pursuant to Section 6 (3) of the LPA, patients should be informed on admission about the establishment's internal rules and their rights, as well as of names and addresses of bodies to which they can send complaints. No such information was provided to patients (or to their families) at the two establishments visited.

In this context, the CPT considers that a brochure setting out the establishment's routine and patients' rights – including information about complaints bodies and procedures – should be issued to each patient, as well as to their families, on admission to the establishment. Any patients unable to understand this brochure should receive appropriate assistance. **The CPT recommends that such a brochure be drawn up and systematically provided to patients and their families on admission to psychiatric establishments.**

144. 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.

According to Section 23 of the LPA, patients in psychiatric establishments have the right to complain to the head doctor, the head psychiatrist of the region, the competent prosecutor and the court about the actions of staff. Further, during the meeting at the Ministry of Health, the delegation was informed that a special body attached to the Ministry, composed of independent experts, was empowered to examine patients' complaints; that said, not a single complaint had apparently been received by that body in 2005 and the first 10 months of 2006.

The lack of information on avenues of complaint referred to in paragraph 143 could at least partly explain this situation. Further, it became clear in the two psychiatric establishments visited that it was practically impossible for patients to send a complaint directly in a confidential manner. **The CPT recommends that measures be taken to ensure that psychiatric patients are effectively put in a position to send confidential complaints to outside bodies.**

145. The CPT also attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body responsible for the inspection of patients' care. According to the LPA (Sections 42 and 43 (2)), psychiatric establishments can be visited by NGOs which have the right to monitor the respect of patients' rights; other outside bodies (e.g. prosecutors) should visit psychiatric establishments if they receive complaints from patients, in which case they should meet the patient concerned in person. However, it appeared during the visit to the Baku hospital and the Sheki dispensary that neither establishment had ever received visits from the above-mentioned inspection bodies.

The CPT recommends that the Azerbaijani authorities strive to introduce a system for regular visits to psychiatric establishments by independent outside bodies responsible for the inspection of patients' care. These bodies should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations.

146. As regards contact with the outside world, there were no limitations on visits from relatives. However, neither establishment possessed special facilities for visits (in Baku, patients met their relatives in the canteens or in offices; as for Sheki, visits took place in a corridor near the doctors' rooms). As for access to a telephone, it was restricted in Baku (patients had to request permission to use an office telephone) and non-existent in Sheki. **The CPT invites the Azerbaijani authorities to improve the conditions under which visits take place at City Psychiatric Hospital No. 1 in Baku and at the Regional Psycho-Neurological Dispensary in Sheki, as well as to enable patients in both establishments to make telephone calls.**

147. As already mentioned (see paragraph 115), the vast majority of patients at the Regional Psycho-Neurological Dispensary in Sheki were considered as “chronic” and many were deemed not to require continuous hospitalisation; however, they remained at the establishment because of the lack of appropriate outside structures which might accommodate them. In this context, the CPT wishes to stress the importance of elaborating at the State level a policy of de-institutionalisation, providing chronic psychiatric patients with better alternatives to prolonged hospitalisation. **The CPT would like to receive information on whether there are any plans to develop such a policy in Azerbaijan.**

D. Establishments under the authority of the Ministry of Defence

148. The CPT's delegation visited the "Hauptvacht" of Nakhchivan Garrison, which was used for holding three categories of servicemen²⁷: (i) servicemen punished by disciplinary cellular confinement for periods of up to 10 days; (ii) servicemen suspected or accused of having committed crimes, during the investigation and trial periods; (iii) servicemen awaiting the outcome of the appeal of their sentences and convoy to penitentiary establishments.

The "Hauptvacht" had occupied the building of the former Temporary detention centre of the Ministry of Internal Affairs of the Nakhchivan Republic for about a year. With an official capacity of 45, at the time of the visit, it was holding 15 servicemen, of whom 9 were undergoing disciplinary punishment, 4 were on remand and 2 had been sentenced.

149. The delegation received no allegations of physical ill-treatment of persons held at the "Hauptvacht" of Nakhchivan Garrison.

150. When visited by the delegation, the "Hauptvacht" was in the midst of construction work, involving the fitting-out of new kitchen and eating areas; this had resulted in the gas and water supplies to the detention building being temporarily cut off.

Only the ground floor of the detention building was in use; it comprised nine cells designed for holding two, four or six persons. The standard of 4 m² per detained person was being applied (e.g. two persons in a cell measuring some 8.5 m²). However, the cells were dimly lit, with small windows and poor artificial lighting. Further, there was no heating and the cells were extremely cold; although the Head of the "Hauptvacht" claimed that electric heaters were placed in the cells at night, this was clearly not possible given absence of sockets. All detained servicemen complained of the bitter cold which made it difficult to sleep at night. Following a remark made by the delegation, the management took immediate action and when the delegation re-visited the "Hauptvacht" two days later, the temperature in the cells had risen considerably.

In-cell equipment consisted of bunk beds, a table, benches, a toilet and a sink. The delegation was told that all persons placed in the "Hauptvacht" were provided with mattresses and blankets at night. This information was not confirmed by servicemen undergoing disciplinary punishment, who claimed that they did not receive mattresses and blankets and consequently slept on a thin material (about 1 cm thick) placed directly on the iron bed frames.

There was a bathroom in a building across the road from the "Hauptvacht" to which detained servicemen had access once a week.

²⁷ The detained servicemen could be from all structures which have military personnel (e.g. the Army, the Ministry of Emergencies, the State Border Service, etc.).

