

Report

**to the Albanian government
on the periodic visit to Albania
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 4 to 15 May 2023

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EXECUTIVE SUMMARY

The main objective of the CPT's 2023 visit to Albania was to review the treatment and conditions of detention of persons held in police custody and in prisons. A further focus of the visit was the situation of forensic psychiatric patients and prisoners with a mental disorder. The CPT delegation also examined, for the first time in Albania since 2000, the treatment of residents with intellectual disabilities in social care institutions.

With one exception (an attempt to mislead the delegation at Prison No. 313), the delegation received excellent co-operation in the establishments visited, enjoying rapid access to all premises and being able to speak in private with persons deprived of their liberty and to consult relevant documentation. As regards the co-operation received from the national authorities, the Committee expresses concern that it was not provided with a complete list of places of deprivation of liberty in Albania, despite repeated requests made before and during the visit. It is recalled in this respect that, under the Convention establishing the CPT, states parties must provide the Committee in a timely manner with "full information on the places where persons deprived of their liberty are being held".

Police custody

The CPT delegation visited a number of police establishments and remand prisons in various parts of the country and interviewed a large number of persons who were or had recently been in police custody. The vast majority of these persons indicated that they had been treated correctly by the police.

However, in one case, the delegation received a credible allegation of recent ill-treatment by the police in the Malësia region, consisting of slaps, punches and kicks during apprehension. The delegation also received a credible allegation that at Koplik Police Station a wooden club had been used to hit detainees on various parts of the body, including the soles of the feet. A detailed description of the location of this club and its shape was provided; both proved to be correct when the delegation subsequently visited the offices of the judicial police in Koplik Police Station and found the object. Another wooden baton was found in the offices of the judicial police in Lezha Police Station. The delegation was told by staff that the baton, which was fitted with a plastic strap to improve the grip, had been confiscated and served as evidence. However, it was found in a concealed position on top of a cupboard, and not in a labelled bag as other evidence material.

The CPT stresses that there is no legitimate reason for non-standard objects, such as wooden clubs or sticks, to be kept in rooms used for interviewing suspects. Apart from inviting speculation about improper conduct on the part of police officers, objects of this kind are a potential source of danger to staff and criminal suspects alike.

The report concludes that, although the positive trend observed during the most recent CPT visits to Albania as regards the treatment of persons detained by the police appears to be maintained, additional vigorous action is still required to eradicate police ill-treatment.

As concerns the fundamental safeguards against ill-treatment (namely the right of notification of custody and the rights of access to a lawyer and a doctor), most detained persons interviewed by the delegation indicated that a relative had been notified shortly after their apprehension and it appeared that those who wished to benefit from the right of access to a lawyer were usually able to contact their own lawyer or were offered an *ex officio* lawyer. However, the delegation heard some allegations to the effect that police officers had granted their request for an *ex officio* lawyer only after a considerable delay, in order to be able to informally question them about the suspected offence without the presence of a lawyer. Complaints were also received that *ex officio* lawyers did not provide any meaningful assistance. Further, the information gathered during the visit suggested that the initial medical examination of detained persons was still generally limited to asking questions about their state of health, without carrying out a physical examination.

In the report, the CPT makes recommendations designed to improve the operation in practice of the legal safeguards referred to above. Action is also required to ensure that all persons detained by the police are fully informed of their rights as from the very outset of their deprivation of liberty.

Prisons

The CPT notes that, despite a slight decrease in the number of prisoners since its previous periodic visit in 2018, Albania continued to have one of the highest incarceration rates of the Council of Europe's member states. Concern is raised in this regard that the remand prisoner population had grown further by almost 22% and reached nearly 2 800 at the time of the visit (that is, more than half of the total prison population). In consequence, overcrowding continued to affect some pre-trial establishments in the country and, as acknowledged by the authorities, remained a major challenge for the prison administration in providing satisfactory living conditions throughout the penitentiary system.

The visit once again demonstrated that the Albanian authorities should attach a high priority to measures designed to address the problem of prison overcrowding at its roots in order to bring about a permanent end to this phenomenon. In particular, strenuous efforts should be made to limit the use of pre-trial custody and to shorten the time spent by prisoners in remand facilities, with a view to halting the continuous growth of the remand population and reversing the trend.

The CPT delegation carried out follow-up visits to Prison No. 313 in Tirana and the prisons in Fier, Peqin and Tepelena. It received hardly any allegations of ill-treatment of prisoners by staff in any of the establishments visited; the vast majority of the prisoners interviewed stated that they were treated correctly by staff. Further, it appeared that inter-prisoner violence did not constitute a major problem in the prisons visited.

Material conditions of detention remained generally satisfactory in regular accommodation units at Fier and Peqin Prisons. By contrast, the premises of Tepelena Prison were run down; in particular, the cells located on the ground floor were badly ventilated, many of them also being in a poor state of repair. Further, the communal showers were dilapidated, and numerous complaints were heard from prisoners about insufficient heating in the winter. The situation was compounded by the fact that a number of prisoners were being held in very cramped conditions at the time of the visit, with cells offering less than 3 m² of living space per person.

The CPT considers that, given its major structural deficiencies, Tepelena Prison is barely suitable for use as a penitentiary institution; the present situation in this establishment impinges seriously upon both the quality of life of prisoners and the working conditions of staff. It is also evident that the costs involved in bringing about fundamental improvements to the current conditions of detention would be prohibitive. The Committee therefore recommends that a high priority be given to the withdrawal from service of this prison.

As regards Prison No. 313, the report notes that the two prisoner accommodation blocks that entered into service after the CPT's 2018 visit represent a marked improvement in terms of conditions of detention in this prison. However, the CPT expresses concern that, despite the assurances given by the Albanian authorities after that visit, the old A Block had not undergone major refurbishment. The conditions of detention in this building remained extremely poor (serious overcrowding, very limited access to natural light, poor in-cell ventilation, damp walls, etc.) and could in some cases be considered as amounting to inhuman and degrading treatment. At the end of the visit, the delegation was assured that the necessary funding had already been allocated by the Government for the complete reconstruction of Block A and that the work was expected to start soon.

Whilst acknowledging that efforts were being made to organise vocational training and educational activities for inmates at Fier and Peqin Prisons, it remained the case that the great majority of prisoners in these establishments were not provided with any opportunity for employment or education/vocational training. This is all the more worrying where long-term prisoners, including persons serving a life sentence, are concerned, bearing in mind the desocialising effects of long-term imprisonment. The situation was even less favourable at Prison No. 313 and Tepelena Prison where the provision of a meaningful regime for prisoners was hampered by the lack of designated facilities, the bulk of the inmate population being obliged to spend most of the day in their (often overcrowded) cells.

The delegation paid particular attention to the situation of prisoners subject to special detention regime (so-called “41-bis”). Noting that these prisoners were subjected to a very impoverished regime and were offered barely any meaningful human contact for months on end, the CPT recommends that measures be taken to avoid situations of prolonged *de facto* solitary confinement. Further, the visiting and telephone entitlements of such prisoners should be increased.

As regards the provision of healthcare to prisoners, recommendations are made, *inter alia* to reinforce the healthcare staff resources at Fier and Peqin Prisons, to arrange for regular visits by a psychiatrist to most of the prisons visited and to reinforce the provision of psychological care to inmates. In particular, the visit revealed that the special care units (“SKV”) at Fier and Peqin Prisons, which were intended primarily for prisoners with mental disorders, did not benefit from adequate psychiatric presence and were not staffed by other qualified professionals, with the result that almost no therapeutic or occupational activities were organised for patients. Further, the Albanian authorities are once again called upon to ensure that medical confidentiality is respected in prisons and to improve the existing procedures for the medical screening of newly arrived prisoners and the recording of injuries observed.

In the report, the CPT formulates a number of specific recommendations regarding various other prison-related issues such as discipline and prisoners’ contact with the outside world. In this regard, the Albanian authorities should ensure that remand prisoners are entitled to receive family visits as a matter of principle and that short-term visits for all categories of prisoner take place, as a rule, under open conditions.

Forensic psychiatric institutions

Over the years, the CPT has expressed grave concerns as to the detention conditions and treatment of detainees on whom either a court-ordered compulsory treatment measure under Section 46 of the Criminal Code or temporary placement in a psychiatric institution is imposed (Section 239 of the Code of Criminal Procedure). For this reason, the Committee visited the establishments in Albania where forensic psychiatric patients are held: the Tirana Prison Hospital (female patients) and the temporary facility at Lezha Prison (male patients).

The vast majority of patients interviewed by the delegation made no allegations of ill-treatment by staff. That said, the delegation did receive a number of allegations of physical ill-treatment of patients at the temporary facility by custodial staff, mainly, but not solely, by the rapid intervention team. The alleged physical ill-treatment consisted primarily of punches to various parts of the body. Further, several patients claimed to have been subjected to foul language or threats of physical violence.

Despite marked improvements made at Tirana Prison Hospital since the CPT’s previous visit in 2021, due to its carceral layout the CPT continues to consider that the living conditions offered to patients remain inadequate. As concerns the temporary facility at Lezha Prison, which accommodates male forensic patients, previously detained at the Zaharia Special Institution for Mentally Ill Inmates in Kruja, the CPT has no doubt that the Albanian Prison Service firmly wishes to do away with the prison culture prevalent at the Zaharia Special Institution. However, the overcrowding, the lack of medical and therapeutic staff and the inadequate building would have undone most, if not all, of whatever positive input could have been made since the transfer in 2021. Worse, if the number of patients continues to increase, the living conditions at the temporary facility could easily degrade even further, to the point of amounting to inhuman and degrading treatment.

