CPT/Inf (2019) 26

Preliminary observations made by the delegation of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) which visited Iceland from 17 to 24 May 2019

These preliminary observations were made public by the Icelandic authorities.

Strasbourg, 9 July 2019

Statement made by Ms Marzena KSEL,
Head of delegation,
at the final talks held on 24 May 2019 in Reykjavik,
at the end of the 5th periodic visit to Iceland carried out by the
European Committee for the Prevention of Torture
and Inhuman and Degrading Treatment or Punishment (CPT)

Dear Minister, Ladies and Gentlemen,

Our delegation has just completed its 5th periodic visit to Iceland, and would like to share with you its first impressions. Of course, the CPT will transmit a detailed report to the Icelandic authorities in due course.

Co-operation

As was the case during the previous visits, the delegation received excellent co-operation from both management and staff in all the establishments visited. The delegation is particularly grateful to the CPT's Liaison Officer, Ms Elísabet Gísladóttir from the Ministry of Justice, who facilitated the delegation's work in a most efficient manner.

That said, the delegation must recall once again that the principle of co-operation between Parties to the Convention and the CPT is not limited to steps taken to facilitate the task 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 context, the delegation is very concerned by the fact that little or no action has been taken on a significant number of long-standing recommendations made by the CPT, some of them dating back to the very first visit to Iceland 26 years ago. This is *inter alia* the case with tackling the problem of alcohol and drug addiction in prisons, the functioning of prison health care services, the use of means of restraint in psychiatric establishments and the legal safeguards in the context of involuntary psychiatric hospitalisation.

Police establishments

The delegation has received no allegations – and found no other indications – of ill-treatment of persons deprived of their liberty by the police. On the contrary, most of the persons interviewed by the delegation confirmed that they had been treated in a correct manner by police staff. The delegation welcomes this.

Conditions of detention at police establishments visited were adequate for the period of police custody (i.e. a maximum of 24 hours).

As for the legal safeguards against police ill-treatment, the situation is generally satisfactory although some outstanding issues remain with respect to notification of custody and access to a doctor. These issues will be dealt with in the report on this visit.

Prisons

The delegation carried out follow-up visits to Akureyri, Kvíabryggja and Litla-Hraun Prisons and visited for the first time Hólmsheiði Prison.

The delegation heard no allegations of deliberate physical ill-treatment of prisoners by staff in any of the prisons visited. On the contrary, many of the inmates praised the staff and the delegation observed a generally relaxed atmosphere in the penitentiary establishments visited.

Likewise, the delegation heard no allegations – and observed no other indications – of inter-prisoner violence at Akureyri, Hólmsheiði and Kvíabryggja Prisons. However, inter-prisoner violence was a problem at Litla-Hraun Prison, and it was clearly related with the presence of drugs inside the establishment. Although the management and staff did attempt to react to violent incidents (by separating prisoners concerned and by applying disciplinary sanctions), it was clear that the root of the problem (i.e. the prevalence of drugs) was not adequately addressed. I will return to this subject later.

Material conditions of detention were, on the whole, of a high standard in all the prisons visited. The only issues worth mentioning at this stage are that female prisoners should have access to safe accommodation at Kvíabryggja Prison (or to a dedicated open unit at some other location) and that the aforementioned prison should have proper visiting premises and enough working space for the staff.

Further, the delegation was very concerned to observe that remand prisoners on court-ordered isolation at Akureyri Prison continued to be accommodated in a windowless cell, for periods of up to 14 days. This is unacceptable. The delegation requests the Icelandic authorities to confirm, **within one month**, that the above-mentioned cell has been taken out of service and that all remand prisoners in Akureyri are accommodated in cells with adequate access to natural light.

As for the activities, the delegation noted efforts made in all the establishments to provide a varied programme to the inmates. That said, there was very little on offer at Hólmsheiði Prison and the work and education facilities at Litla-Hraun Prison remained under-utilised. The delegation is also of the view that tailored programmes of therapeutic and rehabilitative activities should be offered to prisoners with mental disorders and learning disabilities. Further, individual sentence plans should be put in place again for all sentenced prisoners and much more efforts should be made (with the participation of the Probation Service) towards preparing prisoners for their release and return to society at large. All this will require more numerous and better trained staff – not only custodial officers (who should engage with prisoners inside accommodation areas to a larger extent than it is presently the case) but also social workers, teachers, work instructors, etc.

Let me now turn to the issue of the delegation's gravest concern as regards prisons, namely prison health-care services. The delegation found the numbers and presence of health-care staff (doctors and nurses) to be insufficient in the prisons visited, especially at Hólmsheiði and Litla-Hraun. Furthermore, despite recommendations reiterated by the CPT ever since 1993, there is still no systematic and prompt medical screening of newly-arrived inmates, including the checking for the presence of injuries and transmissible diseases. This is not only unacceptable from the standpoint of prevention of ill-treatment but also dangerous from the public health point of view.

