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Report

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

from 20 to 27 April 2018

The Lithuanian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2019) 19.

Strasbourg, 25 June 2019

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EXECUTIVE SUMMARY

The aim of the 2018 ad hoc visit was for the CPT to assess the implementation of its long-standing recommendations concerning the Lithuanian prison system. In this respect, the CPT regrets to note that many of those recommendations have still not been implemented. This concerns, in particular, the situation at Alytus, Marijampolė and Pravieniškės Prisons, as well as certain matters relating to legislation, e.g. the legal norm of living space per prisoner, legislation concerning life-sentenced prisoners and inmates' contact with the outside world. The CPT must stress that if no progress is made to implement its recommendations, it will be obliged to consider having recourse to Article 10, paragraph 2, of the Convention.¹

The delegation received no recent and credible allegations of physical ill-treatment of inmates by staff at Lukiškės and Vilnius Prisons, or at the Prison Hospital. By contrast, a number of credible allegations of physical ill-treatment, some of them corroborated by medical evidence, were heard at Alytus, Marijampolė and Pravieniškės Prisons; the ill-treatment alleged consisted essentially of use of excessive force (punches, kicks and truncheon blows) in the context of staff interventions to stop inter-prisoner violence.

The delegation also received numerous allegations of mass physical ill-treatment of prisoners in the course of a general search carried out in the punishment block (KTP) of Alytus Prison by members of the special intervention group from the Prison Department on 5 July 2017. The delegation discussed this incident with senior officials from the Prison Department, the management and staff (including health-care staff) at Alytus Prison, as well as with the Seimas Ombudsman, staff of the NPM Department and two prosecutors who had been supervising the subsequent investigation. The CPT must stress that its delegation has gained the impression that the investigation into the incident of 5 July 2017 was not effective, especially in the early stages. The investigation had been closed by the prosecutor's office on 20 February 2018 because of the "absence of elements of crime" but some of the inmates concerned had appealed this decision to Alytus District Court, which was still considering these appeals at the time of the visit. In the report, the CPT requests the Lithuanian authorities to provide information on the outcome of the appeal procedure.

Furthermore, as had been the case during previous visits, in Alytus, Marijampolė and Pravieniškės Prisons the delegation observed truly extraordinary levels of inter-prisoner violence, intimidation and exploitation. It gave the delegation a strong impression that the main detention areas in these three prisons were unsafe for inmates, and that the only parts of the establishments under full control of the administration were the punishment blocks which were frequently used and constantly filled to capacity, mostly by inmates seeking protection from other prisoners and being punished for refusing to stay in their ordinary units.

Following the CPT's request, the Lithuanian authorities provided the Committee with an Action Plan to combat drug trafficking in prison, inter-prisoner violence, and to address the problem of the spread of HIV and hepatitis C in prisons. The CPT welcomes the planned measures, which – if properly and energetically implemented – could help address a number of serious and urgent concerns in Lithuania's penitentiary establishments.

¹ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

The CPT notes the on-going (and partly already completed) reconstruction and refurbishment in all the prisons visited; however, the remaining overcrowded large-capacity dormitories still facilitate inter-prisoner violence. The CPT recommends that the Lithuanian authorities continue the conversion of large-capacity dormitories into cell-type accommodation and the reduction of occupancy levels in prisons, so as to provide at least 4 m² of living space for all inmates.

The CPT also notes the Lithuanian authorities' efforts to offer organised activities (work, education, vocational training, etc.) to sentenced prisoners. Nonetheless, the offer of activities for remand prisoners remains unsatisfactory; those prisoners continue to be locked up in their cells for up to 23 hours per day.

The health-care teams in most of the prisons visited were still under-resourced and there had been little change for the better. That said, there had been an improvement in access to psychiatric care in all the establishments visited. The CPT reiterates its recommendation that the Lithuanian authorities take decisive steps to reinforce health-care teams at the prisons visited by providing working conditions that are sufficiently attractive to recruit and retain staff. More generally, the CPT stresses once again that greater participation by the Ministry of Health in this area (including as regards recruitment of prison health-care staff, their in-service training, evaluation of clinical practice, certification and inspection) could help to ensure optimum health care for prisoners, as well as observance of the general principle of the equivalence of health care in prison with that in the wider community.

The CPT regrets having to reiterate its concern regarding poor recording of injuries in penitentiary establishments. As in the past, the descriptions of injuries were generally rather succinct (or even, at times, incorrect) and did not contain conclusions by a doctor as to the possible origin of the injuries or the consistency of those injuries with the statements made by the person examined.

Furthermore, the CPT remains deeply troubled by the omnipresence of drugs in prisons, and by the serious risk of prisoners becoming drug dependent and contracting HIV and hepatitis C while in prison by sharing injecting equipment. The delegation also noted that there had been 58 new HIV infection cases in Alytus Prison in the course of 2017 when, in comparison, there had been 21 new cases in the period from January 2015 to September 2016.

The delegation paid particular attention to the psychiatric ward of the new Prison Hospital. The CPT recommends updating the internal guidelines on the use of restraint in order to ensure that means of restraint are applied in strict compliance with international standards.

The situation remains highly unsatisfactory as regards prison staffing levels, with a very low custodial staff presence inside prisoner accommodation areas and numerous custodial staff vacancies in most of the establishments visited. The CPT reiterates its view that inadequate staff complements can only increase the risk of violence and intimidation between prisoners; this has been demonstrated very clearly again during the 2018 ad hoc visit.

Regarding discipline, the CPT once again calls upon the Lithuanian authorities to review the strict (including disciplinary cellular confinement) regime. In particular, prisoners concerned should be offered the possibility to engage in purposeful activities and be offered the same visiting entitlement and access to a telephone as other inmates.

I. INTRODUCTION

A. The visit, the report and follow-up

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 Lithuania from 20 to 27 April 2018.² The visit was one which appeared to the Committee “to be required in the circumstances” (cf. Article 7, paragraph 1, of the Convention).

2. The aim of the 2018 ad hoc visit was for the CPT to assess – in the light of the outcome of its high-level talks with the Lithuanian authorities in April 2017³ and the response of the Lithuanian authorities to the report on the Committee’s 2016 periodic visit⁴ – the implementation of its long-standing recommendations concerning the Lithuanian prison system.

3. For this purpose, the CPT’s delegation carried out follow-up visits to Alytus Correction Home (hereafter Alytus Prison), Lukiškės Remand Prison (located in Vilnius, hereafter Lukiškės Prison), Marijampolė Correction Home (hereafter Marijampolė Prison)⁵ and Pravieniškės Correction Home (hereafter Pravieniškės Prison)⁶ and visited, for the first time, Vilnius Correction Home (hereafter Vilnius Prison) and the new Prison Hospital in Pravieniškės.⁷

4. The visit was carried out by the following members of the Committee:

- Marzena Ksel, 1st Vice-President of the CPT (Head of delegation)
- Costakis Paraskeva
- Marika Väli.

² All reports on the CPT’s previous visits and responses of the Lithuanian authorities are available on the Committee’s website (<https://www.coe.int/en/web/cpt/lithuania>).

³ See <https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-holds-high-level-talks-in-lithuania>.

⁴ See the response (document CPT/Inf (2018) 3) in <https://rm.coe.int/pdf/16807843cc> and the CPT’s report (document CPT/Inf (2018) 2) in <https://rm.coe.int/pdf/16807843ca>.

⁵ Alytus, Lukiškės and Marijampolė Prisons were last visited by the CPT in September 2016, see paragraphs 34 and 47 – 57 of CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>.

⁶ Last visited by the CPT in April 2008, see paragraphs 33, 43, 46 and 47 of the report on the 2008 periodic visit, <https://rm.coe.int/1680697335>.

⁷ The Prison Hospital (not yet fully operational at the time) had received a brief visit by the CPT’s representatives in the context of high-level talks with the Lithuanian authorities in April 2017 (<https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-holds-high-level-talks-in-lithuania>). The reason for that brief visit was that the Prison Hospital had not been visited by the Committee in September 2016 and the CPT’s representatives wanted to gain an impression of the establishment, before discussing issues concerning prison health care with the Minister of Health and the Deputy Minister of Justice on the following day.

They were supported by Borys Wódcz (Head of Division) and Dalia Žukauskienė of the Committee's Secretariat, and assisted by:

- George Tugushi, former Public Defender (Ombudsman) of Georgia (expert)
- Alina Dailidėnaitė (interpreter)
- Rūta Kaunaitė (interpreter)
- Liudas Remeika (interpreter).

5. The report on the visit was adopted by the CPT at its 97th meeting, held from 5 to 9 November 2018, and transmitted to the Lithuanian authorities on 4 December 2018. The various recommendations, comments and requests for information made by the Committee are set out in bold type in the present report. The CPT requests the Lithuanian authorities to provide within three months a response containing a full account of action taken by them to implement the Committee's recommendations and replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and co-operation received

6. In the course of the visit, the CPT's delegation had consultations with Arūnas Kazlauskas, Chancellor of the Ministry of Justice, as well as with senior officials from the Ministry of Justice and the Prison Department. In addition, talks were held with the Seimas Ombudsman Raimondas Šukys and staff of the National Preventive Mechanism (NPM) Department of the Seimas Ombudsmen's Office.

A full list of the persons with whom the delegation held consultations is set out in the Appendix to this report.

7. The delegation received very good co-operation during the visit: it enjoyed rapid access to all the establishments it visited (including those which had not been notified in advance), was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

A special word of thanks should go to the CPT's liaison officer, Marius Rakštelis, Head of the Penitentiary and Probation System Unit of the Ministry of Justice, for the assistance provided before, during and after the visit.

8. As has been stressed by the Committee in previous visit reports, the principle of co-operation between a State Party and the CPT is not limited to facilitating the work of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations.

In this respect, the CPT regrets to note that many of its long-standing recommendations have still not been implemented. This concerns, in particular, the situation at Alytus, Marijampolė and Pravieniškės Prisons, as well as certain matters relating to legislation, e.g. the legal norm of living space per prisoner, legislation concerning life-sentenced prisoners and inmates' contact with the outside world.

9. The Committee must stress that if no progress is made to implement its recommendations, it will be obliged to consider having recourse to Article 10, paragraph 2, of the Convention.⁸ The CPT hopes that prompt and decisive action by the Lithuanian authorities to implement the Committee's recommendations will render such action unnecessary.