151. As for food, it was provided three times a day and was reportedly the same as for other servicemen. No complaints were heard in respect of it.

152. The regime applied to servicemen undergoing disciplinary punishment in the “Hauptvacht” consisted of military training (drill, theory and practical instruction), work (mostly cleaning duties in the garrison) and outdoor exercise. As a result, most of the day (from 6 a.m. to 6 p.m.) was apparently spent outside the disciplinary cells. As for servicemen on remand and those who had been sentenced, they only left their cells for one hour of outdoor exercise a day (split into three 20-minute periods), to take their meals in the dining area and for the weekly shower.

153. With regard to inspection procedures, the delegation was told that the district military prosecutor, who exercises supervision over military custody, carried out periodic visits (usually twice a month).

154. In the light of the above remarks, **the CPT recommends that steps be taken at the “Hauptvacht” of Nakhchivan Garrison to:**

- **ensure adequate heating in the cells;**
- **improve access to natural light and artificial lighting in the cells;**
- **provide all detained servicemen with mattresses and blankets at night;**
- **offer a programme of activities to servicemen on remand and those who have been sentenced.**

E. Establishments under the authority of the State Border Service

155. The CPT's delegation visited the State Border Service establishment in Nakhchivan City. It had two types of detention facility: (i) a temporary detention centre for persons who had violated the border control regulations and could be detained for up to 24 hours; it was empty at the time of the visit and, according to the custody records, was rarely used²⁸, and (ii) a "Hauptvacht" for Border Guard servicemen placed in disciplinary cellular confinement, which had not been used since December 2005, following the entry into force of the "Hauptvacht" of Nakhchivan Garrison (see paragraph 148).

156. The temporary detention centre had three cells. They were of a reasonable size (e.g. cells measuring some 7 m² were intended for one person, and the cell measuring 12 m², for two persons). Access to natural light, artificial lighting, ventilation and heating were also acceptable. The cell equipment comprised beds with mattresses and blankets, and stools. **However, the cells had clearly not benefited from refurbishment for a long time.** The delegation was told that detained persons could have unlimited access to an exercise yard, and were provided with food three times a day.

157. The "Hauptvacht" consisted of three cells (6 to 15 m²), intended for one to three persons. The cells were situated in a basement area, and were dark: a very limited amount of natural light came through a tiny grilled aperture, and artificial light was totally inadequate. **The CPT would like to receive confirmation that the "Hauptvacht" in Nakhchivan City will not be used in the future.**

²⁸ There had been 43 cases of persons detained in 2006, none of whom had stayed longer than 24 hours.

APPENDIX I

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

A. Establishments under the authority of the Ministry of the Interior

Preliminary remarks

recommendations

- the Azerbaijani authorities to take urgent steps to ensure that the legal provisions on the duration of police custody are respected in practice and that persons remanded in custody are transferred promptly to investigative isolators (paragraph 11);
- the Azerbaijani authorities to take resolute action to ensure that the return of remand prisoners to police facilities, for whatever purpose, is sought and authorised only when there is absolutely no other alternative, and for the shortest time possible. The objective should be to end completely the practice of holding remand prisoners in police establishments. For as long as the present practice continues, the judicial control of persons remanded in custody and held on police premises should be reinforced; more specifically, such persons should be physically brought before a judge at regular intervals (paragraph 12);
- the Azerbaijani authorities to take resolute steps to stamp out the abusive use of administrative arrest (paragraph 13);
- the Azerbaijani authorities to issue instructions specifying that the period of police custody runs from the moment a person is obliged to remain with the police and that this time should appear in the protocol of detention, even if that protocol has been drawn up at a later stage (paragraph 13);
- the Azerbaijani authorities to deliver to police staff the clear message that abusing their position in order to obtain money from detained persons will be the subject of severe sanctions (paragraph 14).

requests for information

- the comments of the Azerbaijani authorities on the practice of holding criminal suspects at temporary detention centres after they had been remanded into custody because of a special authorisation by a prosecutor, judge or senior police officer (paragraph 11);
- a copy of Minister of Internal Affairs' Order No. 428 of 6 November 2001, amended by Orders Nos. 224 of 12 June 2002 and 81 of 16 February 2004 (concerning the rules on internal order in temporary detention centres) (paragraph 11);

- confirmation from the Azerbaijani authorities that the holding of remand prisoners in the temporary detention centre in Böyük Düz has been discontinued (paragraph 12);
- information on steps taken to eradicate the problem of corruption in the police (paragraph 14).

Ill-treatment

recommendations

- the Azerbaijani authorities to deliver to all police staff a strong message, emanating from the highest political level, that the ill-treatment of detained persons is illegal and will be the subject of severe sanctions. Police officers should also be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can be no justification for their being struck (paragraph 16);
- the Azerbaijani authorities to continue to develop professional training of law enforcement officials, with a particular emphasis being placed on advanced methods of crime investigation, thereby reducing reliance on information and confessions obtained via interrogations for the purpose of securing convictions. The change in philosophy of going “from the evidence to the suspect” rather than “from the suspect to the evidence” must be firmly rooted in the criminal justice system. This should be combined with the adoption of detailed instructions on the questioning of criminal suspects (including initial interviews by operational officers) and a Code of Police Ethics (paragraph 17);
- the Azerbaijani authorities to adopt appropriate measures in the light of the remarks made in paragraph 19 (paragraph 19);
- whenever a detained person brought before a judge alleges ill-treatment by police officers, these allegations should be recorded in writing, a forensic medical examination immediately ordered, and the necessary steps taken to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Moreover, even in the absence of an express allegation of ill-treatment, a forensic medical examination should be requested whenever there are other grounds to believe that a person could have been the victim of ill-treatment. If necessary, the relevant legal provisions should be amended (paragraph 20);
- persons who are, or have been, detained to be formally entitled to directly request an examination by a recognised forensic medical expert and to be issued with a certificate which has legal force in court (paragraph 21);
- the record drawn up following the medical examination of detained persons (both at temporary detention centres and investigative isolators) should 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, and (iii) the doctor’s conclusions in the light of (i) and (ii), indicating the degree of consistency between any allegations made and the objective medical findings (paragraph 22);