The Albanian authorities have expressed their view that adequate accommodation for forensic psychiatric patients can only be realised by the construction of a new facility: the Special Medical Institution. With the aim for the Special Medical Institution to be up and running by 2028, the Ministry of Health and Social Protection has launched an application for funding under the European Union’s Instrument for Pre-accession Assistance III. If awarded, the Special Medical Institution will be situated on the grounds of Lezha Prison. The new special medical facility is planned to have a total capacity of 350 beds for both male and female forensic patients, which is approximately 80 beds below the number required to accommodate the current number of forensic psychiatric patients held in the temporary facility and Tirana Prison Hospital combined.

According to the Albanian authorities, the figure of 350 beds was the outcome of a needs assessment, which considered expected legislative changes as to the nature of the crimes for which obligatory treatment may be imposed, as well as the opening of outpatient care facilities for forensic patients in the vicinity of civil psychiatric hospitals.

Social care homes

The CPT delegation visited the Development Centres in Durrës and Shkodra. It was the first time that the CPT visited social care homes in Albania after the entry into force of the 2016 Law on Social Care Services.

The delegation received no allegations, and found no other indications, of ill-treatment of residents by staff in the residential care centres visited. On the contrary, many residents spoke positively about staff, and the atmosphere in the centres appeared generally relaxed. Regarding inter-resident violence, in both centres there were violent incidents amongst residents. It mainly concerned minor altercations and occasionally a slap, push or punch. In both institutions, the mix of residents of different ages and needs, with physically capable residents and those with slight intellectual disabilities sharing accommodation with residents unable to express themselves verbally, posed a real risk for tensions, irritations and misunderstandings. While staff appeared to be reacting rapidly and decisively in the case of conflicts between residents, structural shortcomings in both centres, including low numbers of orderlies and cramped living conditions (leading to mixed gender rooms and minors being placed together with adults) resulted in a level of staff supervision incompatible with the severity of the disability, both physical and intellectual, of several of the residents and the vigilance required to prevent violence.

While the Durrës Development Centre was in a reasonable state of repair, the Shkodra Centre, was in poor condition, with extensive water damage due to leaking bathroom pipes resulting in walls partially covered with bright green and black mould. Due to their dilapidated state, the bathroom and communal room in the female section were not in use, obliging the female residents to use these facilities in the adjacent male section. No adjustments, such as a partitioning, had been made to the two male section bathrooms to enable the female residents to use them in serenity.

In both centres, several bedrooms were accommodating too many residents. In the CPT's view, the Albanian authorities should strive to reduce occupancy levels in the residents' bedrooms to a maximum of four. Further, according to their official capacity neither centre was overpopulated: the Shkodra Centre was operating at close to full capacity and the Durrës Centre had a few vacant beds. However, given the cramped living conditions, the Albanian authorities should consider reducing the official capacity of both centres.

Efforts were made, at both establishments, to maintain a regime with a structured programme. However, in both centres there was a limited range of occupational, rehabilitative, and recreational activities on offer.

As to discharge, Article 25 of the Law on Social Care Services provides that every placement in residential care should be re-evaluated every six months. It appeared that family support was a crucial condition for discharge; without a family to return to, a resident would not be discharged. The CPT asks for comments of the Albanian authorities on the above.

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 carried out a visit to Albania from 4 to 15 May 2023. The visit formed part of the CPT’s programme of periodic visits for 2023 and was the Committee’s seventh periodic visit to the country.¹

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

- Hans Wolff, 1st Vice-President of the CPT (Head of delegation)
- Marios Anastasi
- Marie Kmecová
- Judith Öhri
- Vytautas Raškauskas
- Karin Rowhani-Wimmer
- Elisabetta Zamparutti.

They were supported by Marco Leidekker (Head of Division) and Elvin Aliyev of the CPT Secretariat and were assisted by the following interpreters:

- Adelina Albrahimi
- Ilir Baci
- Teuta Barbullushi
- Enrieta Hasanaj
- Albana Lilaj
- Rudina Xhillari.

3. A list of the establishments visited by the delegation is set out in the Appendix.

4. The report on the visit was adopted by the CPT at its 112th meeting, held from 6 to 10 November 2023, and transmitted to the Albanian authorities on 24 November 2023. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Albanian authorities provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

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

5. In the course of the visit, the delegation held consultations with Klajdi Karameta, Deputy Minister of Justice, Mira Rakacolli, Deputy Minister of Health and Social Protection, and Admir Abrija, Director General of Prisons, as well as with other senior officials from the above-mentioned ministries, the Ministry of the Interior and the Ministry for Europe and Foreign Affairs.

Further, discussions were held with Erinda Ballanca, People’s Advocate, responsible for the National Preventive Mechanism set up under the Optional Protocol to the United Nations Convention against Torture (OPCAT). In this connection, the CPT wishes to place on record its appreciation of the initiative taken by the Albanian authorities to invite the People’s Advocate to attend the meeting at which the delegation delivered its preliminary observations to the authorities, at the end of its visit.

The delegation also met representatives of the Tirana Office of the United Nations High Commissioner for Refugees (UNHCR) and of non-governmental organisations active in areas of concern to the CPT.

1. The reports on all previous CPT visits and related Government responses are available on the Committee’s website: <https://www.coe.int/en/web/cpt/albania>

6. With one exception, the delegation received excellent co-operation in the establishments visited, enjoying rapid access to all premises and being able to speak in private with persons deprived of their liberty and to consult relevant documentation. The exception concerns Prison No. 313, where the delegation was given misleading information in respect of the use of disciplinary and observation cells in Block A (see paragraph 51). Clearly, **such an attitude is not in compliance with the principle of co-operation set out in Article 3 of the Convention.**

7. As regards the *co-operation received from the national authorities*, it is a matter of concern that the CPT was not provided with a complete list of places of deprivation of liberty in Albania, despite repeated requests made before and during the visit (including in the CPT's letter of 17 February 2023). In fact, the Committee was provided only with a list of prison establishments in advance of the visit; the remaining lists were either not provided at all (such as the list of police establishments) or with considerable delay.

In this respect, **the CPT wishes to recall that, under Article 8, paragraph 2(b) of the Convention, states parties must provide the Committee in a timely manner with “full information on the places where persons deprived of their liberty are being held”.**

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

8. During the end-of-visit talks with the Albanian authorities on 15 May 2023, the CPT delegation outlined the main facts found during the visit. On that occasion, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention, requesting that the Albanian authorities take immediate measures at Prison No. 313 to ensure that the cells in the segregation/observation unit² in Block A are withdrawn from service pending a complete refurbishment of the entire unit.

9. The above-mentioned immediate observation was confirmed by letter of 2 June 2023 transmitting the delegation's preliminary observations to the Albanian authorities, in which the authorities were requested to provide a response within one month.

By letters of 3, 7 and 17 July 2023, the Albanian authorities provided information on various issues raised by the delegation during the end-of-visit talks, including on the measures taken in response to the immediate observation. This information has been taken into account in the relevant sections of the present report.

2. Such units are intended for disciplinary confinement and for holding newly arrived prisoners.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police custody

1. Preliminary remarks

10. The basic legal provisions governing the deprivation of liberty of persons by the police have remained unchanged since the CPT's last periodic visit in 2018. It is recalled that a criminal suspect may be held by the police on their own authority for up to 24 hours. Within that period, the case must be referred to the prosecutor who shall bring it to the attention of the competent judge within 48 hours from the moment of apprehension. The judge then has a further 48 hours in which to hold a hearing to decide whether the person concerned is to be remanded in custody.³

Further, in the context of criminal proceedings, the police can hold any person refusing to give their identity or suspected of using a false identity for a period not exceeding 12 hours.⁴ Further, a person may be taken to police custody for protection purposes for up to 10 hours for reasons such as the supervision of unaccompanied children with a view to transferring them to a competent body, or when a person is the carrier of a serious infectious disease, is intoxicated or mentally ill.⁵

The delegation's findings from the 2023 visit suggested that the aforementioned legal time-limits were generally respected.

11. The CPT noted that a "Standard Procedure on Treatment of Persons Detained in Premises of State Police" (hereinafter referred to as "the Standard Procedure") was approved by the Director General of the State Police in 2019. The Standard Procedure, which replaces the 2009 Manual on the Treatment of Persons in Police Custody, regulates a wide range of issues concerning police custody, notably the procedures for admission to police custody cells (including mandatory medical checks), the rights and obligations of detained persons during their stay in police facilities, conditions of detention therein, technical parameters and layout of custody cells, access to healthcare during police custody, the keeping of custody records, and complaints procedures.

2. Ill-treatment

12. In the course of the visit, the delegation visited a number of police establishments and remand prisons in various parts of the country and interviewed a large number of persons who were or had recently been in police custody. The vast majority of these persons indicated that they had been treated correctly by the police.

However, in one case, the delegation received a credible allegation of recent ill-treatment by the police in the Malësia region, consisting of slaps, punches and kicks during apprehension.

13. The delegation also received a credible allegation that at Koplík Police Station (Shkodra administrative region) a wooden club had been used to hit detainees on various parts of the body, including the soles of the feet (a form of torture known as *falaka*). A detailed description of the location of this club and its shape was provided. Both proved to be correct when the delegation subsequently visited the offices of the judicial police in Koplík Police Station and found the object.

Another wooden baton was found in the offices of the judicial police in Lezha Police Station. The delegation was told by staff that the baton, which was fitted with a plastic strap to improve the grip, had been confiscated and served as evidence. However, it was found in a concealed position on top of a cupboard, and not in a labelled bag as other evidence material.

3. Sections 258 and 259 of the Code of Criminal Procedure.

4. Section 295 (4), *ibid*.

5. Articles 109, 122 and 123 of the Law on the State Police.

14. By letter of 7 July 2023, the Albanian authorities informed the CPT that the two batons found by the delegation in Koplik and Lezha Police Stations were items of evidence in criminal proceedings and had therefore been removed from the offices of the judicial police and placed in the establishments' evidence rooms.