C. Urgent request made by the CPT after the visit

10. By a letter dated 4 May 2018, the CPT's Executive Secretary transmitted to the Lithuanian authorities the text of the delegation's preliminary observations.⁹

In doing so, he drew the authorities' special attention to the Committee's request to provide it, within three months, with a detailed action plan, comprising precise deadlines and an indication of the responsible organs and the required financial and human resources, to fight against drug trafficking in prison, inter-prisoner violence and the power of informal prisoner hierarchies, and to address the problem of the spread of HIV and hepatitis C in prisons.

By a letter dated 26 September 2018, the Lithuanian authorities provided the CPT with an Action Plan on this subject that had recently been approved by the Minister of Justice. The measures enumerated in the Action Plan will be discussed in detail later in this report.

⁸ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

⁹ At the time of the visit, the position of the Minister of Justice was vacant as were those of all Deputy Ministers of Justice. Considering the fact that the Minister of Internal Affairs (who was also Acting Minister of Justice at the time) and the Prime Minister were not available to meet the delegation (both attending official State meetings abroad), the delegation took the decision not to present its preliminary observations on the spot but to transmit them in writing to the Lithuanian authorities after the visit.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

1. Preliminary remarks

11. At the time of the visit, Alytus Prison (capacity 1,200)¹⁰ was accommodating 973 male sentenced prisoners.¹¹ Lukiškės Prison (capacity 954, unchanged since the 2016 visit) was accommodating 744 inmates, including 273 adult male remand prisoners, 18 adult female remand prisoners, three male juvenile remand prisoners, 49 male adult sentenced prisoners on “prison regime”,¹² 60 sentenced prisoners employed on general prison services (kitchen, cleaning, maintenance, repairs, etc.), 92 life-sentenced prisoners (including a woman, accommodated together with other female prisoners) and 48 foreign prisoners and Lithuanian nationals extradited from other EU Member States under the European Arrest Warrant. The remainder of the prisoners were sentenced and either awaiting the outcome of their appeal or the transfer to an establishment where they would start serving their definitive sentence.

Marijampolė Prison (capacity 950)¹³ was accommodating 931 adult sentenced prisoners, i.e. 60 less than during the 2016 periodic visit. Pravieniškės Prison, a large complex resulting from a recent merger of three previously separate penitentiary establishments¹⁴ (which had since become Sectors 1 to 3 of the new establishment), had a total official capacity of 2,180 and was accommodating, at the time of the visit, 1,946 adult male sentenced prisoners including 550 in Sector 1 (capacity 720, for first-time offenders and prisoners serving shorter sentences), 1,066 in Sector 2 (recidivists and 28 life-sentenced prisoners in two separate units) and 330 in Sector 3 (lighter regime including 96 inmates allowed to move around without supervision).

Vilnius Prison (capacity 610),¹⁵ a former Soviet-era establishment for compulsory treatment of alcohol users, was accommodating 453 adult male sentenced prisoners at the time of the visit. They were allocated between three Sectors: Sector 1 (general population accommodated in a 5-storey building with dormitories), Sector 2 (a 2-storey building for former civil servants, law enforcement and military officers – 48 at the time of the visit),¹⁶ and Sector 3 for prisoners allowed to work outside the prison (15 at the time of the visit).

¹⁰ The official capacity had been reduced from 1,460 places at the time of the 2016 periodic visit. For the general description of the establishment, see paragraphs 34, 38 – 39 and 44 of the report on the 2012 periodic visit (CPT/Inf (2014) 18, <http://rm.coe.int/doc/0900001680697367>) and paragraph 48 of the report on the 2016 periodic visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>).

¹¹ As compared with 1,210 in September 2016.

¹² The official full name of Lukiškės Prison was Lukiškės Remand Prison-Prison because it was the only penitentiary establishment in Lithuania designed by law (Section 62 of the Code on the Execution of Sentences) to be a “prison” (in addition to being a remand prison). According to Chapter IV of the Criminal Code, sentenced prisoners could be subjected to a “prison regime” (i.e., in essence, a cell-type regime) *inter alia* if they had been sentenced for particularly serious crimes or if they had received a disciplinary sanction of placement in a KTP block (see paragraphs 23 and 75 below) and the Director of the Prison Department had decided that they should serve this punishment in a “prison”. Life-sentenced prisoners (see paragraphs 34 and 38 below) were also subjected to a “prison regime” (with some additional specificities).

¹³ 1,190 during the 2016 periodic visit. See general description in paragraphs 48 and 51 of the report on the 2016 periodic visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>).

¹⁴ One of them, formerly called Pravieniškės-2 Correction Home No. 3 and now Sector 3 of Pravieniškės Prison, was visited by the CPT in 2008, see paragraph 33 of CPT/Inf (2009) 22 (<https://rm.coe.int/1680697335>).

¹⁵ Although the Director expressed the view that accommodating more than 500 inmates in his establishment would lead to violation of even the national norms of living space per prisoner (see paragraph 12 below).

¹⁶ Until 2017, former officials had been accommodated in another, dedicated prison in Vilnius. However, a decision had been taken to reconstruct it into a half-way home and former officials had been transferred to

As for the new Prison Hospital in Pravieniškės, see the description in paragraph 58 below.

12. At the outset of the visit, senior officials from the Ministry of Justice provided the delegation with updated information on the situation in the prison system and the planned and on-going measures to improve that situation.

They stressed that the trend towards the reduction of the prison population had continued, with a further 5% decrease since the 2016 visit.¹⁷ This had made it possible to reduce official capacities in prisons, so as to allow for more living space for inmates. However, despite the CPT's long-standing recommendation, the official norms of living space per prisoner (i.e. 3.1 m² for dormitory-type accommodation and 3.6 m² for multiple-occupancy cells) have still not been amended. **The Committee once again calls upon the Lithuanian authorities to raise the official minimum standard of living space per prisoner to at least 4 m² in multiple-occupancy cells (not counting the area taken up by any in-cell toilet facility) and 6 m² in single-occupancy cells.**¹⁸

13. As for other measures, the delegation's interlocutors acknowledged that the 2014 Government "Programme for Modernisation of Penitentiary Institutions" was not being duly implemented due to the lack of financial resources, and the authorities were in the process of reassessing the Programme so as to adapt it to the resources available. In practice, most of the ongoing refurbishment and reconstruction work in prisons (which generally implied transforming large-capacity dormitories/cells into smaller living units, see paragraph 31 below) was being carried out with the aid of the Norwegian Financial Mechanism.¹⁹ In this context, reference was also made to the recent completion of the new Prison Hospital (see paragraph 58 below).

14. As for draft new legislation, there were plans to amend extensively the Code of Execution of Sentences to encourage prisoners to work and develop links with the health-care and social assistance systems in the outside community.²⁰ Further, draft amendments were being prepared (following the recent judgment of the European Court of Human Rights)²¹ to introduce into the Lithuanian law the possibility of early release for life-sentenced prisoners who had served at least 25 years of their sentence; the plan was for the amendments to be considered by the Seimas (Parliament) in the course of 2019.

Vilnius Prison. In order to be able to accommodate them, some 150 other prisoners had been transferred to Alytus and Marijampolė Prisons.

¹⁷ See paragraph 35 of the report on the 2016 periodic visit, <https://rm.coe.int/pdf/16807843ca>). At the time of the 2016 visit, the prison population stood at 7,004 (compared to 9,754 at the time of the 2012 visit).

¹⁸ See also paragraph 32 below.

¹⁹ This included the on-going construction of a new prison in Šiauliai (capacity 600 including 400 for remand prisoners), planned to be completed in 2022; on-going partial refurbishment at Lukiškės Prison (see paragraph 31 below), scheduled for completion by the end of 2019; new cellular blocks in Alytus, Marijampolė and Pravieniškės (see paragraph 31 below) and construction of a new open-type prison (capacity 200) combined with a new prison staff training centre near Vilnius (the timing for completion of this project was not yet known).

²⁰ Relevant draft amendments were to be transmitted by the Government to the Seimas in the second half of 2018.

²¹ *Matiošaitis and Others v. Lithuania*, judgment of 23 May 2017, <http://hudoc.echr.coe.int/eng?i=001-173623>.

15. The CPT welcomes these efforts and **calls upon the Lithuanian authorities to attach a high priority to the implementation of all these plans**, especially given the delegation's findings during the 2018 ad hoc visit. **The Committee also wishes to be provided with updated information on the plans to close Lukiškės Prison and build a new remand prison on the outskirts of Vilnius.**²²

16. As regards other aspects of the situation of prisoners sentenced to life imprisonment, see paragraphs 34 and 38 below.

2. Ill-treatment

17. The delegation received no recent and credible allegations of physical ill-treatment of inmates by staff at *Lukiškės and Vilnius Prisons*, and at the *Prison Hospital*. Further, only a few allegations of staff using rude and offensive language were heard at *Vilnius Prison*; **the management of the latter establishment should remind all staff that verbal abuse of prisoners is unacceptable and will not be tolerated.**

By contrast, a number of credible allegations of physical ill-treatment, many of them corroborated by medical evidence, were heard at *Alytus, Marijampolė and Pravieniškės Prisons*; the ill-treatment alleged consisted essentially of use of excessive force (punches, kicks and truncheon blows) in the context of staff interventions to stop inter-prisoner violence. A small number of the allegations referred to physical ill-treatment as a form of punishment for prisoners who had made formal complaints about their treatment and/or conditions of detention. **The CPT recommends that the management of Alytus, Marijampolė and Pravieniškės Prisons take steps to ensure that prison staff do not abuse their authority and resort to ill-treatment. As part of their training, staff should receive the unambiguous message that the ill-treatment of inmates is not acceptable and will be punished accordingly.**

Further, **it should be made clear to all the staff that prisoners are not to be subjected to reprisals (including in the form of physical ill-treatment) for having exercised their lawful right to make complaints.**

18. Reference should also be made to the alleged mass physical ill-treatment of prisoners in the course of a general search carried out in the punishment block (KTP)²³ of *Alytus Prison* by members of the special intervention group from the Prison Department (accompanied by staff from the Department's Immunity Unit²⁴) on 5 July 2017.