- whenever injuries are recorded which are consistent with allegations of ill-treatment made, the record should be systematically brought to the attention of the relevant authority. Further, the results of every medical examination, including the statements made by the person concerned and the doctor's conclusions, should be made available to the detained person and his lawyer (paragraph 22).

comments

- the Azerbaijani authorities are invited to take steps to avoid any perception of impunity by providing information to the public on the outcome of investigations into complaints of ill-treatment by the police (paragraph 18).

requests for information

- in respect of 2005 and 2006:
 - a breakdown by type of violation of the complaints made against police staff and the disciplinary sanctions imposed as a result;
 - the number of criminal proceedings instituted and criminal sanctions imposed following complaints of ill-treatment by the police. In this context, the CPT is interested to know if there have been any criminal proceedings and convictions of law enforcement officials on the basis of Sections 133 and 293 of the Criminal Code (paragraph 18);
- more information on the procedures for handling complaints against police staff, including copies of any regulations governing the work of the Ministry's Internal Investigation Department (paragraph 19);
- the comments of the Azerbaijani authorities on the availability of State forensic doctors and their independence (paragraph 21).

Safeguards against the ill-treatment of persons detained by the police

recommendations

- the Azerbaijani authorities to take appropriate steps to render fully effective in practice the right of persons deprived of their liberty by the police to inform a close relative or a third party of their situation, as from the very outset of their deprivation of liberty. The exercise of this right should be recorded in writing (paragraph 24);
- the Azerbaijani authorities to recall to all police officers the legal obligation to grant access to a lawyer from the very outset of a person's deprivation of liberty (paragraph 25);

- the Azerbaijani authorities to take steps to ensure, if necessary through legislative amendments, that all persons detained by the police are granted the right to have a lawyer present during any questioning, as from the very outset of their deprivation of liberty (paragraph 26);
- steps to be taken as a matter of urgency to develop a fully fledged and properly funded system of legal aid for persons in police custody who are not in a position to pay for a lawyer. Particular attention should be paid to the issue of independence of *ex officio* lawyers from the police structures and the prosecuting authorities, and to putting in place practical arrangements to ensure that *ex officio* lawyers are contacted and meet their clients while in police custody (paragraph 27);
- instructions to be issued on the subject of the right of persons in police custody to have access to a doctor, stipulating that:
 - a request by a detained person to see a doctor should always be granted; police officers should not seek to vet such requests;
 - a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police (it being understood that an examination by a doctor of the detained person's own choice may be carried out at his own expense);
 - the results of every examination, including any relevant statements by the detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and his lawyer;
 - the exercise of the right of access to a doctor is to be recorded in writing (paragraph 28);
- steps to be taken to ensure that a form explaining the rights of persons deprived of their liberty by the police – including the right of access to a doctor, rather than the duty to be medically examined – is systematically given to all persons as from the very outset of their deprivation of liberty (and not only when the protocol of detention is drawn up). Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case. The form should also be made available in an appropriate range of languages (paragraph 29);
- steps to be taken to ensure that:
 - juveniles detained by the police are effectively guaranteed the right to inform a family member or guardian of their situation;
 - detained juveniles do not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer and/or a trusted person being present and assisting the juvenile;

- a specific information form on rights, setting out the particular position of detained juveniles and including a reference to the right to have a lawyer and/or a trusted person present, is developed and given to all such persons taken into custody. Special care should be taken to explain the information carefully to ensure comprehension.

(paragraph 30);

- further steps to be taken to ensure that the period of police custody is properly recorded. This should include measures to ensure that protocols of detention are drawn up at the time of the actual apprehension and that custody registers are properly maintained, accurately record the times of deprivation of liberty, release or transfer, and reflect all other aspects of custody (precise location where a detained person is held; visits by a lawyer, relative, doctor or consular officer; taking out for questioning, etc.) (paragraph 31);
- the principles referred to in paragraph 32 to be fully observed in the activities of monitoring bodies (paragraph 32).

comments

- the Azerbaijani authorities are invited to consider the setting up of separate juvenile police units, taking into account Recommendation Rec (2003) 20 of the Council of Europe's Committee of Ministers concerning new ways of dealing with juvenile delinquency and the role of juvenile justice (paragraph 30).

requests for information

- whether steps have been taken to clearly circumscribe in law any exceptions to the right of immediate notification of custody (paragraph 24);
- the precise legal provisions concerning access to a doctor (including copies of relevant legislation/regulations) (paragraph 28).