However, while the letter contains a reference to written communication between the prosecutor's office and Lezha Police Station regarding the referral of the baton in question (as a piece of physical evidence in specific criminal proceedings) to the latter establishment, no reasonable explanation has been provided as to how the wooden club found by the delegation in Koplik Police Station had ended up there. The letter simply states that, according to staff of the police station, the baton "has been there for some time as material evidence of an old event" and that "from the analysis carried out in the police station, it appears that this tool was not used for other purposes, or to use violence". **The CPT wishes to receive information about the precise nature of the aforementioned "analysis" (including an account of the concrete steps taken in this context) and a copy of any report drawn up in this respect.**

15. More generally, as the Committee has stressed in the past, there is no legitimate reason for non-standard objects, such as wooden clubs or sticks, to be kept in rooms used for interviewing suspects. Apart from inviting speculation about improper conduct on the part of police officers, objects of this kind are a potential source of danger to staff and criminal suspects alike. Consequently, **any non-standard issue objects that might be used for inflicting ill-treatment should be removed from all police premises where persons may be held or questioned. Any items seized as evidence should always be properly labelled, recorded, and stored in a dedicated room.**

16. The findings of the 2023 visit as regards the treatment of persons deprived of their liberty by the police suggest that the positive trend observed during the most recent CPT visits is maintained. However, it is also clear from the information gathered during the visit that additional vigorous action is still required to eradicate police ill-treatment.

The CPT trusts that the Albanian authorities will pursue their efforts to combat ill-treatment by the police, including by strengthening the accountability of the police and effectively investigating allegations of ill-treatment. In this context, it should be reiterated to police officers throughout the country at regular intervals that all forms of ill-treatment of persons deprived of their liberty are illegal and that anyone committing, instigating or tolerating such acts will be punished accordingly.

17. In December 2021, Albania adopted a law⁶ which established a new Police Oversight Agency (POA), replacing the Internal Affairs and Complaints Service of the Ministry of the Interior, with the mandate of investigating alleged misconduct by police officers and other law enforcement officials (such as members of the Republican Guard), including in cases of alleged ill-treatment of detained persons. The POA can initiate inquiries at both disciplinary and criminal levels, either *ex officio* (that is, without a formal complaint being lodged) or following a complaint. At the criminal level, it carries out preliminary investigations, upon completion of which the criminal file is transmitted to the competent prosecutor, who then takes a decision on a possible indictment.

It is noteworthy that the POA is also mandated to carry out inspections of law enforcement establishments. In terms of organisational structure, the Agency is composed of a headquarters in Tirana and seven territorial branches.

18. The CPT notes that, although independent of the State Police, the POA is under the direct supervision of the Minister of the Interior. The latter *inter alia* nominates, for appointment by the Prime Minister, the Head of the Agency and appoints its Deputy Head. The law also provides that the Minister of the Interior defines the Agency's main activities.

6. Law no. 128/2021 on the Police Oversight Agency.

In light of the above, the CPT has some doubts as to whether the POA as such and hence investigations it carries out against police officers can always be seen to be fully independent and impartial.⁷ **The Committee would like to receive the Albanian authorities' observations in this regard.**

19. The delegation was informed during the visit that, since its establishment, the POA had initiated a total of 62 cases at the disciplinary or criminal level, 13 of which (involving 25 police officers) had been referred to the prosecutor's office.

In order to obtain a comprehensive and up-to-date picture of the situation regarding the treatment of persons deprived of their liberty, **the CPT would like to receive the following statistical data, in respect of the period from 1 January 2021 to the present time:**

- a. **the number of complaints of ill-treatment made against law enforcement officials (per year) and the number of criminal/disciplinary proceedings which have been instituted as a result;**
- b. **the number of criminal/disciplinary proceedings which have been instituted *ex officio* (without a formal complaint) into possible ill-treatment by law enforcement officials;**
- c. **the outcome of the proceedings referred to in (a) and (b), including an account of criminal/disciplinary sanctions imposed on the law enforcement officials concerned.**

3. Safeguards against ill-treatment

20. The CPT recalls that three fundamental rights (namely the right to have the fact of one's detention notified to a relative or another third party and the rights of access to a lawyer and a doctor) should apply from the very outset of a person's deprivation of liberty. These rights should be enjoyed not only by persons detained by the police in connection with a criminal or administrative offence, but also by those who are obliged to remain with the police for other reasons (for instance, for identification purposes).

- a. notification of custody

21. According to Section 255 (4) of the Code of Criminal Procedure (CCP), the police shall notify the family of the detained person of the fact of detention without delay, subject to the person's consent (except in the case of juveniles, where such notification is mandatory).⁸

22. The vast majority of detained persons met by the delegation during the visit confirmed that they had been able to have a family member, or another trusted person informed of their situation shortly after apprehension. Nevertheless, some detained persons claimed that the police had failed to comply with their request to have a family member notified soon after their deprivation of liberty and that such notification had been made only after a considerable delay (for example, the following day or even two days later).

The CPT encourages the Albanian authorities to make further efforts to ensure that all persons detained by law enforcement agencies are able to benefit from the right of notification of custody as from the very outset of deprivation of liberty.

7. The CPT recalls that, in order for investigations into possible police ill-treatment to be effective, they must comply with a number of criteria such as promptness, thoroughness, independence and impartiality. For further details, see paragraphs 25 to 42 of the [CPT's 14th General Report](#).

8. According to the Standard Procedure, detained persons themselves can also make a phone call in the presence of a police officer in order to notify a relative or another person of their situation and whereabouts (Chapter VI, Paragraph 1.3).

b. access to a lawyer

23. The right of detained persons to have immediate access to a lawyer is provided for in Section 53 of the CCP.⁹ Further, indigent persons are entitled to state-guaranteed free legal aid.

24. As was the case during the 2018 visit, it transpired from the information gathered that detained persons who wished to benefit from the right of access to a lawyer were usually able to contact their own lawyer or were offered an *ex officio* lawyer from the Bar Association during police custody. Most of them benefitted from the presence of a lawyer at some stage during their custody, including during questioning.

However, once again, the delegation heard some allegations to the effect that police officers had granted their request for an *ex officio* lawyer only after a considerable delay, in order to be able to informally question them about the suspected offence without the presence of a lawyer (prior to the taking of a formal statement).

Complaints were also received that *ex officio* lawyers did not provide any meaningful assistance. In particular, several detained persons, who had been provided with such lawyers, indicated that they had not had a private consultation with the lawyer during police custody or that the lawyer had shown up only after the statement was taken by the police, simply to sign the interview protocol. Moreover, several persons claimed that, despite having requested a lawyer shortly after apprehension, they had only seen an *ex officio* lawyer for the first time at the courthouse (during an interview by the prosecutor and/or at the remand hearing by the judge).

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

Further, steps should be taken in consultation with the Bar Association to ensure that *ex officio* lawyers are reminded of their key role in preventing ill-treatment by attending police stations and intervening at the outset of the deprivation of liberty, by representing to the best of their ability the interests of the persons they are mandated to assist and, more specifically, by taking appropriate action whenever there are indications that such persons are being (or may have been) ill-treated by the police. Steps should also be taken to promote, in the context of the initial and ongoing training of lawyers, a culture where it is regarded as unethical and unprofessional not to pursue allegations of police ill-treatment.

c. access to a doctor

25. The Standard Procedure provides that persons detained by the police shall be subjected to a medical check-up, as a rule prior to their placement in a custody cell, but in any case no later than 12 hours from the moment of apprehension.¹⁰ It also contains provisions guaranteeing detained persons' access to medical assistance while in police custody (in addition to the initial medical check), including by a doctor of one's own choice.¹¹

26. It is positive that the police stations equipped with custody cells (for detention for up to 96 hours), namely those at Fier, Lezha and Shkodra, benefited from the on-site presence of a doctor. It appeared that in these establishments newly admitted detained persons were generally seen by a doctor. Further, the delegation gained the impression that detained persons' requests to be seen by a doctor whilst being held in police custody were usually granted.

9. See also Section 255 (1) of the CCP.

10. Chapter V, Paragraphs 7.1 and 7.2.

11. Chapter VI, Paragraphs 1.7 and 1.8.

However, the information gathered during the visit suggested that entry examinations of detained persons were still generally limited to asking questions about their state of health (and at times measuring blood pressure), without carrying out a physical examination. It is therefore not surprising that the examination by the delegation of the medical documentation kept at the establishments visited did not reveal any records of bodily injuries (violence-related or not).

The CPT recommends that the Albanian authorities take the necessary measures to ensure that the provisions of the Standard Procedure dealing with the initial medical examination of detained persons are rigorously applied in practice.

27. In their letter of 7 July 2023, the Albanian authorities refer to an order issued by the Director General of the State Police on 12 October 2022 “On respecting and guaranteeing in practice the right to medical treatment of accompanied and arrested/detained persons”. **The CPT would like to receive a copy of this order.**

d. information on rights

28. Article 109 (3) of the Law on the State Police stipulates that any person apprehended by the police should be informed immediately, and in a language they understand, that they have the right to communicate with a trusted person and a lawyer without delay.

29. The delegation observed that detained persons were usually given an information sheet detailing their rights upon arrival at a police station. It is also positive that notices of detained persons’ procedural rights were posted inside detention areas in most of the establishments visited. However, the delegation met some persons in police custody who stated that they were not aware of the content of the information sheet as they could not read. Further, as had been the case in the past, many detained persons interviewed by the delegation stated that they had not received any verbal information about their rights immediately after apprehension.

The CPT reiterates its recommendation that the Albanian authorities take steps to ensure that all persons detained by the police receive clear verbal information about their basic rights at the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police).