²² The delegation was told that these long-standing plans (see e.g. paragraph 36 of the report on the 2016 periodic visit, <https://rm.coe.int/pdf/16807843ca>) had not been abandoned but that their implementation would be postponed due to the budgetary situation. Nevertheless, the architectural plans of the new prison would reportedly be ready in the course of 2019.

²³ See also paragraph 75 below.

²⁴ Which *inter alia* performs internal inspection functions.

According to numerous allegations received by the delegation,²⁵ a group of some 40 inmates had been forced to run out of their cells and had been physically ill-treated (punched, kicked, struck with truncheons and hit with protective shields) in the block's areas not covered by CCTV surveillance (i.e. in the staircase and in the corridor leading to the exercise yards) by masked members of the special intervention group.²⁶

19. The delegation discussed this incident with senior officials from the Prison Department, the management and staff (including health-care staff) at *Alytus Prison*, as well as with the Seimas Ombudsman, staff of the NPM Department and two prosecutors who had been supervising the subsequent investigation (i.e. a prosecutor from Alytus Prosecutor's Office and a prosecutor from the Office of the Prosecutor General). The investigation²⁷ had been closed by the prosecutor's office on 20 February 2018 because of the "absence of elements of crime"²⁸ but some of the inmates concerned²⁹ had appealed this decision to Alytus District Court, which was still considering these appeals at the time of the visit. **The Committee would like to be informed of the outcome of the appeal procedure.**

20. The CPT must stress that its delegation has gained the impression that the investigation into the incident of 5 July 2017 was not effective, especially in the early stages.³⁰

In particular, investigative actions had only begun 5 days after the incident (on 10 July 2017) – they had thus not been prompt – and had initially been carried out by officers from Alytus Prison's Criminal Intelligence Unit, who were colleagues of at least some of the incriminated custodial officers and were, in any event, employees of the Prison Department (these investigative steps were therefore not impartial).

²⁵ Similar allegations had been received by the staff of the NPM Department of Seimas Ombudsmen's Office (who had interviewed the prisoners concerned) and swiftly reported by one of the Seimas Ombudsmen to the competent police, prison and prosecuting authorities.

²⁶ It is noteworthy that, although a few of the members of the special intervention group had been issued with body cameras, the cameras had (according to the information obtained by the delegation from various sources, *inter alia* from the staff of the NPM Department) been either inoperative (reportedly due to faulty batteries or SD cards) or simply switched off during the most sensitive parts of the search i.e. when inmates were taken to areas outside CCTV coverage.

²⁷ Pursuant to Section 228 (1) of the Criminal Code ("abuse of power").

²⁸ The main reason was reportedly that all the complaints had been worded in the same manner, which appeared to the prosecution to represent an organised protest action against the prison administration rather than reflecting any real ill-treatment by staff.

²⁹ Most of the 33 prisoners who had initially made formal complaints concerning the incident of 5 July 2017 had withdrawn them by 5 February 2018.

³⁰ It is to be recalled that the criteria which an investigation into such cases must meet in order to be qualified as "effective" have been established through an extensive and well-settled case-law of the European Court of Human Rights and are highlighted in the CPT's 14th General Report (see paragraphs 25 to 42 of CPT/Inf (2004) 28, <https://rm.coe.int/1680696a80>). In particular, the investigation should be thorough and comprehensive, it should be conducted in a prompt and expeditious manner, and the persons responsible for carrying out the investigation should be independent of those implicated in the events. Further, there should be a sufficient element of public scrutiny of the investigation or its results, including the involvement of the alleged victims in the procedures and the provision of information to the public on the status of ongoing investigations, to secure accountability in practice as well as in theory. In this regard, it is well-established through the case-law of the European Court of Human Rights that whenever a person is injured while in the hands of public officials, there is a strong presumption that the person concerned has been ill-treated and the authorities' duty is to provide a satisfactory and convincing explanation of how the injuries were caused.

Much later (in October 2017) the investigation had been taken over by the Main Police Department in Alytus, reportedly after the incident had become widely known to the general public due to extensive media coverage.

It is also noteworthy that none of the prisoners and prison officers involved in the incident had been questioned directly by the prosecutors (who had instead relied on interrogation reports drawn up by the officers from the Criminal Intelligence Unit and subsequently by police officers), and the forensic medical assessment had only been ordered in late October 2017 i.e. 3 months after the incident (the forensic doctor having reportedly based his assessment on medical records drawn up by the prison's doctor,³¹ without having seen any of the inmates concerned).³²

Further, the prosecutors met by the delegation were not in a position to confirm whether anyone had actually questioned the prison doctor who examined the prisoners in the evening after the incident.³³

21. **The CPT would welcome any observations that the Lithuanian authorities might wish to submit in the light of the aforementioned.** More generally, the Committee considers that steps should be taken to ensure that possible cases of ill-treatment of persons deprived of their liberty are investigated in accordance with the criteria for effective investigations referred to above, in particular impartiality. To begin with, urgent steps should be taken to ensure that any investigations into allegations of ill-treatment of persons deprived of their liberty (and whenever there is a suspicion that ill-treatment might have occurred, even without an allegation) be investigated *ex officio*, as from the very outset, by the Prosecutor's Office. Staff of the Criminal Intelligence Units of prisons (and of the Criminal Intelligence Board of the Prison Department) should no longer be involved in such investigations.

In relation to the above-described incident of 5 July 2017 at Alytus Prison, the CPT requests to be provided with a copy of the forensic medical report drawn up in late October 2017. The Committee also reiterates its recommendation that members of the Prison Department's special intervention groups be reminded that any force used during their operations inside prisons must be limited to what is strictly necessary; as soon as recalcitrant prisoners have been brought under control, there can be no justification for them being struck.

Further, the CPT recommends that steps be taken to ensure more generalised use of body cameras in the context of such operations and that bodycams are always operational and switched on throughout the intervention, with the footage duly preserved and available for subsequent examination by competent authorities. Steps should also be taken to ensure that any interventions involving potential use of force take place exclusively in areas under CCTV coverage.

³¹ The delegation examined these records and found that they referred to injuries located mostly on lateral aspects of the body, in the kidney/lower back region and external parts of the arms.

³² According to the prosecutors with whom the delegation spoke, the report of the forensic doctor concluded the presence of injuries (bruises and haematomas) resulting in work incapacity of 2 days maximum, which might have been inflicted in the manner alleged (punches, truncheon blows, kicks and hitting with protective shields). However, the forensic doctor had added that "it could not be excluded that the injuries had been self-inflicted" (see also paragraphs 22 and 49 below).

³³ It is noteworthy that the incident had occurred in the morning of 5 July 2017. The prosecutors could not explain the reason for the delay in the medical examinations, which appeared to be in contradiction with the relevant rules (requiring that prisoners be examined immediately after the application of "special means").

22. As had been the case during previous visits to Lithuania,³⁴ the delegation observed – especially in the three penitentiary establishments with predominantly dormitory-type accommodation i.e. *Alytus, Marijampolė and Pravieniškės Prisons*³⁵ – truly extraordinary levels of inter-prisoner violence, intimidation and exploitation.

The delegation was again inundated with allegations of prisoners having been subjected to violence (including violence of a sexual character and forcing fellow prisoners to perform slave labour) from the members of informal prisoner hierarchies, whose power was reportedly linked with the omnipresence of illicit drugs and alcohol (as well as mobile telephones and dangerous objects including bladed weapons) and facilitated by a very low prison staff presence³⁶ (as well as, at least to a certain degree, staff collusion and corruption).³⁷

It should be added that the examination of relevant medical registers, prisoners' medical files and other documentation in the three prisons (*Alytus, Marijampolė and Pravieniškės*) revealed – despite the generally poor and even worsening quality of medical records – the presence of numerous injuries, sustained by prisoners inside the accommodation and work/activity areas, the character of which clearly suggested their violent origin.³⁸

³⁴ See e.g. paragraph 44 of the report on the 2016 periodic visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>), paragraph 44 of the report on the 2012 periodic visit (CPT/Inf (2014) 18, <https://rm.coe.int/1680697367>) and paragraphs 40 and 41 of the report on the 2008 periodic visit (CPT/Inf (2009) 22, <https://rm.coe.int/1680697335>).

³⁵ No such problems appeared to exist at the Prison Hospital and inter-prisoner violence was not really an issue at Lukiškės Prison. As acknowledged by its Director, inter-prisoner violence did exist at Vilnius Prison, but its extent was lesser than in the three aforementioned establishments.

³⁶ E.g. there were only 12 custodial staff present on any given shift at Vilnius Prison (population 453), 12 in Sector 2 (population 1,066) of Pravieniškės Prison, 17 at Alytus Prison (population 973) and 27 at Marijampolė Prison (population 931). It is noteworthy that there was no night-time permanent custodial staff presence at Alytus, Marijampolė and Pravieniškės Prisons (custodial officers came to the detention blocks approximately every 2 hours). See also paragraph 68 below.

³⁷ Staff salaries had been raised in January 2018 but were still very low (approximately 500 EUR per month). Directors in the prisons visited acknowledged that corruption remained a serious problem – a custodial officer could easily double his/her monthly salary by selling a mobile phone to a prisoner. Apparently, some staff members complemented their salaries by smuggling drugs, alcohol or facilitating inmates' transfer to a more lenient regime.

³⁸ In Alytus there were more than 20 recorded inmates bearing injuries resulting from inter-prisoner violence (e.g. stabbing) each month, although the recorded number had suddenly and dramatically decreased after July 2017, possibly the result of the change of prison doctor and the lack of proper recording. See paragraph 49 below. Also in Marijampolė and Pravieniškės, many of the recorded injuries had been sustained inside the establishment and were likely to have resulted from violence, e.g. facial injuries, broken bones. In Pravieniškės, 150 prisoners had sustained injuries necessitating urgent transfer (by ambulance) to the emergency ward in Kaunas in 2017, and there had already been 52 such transfers in 2018 (until 25 April).