Conditions of detention

recommendations

- measures to be taken to remedy the deficiencies mentioned in paragraph 34. In particular, the single cells at Gakh Police Department to be enlarged to at least 6 m², and the double cells to at least 8 m² (paragraph 34);
- urgent steps to be taken to address the deficiencies at the Temporary detention centre of Sumgayit District Police Department (paragraph 34);
- steps to be taken to ensure that all persons held at temporary detention centres have the possibility to take at least one hour of outdoor exercise every day (paragraph 35);

- measures to be taken to enlarge the exercise yards at the temporary detention centres in Böyük Düz and Gakh, as well as to equip the exercise yards in all temporary detention centres with a bench and shelter against inclement weather (paragraph 35);
- steps to be taken to provide some form of activity in addition to outdoor exercise to persons held in excess of a few days at temporary detention centres (paragraph 36);
- the Azerbaijani authorities to employ female staff in detention areas in all temporary detention centres, and ensure that at least one female staff member is constantly present whenever a temporary detention centre accommodates female detainees (paragraph 37);
- the Azerbaijani authorities to take effective steps to ensure that the legal provisions in force – according to which persons should not be kept overnight at local police stations – are fully respected in practice (paragraph 38);
- immediate steps to be taken to equip all “waiting rooms” with a means of rest (e.g. a bench) (paragraph 38);
- persons held at the Bilajari unit of the Main Transport Police Department to be authorised to take at least one hour of outdoor exercise a day (paragraph 40);
- the Azerbaijani authorities to take steps to review the arrangements for transporting detained persons, with a view to ensuring that the legally binding time-limits on police custody are respected. This should involve a major improvement to the fleet of vehicles used by the police (paragraph 41).

comments

- the CPT trusts that, once the role of the centre for minors of the Main City Police Department in Baku is clarified, the recommendations made in the 2002 visit report will be implemented (paragraph 39);
- the very small cubicle (0.5 m²) in police trucks is unsuitable for transporting a person, no matter how short the duration (paragraph 41).

requests for information

- up-to-date information on the functions and operation of the Reception and distribution centre for minors of the Main City Police Department in Baku, including copies of the relevant legislation and instructions (paragraph 39).

B. Establishments under the authority of the Ministry of Justice

Preliminary remarks

recommendations

- the Azerbaijani authorities to continue their efforts to provide purposeful activities for prisoners. As regards in particular work, a major improvement of the employment situation in prisons would require a fundamental change in approach, based on the concept of prisoners' work being geared towards rehabilitation and resocialisation rather than financial profit (paragraph 44);
- the current regime for remand prisoners to be fundamentally reviewed, in the light of the remarks made in paragraph 45. If necessary, the relevant legislation should be amended (paragraph 45);
- the Azerbaijani authorities to persevere in their efforts to combat corruption in the prison system through prevention, education and the application of appropriate sanctions. Staff working in the prison system should be given the clear message that obtaining or demanding advantages from prisoners is not acceptable; this message should be reiterated in an appropriate form at suitable intervals (paragraph 47).

comments

- the CPT hopes that the entry into force of new penitentiary establishments will make it possible for the Azerbaijani authorities to put an end to the practice of holding remand prisoners in police temporary detention centres as well as to ensure observance of the principle that prisoners should be allocated, as far as possible, to prisons close to their homes (paragraph 43);
- the CPT trusts that the Azerbaijani authorities will continue their efforts to combat prison overcrowding and, in so doing, will be guided by Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, as well as Recommendation Rec(2003)22 on conditional release (parole) (paragraph 43);
- a fundamental change of approach, supported by appropriate legislative changes and training of staff, is needed in order to meet the Committee's recommendations concerning the regime of life-sentenced and other prisoners held in high-security conditions (paragraph 46).

requests for information

- a copy of the draft Law on the custody of suspected and accused persons (paragraph 45);
- more details of the action plan for combating corruption within the penitentiary system, and of the results of its implementation (paragraph 47).

Ill-treatment

recommendations

- the management of Gobustan Prison and Strict-regime penitentiary establishment No. 11 to deliver the clear message to custodial staff that physical ill-treatment and verbal abuse of inmates as well as other forms of disrespectful or provocative behaviour vis-à-vis prisoners are not acceptable and will be dealt with severely (paragraph 49);
- the management of Gobustan Prison and Strict-regime penitentiary establishment No. 11 to make use of all means at their disposal to decrease tension. In addition to investigating complaints made by prisoners, this should involve the regular presence of prison managers in the detention areas, their direct contact with prisoners, and the improvement of prison staff training (paragraph 49);
- in the course of prison staff training, considerable emphasis to be placed on the acquisition and development of inter-personal communication skills. Measures should also be taken to upgrade the skills of custodial staff in handling problematic situations without using unnecessary force, in particular by providing training in ways of averting crises and defusing tension (paragraph 49);
- the Azerbaijani authorities to take steps to bring practice as regards the use of force against prisoners into line with the considerations referred to in paragraph 51. In this context, it is also important to ensure that prosecutors and the Ministry of Justice's Inspectorate are systematically notified of any use of physical force and "security means" by prison staff and are particularly vigilant when examining such cases (paragraph 51);
- the systematic practice of shaving the heads of newly-arrived prisoners at Strict-regime penitentiary establishment No. 11 to be discontinued (paragraph 52);
- prison staff to receive the clear message that any kind of threats or intimidating action against a prisoner who has complained or any attempts to prevent complaints or requests to reach the relevant supervisory bodies will not be tolerated (paragraph 53).

requests for information

- the outcome of the criminal case referred to in paragraph 50 (paragraph 50);
- detailed information on the complaints and disciplinary procedures in respect of prison staff, including the safeguards incorporated to ensure their objectivity, proper documentation, timely consideration and resolution (paragraph 53);
- in respect of all prisons in Azerbaijan, for 2005 and 2006:
 - the number of complaints of ill-treatment lodged against prison staff;
 - an account of disciplinary and/or criminal sanctions imposed (paragraph 53).