As regards written information on rights, care should be taken to ensure that detained persons actually understand this information; it is incumbent on police officers to ascertain that this is the case. Detained persons who are unable to read the information sheet or understand its content should receive appropriate assistance including, where necessary, by using alternative modes, means and formats of communication.

e. electronic recording of police interviews

30. The CPT noted that many police stations in Albania had been equipped with dedicated interview rooms for juvenile suspects, fitted with audio- and video-recording facilities. This is a welcome development.

As the Committee has stated in the past, the audio-visual recording of police interviews represents an important additional safeguard against the ill-treatment of detained persons. Indeed, such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is in the interest both of persons who have been ill-treated by the police and of police officers confronted with unfounded allegations that they have engaged in physical ill-treatment or psychological pressure.

In principle, audio-visual recording should cover all stages of police questioning, including the provision of information on rights at the beginning of the interview. This will ensure that police interviews are conducted in accordance with the law and will help to prevent any practice of subjecting detained persons to informal questioning prior to the formal interview.

The CPT encourages the Albanian authorities to extend the application of audio-visual recording of police interviews to the questioning of all detained persons. In the interim, consideration should be given to also using, to the extent possible, the existing juvenile interview rooms for police questioning of adults.

4. Conditions of detention

31. The CPT was pleased to note that efforts continued to be made by the Albanian authorities since its previous visit to improve material conditions of detention in police establishments. Most notably, a new detention facility had been built in Shkodra, and work was in progress to construct a new police station in Elbasan.¹²

32. Material conditions of detention at Shkodra Police Station were generally of a good standard, including in terms of cell size, hygiene, in-cell lighting and ventilation. They were also on the whole satisfactory in the *custody cells* of Fier and Lezha Police Stations.

However, at Lezha and Shkodra Police Stations, the in-cell toilets in double-occupancy cells were only partially partitioned, while at Fier Police Station they were not partitioned at all.

Further, contrary to the requirements of the Standard Procedure,¹³ persons accommodated in custody cells were generally not provided with basic personal hygiene items (except for soap) such as a toothbrush, toothpaste and toilet paper.

The CPT recommends that the Albanian authorities take the necessary steps at Fier, Lezha and Shkodra Police Stations to ensure that:

- **in-cell toilets in multiple-occupancy cells are properly partitioned from the rest of the cell (preferably to the ceiling);**
- **persons in custody are supplied with basic personal hygiene products (including, in the case of detained women, sanitary towels).**

33. At the time of the visit, all three detention facilities were operating below their respective capacities. However, from the examination of custody registers, it transpired that Lezha Police Station could on occasion hold more detainees than the number of beds available, with some detained persons having to sleep on mattresses placed on the floor. **Steps should be taken to ensure that the official capacities of police detention facilities are respected.**

34. All the police establishments visited, including the new detention facility in Shkodra, suffered from one major structural deficiency, namely the absence of an outdoor exercise yard. As a result, detained persons still had no possibility to go out into the open air.

The CPT reiterates its recommendation that all persons held in a police establishment for 24 hours or more be offered outdoor exercise on a daily basis. In this regard, it is important that the need for outdoor exercise areas is taken into account in the design of any new police detention facilities (such as the one in Elbasan).

35. As regards *holding cells* (intended for detaining persons for up to 10 hours), the delegation noted that one of the three holding cells at Fier Police Station was not equipped with any means of rest (such as a bench or chair). Further, the two holding cells at Elbasan Police Station were very dirty.

In their letter of 7 July 2023, the Albanian authorities indicate that all holding cells at Fier Police Station have now been equipped with a bench and that measures have been taken to improve the state of hygiene and cleanliness in the holding cells of Elbasan Police Station.

12. In its previous visit reports, the CPT had been very critical of the conditions of detention in the old premises of Elbasan Police Station. At the time of the 2023 visit, the establishment had only two operational holding cells, while the main detention facility had been taken out of service.

13. See Chapter VI, Paragraph 1.24.

36. The examination of custody records at Elbasan Police Station revealed that the holding cells were on occasion used for overnight stays. Given the lack of appropriate sleeping arrangements in such cells, **the CPT recommends that steps be taken to ensure that police holding cells are under no circumstances used for overnight detention.**

37. The delegation noted that, at Laç Police Station, the holding cells were located at some distance from the offices where police officers were normally present and did not have a call system, rendering it very difficult for detained persons to attract the attention of police officers in case of need. **Steps should be taken to remedy this deficiency (for example, through the provision of a portable call button).**

B. Prisons

1. Preliminary remarks

a. recent developments

38. Information provided by the Albanian authorities at the outset of the visit showed a slight decrease in the number of prisoners since the CPT's previous periodic visit in 2018, that is, from approximately 5 700 down to some 5 300 (for an overall capacity of 5 727 places¹⁴). Nevertheless, the Committee notes that Albania continued to have one of the highest incarceration rates of the Council of Europe's member states, with some 190 prisoners per 100 000 inhabitants.

On the other hand, figures provided by the authorities indicate that the aforementioned decrease had been possible thanks to a fall in the number of sentenced prisoners only; it is a matter of concern that the remand prisoner population had grown further by almost 22% and reached nearly 2 800 at the time of the visit¹⁵ (that is, more than half of the total prison population). The delegation's various interlocutors attributed this negative trend to the ongoing judicial reforms, in particular the vetting of judges and prosecutors, which had resulted in a considerable backlog of criminal cases and lengthy proceedings.

39. As a consequence, overcrowding continued to affect some pre-trial establishments in the country (see paragraphs 47 and 50) and, as acknowledged by the Albanian authorities, remained a major challenge for the prison administration in providing satisfactory living conditions throughout the penitentiary system. Further, the authorities indicated that conditions of detention were substandard in several older prison establishments, given their major structural deficiencies. In this context, it is noteworthy that three such prisons (namely those in Tropoja, Vaqarr and Saranda¹⁶) had been closed in recent years, and the CPT understands that there are plans to close some other prisons in the future.

The delegation also learned that, as part of the Albanian authorities' long-term plan to modernise the entire prison estate, a new 140-place prison establishment intended to accommodate elderly prisoners and inmates with reduced mobility had been built in Pogradec and that it would be admitting inmates shortly. In addition, plans were afoot to construct a new penitentiary institution for juveniles in Tirana (see also paragraph 49).

40. The 2023 visit once again demonstrated that the Albanian authorities should attach a high priority to measures designed to address the problem of prison overcrowding at its roots in order to bring about a permanent end to this phenomenon. In particular, strenuous efforts should be made to limit the use of pre-trial custody and to shorten the time spent by prisoners in remand facilities, with a view to halting the continuous growth of the remand population and reversing the trend.

The CPT recommends that the Albanian authorities redouble their efforts to combat prison overcrowding, taking due account of the relevant recommendations of the Committee of Ministers of the Council of Europe.¹⁷ This should include further developing the use of non-custodial alternatives to imprisonment and adopting measures to facilitate the reintegration of prisoners into society.¹⁸

14. Calculated on the basis of 4 m² of living space per prisoner (see Article 33 (4) of the Law on the Rights and Treatment of Sentenced and Remand Prisoners).

15. At the time of the 2018 visit, there were approximately 2 300 remand prisoners in the country.

16. Conditions of detention at Saranda Prison had been the subject of severe criticism by the CPT in the reports on its 2014 and 2017 visits to Albania.

17. In particular, Recommendations R(99)22 concerning prison overcrowding and prison population inflation, Rec(2003)22 on conditional release (parole), Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, Recommendation Rec(2010)1 on the Council of Europe Probation Rules, Rec(2014)4 on electronic monitoring, and Rec(2017)3 on the European Rules on community sanctions and measures.

18. See also the [CPT's 31st General Report](#) in which the Committee addressed the issue of combating prison overcrowding.

As regards more particularly pre-trial detention, **steps should be taken to ensure a more restrictive approach to the use of remand in custody by setting strict limits on its use and encouraging a greater use of alternative non-custodial measures.**¹⁹ In this context, it is essential that appropriate action be taken vis-à-vis the investigative and judicial authorities, including through training, to ensure their full understanding of – and support for – the policies being pursued, thereby avoiding unnecessary pre-trial detention practices.

The CPT would like to receive updated information on the measures taken in this regard. It would also like to be updated on the renovation and modernisation of the prison estate.

41. In the report on its 2018 periodic visit, the CPT drew the attention of the Albanian authorities to the incompatibility with Article 3 of the European Convention on Human Rights²⁰ of “whole life imprisonment” (that is, without the possibility of parole), introduced into the legislation in 2017. It is regrettable that the specific recommendation made by the Committee in this regard has not been taken into account: Section 65 (3) of the Criminal Code still excludes the possibility of conditional release (parole) for persons sentenced to life imprisonment for certain types of offences.²¹

The CPT considers that it is inhuman to imprison a person for life without any real prospect of release. The Committee has serious reservations about the very concept according to which persons who have committed certain violent crimes are considered once and for all to be dangerous to society and are hence deprived of any hope of being granted conditional release. In the CPT’s view, every life-sentenced prisoner should be offered the possibility of rehabilitation during imprisonment and the prospect of release if that rehabilitation is achieved.

In light of the above, **the Committee reiterates its recommendation that the Albanian authorities amend the criminal legislation with a view to making conditional release available to all life-sentenced prisoners, subject to a review of the threat to society posed by them on the basis of an individual risk assessment.**²²

Further, **the CPT would like to be informed of the actual number of persons, if any, who are serving whole life imprisonment.**

As regards prisoners serving “normal” life sentences, **the Committee would like to receive up-to-date nationwide information on:**

- **the number of such prisoners currently eligible for consideration for conditional release;**
- **the number of prisoners who have submitted conditional release applications to courts;**
- **the number of such applications that have been successful.**

19. In its [26th General Report](#) (paragraph 53), the CPT has stressed that “remand detention should only be used as a measure of last resort. It should be imposed for the shortest time possible and should be based on a case-by-case evaluation of the risks of committing a new crime, of absconding, or of tampering with evidence or witnesses or otherwise interfering with the course of justice. Moreover, the nature and gravity of the offence the person is suspected of having committed should be duly taken into account when assessing the proportionality of the measure.”