23. The numerous allegations of inter-prisoner violence heard from inmates in the three establishments visited, referring to a phenomenon acknowledged to a large degree by the prison Directors and many of the staff members with whom the delegation spoke (as well as other delegation's interlocutors, including senior officials and NPM staff),³⁹ gave the delegation a strong impression that the main detention areas in the three prisons were unsafe for inmates, and that the only parts of the establishments under full control of the administration were the punishment blocks (KTP)⁴⁰ which were almost invariably frequently used and constantly filled to capacity.⁴¹

As a result, inmates seeking protection from fellow prisoners had to spend months (usually 6 months) if not years⁴² in small and often dilapidated cells,⁴³ being subjected to an extremely impoverished regime (no activities, no association, no long-term visits), *de facto* amounting to solitary confinement for those prisoners who were accommodated alone. Their situation was rendered worse by the persistent legal *lacuna*, i.e. the absence of provisions permitting the segregation of prisoners from those in the main accommodation on the grounds of their own security. The only legal possibility, at least in the view of prison Directors, was to use disciplinary provisions (punishing the prisoners concerned, often repeatedly and for prolonged periods, for their refusal to stay in their "normal" units), which had several (apart from the already-mentioned impoverished regime) negative consequences for the inmates, the most serious being (given their poor disciplinary record) severely diminished prospects of being granted early release. One may thus sum up their situation in the following way: prisoners asking for protection received instead isolation and punishment.

24. Despite such poor conditions, some inmates were – according to their own words – so desperate to be taken away from the main accommodation that they were prepared to kill a fellow inmate, only to be able to obtain the much sought-after disciplinary segregation measure and thus feel safer than in their ordinary unit.⁴⁴

25. To make the dismal picture complete, many prisoners told the delegation that they had sought placement in KTP because of the perceived threat of being forced to become drug addicts⁴⁵ and out of fear of contracting HIV and hepatitis C. This situation is clearly totally unacceptable.⁴⁶

³⁹ And at least partially corroborated by medical evidence, see above.

⁴⁰ See the description of the KTP ("disciplinary cellular confinement") system in previous reports, e.g. paragraph 84 of the report on the 2012 periodic visit (CPT/Inf (2014) 18, <https://rm.coe.int/1680697367>); see also paragraph 75 below.

⁴¹ E.g. the KTP block of Alytus Prison was full at the time of the visit (102 inmates out of the prison's total population of 973); with 225 placements between 1 January and 1 April 2018 (and 518 in 2017). The same was true for Marijampolė Prison, with the KTP block being filled to capacity (111 inmates, for the prison's total of 931). At Pravieniškės Prison, the KTP blocks were full in Sector 1 (54 prisoners, almost 10% of the Sector's total population) and Sector 2 (60 inmates); in the latter Sector, the need for safe accommodation was so high that the Sector's admission ("quarantine") unit was also partly used for this purpose.

⁴² One inmate interviewed at Alytus Prison had reportedly already spent 8 years in KTP, most of this time alone in his cell.

⁴³ E.g. only 7 out of the 43 KTP cells in Alytus Prison had recently been refurbished. Refurbishment of KTP blocks was generally very difficult because these blocks were so intensely used.

⁴⁴ At Pravieniškės Prison, the delegation spoke with an inmate who had actually killed a fellow prisoner at Marijampolė Prison in 2016. He claimed that his previous repeated requests to be transferred away from his general accommodation unit had been ignored by the prison administration. He had been transferred to the KTP and received an additional 10-year prison sentence for the murder.

⁴⁵ Some prisoners, especially at Marijampolė Prison, told the delegation that they had not used drugs prior to arrival at the establishment but had been forced to take drugs by prisoners belonging to the informal hierarchy, in order to make them dependent on drugs provided by those prisoners, and to make them run into debts which they would then be forced to reimburse, either with money or with other services. See also paragraph 50 below.

26. As already mentioned in paragraph 10 above, following the visit (by a letter dated 4 May 2018) the CPT requested the Lithuanian authorities to provide it, **within three months**, with a detailed action plan, comprising precise deadlines and an indication of the responsible organs and the required financial and human resources, to fight against drug trafficking in prison, inter-prisoner violence and the power of informal prisoner hierarchies (e.g. by segregating in a dedicated establishment the informal “prison leaders” from the rest of the prisoner population), and to address the problem of the spread of HIV and hepatitis C in prisons.

In its letter, the Committee expressed the view that the aforementioned action plan would *inter alia* require close inter-agency co-ordination between the Ministries of Justice, Interior and Health, as well as the Drug, Tobacco and Alcohol Control Department and the Centre for Communicable Diseases and AIDS. The CPT also stressed that any solution to the above-mentioned problems would necessitate a significant increase in custodial staff complements and salaries, as well as further progress in transforming prisoner accommodation from dormitory to cell type.⁴⁷

In their letter of 26 September 2018, the Lithuanian authorities informed the Committee of steps planned to address the unacceptable levels of inter-prisoner violence. According to the Action Plan approved by the Minister of Justice, the measures to reduce the impact of informal prisoner hierarchies and to increase the safety and supervision of inmates would include legislative changes,⁴⁸ increasing the security in prisons (by involving the Public Security Service of the Ministry of the Interior to assist with ensuring public order inside and outside prisons in Alytus, Marijampolė, Pravieniškės and Kybartai, also by acquiring more “special means”, including electric discharge weapons (“tasers”) and telescopic truncheons, and providing every custodial officer responsible for supervision with a body camera), segregation of prisoners having “negative influence” on other inmates (by transferring about 200 prisoners to different prisons and placing them in KTP blocks, on which see the CPT’s views and recommendations in paragraph 75 below), increasing the number of custodial staff directly responsible for supervision of prisoners,⁴⁹ raising the salaries for custodial staff to make the service more attractive, and further developing the competencies of custodial staff.

The Action Plan also foresees further reconstruction of prisons transforming large dormitories into cell-type accommodation.⁵⁰ The timeline of the measures contained in the Action Plan varies from the first quarter of 2019 to the end of 2022 (in the case of prison reconstruction programmes).

⁴⁶ See also paragraphs 52 and 56 below.

⁴⁷ See paragraph 31 below.

⁴⁸ For example, allowing the accommodation of any remand or sentenced prisoner in any penitentiary establishment, or authorising prison officers to initiate investigations into administrative offenses committed in prison.

⁴⁹ By optimising the administrative structure of the Prison Department, reducing the number of departments and posts for staff performing general functions and allocating 40 additional posts to penitentiary establishments for custodial functions, also by merging four prisons into two, reducing the number of posts for staff with general functions and increasing the number of custodial staff (40 posts).

⁵⁰ Including a reconstruction of different blocks in Vilnius and Alytus Prisons and building a new prison in Siauliai for 600 prisoners.

27. The CPT welcomes the above-mentioned measures, which – if properly and energetically implemented – could contribute to the reduction of the extent of inter-prisoner violence in Lithuania’s penitentiary establishments.⁵¹ That said, **the Committee reiterates its long-standing recommendation that many more resources be invested in recruiting additional custodial staff and developing staff professionalism. High priority should be given to an on-going training on de-escalation skills and the use of control and restraint measures.**

The Committee also recommends that particular attention be paid to making clear to custodial staff who would be issued with electric discharge weapons that such devices may only be used when there is a real and immediate threat to life or risk of serious injury. Recourse to such weapons for the sole purpose of securing compliance with an order is unacceptable.

The CPT considers that the use of electric discharge weapons should be subject to the principles of necessity, subsidiarity, proportionality, advance warning (where feasible) and precaution. Furthermore, recourse to such weapons should only be authorised when other less coercive methods (negotiation and persuasion, manual control techniques, etc.) have failed or are impracticable and where it is the only possible alternative to the use of a method presenting a greater risk of injury or death (e.g. firearms).⁵²

28. Furthermore, continuous efforts are required to increase the number of prison staff trained in dynamic security⁵³ and deployed in prisoner accommodation areas. Any significant staff increase will be impossible unless staff salaries are made more competitive with those offered in the police and in the private sector.⁵⁴

The CPT also calls upon the Lithuanian authorities to finally adopt legal provisions and put in place a system allowing to accommodate prisoners in need of protection, offering them adequate material conditions and regime, and to stop *de facto* abusing the provisions on disciplinary isolation/segregation for this purpose.⁵⁵

29. As for the aforementioned plan to segregate prisoners having “negative influence” on other inmates, the CPT wishes to stress that any placement in conditions of especially high security or control should be based on a full individualised risk and needs assessment. The prisoner concerned should be offered the opportunity to express his views on the matter and should receive a written, reasoned decision and information on how the decision may be appealed.

A detailed plan should be established for every such inmate, with a view to addressing the issues which required the inmate concerned to be kept in such conditions. After an initial decision, there should be a further review at least after the first month (and thereafter at least every three months), at which progress against the agreed plan can be assessed and if appropriate a new plan developed.

⁵¹ See also paragraphs 28, 32 and 54 below.

⁵² See also paragraphs 65 to 84 of the CPT’s 20th General Report (CPT/Inf (2010) 28), <https://rm.coe.int/1680696a87>.

⁵³ Dynamic security also implies an adequate offer of constructive activities, see paragraph 37 below.

⁵⁴ See paragraph 68 below.

⁵⁵ See also paragraph 75 below.

The longer a high security prisoner remains in this situation, the more thorough the review should be and the more resources, including resources external to the prison, made available to attempt to (re)integrate the prisoner into the mainstream prison community. The prison Director or senior members of staff should make a point of visiting such prisoners on a regular basis and familiarising themselves with the prisoners' individual plans.

Further, it is essential for the management of prisoners whose personality or behaviour is likely to mean that they will spend considerable periods of time in conditions of high security or control, that decisions reached about their management are not only fair but can be seen to be fair. The absence of such an approach is likely to result in an increased sense of grievance and descent into a vortex of deteriorating behaviour.

The Committee recommends that the above-mentioned precepts be duly taken into account in the context of the implementation of the Action Plan, as regards inmates considered to have “negative influence” on other prisoners.