Conditions of detention

recommendations

- the Azerbaijani authorities to continue their efforts to improve material conditions at Gobustan Prison, and in particular to:
 - ensure that cells are properly heated;
 - maintain the prisoner accommodation in a satisfactory state of repair;
 - consider the possibility of increasing the frequency of prisoners' access to a shower, taking into consideration Rule 19.4 of the revised European Prison Rules;
 - supply prisoners with a wider range of personal hygiene products (including toothpaste, toilet paper, etc.) in adequate quantities;
 - improve the quality and variety of food provided to prisoners (paragraph 59);
- the Azerbaijani authorities to reconsider as a matter of urgency the regime applied to life-sentenced and other long-term prisoners at Gobustan Prison, taking into account the remarks in paragraphs 60 to 62. If necessary, the relevant legislation should be amended (paragraph 62);
- the Azerbaijani authorities to take due account of the remarks in paragraph 63 when devising their policy on the treatment of life-sentenced prisoners. In this context, the current legal provisions and practice should be amended with a view to ensuring that the application of special security regimes is the responsibility of the prison administration – in the light of the behaviour or dangerousness of each individual prisoner – rather than part of the catalogue of criminal sanctions imposed by courts (paragraph 63);
- the Azerbaijani authorities to develop as a matter of priority a policy at Gobustan Prison which guarantees the security and safety of prisoners (paragraph 66);
- steps to be taken at Investigative isolator No. 3 to:
 - reduce the occupancy rate of the cells in Blocks Nos. 1, 2 and 3, the objective being to offer a minimum of 4 m² per prisoner and to ensure that each prisoner has his own bed; this might require an optimisation of the use of the available accommodation;
 - ensure that cells in Blocks Nos. 1 and 2 are adequately heated;
 - improve ventilation and artificial lighting in the cells in Blocks Nos. 1 and 2;
 - consider the possibility of increasing the frequency of showers for inmates, in the light of Rule 19.4 of the revised European Prison Rules;

- supply prisoners with a wider range of personal hygiene products (including toothpaste, toilet paper, etc.) in adequate quantities (paragraph 73);
- the Azerbaijani authorities to make serious efforts to develop activities for remand prisoners at Investigative isolator No. 3, in the light of the general remarks made in paragraph 45 (paragraph 77);
- urgent measures to be taken to ensure that juvenile inmates at Investigative isolator No. 3 are offered educational and recreational activities which take into account the specific needs of their age group (paragraph 77);
- steps to be taken at Investigative isolator No. 3 to enlarge the outdoor exercise yards and make them less oppressive, as well as to ensure that all prisoners have the possibility to take outdoor exercise for at least one hour every day (paragraph 77);
- steps to be taken at Strict-regime penitentiary establishment No. 11 in order to:
 - decrease occupancy levels in the prisoner accommodation areas, with a view to meeting the requirement of at least 4 m² of living space per inmate set out in the Code of Enforcement of Sentences; in this context, consideration might be given to bringing back into service the presently unused accommodation block, following its refurbishment;
 - refurbish the accommodation blocks;
 - refurbish the toilet, washing and bath facilities; as regards access to a shower, the Azerbaijani authorities should consider the possibility of increasing the frequency of showers for inmates, in the light of Rule 19.4 of the revised European Prison Rules;
 - supply prisoners with a wider range of personal hygiene products (including toothpaste, toilet paper, etc.) in adequate quantities;
 - improve the quality and variety of the food provided to prisoners;
 - address the deficiencies referred to in paragraph 82 as regards the premises in which inmates may stock and prepare food received from home (paragraph 83);
- the Azerbaijani authorities to strive to increase the number of prisoners at Strict-regime penitentiary establishment No. 11 who are engaged in purposeful activities. Consideration should also be given to equipping the establishment with an indoor gym (paragraph 87).

comments

- the Azerbaijani authorities are invited to improve the system for registering remand prisoners and recording their transfers and actual location (paragraph 67);
- at Investigative isolator No. 3 in Shuvalan, dairy products and fruit (fresh or preparations) were absent from the menu, even for juveniles (paragraph 72).

requests for information

- more information on the timetable for the construction of a new high-security prison and the plans of the new establishment (paragraph 59);
- reports on all deaths in Gobustan Prison in 2006 and 2007, including the outcome of the investigations carried out and any measures taken in response (paragraph 66);
- the comments of the Azerbaijani authorities on the criteria by which the official capacity of Investigative isolator No. 3 has been set (paragraph 67);
- more information on the timetable for the planned replacement of Investigative isolator No. 3 by a new remand establishment (paragraph 73);
- the comments of the Azerbaijani authorities on the recent prohibition of possessing radios at Strict-regime penitentiary establishment No.11 (paragraph 86).