Moreover, there are still serious concerns as regards prisoners' access to medical specialists including access to dental care (for which prisoners are still expected to pay) and – especially – psychiatric care and psychological assistance. As a result, mentally ill prisoners do not receive the care they need (including psychiatric hospitalisation).

The delegation is also concerned about the lack of a comprehensive strategy to deal with drugs in prison (other than through disciplinary sanctions at Litla-Hraun and sending the prisoners back to closed prisons from Kvíabryggja). In this context, the delegation wishes to reiterate that, in the CPT's view, the management of prisoners with drug dependence 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. This policy should also highlight the risks of HIV or hepatitis B/C infection through drug use and address methods of transmission and means of protection. It goes without saying that the multi-disciplinary task of drawing up, implementing and monitoring the programmes concerned must be performed by prison staff in close co-operation with health-care personnel and other (psycho-socio-educational) staff involved.

In the light of the above-mentioned findings, the delegation requests the Icelandic authorities to transmit to the Committee, **within three months**, a detailed action plan (comprising precise tasks, agencies responsible, deadlines and financial allocations) for the provision of health care and for tackling the issue of drugs in prison. This will require putting in place genuine co-ordination, at both the senior and the operational levels, between the Ministries of Justice and Health, and developing specific protocols for the provision of primary and specialist health care in prisons, reflecting particular health care needs of prisoner population.

Other issues of relevance to the CPT's mandate, such as discipline, contact with the outside world and complaints and inspection procedures, will be discussed in detail in the visit report.

Psychiatric establishments

The delegation carried out follow-up visits to the psychiatric unit of Reykjavik University Hospital (Landspítali), the forensic and secure wards of the Psychiatric Department of Reykjavík University Hospital (the Kleppur campus) and the psychiatric ward at Akureyri Hospital.

No allegations were heard by the delegation of any form of ill-treatment by staff of the psychiatry wards. On the contrary, most of the patients interviewed spoke positively of the staff, especially the ward-based staff.

Patients' living conditions were generally of a good or very good standard. There was also a broad treatment offer based on an individualised approach and adapted to the patients' needs.

The delegation was pleased to note that the secure ward in Kleppur now had an outdoor exercise yard. An outdoor exercise yard had also been set up in Landspítali, however, it was difficult to access and not very practical. A secure outdoor exercise yard was still absent on the psychiatric ward at Akureyri Hospital which meant that involuntary patients did not have a possibility to take daily outdoor exercise.

The delegation must stress that, in the CPT's view, all patients subject to involuntary hospitalisation should have the possibility to take daily outdoor exercise if their health condition so permits; the delegation noted that this was not always the case for the patients secluded in the secure area.

Regarding the use of means of restraint, the delegation noted that mechanical restraints were never applied and that seclusion or chemical restraint was used only as a last resort. In this context, the delegation refers to the Committee's long-standing recommendation that dedicated registers be set up for the use of means of restraint in all psychiatric establishments; this will greatly facilitate the management of such incidents, the oversight into the extent of their occurrence and the prevention of similar incidents in the future. Furthermore, the delegation is of the view that the Icelandic authorities should finally regulate the use of means of restraint in the legislation, instead of leaving it to the discretion of each psychiatric establishment.

The delegation was also concerned to find that the practice whereby uniformed police officers could on occasion be called to help health-care staff control patients with aggressive behaviour still existed, despite the fact that after the 2012 visit the CPT had recommended that the aforementioned practice be stopped immediately.

As concerns the legal safeguards in the context of involuntary hospitalisation, despite the amendments in 2015, the Legal Competence Act still cannot be considered as providing a comprehensive legal framework and proper safeguards in this area. Consequently, the delegation notes with a deep concern that the majority of the problems repeatedly identified in the reports on the previous visits to Iceland have still not been addressed.

These, *inter alia*, include the rather vague criteria for involuntary hospitalisation, the absence of an independent psychiatric opinion in the context of the extension of involuntary hospitalisation, automatic linking of involuntary hospitalisation to deprivation of legal competence when hospitalisation is extended by the court beyond 12 weeks, and the absence of a regular judicial review of the need to continue hospitalisation both for civil involuntary and forensic patients.

* * *

This concludes the delegation's preliminary observations, which, as always, are made in a constructive spirit. The visit report, which will most likely be transmitted towards the end of November this year, will enter into greater detail and also cover certain issues not addressed in this text. Any information and comments provided by the Icelandic authorities in response to these preliminary observations will be taken into account when the visit report is drawn up.