

## EXECUTIVE SUMMARY

The main objective of the fifth periodic visit to Iceland was to review the measures taken by the Icelandic authorities in response to the recommendations made by the Committee after previous visits. In this connection, particular attention was paid to the treatment and conditions of detention of persons in police custody and penitentiary establishments. The delegation also examined the treatment, conditions and legal safeguards offered to psychiatric patients.

### Police establishments

The delegation received no allegations – and found no other indications – of ill-treatment of persons deprived of liberty by the police. The Committee concludes that, as during its previous visits, persons in police custody in Iceland run little risk of being ill-treated.

As regards the implementation in practice of the fundamental safeguards against police ill-treatment, namely the right of notification of custody and the rights of access to a lawyer and a doctor, the delegation gained a generally positive impression.

Material conditions of detention in the police establishments visited were found to be adequate for their intended use i.e. periods of detention of a maximum of 24 hours.

### Prisons

The CPT's 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 ill-treatment of prisoners by staff in any of the prisons visited. On the contrary, many of the inmates spoke positively of the staff (especially in Akureyri and Kvíabryggja) and the delegation observed a generally relaxed atmosphere in the penitentiary establishments visited. Inter-prisoner violence was a problem at Litla-Hraun Prison and was clearly related to the presence of drugs inside the establishment.

Material conditions of detention were, on the whole, of a high standard in all the prisons visited. As regards regime, the Committee recommends that the Icelandic authorities pursue their efforts to develop the availability of work and other organised activities for all inmates, in particular those serving long sentences.

While generally welcoming the adoption of the new Execution of Sentences Act, the Committee expresses its concern about one aspect of the new legislation, essentially motivated by financial and human resources considerations, namely the abolition of the obligation to draw up individual sentence plans for all sentenced prisoners.

Despite the recommendations reiterated by the Committee ever since its very first visit to Iceland (in 1993), in the prisons visited there was still no systematic and (especially) prompt medical screening of newly-arrived inmates, nor were there checks for the presence of injuries and transmissible diseases.

Furthermore, the Committee is seriously concerned by the fact that prisoners in Iceland continue to have extremely limited access to psychiatric care and psychological assistance. The Committee calls upon the Icelandic authorities to take immediate steps to ensure that prisoners with mental health disorders who require in-patient psychiatric treatment are kept and cared for in appropriate facilities.

Drug use continues to be one of the major challenges facing the Icelandic prison system. To address it, the Committee calls upon the Icelandic authorities to devise and implement a comprehensive strategy for the provision of assistance to prisoners with drug-related problems (as part of a wider national drugs strategy) including harm reduction measures.

The Icelandic authorities informed the CPT that the Ministry of Justice had set up a joint working group composed of representatives of the Ministry of Health, the Prison and Probation Administration, Reykjavík University Hospital, the Directorate of Health and the Health Care Institution of South Iceland, the task of which was, by 1 December 2019, to draft an action plan for the provision of health care and for tackling the issue of drugs in prisons.

### **Psychiatric establishments**

The CPT's delegation carried out follow-up visits to the Psychiatric Department 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 Regional Hospital.

No allegations were heard – or any indications found – of any form of ill-treatment by staff in any of the psychiatric establishments visited by the Committee's delegation. On the contrary, most of the patients interviewed spoke highly of the staff, especially the ward-based staff (i.e. the nurses and orderlies).

On the whole, the living conditions in the psychiatric establishments visited could be described as good or even very good. However, the overall range and frequency of therapeutic and rehabilitative activities on offer was rather limited.

The delegation noted that mechanical restraint was never applied and that seclusion or chemical restraint were used only as a last resort in the psychiatric establishments visited.

The CPT is concerned by the fact that uniformed police officers could on occasion still be called upon to help health-care staff control patients with aggressive behaviour. This was despite the fact that – after the 2012 visit – the Committee had recommended the aforementioned practice be stopped immediately in all psychiatric establishments.

Finally, the Committee is concerned that, despite the CPT's long-standing recommendations, the Icelandic authorities have done little to improve the legal safeguards in the context of involuntary hospitalisation; amendments introduced to the Legal Competence Act in 2015 have failed to bring about the necessary changes. Consequently, the Committee cannot but note that most of the related issues identified in the reports on previous visits, some of them dating back 15 years, have still not been addressed, and calls upon the Icelandic authorities to amend the relevant legislation as regards both civil and forensic patients.