Health-care services

recommendations

- the Azerbaijani authorities to:
 - reinforce the team of doctors working at Strict-regime penitentiary establishment No. 11;
 - employ a dentist at Strict-regime penitentiary establishment No. 11;
 - substantially increase the number of nursing staff at Gobustan Prison, Investigative isolator No. 3 and Strict-regime penitentiary establishment No. 11;
 - ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the premises of the establishments concerned, including at night and weekends;
 - complete the equipment of the medical unit at Gobustan Prison and upgrade the equipment of the medical units of Investigative isolator No. 3 and Strict-regime penitentiary establishment No. 11 (paragraph 91);
- the position of the prisoners performing health-care tasks at Gobustan Prison and Strict-regime penitentiary establishment No. 11 to be reviewed, in the light of remarks made in paragraph 91 (paragraph 91);
- the Azerbaijani authorities to take steps to fill the posts of psychiatrists at the establishments visited, and to reinforce the provision of psychological care to prisoners, particular attention to be paid to the needs of prisoners serving long – including life – sentences (paragraph 92);

- the Azerbaijani authorities to carry out a thorough examination of the provision of health care at Gobustan Prison. In this context, immediate steps should be taken to ensure that the security arrangements are such that prisoners in need of urgent medical care can be assisted without delay, including at night (paragraph 93);
- measures to be taken to ensure that prisoners in need of hospital treatment are promptly transferred to appropriate medical facilities (paragraph 94);
- the Azerbaijani authorities to develop a comprehensive strategy for the provision of assistance to persons with drug-related problems, in the light of the remarks in paragraph 97 (paragraph 97).

comments

- the Head doctor at Gobustan Prison should receive the conclusions of the autopsy reports concerning prisoners who have died at the establishment (paragraph 93);
- the requirement to have a staff member qualified to provide first aid present on the premises of Gobustan Prison at night should include the possibility for this person to call an ambulance (paragraph 93);
- the CPT trusts that the Azerbaijani authorities will persevere in their efforts to combat tuberculosis in the penitentiary system (paragraph 96).

Other issues of relevance to the CPT's mandate

recommendations

- the Azerbaijani authorities to persevere in their efforts to improve staffing levels in penitentiary establishments (paragraph 99);
- the Azerbaijani authorities to take steps to ensure that no prisoner is put in a position to exercise power over other prisoners (paragraph 100);
- the Azerbaijani authorities to take relevant steps in the light of the remarks in paragraph 102 concerning remand prisoners' entitlement to visits. The draft Law on the custody of suspects and accused should provide an opportunity to address this issue (paragraph 102);
- the entitlement to visits of life-sentenced prisoners and prisoners serving their sentences under a "prison regime" to be increased, so as to ensure that such prisoners can receive at least one visit (either short- or long-term) per month (paragraph 103);
- steps to be taken to improve the visiting facilities at Investigative isolator No. 3 and at Gobustan Prison, in the light of the remarks in paragraph 104. The aim should be to enable all prisoners, including those on remand, to receive visits under reasonably open conditions; the use of closed visiting facilities should be the exception rather than the rule (paragraph 104);

- the Azerbaijani authorities to amend the provisions concerning remand prisoners' correspondence, in the light of the remarks in paragraph 105 (paragraph 105);
- steps to be taken to formally guarantee the right of prisoners facing disciplinary charges to be heard in person on the subject of the offence of which they were accused (paragraph 108);
- the role of prison doctors in relation to disciplinary matters to be reviewed. In so doing, regard should be had to the revised European Prison Rules (in particular, Rule 43.2) and the comments made by the CPT in its 15th General Report (see paragraph 53 of CPT/Inf (2005) 17) (paragraph 109);
- steps to be taken to:
 - ensure a minimum of 4 m² of living space per prisoner in the disciplinary and “KTO” cells of Strict-regime penitentiary establishment No. 11. Cells of 7.5 m² should never accommodate more than one inmate;
 - improve the artificial lighting in the “KTO” cells at the above-mentioned establishment;
 - ensure that disciplinary cells at Investigative isolator No. 3 are adequately heated (paragraph 111);
- steps to be taken to ensure that all prisoners placed in disciplinary cells are offered access to reading matter. As for access to a shower, reference is made to the recommendations in paragraphs 59, 73 and 83 (paragraph 111);
- the Azerbaijani authorities to take steps to ensure that the right of prisoners to lodge complaints is fully respected, by reviewing the rules on the censorship of correspondence and guaranteeing in practice that complainants will be free from reprisals (paragraph 112);
- the Azerbaijani authorities to review the presence of Ministry of Internal Affairs staff in investigative isolators, in the light of the remarks in paragraph 114 (paragraph 114).

comments

- the CPT encourages the Azerbaijani authorities to pursue their efforts in the area of prison staff training, both initial and on-going (paragraph 98);
- the Azerbaijani authorities are invited to increase the number of female staff deployed in the women's unit of Investigative isolator No. 3 (paragraph 101);
- the Azerbaijani authorities are invited to amend the legislation concerning sentenced prisoners' visiting entitlement, in the light of the remarks in paragraph 103 (paragraph 103);
- the Azerbaijani authorities are invited to explore the possibility of offering remand prisoners access to a telephone. If there is a perceived risk of collusion, a particular phone call could be monitored (paragraph 106).

requests for information

- the comments of the Azerbaijani authorities on the practice of reading prisoners' correspondence (paragraph 105);
- the comments of the Azerbaijani authorities on the issue raised in paragraph 112 (paragraph 112);
- the comments of the Azerbaijani authorities on the issues referred to in paragraph 113 concerning the mandate of the Public Committee of the Control of the Penitentiary System and the procedures for selecting its members (paragraph 113).

C. Establishments under the authority of the Ministry of Health

Ill-treatment

recommendations

- the management of City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki to make it clear to staff that all forms of ill-treatment of patients, including verbal abuse, are unacceptable and will be subject to severe sanctions (paragraph 117);
- the procedures for the selection, training and supervision of orderlies to be improved, in the light of the remarks in paragraph 117 (paragraph 117).

comments

- the Azerbaijani authorities are invited to take measures to ensure that staff in City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki protect patients from other patients who might cause them harm. This requires not only adequate staff presence and supervision at all times, but also that staff be properly trained in handling challenging situations/patients (paragraph 117).