30. At *Pravieniškės Prison* the delegation found, in the relevant medical documentation, that two inmates had died in the admission (“quarantine”) unit of Sector 2 in the spring of 2018. However, no explanation was provided for the circumstances of their deaths and there was no information available about the results of post-mortem examinations. **The Committee would like to obtain clarification regarding the circumstances of those deaths from the Lithuanian authorities, including autopsy reports and the results of any inquiries carried out. The CPT would also like to know what steps have been taken to prevent such types of deaths in prison in the future.**

3. Conditions of detention

a. material conditions

31. The delegation saw on-going (and partly already completed) reconstruction and refurbishment in all the prisons visited, the general purpose being to transform large dormitories and cells into smaller-capacity accommodation.⁵⁶ Material conditions were generally good in the already refurbished/reconstructed units (the cells were well lit and ventilated, suitably furnished and offered adequate living space to inmates⁵⁷), the only issue of concern being that refurbished cells at *Lukiškės Prison* remained far too small for their intended occupancy (cells measuring 8 m² contained 4 beds each) and that sanitary annexes in the reconstructed blocks of *Alytus and Lukiškės Prisons* were not fully partitioned. **The CPT recommends that steps be taken to address the latter deficiency. As for the refurbished cells at Lukiškės Prison, the objective should be to use them for single occupancy.**

32. Material conditions were also found to be generally acceptable in the not yet refurbished/reconstructed units in the prisons visited, which were almost without exception maintained in a decent state of repair and cleanliness; this being a big improvement as compared with the situation observed during previous visits.⁵⁸ However, overcrowded large-capacity dormitories⁵⁹ represented one of the factors contributing to inter-prisoner violence (see paragraph 22 above). In this context, and also in the light of its long-held view regarding the advisability of prisoner accommodation based on smaller living units,⁶⁰ **the Committee calls upon the Lithuanian authorities to continue the conversion of large-capacity dormitories into cell-type accommodation and to reduce occupancy levels in prisons, providing at least 4 m² of living space per inmate (not counting the space taken by the in-cell sanitary annexe) and 6 m² in single-occupancy cells.**⁶¹

⁵⁶ There was e.g. on-going refurbishment/reconstruction in Block 3 of Lukiškės Prison (the psychiatric wing of the former Prison Hospital), with a capacity of 90, expected to be fully renovated by autumn 2019), and reconstruction of old blocks into cell-type accommodation was observed at Alytus Prison (a block with an intended capacity of 150, scheduled to be completed by July 2018), Marijampolė Prison (capacity 87) and Pravieniškės Prison (reconstructed Sector 3, with a capacity of 360, scheduled to be completed in the summer of 2018). See also paragraph 13 above.

⁵⁷ E.g. cells in the reconstructed block of Alytus Prison were for four or five inmates each and offered 4 to 5 m² of living space per prisoner; those in the reconstructed block of Marijampolė Prison were accommodating three inmates each and offered 5 m² of living space per prisoner; and those in reconstructed buildings of Sector 3 of Pravieniškės Prison measured 16 m² (sanitary annexe included) and contained up to 3 beds each (there were also some larger cells, for four inmates, measuring approximately 23 m²).

⁵⁸ See e.g. paragraphs 48, 50 and 51 of the report on the 2016 visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>).

⁵⁹ E.g. prisoners at Vilnius Prison had between 3 and 3.5 m² of living space per person and those at Alytus Prison (in unrenovated blocks) some 3.7 m² per person on average. Inmates had more living space (4 – 5 m² per person) in the unrenovated blocks of Pravieniškės Prison, but some lived in very large dormitories (100 to 140 m²).

⁶⁰ See paragraph 29 of the CPT's 11th General Report (CPT/Inf (2001) 16, <https://rm.coe.int/1680696a75>).

⁶¹ See also paragraph 12 above. Longer-term objectives should be even more ambitious, pending available resources. See document "Living space per prisoner in prison establishments: CPT standards" (CPT/Inf (2015) 44, <https://rm.coe.int/16806cc449>).

33. As already mentioned (see paragraph 23 above), conditions were poorer in the cells in KTP blocks (which were often dilapidated and dirty), especially in the single-occupancy cells in KTP blocks at *Marijampolė and Pravieniškės Prisons*, which were too small;⁶² **the CPT reiterates its recommendation that these cells be enlarged or taken out of service.**

More generally, **the Committee recommends that urgent steps be taken to refurbish KTP cells in all the prisons visited, and to keep them clean.**

34. The delegation gained a positive overall impression of material conditions in the unit for life-sentenced prisoners at *Pravieniškės Prison* (accommodating 28 lifers at the time of the visit).⁶³ Located in Sector 2, the dormitories were well lit and ventilated, spacious,⁶⁴ well furnished, pleasantly decorated with pictures, posters and plants, and with plenty of personal items and audio-video equipment in evidence.

Although the lifers could freely associate with other life-sentenced prisoners within the unit, and were also occasionally allowed to participate in activities (mainly sports) with prisoners from other units,⁶⁵ the general rule remained that lifers were segregated from other categories of prisoners. The CPT has already expressed in previous visit reports⁶⁶ its misgivings about the practice of keeping life-sentenced prisoners apart from other inmates. **The Committee calls upon the Lithuanian authorities to review the legal provisions and practice as regards life-sentenced prisoners, proceeding from an individual risk and needs assessment to allow decisions concerning security, including the degree of contact with others, to be made on a case-by-case basis.**⁶⁷

35. As during the CPT's previous visits, the delegation heard many inmates in the prisons visited complain that they were only allowed to take a shower once a week. **The Committee reiterates its recommendation that the frequency of showers be increased to at least twice a week (and more frequently if warranted by the circumstances).**⁶⁸

36. Some complaints were again received in the prisons visited about the food, especially at *Marijampolė and Pravieniškės Prisons* (where the food was reportedly monotonous and lacked fresh fruit and vegetables). **The CPT reiterates its recommendation that steps be taken to review the quality and quantity of the food provided to inmates.**

⁶² In particular, single-occupancy KTP cells at Marijampolė Prison measured only 6 m² (including 2 m² taken by the sanitary annexe) and were too narrow (less than 2 metres between the walls).

⁶³ Inmates accommodated in the unit had previously served (at least) the first 10 years of their sentence in small-size cellular accommodation at Lukiškės Prison (described in detail in paragraph 57 of the report on the 2012 periodic visit, CPT/Inf (2014) 18, <https://rm.coe.int/1680697367>) before being transferred to a lighter regime and more communal-type accommodation in Pravieniškės, on condition of good behaviour.

⁶⁴ E.g. a dormitory measuring some 40 m² accommodating six inmates.

⁶⁵ See paragraph 38 below.

⁶⁶ Most recently in paragraph 61 of the report on the 2016 periodic visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>).

⁶⁷ See also Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners.

⁶⁸ See also Rule 19.4 of the European Prison Rules: "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."

b. regime

37. The delegation noted that efforts were being made to offer organised activities (work, education, vocational training, etc.) to sentenced prisoners at *Alytus*,⁶⁹ *Marijampolė*,⁷⁰ *Pravieniškės*⁷¹ and *Vilnius Prisons*.⁷² The situation was comparable at *Lukiškės Prison*, where approximately 100 out of some 400 sentenced prisoners had a job and some 150 attended school or vocational training classes.

Further, sentenced prisoners had (according to the regime) between 2 and 4 hours of daily outdoor exercise, and additionally could use the gym and play sports (football, volleyball, basketball, table tennis) outdoors or indoors (in their units).

However, it was clear in the penitentiary establishments visited that more had to be done to involve the remaining majority of sentenced prisoners in organised activities (including the former law enforcement officials from *Vilnius Prison* who – as the delegation was told – were not able to work as they could not leave their unit for reasons of their own safety). Moreover, the offer of activities for remand prisoners at *Lukiškės Prison* remained unsatisfactory; those prisoners continued to be locked up in their cells for up to 22-23 hours per day.

The Committee once again calls upon the Lithuanian authorities to take decisive steps to develop programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work, education, sport, etc.) tailored to the needs of each category of prisoner.

38. The delegation was, on the whole, positively impressed by the regime offered to life-sentenced prisoners at *Pravieniškės Prison*. They had access to work⁷³ (though separately from others), vocational training (to become landscape architects) and could use the gym daily and practice team sports at least twice a week.

Regarding the regime for life-sentenced prisoners accommodated at *Lukiškės Prison*, the delegation noted that there had been some further progress as regards the offer of activities within their unit: at the time of the visit, 38 of the 92 lifers had a paid job (making beehives and birdhouses), although work was intermittent and depended on outside orders.

⁶⁹ At the time of the visit, approximately 330 inmates of Alytus Prison (population 973) had a paid job (weaving, basket making, furniture making, metal processing, general services, etc.) and some 240 were attending school.

⁷⁰ Out of a total of 931 prisoners at the time of the visit, some 200 had a job (furniture workshop, metal workshop, sewing workshop, and general services), another 200 attended the general secondary school and approximately 200 were enrolled in vocational classes (training to become construction workers, carpenters, forklift operators, turners and welders).

⁷¹ At the time of the visit, approximately 700 (out of a total of 1,946) prisoners had a paid job though the proportion varied across the Sectors, from some 25% of inmates in Sector 2, and some 30% in Sector 1 to over 90% in Sector 3. A number of inmates also attended school and vocational training (carpentry, gardening, IT).

⁷² At the time of the visit, some 130 inmates of Vilnius Prison (population 453) had a paid job (64 of them employed in general services), 87 attended the general secondary school and a further 133 were following vocational training (carpentry, shoemaking, electrics, welding).

⁷³ 11 out of the 28 lifers had a paid job at the time of the visit.

Further, as previously, life-sentenced prisoners were allowed to associate with each other during part of the day.⁷⁴ However, apart from weekly computer classes and chess tournaments, occasional English and music classes and a possibility to play basketball during daily outdoor exercise (1.5 hours), there were no other activities available to lifers, and in particular no general education or vocational training.

The Committee recommends that the Lithuanian authorities continue to develop the regime for life-sentenced prisoners, especially for those accommodated at Lukiškės Prison. In so doing, the authorities should be guided, *inter alia*, by Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners, as well as by the CPT's standards set out in its 25th General Report.⁷⁵ Reference is also made to the recommendation in paragraph 34 above.

39. Regarding the regime for prisoners placed in KTP blocks (and other disciplinary regimes), see paragraph 75 below.

4. Health-care services

a. preliminary remarks

40. Over the years, the CPT has repeatedly encouraged the Lithuanian authorities to enhance the role of the Ministry of Health in the field of prison health care. The findings of the 2018 visit, described below, only reinforce the Committee's view that a greater participation of the Ministry of Health in this area (including as regards recruitment of health-care staff, their in-service training, evaluation of clinical practice, certification and inspection) would help to ensure optimum health care for prisoners, as well as implementation of the general principle of the equivalence of health care in prison with that in the wider community.

The CPT reiterates its recommendation that the Lithuanian authorities review the provision of prison health care, taking into consideration the above-mentioned remarks.