20. See, for example, *Vinter and Others v. the United Kingdom* [GC] (applications nos. 66069/09, 130/10 and 3896/10; 9 July 2013) and *László Magyar v. Hungary* (application no. 73593/10; 20 May 2014).

21. As a general rule, life-sentenced prisoners in Albania may be granted conditional release after having served 35 years of imprisonment.

22. Reference is made in this respect to the [CPT’s 25th General Report](#) (see paragraph 73). See also the [thematic factsheet on life imprisonment](#) published by the Council of Europe’s Department for the Execution of Judgments of the European Court of Human Rights.

b. prisons visited

42. In the course of the 2023 visit, the CPT delegation carried out follow-up visits to Prison No. 313 in Tirana and the prisons in Fier, Peqin and Tepelena.

Prison No. 313 in Tirana had previously been visited by the CPT on a number of occasions, most recently in 2018. A new 168-place building (Block B) had entered into service since then, increasing the prison's total capacity – together with the old building (Block A) – to 552 places. At the time of the 2023 visit, the establishment was holding approximately 420 inmates, all of whom were adult men on remand. Prisoner accommodation was provided in cells of two to six beds.

In addition, a separate 20-place building (Block C), which was designated for the accommodation of persons subject to the so-called “41-bis” detention regime (see paragraph 62), was opened in 2020. It was holding two prisoners at the time of the visit.

Fier Prison was visited by the CPT in 2018.²³ Still operating as an ordinary-security prison for sentenced male adults and also partly as a remand prison, the establishment was accommodating 823 prisoners at the time of the visit, for an official capacity of 828 places (mainly double-occupancy cells). About one third of the inmate population were on remand (all adult men). The prison had an in-patient infirmary with 11 single rooms and a special care unit for prisoners with mental disorders (“SKV”).²⁴

Peqin Prison, previously visited by the Committee in 2014, operates as a high-security prison with a remand section. With an official capacity of 528 places, it was accommodating 482 prisoners (all adult men) at the time of the visit. Of these, 314 were sentenced (mostly serving long prison terms, including some 120 life-sentenced prisoners) and 168 on remand. The prison had a 20-place unit for the “41-bis” regime which, at the time of the visit, was being used for administrative segregation (as there were no prisoners subject to this regime). The establishment also had two separate SKVs. The main prisoner accommodation consisted of cells designed for two or four persons.

Tepelena Prison had been visited by the CPT in 2005. Built in the early 1970s, it occupied a dilapidated two-storey building which did not seem to have benefitted from major renovation in decades. Operating as a remand facility for male adults, the establishment was holding 82 prisoners at the time of this visit, accommodated in cells with four to eight beds. Although the prison's official capacity had been fixed at 75 places, some additional 35 beds were installed in cells in order to cope with recurrent overpopulation (see, in this regard, paragraph 47).

2. Ill-treatment

43. As had been the case during the CPT's recent visits to Albania, the delegation received hardly any allegations of ill-treatment of prisoners by staff in any of the establishments visited. The atmosphere in the prisons visited was generally relaxed and calm, and the vast majority of the prisoners interviewed in each of the establishments stated that they were treated correctly by custodial staff.

Further, it appeared from the information gathered during the visit that inter-prisoner violence did not constitute a major problem in the prisons visited.

44. That said, as set out below (see paragraph 50), the poor conditions of detention in which many prisoners were being held at Prison No. 313 could lead to situations amounting to inhuman and degrading treatment contrary to Article 3 of the European Convention of Human Rights.

23. For a more detailed description of Fier Prison, see [CPT/Inf \(2019\) 28](#), paragraph 52.

24. *Sektori Kujdesit të Veçantë* - Special Care Sector.

3. Conditions of detention

a. material conditions

45. At both Fier and Peqin Prisons, material conditions of detention remained generally satisfactory in regular units. Inmates were held in cells which offered a satisfactory amount of living space²⁵ and were clean, bright and airy. With some exceptions (see below), cells were also in an adequate state of repair and were suitably equipped, including with a TV set and refrigerator (both purchased by the prisoners themselves).

46. However, at Fier Prison, a number of cells located on the ground floors of the four accommodation buildings, as well as some cells in the segregation/observation unit, showed visible signs of damp (flaking plaster, damp walls, etc.). Further, several cells in the establishment's remand block had dirty walls and some had no cupboards for personal belongings.

At Peqin Prison, the delegation observed that some of the cells in the observation unit were dilapidated (damaged walls and floors, exposed sockets and wiring, dirty walls, etc.) and had broken furniture. Further, the communal shower facility in this unit was run down and dysfunctional, with prisoners having to wash themselves in the toilets using water collected in buckets. It should be noted that some prisoners had already been held under such conditions for several weeks.

The CPT recommends that steps be taken to remedy the above-mentioned deficiencies at Fier and Peqin Prisons. As regards more specifically Fier Prison, given the elevated humidity levels in the area, the prisoner accommodation areas, in particular those located on the ground level, should benefit from more regular maintenance work.

47. As already mentioned above (see paragraph 42), the premises of Tepelena Prison were generally run down. While the overall state of repair and hygiene in most of the cells located on the building's upper floor could be considered as acceptable, nearly all the cells located on the ground floor were badly ventilated, many of them also being in a poor state of repair. Further, in-cell toilets throughout the prison were not fully partitioned and the communal showers were dilapidated (missing shower heads, broken tiles, etc.).

Moreover, numerous complaints were heard from prisoners about insufficient heating in the winter (the central heating usually being switched on for only about five hours per day during the winter months). The delegation was also told by the prison director that the establishment's roof, electrical installations and water pipes were in need of replacement.

The situation was compounded by the fact that a number of inmates were being held in very cramped conditions at the time of the visit, with cells offering less than 3 m² of living space per person (and on occasion only some 2.5 m²).²⁶ Moreover, the delegation observed that many cells contained unused beds, which further reduced the already limited living space for prisoners.

In this connection, the CPT has taken note of the information provided by the Albanian authorities shortly after the visit, that measures had been taken at Tepelena Prison to remove excess beds from cells.

48. At the end of the visit, the delegation was informed by the authorities that there were plans to either build a new prison in the neighbouring town of Gjirokastër or expand the capacity of Fier Prison, which would allow for Tepelena Prison to be decommissioned.

25. For example, some 12 m² (excluding the in-cell sanitary annexe) for up to two persons at Fier, and some 23 m² for up to four persons at Peqin.

26. For instance, a cell with four persons measured only some 10 m². Another cell holding eight prisoners measured some 21 m².

In the CPT's view, given its major structural deficiencies, Tepelena Prison is barely suitable for use as a penitentiary institution (see also paragraph 59); the present situation in this establishment impinges seriously upon both the quality of life of inmates and the working conditions of staff. It is also evident that the costs involved in bringing about fundamental improvements to the current conditions of detention would be prohibitive. **The Committee therefore recommends that a high priority be given to the withdrawal from service of Tepelena Prison; it would like to receive a detailed account of the Albanian authorities' plans in this regard.**

Pending its closure, **efforts should be made to bring material conditions of detention at Tepelena Prison to an acceptable level. In particular, urgent measures should be taken to ensure that:**

- **the national minimum standard of 4 m² of living space per prisoner in multiple-occupancy cells (not counting the area taken up by in-cell toilets) is duly respected. In this regard, steps should be taken to achieve a more even distribution of prisoners between cells;**
- **all prisoner accommodation is kept in an acceptable state of repair and is adequately ventilated and heated;**
- **the communal shower facilities are repaired.**

49. Turning to Prison No. 313, it is noteworthy that the two prisoner accommodation buildings that entered into service after the CPT's 2018 visit, namely Blocks B and C, represent a marked improvement in terms of conditions of detention in this establishment.²⁷ Inmates were accommodated in cells which offered sufficient living space,²⁸ were in a satisfactory state of repair and cleanliness and had sufficient lighting (including access to natural light). They were also suitably equipped, including with a fully partitioned sanitary annexe.

Nevertheless, certain shortcomings were observed in Block B such as poorly ventilated cells in the observation unit as well as an absence of shelter from inclement weather and of any physical exercise equipment in the outdoor yards. Similarly, the yards in Block C had no exercise equipment. **The CPT recommends that steps be taken to remedy these shortcomings.**

50. As regards the old Block A, the Committee was very concerned to note that it had not undergone major refurbishment, despite the assurances given by the Albanian authorities after the 2018 visit. The conditions of detention in this building remained extremely poor and could in some cases be considered as amounting to inhuman and degrading treatment.

Similar to the situation observed during previous visits, many cells in Block A were seriously overcrowded, offering less than 3 m² of living space per prisoner,²⁹ and some were too narrow (only about 1.8 m wide).³⁰ Further, access to natural light was often still very limited,³¹ in-cell ventilation was poor and walls were impregnated with damp and mould, posing a health hazard for inmates. The delegation also noted that, due to frequent interruptions in the supply of water, inmates collected water in buckets, which they heated with self-made devices to wash themselves, leading to a risk of electrocution.

27. Prison No. 313 had been repeatedly criticised by the CPT after previous visits on account of its poor material conditions of detention.

28. In Block B, all cells were designed to accommodate four persons and measured some 17 m², excluding the sanitary annexe. Block C comprised double-occupancy cells of the same size.

29. For example, several cells with four prisoners measured only some 10.5 m².

30. See, in this regard, paragraph 11 of [CPT/Inf \(2015\) 44: "Living space per prisoner in prison establishments: CPT standards"](#).