Patients' living conditions

recommendations

- the Azerbaijani authorities to take urgent steps at City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki to:
 - launch a refurbishment programme which involves improving access to natural light, artificial lighting, ventilation and heating in the patients' dormitories. In this context, the possibility of transforming the large-capacity dormitories into smaller structures should be considered;
 - offer a more congenial and personalised environment to patients, in particular by providing them with lockable space;
 - provide patients with bedding (mattresses, pillows, bedsheets and blankets) in a decent condition;
 - refurbish the toilet, washing and bathing facilities (in particular, the toilets should be fitted in a manner allowing patients some privacy) and maintain them in a clean condition;
 - ensure that incontinent patients are cared for in a manner which is respectful of their dignity;
 - provide patients with a range of personal hygiene items (toothbrush, toothpaste, sanitary materials for women's monthly needs, toilet paper, etc.);
 - refurbish the laundry facilities and take steps to ensure that bedlinen and patients' clothes are washed at regular intervals;
 - provide patients with appropriate footwear;
 - ensure that the food served to patients is sufficient in quantity and quality; further, patients' nutritional status should be regularly monitored and there should be medical intervention and follow-up if required;
 - refurbish the kitchens and canteens and maintain them in a clean condition (paragraph 124).

requests for information

- more information on the plans to close City Psychiatric Hospital No. 1 in Baku for reconstruction works, including on the location to which patients will be transferred during the works (paragraph 125).

Treatment and staff

recommendations

- urgent steps to be taken to ensure adequate supplies of basic psychiatric medication at the Regional Psycho-Neurological Dispensary in Sheki (paragraph 127);
- serious efforts to be made at City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki to develop a range of therapeutic options and involve long-term patients in rehabilitative psycho-social activities, in order to prepare them for independent life or return to their families; occupational therapy should be an integral part of the rehabilitation programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image (paragraph 127);
- an individual treatment plan to be drawn up for each patient (taking into account the special needs of acute and long-term patients), including the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and the evaluation of their progress (paragraph 127);
- urgent action to be taken to:
 - introduce a systematic screening for tuberculosis of all newly-arrived patients at the Sheki dispensary;
 - improve arrangements for somatic (including dental) care for patients at City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki, as well as the supply of basic somatic medication and related materials (paragraph 128);
- the Azerbaijani authorities to take steps at City Psychiatric Hospital No. 1 in Baku and the Regional Psycho-Neurological Dispensary in Sheki to:
 - substantially increase the number of nurses and orderlies;
 - employ specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, etc.) (paragraph 131);
- as regards the Regional Psycho-Neurological Dispensary in Sheki:
 - a formal on-call duty system for the doctors at night and weekends to be introduced;
 - steps to be taken to provide nursing staff with specialised - initial and ongoing - training; training should also be provided to orderlies (paragraph 131).
- at City Psychiatric Hospital No. 1 in Baku, the practice of staff delegating certain security tasks to selected patients to be discontinued without delay; carrying out security tasks should be the exclusive responsibility of the staff (paragraph 132).

comments

- the CPT wishes to stress the importance of the different categories of staff working on a ward meeting regularly and forming a multidisciplinary team, under the authority of a senior doctor (paragraph 127).

Means of restraint

recommendations

- staff at City Psychiatric Hospital No. 1 in Baku to instruct staff to be instructed to grant ready access to a toilet at all times (including at night) to patients placed in the “isolators” (paragraph 134);
- immediate action to be taken to ensure that restraints are applied in accordance with the law (paragraph 135);
- the practices described in paragraph 135 to be discontinued without delay; the physical restraint of patients should not take place in sight of other patients, and the restraint and supervision of patients should be the exclusive responsibility of qualified health-care staff assisted, when necessary, by orderlies (paragraph 135);
- the Azerbaijani authorities to adopt a policy for the use of means of restraint, in the light of the remarks in paragraph 136 (paragraph 136);
- every instance of physical and/or chemical restraint to be recorded in a specific register established for that purpose (in addition to 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 (paragraph 136).

requests for information

- whether it is envisaged to abolish the "isolators" at City Psychiatric Hospital No. 1 in Baku (paragraph 134).

Safeguards in the context of involuntary hospitalisation

recommendations

- steps to be taken to ensure that the provisions of the LPA on involuntary civil hospitalisation are fully implemented in practice. This will involve the provision of appropriate information and training to all structures and persons involved (in particular, psychiatrists, hospital management and judges). In this context, it should be explained clearly to all the individuals involved that a written request for hospitalisation by a relative cannot substitute itself for an informed consent to hospitalisation by the patient himself, unless the person has been deprived of his/her legal capacity by a court decision and the relative in question has been appointed the patient's legal guardian (paragraph 139);
- steps to be taken to ensure that:
 - persons admitted to psychiatric establishments are provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, as well as on the possibility to withdraw their consent subsequently;
 - patients who are admitted to a psychiatric hospital on an involuntary basis have the effective right to be heard in person by a judge during placement or appeal procedures;
 - the patient concerned receives a copy of any court decision on involuntary placement in a psychiatric hospital and is informed in writing about the reasons for the decision and the avenues/deadlines for lodging an appeal (paragraph 139);
- the Azerbaijani authorities to review the situation of all patients currently hospitalised in psychiatric establishments, in the light of the LPA (paragraph 140);
- all patients (and, if they are incompetent, their legal representatives) to be provided systematically with information about their condition and the treatment prescribed for them, and doctors to be instructed that they should always seek the patient's consent to treatment prior to its commencement. This could be done by means of a special form of informed consent to treatment, signed by the patient or (if he is incompetent) by his legal representative. Relevant information should also be provided to patients and their legal representatives during treatment (paragraph 141);
- steps to be taken to ensure that involuntary psychiatric patients have an effective access to legal assistance (independent of the admitting hospital), if necessary free of charge (paragraph 142);
- a brochure setting out the establishment's routine and patients' rights – including information about complaints bodies and procedures – to be drawn up and systematically provided to patients and their families on admission to psychiatric establishments (paragraph 143);