The Committee must also stress once again that it will be extremely difficult to improve the prison health-care staff complement without significantly increasing staff salaries and offering more opportunities for professional development.

⁷⁴ The only life-sentenced female prisoner was, as previously, allowed to associate with other women serving long sentences.

⁷⁵ See paragraphs 67 to 82 of CPT/Inf (2016) 10, <https://rm.coe.int/16806cc447>.

b. staff, treatment and facilities

41. At the time of the visit, the health-care service at *Alytus Prison*⁷⁶ was staffed with two full-time general practitioners, one of whom performed the function of the Head doctor. However, the latter doctor was planning to leave the job in May 2018 and the second general practitioner was relieved of his duties before the Committee's delegation left Lithuania. **The CPT would like to receive confirmation that the two posts of general practitioners have been filled subsequently.**

The rest of the health-care team included a part-time dentist, a part-time radiologist, two part-time medical technicians, a feldsher, and 11 nurses who were working 24-hour shifts.

The Committee notes that after a vacancy of almost 15 years the post of psychiatrist was finally filled in March 2018. However, this might not be a long-term solution given the fact that the recruited part-time psychiatrist is a retired person who lives some 80 km from the prison.

42. The health-care service of *Lukiškės Prison*⁷⁷ employed four full-time doctors (a Head doctor, two general practitioners and an internal medicine specialist), four part-time doctors (two psychiatrists, a dermatologist and a radiologist), two part-time dentists, a part-time clinical psychologist, a hygienist and two medical technicians. Nine full-time nurses were present from 6 a.m. to 8:30 p.m. on weekdays; however, as during the previous CPT visit, there were neither nursing staff nor other persons with appropriate training present at night and on weekends.

43. At *Marijampolė Prison*,⁷⁸ there was a general practitioner occupying 1.25 posts and also performing the function of the Head doctor; the second post of general practitioner had been vacant since July 2017. Further, there was a part-time dentist, a part-time radiologist, a part-time psychiatrist (a retired specialist), a clinical psychologist occupying 0.25 posts and eight nurses (one nurse was always present during the night and on weekends).

44. The health-care service at *Pravieniškės Prison*⁷⁹ was staffed with a Head doctor, four general practitioners, three part-time dentists, one full-time radiologist, a psychiatrist occupying 1.5 posts, two medical technicians and 23 nurses occupying 21.5 posts. Nursing staff were present day and night, including on weekends.

45. The health-care team at *Vilnius Prison*⁸⁰ comprised a full-time and a part-time general practitioner, a part-time psychiatrist, two part-time dentists, a medical technician and seven nurses. A twenty-four hour cover by health-care staff was secured, including on holidays and weekends.

⁷⁶ Population at the time of the visit – 973.

⁷⁷ Population at the time of the visit – 744.

⁷⁸ Population at the time of the visit – 931.

⁷⁹ Population at the time of the visit – 1,946.

⁸⁰ Population at the time of the visit – 453.

46. To sum up, health-care teams in most of the prisons visited were still under-resourced and there had been little change for the better since the Committee's last visit. That said, there had been an improvement in access to psychiatric care in all the establishments visited; the CPT very much hopes that this improvement will be of a lasting nature.

The Committee reiterates its recommendation that the Lithuanian authorities take decisive and, more importantly, long-term steps to reinforce health-care teams at the prisons visited by providing working conditions that are sufficiently attractive to recruit and retain staff.

Further, the CPT recommends that steps be taken to:

- **employ the equivalent of at least one additional full-time general practitioner at Alytus Prison and two additional full-time general practitioners at Marijampolė Prison;**
- **significantly reinforce nursing staff complements at Alytus, Marijampolė and Pravieniškės Prisons; efforts should also be made to reinforce nursing staff complements at Vilnius and Lukiškės Prisons;**
- **ensure that someone qualified to provide first aid (which should include being trained in the application of CPR and the use of a defibrillator) is always present on the premises of all penitentiary establishments in Lithuania, including at night and on weekends.**

The Committee would also like to receive confirmation that prison health-care staff were included in the general 20% salary increase for health-care professionals, which took place in May 2018.

47. In all the establishments visited, the health-care facilities and the equipment were on the whole of a good standard and the supply of medication was adequate.

The delegation observed, however, huge differences in budgets for medication between different prisons, seemingly due to the fact that it was up to the Director of each prison to decide what proportion of the total prison budget should be allocated to the supply of medicines.⁸¹ Naturally, this had a direct impact on the therapeutic options available in different prisons. **The CPT would like to receive the Lithuanian authorities' observations regarding this issue.**

⁸¹ Except for the budget for the treatment of HIV and TB which was decided at the central level.

c. medical screening and confidentiality

48. In the prisons visited, procedures for medical screening on admission were on the whole satisfactory. Newly-arrived prisoners were usually examined within 24 hours of admission by a doctor or a nurse reporting to a doctor. In addition, screening for various transmissible diseases (such as tuberculosis, hepatitis C, HIV, etc.) as well as screening for depression and suicide risk was offered in a systematic manner.

The principle of confidentiality seemed to be respected – medical examinations were carried out without custodial staff being present, and prisoners’ medical files were accessible to health-care staff only.

49. However, the Committee regrets having to reiterate its concern regarding poor recording of injuries in the penitentiary establishments. The 2018 visit has, unfortunately, revealed that the issues raised by the CPT in the past had remained the same, namely that the descriptions of injuries were generally rather succinct (or even incorrect at times) and did not contain conclusions by a doctor as to the possible origin of the injuries or the consistency of the injuries with the statements made by an examined person.

In this context, the Committee notes the adoption by the Director of the Prison Department of the Instruction regulating the prevention and investigation of body injuries in penitentiary institutions, and their recoding and reporting (Order No.V-357 of 31 August 2017).

According to this Instruction, a health-care professional should examine an injured prisoner and thoroughly record, in the inmate’s personal medical file, the injuries sustained, the circumstances in which they were sustained (based on the statements of the prisoner), the date, the time, and the place. The health-care professional should then mark the injuries on a “body chart” (which should be kept in the personal medical file of the prisoner) and issue a medical certificate where he/she should again describe in detail the injuries sustained and the circumstances based on the statements of the prisoner. However, the health-care professional is not allowed to make conclusions regarding the types of injuries (accidental, resulting from auto-aggression, an occupational accident, the use of special means or inter-prisoner violence). Such conclusions can only be made by the prison (non-medical) officer who carries out an official investigation into the matter.

As regards the reporting, the Instruction stipulates that a health-care professional must immediately inform the duty officer who, in turn, immediately informs the Director of the prison or his deputy, the head of the Criminal Intelligence Unit, and the coordinator of the Crisis Team in cases of self-harm. Information about the injury is submitted to the territorial prosecutor’s office and, in the case of an occupational accident, to the territorial labour inspectorate.

50. While welcoming the adoption of the aforementioned Instruction, **the CPT reiterates its long-standing recommendation that steps be taken to ensure that the record drawn up after the comprehensive medical examination contains the health-care professional’s observations indicating the consistency between any allegations made by the examined prisoner and the objective medical findings; if necessary, relevant legislative changes should be adopted.**

Steps should also be taken to ensure that injuries are recorded in a detailed and comprehensive manner, as required by the national legislation (including the use of “body charts”). Further, it would be desirable for photographs to be taken of the injuries; these photographs should also be placed in the personal medical file of the prisoner.

Moreover, the CPT recommends that the Lithuanian authorities ensure that special training is provided to health-care professionals working in prisons. In addition to developing the necessary competence in the documentation and interpretation of injuries, as well as ensuring full knowledge of reporting obligations and procedures, the training should cover the technique of interviewing persons who may have been ill-treated.

d. drug-related issues and transmissible diseases

51. After the visit in 2016, the Committee expressed its deep concern about the high number of drug users in Lithuanian penitentiary establishments and the absence of any progress in addressing the issue.⁸² The Lithuanian authorities were urged to develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems and to put an end to the supply of drugs, reduce the demand and provide prisoners concerned with the necessary assistance including harm-reduction measures (e.g. substitution therapy, syringe and needle exchange programmes) and specific psycho-socio-educational support.

In their response to the report on the 2016 visit,⁸³ the Lithuanian authorities *inter alia* informed the CPT that prisoners with drug-related problems were being provided with different educational and psychotherapeutic measures as well as medical (abstinence) treatment, that penitentiary establishments had rehabilitation centres for prisoners suffering from addiction, and that the Prison Department was working on the procedure for ensuring the continuity of the substitution treatment in prisons.

52. Unfortunately, facts found during the 2018 ad hoc visit did not alleviate the Committee’s serious concerns regarding this issue. Quite the contrary, the CPT is more alarmed than ever by the omnipresence of drugs in prisons, the extraordinary level of inter-prisoner violence, intimidation and exploitation linked with it, and by the serious risk of prisoners becoming drug dependent and contracting HIV and hepatitis C while in prison by sharing injecting equipment.⁸⁴

The worst situation was observed at *Alytus, Marijampolė and Pravieniškės Prisons* where the whole range of drugs seemed to be easily obtainable, including the newest synthetic drugs referred to by the prisoners as “Khimka” or “Cobra”.

Opioid substitution treatment was still not available in prisons visited. As in the past, methadone maintenance treatment was continued for persons in police custody but discontinued after their transfer to a prison. Further, there was still nothing on offer in terms of harm reduction, such as a syringe and needle exchange, distribution of condoms, etc.

⁸² See paragraph 74 of the report on the 2016 visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>).

⁸³ See pages 23 to 25 of document CPT/Inf (2018) 3, <https://rm.coe.int/pdf/16807843cc>.

⁸⁴ See also paragraph 22 above.

53. On the more positive side, the delegation saw in *Marijampolė and Pravieniškės Prisons* newly-opened (partly still in the process of being set up) “residential rehabilitation centres”⁸⁵ and became acquainted with therapeutic programmes⁸⁶ that were to be offered to prisoners who were drug users.

The Committee welcomes the introduction of these rehabilitation centres. However, it is crucially important to understand that their work and efforts will never be able to bring any sustainable, long-term results if, after finishing the therapeutic programme, the prisoners return to the same drug-flooded environment of the general prison population as they do now.