31. In many cells, the only source of natural light was the small window of the in-cell toilet, the door to which had to be kept open if prisoners wanted to have some fresh air and access to a meagre amount of daylight in their cells.

51. Particular mention should be made of the cells in the segregation/observation unit located on the ground floor of Block A. Besides being furnished with old rusty beds, most of these cells were extremely dirty and severely affected by humidity and mould. Moreover, the unit's communal shower facility was dilapidated and in an appallingly unhygienic condition. Although the management of the prison asserted that the cells in question had not been used in recent months, it quickly became clear that prisoners had been held in them (for both disciplinary and observation purposes) until a few days prior to the visit.

As already mentioned (see paragraph 8), the delegation invoked Article 8, paragraph 5, of the Convention and requested the Albanian authorities to take immediate measures to ensure that these cells were withdrawn from service pending a complete refurbishment of the entire unit.

By letter of 3 July 2023, the Albanian authorities informed the Committee that the segregation/observation unit in Block A had been closed down and that all prisoners subject to disciplinary confinement, as well as all newly arrived inmates, were now accommodated in Block B.

52. At the end of the visit, the delegation made it clear to the authorities that the entire premises of Block A should undergo major reconstruction without any further delay in order to bring the conditions of detention to an adequate level. The delegation was assured that the necessary funding had already been allocated by the Government for the complete reconstruction of Block A and that the work was expected to start soon.

The CPT would like to receive a detailed timetable for the reconstruction of Block A of Prison No. 313 as well as information on its general layout (overall capacity; size and design of accommodation cells; facilities for outdoor exercise and sport; facilities for out-of-cell association activities, including areas for educational and vocational training, etc.).

53. The delegation noted that, in all the prisons visited, inmates were regularly provided with materials to clean their cells but with no personal hygiene items except for soap. As a result, many of them had to rely on their families for other hygiene products; there appeared to be no arrangements for helping those who were destitute. **The CPT recommends that prisoners be provided free of charge with sufficient supplies of essential personal hygiene products upon admission to prison and on a regular basis thereafter.**

54. In each of the prisons visited, the delegation received complaints from inmates that the thin foam mattresses provided by the prison administration had exacerbated their back problems. The delegation observed that, although prisoners were allowed to buy thicker and more comfortable mattresses,³² the great majority of inmates had to sleep on foam mattresses. **The CPT invites the Albanian authorities to progressively replace the foam mattresses in prison establishments with proper mattresses.**

b. regime

55. At both Fier and Peqin Prisons, efforts were being made by the management to organise vocational training and educational activities for inmates. At Fier, prisoners were in principle offered various vocational courses such as electrics, cooking, tailoring, plumbing, and welding. However, at the time of the visit, only cooking classes were taking place, which involved some 30 sentenced prisoners.³³ At Peqin Prison, 23 inmates were attending a four-month training course on repairing home appliances. Further, in each prison, some 20 inmates were enrolled in classes at the elementary education level.

In addition, in each establishment, about 5% of prisoners had paid jobs in the prison's general services (kitchen, laundry, food distribution, maintenance, etc.).

32. It is noteworthy that an electronic procurement system had recently been put in place in the prison system (replacing the traditional prison shops), whereby inmates could order various goods and food items from an established catalogue.

33. The delegation was informed that courses on tailoring and welding, involving some 55 prisoners, had ended shortly before the visit.

As regards outdoor exercise and sports activities, at Peqin Prison inmates had daily access to spacious courtyards for three hours (four hours in the summer), where they could exercise and play football,³⁴ as well as to small indoor fitness rooms. At Fier Prison, similar possibilities were available to prisoners, the only difference being that their daily outdoor exercise was limited to two hours (three hours in the summer).

56. Furthermore, the delegation was pleased to note that, at Peqin Prison, nearly half of the sentenced prisoners benefited from an open-door regime within their living units for about eight hours per day, and the management's intention was to extend this practice throughout the establishment's entire sentenced prisoner population.

No such policy was in place at Fier Prison, although prisoners (both sentenced and remand) were generally permitted to visit other cells within their unit to play board games or watch television.

57. It is also noteworthy that, albeit on a limited scale, both prisons benefitted from the presence of a psychosocial team³⁵ which organised out-of-cell activities for inmates, visited the detention areas on a regular basis and, when requested, held private consultations with prisoners.

58. Notwithstanding the above – and similar to the situation observed in these establishments during the Committee's previous visits – it remained the case that the great majority of prisoners at Fier and Peqin Prisons were not provided with any opportunity for employment or education/vocational training. It should be noted in this regard that Fier Prison did possess appropriate facilities for this purpose (such as classrooms for vocational training and libraries); however, it appeared that they remained underused. Similarly, at Peqin Prison, the actual offer of organised activities was too limited for the size of the inmate population; consequently, far too many prisoners were not engaged in any kind of purposeful out-of-cell activity.³⁶ This is all the more worrying where long-term prisoners, including persons serving a life sentence, are concerned, bearing in mind the desocialising effects of long-term imprisonment.

It is also a matter of concern that, in both establishments, remand prisoners were offered no vocational training or educational activities.

59. The situation was even less favourable at Prison No. 313 and Tepelena Prison (both operating as remand facilities). The provision of a meaningful regime for remand prisoners in these establishments (including in the new Block B at Prison No. 313) was hampered by the lack of designated facilities. Whilst acknowledging that prisoners were able to benefit from three to four hours of outdoor exercise every day,³⁷ there was hardly any offer of organised out-of-cell activities such as education or vocational training,³⁸ and employment opportunities were limited to working in the prisons' general services.

As a result, the bulk of the inmate population in both prisons were obliged to spend most of the day in their (often overcrowded) cells, the principal means of distraction being playing board games, reading, and watching television (if there was one in the cell). Their idleness was only occasionally interrupted by visits from lawyers, court hearings or family visits. It is of all the more concern that prisoners had usually been held in these conditions for months or even years.

34. The prison also had a football field.

35. At the time of the visit, Fier Prison employed three psychologists, six social workers and one educator. Peqin Prison had two psychologists, four social workers and two educators.

36. Peqin Prison had only a few classrooms available but the management planned to set up more such rooms, making use of the now-defunct prison shops.

37. At Tepelena, the vast majority of prisoners took outdoor exercise in two relatively spacious yards which had some basic weightlifting equipment and small football goals. By contrast, the courtyards at Prison No. 313 were devoid of exercise equipment (and the prison had no sports facility).

38. At Prison No. 313, schooling was reportedly provided to five inmates.

60. In light of the above findings, **the CPT calls upon the Albanian authorities to take the necessary measures at Fier, Peqin and Tepelena Prisons and Prison No. 313 (and in other prison establishments in Albania where a similar situation prevails) to improve substantially the regime of activities for all prisoners, regardless of their legal status. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (that is, eight hours or more) outside their cell, engaged in purposeful activities of a varied nature (such as work, education, vocational training, sport, and recreation/association).**

As regards more specifically Prison No. 313, **the CPT trusts that the Albanian authorities will, in the context of the planned reconstruction of Block A, take due account of the above recommendation.**

The Committee also invites the Albanian authorities to consider introducing, to the extent possible, an open-door policy in prisoner accommodation areas at Fier Prison (and, as appropriate, in other prisons in Albania), following the positive example of Peqin Prison.

61. In their response to the preliminary observations made by the delegation at the end of the visit, the Directorate General of Prisons emphasised that “[...] the relevant ministries should strengthen their support for the prison system, at least through the involvement of additional professionals who will have to develop education and professional courses in prisons. In order to address this issue, the Directorate General has initiated the renewal of cooperation agreements with the Ministry of Education and Sports and the Ministry of Economy and Finance with a view to strengthening inter-institutional cooperation in prisons.” **The CPT welcomes this initiative and would like to receive updated information on the action taken in this regard.**

c. prisoners subject to the detention regime under Article 17 of the LRTP

62. In the course of the visit, the delegation paid particular attention to the situation of prisoners subject to the special detention regime (so-called “41-bis”) pursuant to Article 17 of the 2020 Law on the Rights and Treatment of Sentenced and Remand Prisoners (LRTP).³⁹ Under this provision, persons accused or convicted of certain offences related to terrorism or organised crime may be placed, by decision of the Minister of Justice,⁴⁰ in special units within high-security prisons for a renewable period of one year, with a view to maintaining order and security in prison and/or preventing their communication with members of criminal organisations.

According to information provided by the Albanian authorities, such units have so far been established at Prison No. 313 and Peqin Prison (see paragraph 42). At the time of the visit, there were only two prisoners under the “41-bis regime” in the whole country, both of whom were being held at Prison No. 313, alone in their cells.⁴¹

63. Material conditions of detention in Block C of Prison No. 313 were generally satisfactory (see paragraph 49).⁴² However, the regime afforded to prisoners of this category was very impoverished. Apart from outdoor exercise of up to two hours – to be taken alone in a yard devoid of any exercise equipment – they remained locked up in their cells all day, the only occupation being reading books or watching television. It also transpired from the information gathered during the visit that the prisoners concerned were offered barely any meaningful human contact, except for brief daily visits by a nurse, short verbal exchanges with custodial staff connected to daily routines, and occasional visits from a lawyer. Thus, they were being held in *de facto* solitary confinement for months on end.⁴³

39. The special detention regime was introduced into the Albanian prison legislation in 2019 and is regulated by relevant provisions of the General Prison Rules (Chapter VI).

40. Such a decision is taken upon the request of the Special Prosecution Office, after consulting with relevant state agencies. An appeal can be lodged with the court against any such placement (or extension thereof), which does not have suspensive effect.

41. As required by Article 61 (1) of the General Prison Rules.

42. In addition to two single beds, each cell had a fixed table and a fixed stool and was equipped with a call bell, a heater and a TV set as well as with a sanitary annexe.