- measures to be taken to ensure that patients in psychiatric establishments are effectively put in a position to send confidential complaints to outside bodies (paragraph 144);
- the Azerbaijani authorities to strive to introduce a system for regular visits to psychiatric establishments by independent outside bodies responsible for the inspection of patients' care. These bodies should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations (paragraph 145).

comments

- it would be advisable to start compiling establishment-level and national statistics on the number of patients hospitalised against their will under the “civil” procedure (paragraph 140);
- the Azerbaijani authorities are invited to improve the conditions under which visits take place at City Psychiatric Hospital No. 1 in Baku and at the Regional Psycho-Neurological Dispensary in Sheki, as well as to enable patients in both establishments to make telephone calls (paragraph 146).

requests for information

- whether there are any plans to develop a policy of de-institutionalisation in Azerbaijan (paragraph 147).

D. Establishments under the authority of the Ministry of Defence

recommendations

- steps to be taken at the “Hauptvacht” of Nakhchivan Garrison to:
 - ensure adequate heating in the cells;
 - improve access to natural light and artificial lighting in the cells;
 - provide all detained servicemen with mattresses and blankets at night;
 - offer a programme of activities to servicemen on remand and those who have been sentenced(paragraph 154).

E. Establishments under the authority of the State Border Service

comments

- the cells in the temporary detention centre at the State Border Service establishment in Nakhchivan City had clearly not benefited from refurbishment for a long time (paragraph 156).

requests for information

- confirmation that the “Hauptvacht” in Nakhchivan City will not be used in the future (paragraph 157).

APPENDIX II

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

A. National authorities

Ministry of Justice

Fikrat MAMMADOV
Nazim ALAKBAROV
Faig GURBANOV

Minister
Deputy Minister, Director of the Penitentiary Service
Director of the Human Rights and Public Relations
Department
Director of the Prison Inspectorate
Deputy Director of the Penitentiary Service
Director of the General Medical Department
Chief of Staff of the Penitentiary Service
Deputy Director of Human Rights and Public
Relations Department

Ministry of Foreign Affairs

Mahmud Mammad-GuLiyev
Marat KANGARLINSKIY
Islam GULIYEV

Deputy Minister
Director of Division
Department of Human Rights and Democratisation

Ministry of Health

Senan Kerimov
Shahnaz BAKHSHALIYEVA
Shakir MUSAYEV

Deputy Minister
Head of Medical Aid Department
Director of the Centre for Forensic Medicine and
Pathological Anatomy
Chief Republican psychiatrist
Chief psychiatric expert
Senior Adviser
Chief doctor of Psychiatric Hospital No. 1
Professor, State Medical University

Agabek Sultanov
B. Asadov
Elkhan AZIZOV
Rahib Hajiyev
Nadir ISMAYILOV

Ministry of Internal Affairs

Javanshir MAMMADOV
Afat GURBANOV
Emil SADIKHOV
Nariman ABDURAKHMANOV

Head of the Main Department of Public Security
Head of Internal Security Department
Head of International Co-operation Department
Chief Inspector

Ministry of Defence

Rovshan maharramov
Rovshan KARIMOV

Head of Military Police
Officer of International Cooperation and Euro-Atlantic Integration Department

Ministry of National Security

Ali SHAFIYEV
Ramiz SAMADOV

Deputy Minister
Head of the Investigative isolator

State Border Service

Asif DJABRAYILOV

Deputy Head

Prosecutor General's Office

Rustam USUBOV
Seyfaddin ABDULLAYEV
Ruslan HAJIYEV
Nazir BAYRAMOV

First Deputy Prosecutor General
Deputy Head of Investigation Control Department
Head of International Relations Department
Senior Assistant to the Prosecutor General

Office of the Human Rights Commissioner

Elmira SULEYMANOVA
Aydin SAFIKHANLI
Adil HAJIYEV
Lala AZIMOVA

Human Rights Commissioner
Head of Department
Senior Advisor on torture
Senior Advisor, Unit for the protection of prisoners' rights
Advisor, Unit for the protection of prisoners' rights
Head of Public Relations Department
Advisor, Public Relations Department

Aygun SULEYMANOVA
Zemfira MAHARRAMLI
Vugar HEYDAROV

Office of the President

Saadat NOVRUZOVA

Advisor

B. Non-governmental organisations

Centre of Development Programs EL
Committee against Torture
Human Rights Centre of Azerbaijan
Institute of Peace and Democracy
Psychiatric Association of Azerbaijan
Public Committee for Control of the Penitentiary System

C. International organisations

Delegation of the ICRC in Baku
OSCE Office in Baku