54. In their letter of 26 September 2018, the Lithuanian authorities informed the Committee that the Action Plan approved by the Minister of Justice included measures to limit the supply of drugs to prisons,⁸⁷ to encourage the inmates to seek treatment, and to provide opioid substitution treatment to inmates who were undergoing the treatment before the imprisonment.

Urgent implementation of these measures in order to address the issues already referred to in paragraphs 10 and 26 above is absolutely essential. Furthermore, **the Committee calls upon the Lithuanian authorities to fully implement its long-standing recommendation on the need to develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems (as part of a wider national drugs strategy).**⁸⁸

55. After the visit in 2016, the Committee also expressed its concern about a continuing lack of a strategy for the prevention and treatment of transmissible diseases in prisons, and in *Alytus Prison* in particular.⁸⁹

In their response to the report on that visit, the Lithuanian authorities informed the CPT about a number of steps taken in this area, including the adoption of the Strategy for Tuberculosis Prevention, Treatment and Control in Prisons in the Years 2017 to 2022, a new Ministerial Order on the treatment of acute HIV infection and the procedure for HIV screening in prisons, and new guidelines for the diagnostics and outpatient treatment of chronic viral hepatitis B and C.

⁸⁵ These “rehabilitation centres” would have the capacity of, 30 places at Marijampolė Prison and 30 places at Pravieniškės Prison.

⁸⁶ Based on the 12-step Minnesota Model adapted to a prison set-up. The treatment would last 12 months and could be extended for another six months.

⁸⁷ By purchasing additional equipment for drug detection and increasing the frequency of searches carried out in co-operation with special intervention units from the Prison Department.

⁸⁸ See paragraph 74 of the report on the 2016 periodic visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>). As stated in the above-mentioned paragraph, the management of drug-addicted prisoners must be varied – eliminating the supply of drugs into prisons, dealing with drug abuse through identifying and engaging drug misusers, providing them with treatment options and ensuring that there is appropriate through care, developing standards, monitoring and research on drug issues, and the provision of staff training and development – and linked to a proper national prevention policy. It goes without saying that health-care staff must play a key role in drawing up, implementing and monitoring the programmes concerned and must co-operate closely with the other (psycho-socio-educational) staff involved.

⁸⁹ See paragraph 75 of the report on the 2016 periodic visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>).

Further, reference was made in the Lithuanian authorities' response to a plan of measures to prevent the spread of HIV in *Alytus Prison*, adopted by the Prison Department in January 2017, which included different measures aimed at reduction of demand and supply of psychoactive substances, as well as harm reduction measures.

56. Unfortunately, the situation observed in the prisons visited in April 2018, and in *Alytus, Marijampolė and Pravieniškės Prisons* in particular, suggested that the aforementioned steps had so far failed to bring any tangible results. Worse, the delegation noted that, with systematic screening remaining at the same level, there had been 58 new HIV infection cases⁹⁰ in *Alytus Prison* in the course of 2017 when, in comparison, there had been 21 new cases in the period from January 2015 to September 2016.

The delegation also noted that the upcoming renovation of further blocks of *Alytus Prison*⁹¹ was a source of serious concern among the managements, staff and prisoners of other penitentiary establishments who feared a possible further spread of HIV infection once the HIV positive inmates from *Alytus Prison* were (temporarily, during the refurbishment/reconstruction works) transferred to other prisons.

The number of positive hepatitis C cases in *Alytus Prison* had also more than doubled since the CPT's 2016 visit, from approximately 200 to 475. Bearing in mind how expensive the treatment of hepatitis C can be,⁹² **the Committee would like to receive information on how many prisoners at Alytus Prison and, more generally, throughout the prison system have been diagnosed as requiring treatment and how the Lithuanian authorities plan to provide such treatment.**

57. In their letter of 26 September 2018, the Lithuanian authorities informed the Committee that the Action Plan approved by the Minister of Justice included measures to reduce the spread of transmissible diseases by providing antiretroviral therapy immediately after HIV is diagnosed, increasing the testing for Hepatitis C, and providing the treatment according to indications.

The CPT calls upon the Lithuanian authorities to attach the highest priority to the practical implementation of all the measures referred to in this paragraph as well as in paragraph 55 above.

⁹⁰ I.e. prisoners concerned had been HIV negative before entering the prison.

⁹¹ See paragraph 31 above.

⁹² The cost of hepatitis C medication for a single person is approximately 5,000 EUR per month and the duration of the treatment is at least three months.

e. Prison Hospital

58. The CPT's delegation carried out a first-time fully-fledged visit to the new *Prison Hospital* located approximately 80 km from Vilnius.⁹³ The Hospital was opened in August 2016, on the premises of the former Pravieniškės Correction Home – Open Colony;⁹⁴ six buildings of the former prison had been entirely refurbished and equipped using the financial resources provided under the EEA/Norway Grants. The Committee welcomes the fact that the former Prison Hospital in Vilnius, repeatedly criticised by the CPT for very poor living conditions,⁹⁵ has finally been closed.

With an official capacity of 180 beds, the Prison Hospital was accommodating some 150 inmates at the time of the visit, including 28 sentenced prisoners employed in maintenance tasks. The Hospital comprised seven wards: admission, internal medicine, tuberculosis (divided into two sections for infectious and non-infectious TB), psychiatric, reanimation/intensive care, palliative care, and an out-patient ward.

59. As regards staff-patient relations, the delegation heard hardly any allegations of ill-treatment by staff and the majority of the patients interviewed spoke positively of the staff.

60. As for living conditions, the newly-renovated premises were all in a very good state of repair, clean and sufficiently lit and ventilated. Patients were accommodated in rooms for up to four persons which were sufficient in size⁹⁶ and adequately equipped; sanitary annexes, including toilets and washbasins, were fully partitioned. Depending on their health condition, patients could take their outdoor exercise for up to 4 hours per day.⁹⁷

61. The health-care team of the Hospital comprised 37 medical doctors of different specialisations, eight medical technicians, some 50 nurses and 13 orderlies, working both part and full-time. There was also one full-time psychologist and one half-time psychotherapist (both employed on the psychiatric ward). A doctor on duty for the whole Hospital was always present during the night and on weekends, as well as at least one nurse on each ward. Despite some thirteen additional posts being vacant at the time of the visit, the Committee considers that the staffing levels and presence of health-care staff on the wards were satisfactory.⁹⁸

⁹³ As already mentioned in paragraph 3 above, the Hospital had received a brief visit by the CPT's representatives in the context of high-level talks with the Lithuanian authorities in April 2017 (<https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-holds-high-level-talks-in-lithuania>).

⁹⁴ The Hospital is located approximately 2 km from Lithuania's biggest penitentiary establishment – Pravieniškės Prison (see paragraph 11 above).

⁹⁵ See e.g. paragraph 81 of the report on the 2004 periodic visit (CPT/Inf (2006) 9, <https://rm.coe.int/1680697333>), paragraph 56 of the report on the 2008 periodic visit (CPT/Inf (2009) 22, <https://rm.coe.int/1680697335>) and paragraph 63 of the report on the 2012 periodic visit (CPT/Inf (2014) 18, <https://rm.coe.int/1680697367>).

⁹⁶ E.g. single rooms measuring 8 m², double rooms measuring 16 m², rooms for three patients measuring approximately 20 m², rooms for four patients measuring 32 m².

⁹⁷ See, however, paragraphs 64 and 65 below.

⁹⁸ In addition, the Hospital had 130 posts for non-health-care staff, including uniformed custodial staff working both inside the wards (at least 12 per shift) and on the secure perimeter. See also paragraph 68 below.

62. The delegation was informed that there were no disciplinary confinement cells in the Hospital. Sanctions for the violation of internal rules (applicable to somatic patients only) included a reprimand, a temporary ban on using TV or audio equipment, and a temporary ban on making telephone calls.

63. As regards visits, the entitlements for patients in the Prison Hospital were the same as for other prisoners (see paragraph 71 below). Visiting facilities for both short and long-term visits were of a good standard, clean and properly equipped.

64. The delegation paid particular attention to the psychiatric ward, which had 15 beds and was accommodating 11 patients at the time of the visit. The ward's staff comprised the equivalent of 5.5 psychiatrists (including 1.5 vacant posts), a medical psychotherapist, a psychologist, a senior nurse, and the equivalent of 6.5 psychiatric nurses. There was no occupational therapist.

The treatment offered to psychiatric patients was essentially based on pharmacotherapy, and there was also occasional individual therapy. There was no common room, nor were there any organised activities, including group therapy (according to the health-care staff, group therapy was impossible because many patients would refuse to participate, fearing the presence of inmates belonging to other strata of the informal prisoner hierarchy⁹⁹). Consequently, apart from an hour of a daily exercise, psychiatric patients were locked up in their rooms for up to 23 hours a day, the only occupation being reading books or watching television.

The CPT recommends that the Lithuanian authorities take steps to develop a broader range of psycho-social therapeutic activities for patients on the psychiatric ward of the Prison Hospital, in particular for those who remain on the ward for extended periods; occupational therapy should be an integral part of the rehabilitation programme. In this context, consideration should be given to recruiting an occupational therapist.

65. The Hospital's outdoor exercise yards measured between 20 and 35 m² and were of an oppressive design (surrounded by high metal walls); they were equipped with nothing but a bench and a shelter against inclement weather.

The CPT recommends that steps be taken to ensure that patients have the possibility to take their daily outdoor exercise in conditions which would enable them to physically exert themselves; all the exercise yards should, preferably, offer a horizontal outside view.

As regards psychiatric patients in particular, the Committee recommends that efforts be made to ensure them the same length of daily outdoor exercise as somatic patients.

⁹⁹ See also paragraph 22 above.

66. The delegation was informed that, in case of need, psychiatric patients could be restrained mechanically in a separate room equipped with a restraint bed and CCTV. The delegation examined personal files of psychiatric patients who had been restrained in the period from April 2017 to April 2018. The examination revealed that nurses were checking on restrained patients only every two hours, and the use of restraints for some patients had been prolonged a number of times by a nurse without any record that such a necessity had been reassessed by a doctor. In some cases, patients had been restrained for a very long time, up to 4 days (in the meantime, their diapers were changed, they were fed, sometimes released to go to a shower or dinner and then fixated to a restraint bed again). The use of chemical restraint was only recorded in patients' personal files.

67. The CPT welcomes the fact that internal guidelines on the use of restraints, generally compatible with the Committee's standards, were adopted in the establishment in April 2018; this should result in a significant improvement of the existing practice.