43. Both prisoners had already been held in the “41-bis” unit for over 11 months.

It is also a matter of grave concern that the prisoners' contact with the outside world was restricted to one 30-minute family visit (subject to audio- and video-recording) and – subject to authorisation by the competent authority – one 10-minute phone call every month, along with the possibility of sending/receiving letters.

64. The CPT accepts that in certain individual cases it may be justified – for security-related reasons or for the purpose of effectively combating organised crime networks – to segregate prisoners from the rest of the inmate population. However, every effort should be made to ensure that this does not lead to situations in which prisoners are subjected to prolonged solitary confinement, which can have an extremely damaging effect on the mental, somatic and social health of those concerned and may, in certain circumstances, amount to inhuman and degrading treatment.

The CPT recommends that prisoners subject to the regime under Article 17 of the LRTP be offered an appropriate programme of activities (preferably outside the cell) and be provided with meaningful human contact for at least two hours every day⁴⁴ and preferably more, with staff and, as far as possible, one or more other inmates of the same unit. Further, the visiting and telephone entitlements of such prisoners should be increased.

The CPT also considers that placement in a special regime unit should be limited in time and be subject to review at least every two months.

4. Healthcare services

65. During the visit, the delegation conducted an evaluation of the healthcare services in each of the prisons visited.⁴⁵ At Fier and Peqin Prisons, particular attention was paid to the situation of prisoners with mental disorders.

66. At *Prison No. 313*, the delegation was pleased to note that the healthcare staff resources in terms of doctors and nurses had doubled since the CPT's 2018 visit. The prison now had two general practitioners (GP), assisted by a team of eight nurses, as well as a dentist and a pharmacist, all working on a full-time basis (for an inmate population of some 420).

At *Fier Prison*,⁴⁶ the staffing situation had remained similar to the one found during the 2018 visit; the establishment had a GP, a dentist, nine nurses and a pharmacist (all full-time). Further, the prison benefited from the presence of a half-time psychiatrist. There were also vacant posts for a full-time GP, a half-time internist and two full-time nurses.

*Peqin Prison*⁴⁷ employed two GPs, a dentist, five nurses, a pharmacist and a laboratory technician (all full-time). One full-time GP post and two nursing posts were vacant.

The healthcare team at *Tepelena Prison*⁴⁸ consisted of a half-time GP and a part-time dentist, as well as a pharmacist and four nurses working on a full-time basis. Further, the establishment had a vacant post for a part-time GP.

It should be added that, in all the prisons visited, the nursing teams ensured a round-the-clock presence.

44. In line with the requirements set out in the European Prison Rules (see Rule 53A (a)). See also Rule 44 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (*Nelson Mandela Rules*).

45. According to Article 41 of the LRTP, healthcare services in prisons are covered by compulsory healthcare insurance and all prisoners can benefit free of charge from the services provided by the national health insurance scheme.

46. Ca. 820 prisoners at the time of the visit.

47. Ca. 480 prisoners at the time of the visit.

48. Ca. 80 prisoners at the time of the visit.

67. To sum up, the visit revealed that, with the above-mentioned increase in staffing levels, the healthcare resources at Prison No. 313 could be considered adequate, given the size of the establishment's inmate population at the time of the visit. Healthcare staffing levels could also be regarded as acceptable on the whole at Tepelena Prison; nevertheless, the vacant part-time GP post should also be filled in order to better ensure continuity of care.

On the other hand, the staffing levels for doctors and nurses at Fier Prison were far from satisfactory. In the CPT's view, a prison establishment of this size should have at least three full-time doctors and around 20 nurses, also bearing in mind that it contains a special unit for mentally ill prisoners (SKV). Similarly, there is a need to reinforce the staffing complement at Peqin Prison, as an establishment of this size, which also has an SKV unit on its premises, should have at least 2.5 full-time equivalent doctors and more than 10 nurses.

The CPT recommends that the Albanian authorities review the existing healthcare staffing levels at Fier and Peqin Prisons as a matter of priority, in light of the above remarks. In the first place, urgent steps should be taken to fill the existing vacancies in these prisons. Steps should also be taken to ensure that the vacant part-time post of general practitioner at Tepelena Prison is filled.

68. In this context, the CPT wishes to emphasise that it is aware of the country-wide lack of medical specialists in Albania and appreciates the difficulties facing the prison authorities in their efforts to recruit doctors for the vacant posts. It is clear that **additional efforts should be made to attract medical professionals to this challenging field by employing more effective recruitment strategies (including the provision of better remuneration and social guarantees, improved working conditions, training and development opportunities, etc.).**

69. The delegation noted that neither doctors nor nurses working in the establishments visited had received any specialised training in prison healthcare upon recruitment or thereafter. Some in-service training was reportedly organised for nurses two to three times a year which, however, only covered general healthcare issues. **The CPT recommends that steps be taken to develop targeted training modules for prison healthcare staff addressing the specificities of healthcare in a prison setting (for example, as regards prison-specific ethical issues, transmissible diseases or drug issues).**

70. As regards medical equipment in the healthcare units of the prisons visited, it is a matter of concern that Tepelena Prison did not have essential equipment such as an automated external defibrillator (AED), oxygen, and an ECG machine. Further, there was no AED at Prison No. 313. By contrast, the healthcare units of Fier and Peqin Prisons were equipped with a defibrillator; however, no staff member had been trained in its use, and the device's audio instructions were in English.

The delegation also observed that the healthcare facilities in Block A of Prison No. 313 and at Tepelena Prison did not offer sufficient space to host medical consultations (the consultation rooms measuring only between 5 and 6 m²).

The CPT recommends that the Albanian authorities take appropriate measures in the prisons visited to remedy the above-mentioned deficiencies. In this context, steps should also be taken to ensure that healthcare staff in prisons receive regular training in basic life support skills (including on the use of a defibrillator).

71. In all the prisons visited, inmates' requests to see a prison doctor were generally granted without undue delay. However, in most of the establishments visited, such requests to see a doctor had to be addressed by prisoners to custodial staff. In order to ensure the confidentiality of such requests, **the CPT recommends that the arrangements for accessing the healthcare personnel in the prisons visited be reviewed in order to avoid custodial staff acting as intermediaries.** This can be achieved, for instance, by arranging daily rounds of nursing staff in the detention areas to collect requests for medical consultations, or by introducing dedicated locked letterboxes for requests for consultations to which only members of the healthcare team have access.

72. The CPT noted with concern that access to psychiatric care for prisoners was inadequate in most of the establishments visited, despite the presence of many inmates with mental disorders. While Prison No. 313 and Tepelena Prison were not visited by a psychiatrist at all,⁴⁹ the situation was only slightly better at Peqin Prison, where a psychiatrist attended on average once every two months. On a more positive note, Fier Prison employed a half-time psychiatrist, who also remained on call outside her working hours (see, however, paragraph 85).

As regards psychological assistance, with the exception of Tepelena Prison, each establishment visited employed a few psychologists; that said, as far as the delegation could ascertain, none of the psychologists was clinically trained. Further, their role was essentially limited to carrying out a security risk assessment of prisoners.

The CPT recommends that steps be taken to arrange for regular visits (at least twice a month) by a psychiatrist to Prison No. 313 and Peqin and Tepelena Prisons (and, as appropriate, in all other prisons in Albania).⁵⁰ As stressed by the CPT in the past, the regular presence of a psychiatrist in prison will enable prisoners with mental health problems to be identified in good time and given appropriate treatment. In many cases this may well make it possible to avoid any subsequent need for their transfer to an outside facility.

The Committee also recommends that the Albanian authorities reinforce the provision of psychological care in prisons, especially as regards therapeutic clinical work with inmates. In this context, efforts are needed to recruit clinical psychologists, who should form part of the healthcare team.

73. The CPT has repeatedly emphasised the crucial role of prompt medical screening of new arrivals, in particular in establishments which represent points of entry into the prison system. Such screening is indispensable, notably in the interests of preventing the spread of transmissible diseases and of the timely provision of medical and psychosocial care to inmates. The Committee has also highlighted the important contribution which healthcare staff working in prisons can make to the prevention of ill-treatment, through the thorough and prompt examination of prisoners, methodical recording of injuries and, when appropriate, the provision of information to the relevant authorities.

74. Regrettably, the CPT once again found that prisoners were not systematically subjected to a thorough medical screening by healthcare staff in any of the establishments visited. Such screening appeared to be usually limited to a few general questions by healthcare staff (usually a nurse) about their state of health during the admission procedure and – unless the prisoner concerned complained of a somatic disease – did not entail a physical examination. Clearly, such a practice cannot be a substitute for proper medical screening of prisoners on admission.

It is also a matter of serious concern that in none of the prisons visited was systematic screening/testing for transmissible diseases (such as tuberculosis, hepatitis B/C and HIV) performed upon admission⁵¹ or information provided about the prevention of such diseases.

75. Further, the examination of the medical documentation in the prisons visited revealed that, in those rare cases where injuries were recorded, their description was usually superficial and lacked detail, and no record was kept of statements made by the prisoner concerned as to the origin of the injuries. The delegation also noted that healthcare staff did not take photographs of injuries in any of the establishments visited.

49. At Prison No. 313, the delegation was told that, in case of need, inmates would be transferred to the Prison Hospital in Tirana.

50. As regards Peqin Prison, see also paragraph 86.

51. On the positive side, at Fier, Peqin and Tepelena Prisons, inmates were offered annual health check-ups which included biochemical blood testing, urine testing, ECG, and colorectal cancer screening.

76. In light of the above, the CPT once again calls upon the Albanian authorities to take the necessary steps (including through the issuance of instructions and the provision of training to relevant staff) to ensure that in all the establishments visited and, as appropriate, in other prisons in Albania:

- all newly arrived prisoners are subject to a comprehensive medical examination (including systematic TB screening) by a doctor or a qualified nurse within 24 hours of admission, followed by voluntary testing for HIV and hepatitis B/C;
- the record drawn up after the medical examination of a prisoner (whether upon admission or during imprisonment) contains:
 - i. a full account of objective medical findings based on a thorough examination,
 - ii. an account of statements made by the person which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment), and
 - iii. the healthcare professional's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.