However, the new guidelines still fail to require continuous and direct observation of mechanically restrained patients by the health-care staff, apart from the nurse checking the patient's mental and physical state every 15-30 minutes and the psychiatrist (or a doctor on duty) reassessing the necessity for restraint every two hours. Further, the guidelines appear to authorise custodial staff to mechanically restrain patients (upon the instructions of the doctor and under the supervision of nurses).

In this context, the CPT wishes to reiterate its view that every mechanically restrained (immobilised) patient should, at all times, have his/her mental and physical state continuously and directly monitored by an identified member of the health-care staff, who can offer immediate human contact to the person concerned, reduce his/her anxiety, communicate with the individual and rapidly respond, including to the individual's personal needs. Patients under restraint should, as far as possible, be enabled to eat and drink autonomously and to comply with the needs of nature in a sanitary facility. Further, mechanical restraint should be applied exclusively by health-care staff (i.e., in the case of the Prison Hospital, the nurses).

Moreover, every instance of restraint, including chemical restraint, should be recorded in a specific register established for this purpose (as well as in the patient's file).¹⁰⁰ The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff. This will greatly facilitate both the management of such incidents and an oversight as to the frequency of their occurrence.

The Committee recommends that steps be taken at the Prison Hospital to update the internal guidelines on the use of restraints accordingly and to ensure that means of restraint are applied in strict compliance with the requirements set out in this paragraph.¹⁰¹

¹⁰⁰ This aspect appears to be missing in the new guidelines.

¹⁰¹ See also the CPT's standards on "Means of restraint in psychiatric establishments for adults", CPT/Inf (2017) 6, <https://rm.coe.int/16807001c3>.

5. Other issues

a. **prison staff**

68. Low staffing levels in Lithuanian penitentiary establishments have been of concern to the CPT for many years, and the Committee has repeatedly recommended that the Lithuanian authorities take steps to address this problem.¹⁰²

In their response to the report on the CPT's 2016 periodic visit,¹⁰³ the Lithuanian authorities informed the Committee about a number of different measures taken in the course of 2017, including increasing custodial staff salaries by 15% on average (the highest increase being for junior officers), promoting some 950 prison staff and increasing the amount of compensation for the cost of commuting to work. The CPT welcomes these steps.

69. However, the situation observed in the prisons visited during the 2018 ad hoc visit had remained highly unsatisfactory, with a very low custodial staff presence inside prisoner accommodation areas¹⁰⁴ and numerous custodial staff vacancies in most of the establishments.¹⁰⁵ As explained by the Directors of establishments visited, the salaries and conditions of service were still not competitive enough to attract qualified candidates and to convince them to choose the prison service instead of, for example, the police or the private sector.

70. The Committee must reiterate its long-stated view that inadequate staff complements can only increase the risk of violence and intimidation between prisoners; this has regrettably been demonstrated very clearly again by the delegation's findings during the 2018 ad hoc visit.¹⁰⁶ The shortage of frontline custodial staff also undermines the quality and level of the activities offered to the inmates, and jeopardises the prospect of preparation for release and social rehabilitation.

The CPT once again calls upon the Lithuanian authorities to take decisive steps to significantly increase both custodial staff levels and presence in Lithuanian prisons and to ensure that there is an adequate presence of staff in the detention areas at all times. Strenuous efforts are necessary to fill all the vacant posts, especially as regards custodial staff.

Reference is also made here to the recommendation in paragraphs 27 and 28 above.

¹⁰² See e.g. paragraph 76 of the report on the 2016 visit (CPT/Inf (2018) 2, <https://rm.coe.int/pdf/16807843ca>).

¹⁰³ See page 27 of document CPT/Inf (2018) 3, <https://rm.coe.int/pdf/16807843cc>.

¹⁰⁴ See paragraph 22 above.

¹⁰⁵ E.g. there were 80 vacant posts at Pravieniškės Prison, 47 at Lukiškės Prison, 38 at Alytus Prison and 17 at Marijampolė Prison.

¹⁰⁶ See paragraph 23 above.

b. contact with the outside world

71. The visiting entitlements for prisoners had remained unchanged since the Committee's previous visit.¹⁰⁷ For sentenced prisoners on lenient regime, the entitlement continued to be of two short-term (3 hours) and two long-term (24 hours) visits every 2 months; for prisoners on ordinary regime – one short-term and one long-term visit every 2 months; for prisoners on strict regime – one short-term visit every 4 months.¹⁰⁸

Consequently, the CPT cannot but repeat that these visiting entitlements, in particular for inmates on strict regime, are insufficient for safeguarding sentenced prisoners' relationships with their families and friends. **The Committee once again calls upon the Lithuanian authorities to amend the relevant legislation so that all prisoners, including those on strict regime, are entitled to the equivalent of at least one hour of visiting time per week.**

Further, **the CPT reiterates its recommendation that steps be taken to ensure that all remand and sentenced prisoners are able to receive visits under reasonably open conditions, except when there is a specific and clear security concern.** As observed during the 2018 ad hoc visit, short-term visits as a rule still took place in premises that did not allow any physical contact between inmates and their visitors.

c. discipline

72. As regards the rules on placement in disciplinary punishment cells, the relevant provisions had remained unchanged, i.e. the maximum period of placement was 10 days for remand prisoners and 15 days for sentenced prisoners. The delegation gathered no evidence which would suggest excessive recourse to the above-mentioned sanction at any of the establishments visited.¹⁰⁹

73. Material conditions in disciplinary isolation cells were found to be, in the majority of cases, quite acceptable in the prisons visited; many of the cells offered sufficient space,¹¹⁰ were well-lit and ventilated, clean and equipped with beds and a fully partitioned sanitary annexe.¹¹¹

Exercise yards in disciplinary units were, however, of a much lower standard. As noted by the delegation in most of the establishments visited, the yards (measuring between 7 and 16 m²) were too small for proper physical exertion, completely bare and of an oppressive design (with high walls topped with wire netting).

¹⁰⁷ See paragraphs 78 and 79 of the report on the 2016 visit (CPT/Inf (2018) 2, <https://rm.coe.int/16807843ca>).

¹⁰⁸ As regards remand prisoners, see paragraph 78 of CPT/Inf (2018) 2: they could receive an unlimited number of short-term visits (3 hours maximum) and make telephone calls, unless there was a written instruction to the contrary from the prosecutor or the criminal court dealing with the case (which was rare in practice).

¹⁰⁹ This does not include a number of inmates in all prisons visited who were continuously held in disciplinary blocks (KTP) because for personal safety reasons they had refused to be accommodated together with the general prison population (see paragraph 23 above and paragraph 75 below).

¹¹⁰ E.g. a cell for three inmates measuring approximately 12 m², a cell for seven inmates measuring 28 m².

¹¹¹ See, however, the observations and recommendations concerning KTP blocks at Marijampolė and Pravieniškės Prisons, especially the single-occupancy cells (paragraphs 23 and 33 above).

The Committee recommends that steps be taken to ensure that all inmates in disciplinary units have the possibility to take their daily outdoor exercise in conditions which enable them to physically exert themselves. Further, all the exercise yards should be equipped with a means of rest and, preferably, offer a horizontal outside view.

74. Despite the CPT's repeated earlier recommendations,¹¹² prisoners placed in disciplinary cells were still denied visits and telephone calls. **The Committee once again calls upon the Lithuanian authorities to ensure that prisoners placed in disciplinary punishment cells are not subjected to a total prohibition on family contacts, and that any restriction on family contacts as a form of punishment is imposed only when the offence relates to such contacts.**

75. Furthermore, the CPT regrets having to reiterate its serious concern regarding the impoverished regime for prisoners transferred to the strict regime (including the disciplinary cellular confinement regime, referred to as KTP).¹¹³

Despite the Committee's repeated recommendations, the relevant provisions of the Code of Execution of Sentences had remained unchanged, i.e. the prisoners concerned were not allowed to work, had no access to education or vocational training and could not participate in any other organised activities. They had access to 2 hours of daily outdoor exercise and spent the rest of their day inside their cells, in a state of enforced idleness (in many cases they did not even have a TV set, only a radio and some reading matter). Further, as previously, they only had the right to one short-term visit every 4 months and their use of a telephone was limited to two 15-minute calls per month.

The CPT must stress once again that such an impoverished regime and such limited contact with the outside world can lead to the deterioration of the physical health, mental faculties and social skills of the prisoners concerned, and be detrimental to the maintenance of family ties, in particular when imposed for a prolonged period. This is particularly unacceptable given that a large proportion of prisoners placed in KTP blocks were there not because of gross violations of internal rules but because they had repeatedly refused to be accommodated together with the general prison population for personal safety reasons (see also paragraph 23 above).

The Committee once again calls upon the Lithuanian authorities to review the strict (including KTP) regime, in the light of the CPT's previous recommendations and the above remarks. In particular, prisoners concerned should be offered the possibility to engage in purposeful activities and be offered the same visiting entitlement and access to a telephone as other inmates. The review of the KTP regime is all the more crucial given the Lithuanian authorities' plans to make more use of the KTP, as announced in the Action Plan (see paragraph 26 above).

¹¹² See e.g. paragraph 85 of the report on the 2016 periodic visit (CPT/Inf (2018) 2, <https://rm.coe.int/16807843ca>).

¹¹³ See paragraphs 84 and 85 of the report on the 2012 periodic visit (CPT/Inf (2014) 18, <https://rm.coe.int/1680697367>). See also paragraphs 23 and 33 above.

APPENDIX:

**List of the national authorities and other bodies
with which the CPT's delegation held consultations**

Ministry of Justice

Arūnas Kazlauskas
Simona Mesonienė

Chancellor
Director of the Administrative and Criminal Justice
Department

Marius Rakštelis

Head of Penitentiary and Probation System Unit of the
Administrative and Criminal Justice Department

Prison Department under the Ministry of Justice

Robertas Krištaponis
Evaldas Gasparavičius
Birutė Semėnaitė
Nijolė Martinkevičienė

Director
Head of Penitentiary Unit
Head of Healthcare Unit
Chief Specialist of Re-socialisation and Probation Unit

Office of the Seimas Ombudsmen

Raimondas Šukys
Kristina Brazevič

Seimas Ombudsman
Advisor, Human Rights Unit