The record should also contain the results of additional examinations carried out, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed. Further, the results of every examination, including the above-mentioned statements and the healthcare professional's conclusions, should be made available to the prisoner and their lawyer;

- any traumatic injuries observed in the course of the medical examination of a prisoner are recorded in a dedicated register. In addition to this, all injuries should be photographed in detail and the photographs kept, together with "body charts" for marking traumatic injuries, in the prisoner's individual medical file;
- whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the record is systematically brought to the attention of the competent prosecutor. The healthcare professional should advise the prisoner concerned of the existence of the reporting obligation and that the forwarding of the report to the prosecutor is not a substitute for the lodging of a formal complaint.⁵²

77. The observations made by the delegation during the visit suggested that medical confidentiality was far from being respected in the prisons visited, despite the Committee's repeated recommendations on this subject. It appeared that medical consultations of prisoners (including upon admission to prison) were still usually carried out in the presence of custodial staff or within their earshot.

In this regard, the CPT takes note of the information provided by the Albanian authorities after the visit that "the Directorate General of Prisons will send an ordinance to all prisons to draw the attention of staff to the issue of confidentiality during medical consultations". The Committee must nevertheless reiterate that there can be no justification for prison officers being systematically present during medical examinations. Their presence is detrimental to the establishment of a proper doctor-patient relationship and is usually unnecessary from a security standpoint. Moreover, the presence of prison staff may well deter prisoners from providing accounts of the origins of any injuries they have sustained. **The CPT once again calls upon the Albanian authorities to take steps throughout the prison system to ensure that the above precept is fully respected during medical examinations of prisoners.**

52. Reference is also made to the Istanbul Protocol – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (issued by the Office of the United Nations High Commissioner for Human Rights: Professional Training Series No. 8 / Rev. 2).

78. The lack of systematic medical screening upon admission in the prisons visited was of particular concern with respect to inmates in need of urgent medical attention, notably prisoners using drugs. The delegation noted that even those belonging to this high-risk group were not offered testing for transmissible diseases such as HIV and hepatitis.

It is also a matter of concern that, under the regulations in force, prison doctors had no mandate to initiate an opioid agonist therapy (methadone), even in urgent situations of withdrawal crisis. In practice, this therapy was only available through a non-governmental association (Aksion Plus) for those inmates who had already been receiving such treatment prior to their imprisonment. Moreover, no harm reduction measures were in evidence in the prisons visited.

79. The CPT considers that admission to prison is an opportunity to address a person's drug-related problem and it is therefore important that suitable assistance be offered to all persons concerned; consequently, appropriate healthcare must be available in all prisons. The assistance offered to such persons should be varied; substitution programmes for prisoners with drug dependence should be combined with genuine psycho-social and educational programmes for opioid-dependent persons who are unable to stop taking drugs. Further, access to opioid agonist therapy programmes in prisons should be readily available and be managed also by prison doctors, who should receive specific training on issues related to drug use. Finally, it is important that harm reduction measures (for example, needle exchange programmes, condom distribution, etc.) be introduced in prisons.

The CPT recommends that the Albanian authorities develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems, as part of a wider national drugs strategy, taking into account the above remarks.

80. At Prison No. 313, healthcare staff performed urine testing on inmates at the request of the prison management to detect illicit drug use, for disciplinary purposes. In the Committee's view, this essentially non-medical task can affect the therapeutic relationship between healthcare staff and prisoner-patients. **The CPT recommends that healthcare staff at Prison No. 313 not be involved in the collection and testing of urine samples for disciplinary purposes.**

81. The 2023 visit also provided an opportunity to examine the situation of inmates held in the special care units (SKVs) at Fier and Peqin Prisons,⁵³ which were intended primarily to accommodate prisoners with mental disorders.

The SKV unit at Fier Prison comprised 18 single cells and was accommodating 17 patients at the time of the visit.

Peqin Prison possessed two separate SKV units, with 20 and 24 beds respectively (in cells with two or four beds), accommodating a total of 32 persons at the time of the visit.

82. The material conditions in the SKV units of both prisons displayed certain shortcomings. At Fier Prison, some cells in this unit were very dirty, while the unit's outdoor exercise yard had no shelter against rain and sun, and no means of rest.

In their response to the preliminary observations made by the delegation at the end of the visit, the Albanian authorities informed the Committee that "[...] urgent measures have been taken by Fier Prison for the radical cleaning of the SKV and the creation within the month of July 2023 of the shelter against the rain and the sun, with the approved funds for the annual maintenance of Fier Prison." The CPT welcomes the rapid action taken by the authorities; **it is important that proper hygiene conditions are maintained throughout the unit, including by regular cleaning of the accommodation areas and, when necessary, by assisting patients in maintaining their personal hygiene.**

53. The SKV unit at Fier Prison had already been visited by the CPT in 2018.

83. At Peqin Prison, several cells in the SKV unit located in Block A displayed signs of dilapidation (crumbling plaster, damp walls, and mould on the ceiling). Further, the unit's communal shower facility was in a deplorable state of repair (leaking pipes, broken shower heads, etc); as a result, patients had to wash themselves in their cells using water collected in buckets. **The CPT recommends that urgent measures be taken to remedy these deficiencies.**

84. As was the case in several other prisoner accommodation units, most patients held in the SKV units at Peqin Prison could benefit from an open-door policy within their unit during the day,⁵⁴ and outdoor exercise of three hours was offered to all of them on a daily basis. By contrast, at Fier, such patients were locked up alone in their cells for most of the day, their only regular out-of-cell activity being daily outdoor exercise of two hours (three hours in the summer). This is unacceptable.

85. As regards treatment and care, it is a matter of serious concern that neither of the prisons' SKV units benefitted from adequate psychiatric presence (that is, only a half-time psychiatrist for the entire prison at Fier and visits only every two months by a psychiatrist at Peqin). Further, these units were not staffed by other qualified professionals (such as clinical psychologists, occupational therapists, etc.) and they were lacking appropriate facilities, with the result that almost no therapeutic or occupational activities were organised for patients.

As a matter of fact, the day-to-day management of the SKV units was left in the hands of a small team of nurses with hardly any training in mental health. It was also clear that custodial staff working in these units were not trained to deal with prisoners with mental disorders.

In addition, in the SKV units of both prisons, the bars on the windows, metal doors and barred gates gave the impression of a carceral rather than a therapeutic treatment environment.

86. As the CPT has already had occasion to point out, it is in favour of the provision of dedicated psychiatric units in prisons, bearing in mind the generally high proportion of persons with mental disorders in prison setting. However, the Committee considers that, to be meaningful, such units must be appropriately staffed with clinical psychologists and mental health nurses, under the regular supervision of a psychiatrist. These units should be able to provide appropriate treatment (including non-pharmacological therapies) for persons placed therein, to offer activities and care targeted to their needs, and should be adequately equipped for this purpose (for example, with communal rooms for occupational/recreational activities, etc.).

The CPT recommends that a comprehensive therapeutic concept be elaborated for all SKV units in Albania in light of the above remarks, introducing, *inter alia* adequate staffing, multi-disciplinary teamwork and specialised training for custodial staff. Further, special care should be taken to create conditions within such units conducive to the establishment of a positive therapeutic environment.

5. Other issues

a. prison staff

87. The CPT wishes to recall the importance of ensuring that all new prison officers benefit from appropriate initial training, and that ongoing training be organised for all prison officers already working in the prison system. Particular attention should also be paid at the recruitment stage to the selection of persons with the appropriate personal qualities. To obtain personnel of the right calibre, the authorities must also be prepared to offer adequate salaries.

88. At the outset of the visit, the delegation was informed of efforts being made by the Albanian authorities aimed at improving professional training for prison staff. In particular, reference was made to the measures taken to ensure that new recruits receive three-month induction training at the Training Centre for prison staff.⁵⁵ In addition, specialised initial training was reportedly provided to those working with women and children.

54. In one of the SKV units, patients had access to a common room where they could play table tennis.

55. The delegation was also told that a new training centre would be opened in Pogradec in the near future.

The delegation was also informed that monthly salaries of prison staff had recently been raised by more than 50%.

The Committee takes due note of the above information; **it would like to receive detailed information on the initial training for newly recruited prison staff as well as on the training received by prison officers already in service.**

89. The CPT noted that, in the framework of the Council of Europe project “Enhancing the protection of human rights of prisoners in Albania” (implemented from 2019 to 2022 in partnership with the Albanian authorities), the Training Centre for prison staff had enhanced its institutional framework and capacity by introducing a comprehensive in-house training programme and a unified teaching methodology in line with the European Prison Rules and relevant Council of Europe standards.⁵⁶ The project has also enabled the Training Centre to deliver online training courses for prison officers, further expanding its outreach.

b. discipline and security

90. The most severe disciplinary sanction that may be imposed on adult male prisoners is placement in disciplinary confinement, the maximum length of which has been reduced to 14 days with the adoption in 2020 of the new LRTP.⁵⁷ As for adult female prisoners, the maximum possible period of disciplinary confinement is seven days. The law also provides that this sanction (as well as the other sanctions save for reprimand) cannot be imposed on pregnant women or mothers with a child.

It is also noteworthy that the 2017 Code of Criminal Justice for Children prohibits placement of juvenile prisoners in disciplinary solitary confinement.⁵⁸

91. The examination of disciplinary records in the prisons visited did not reveal excessive resort to disciplinary confinement.⁵⁹ It is also positive that the periods of such confinement were in most cases below the legally permitted maximum.

Further, the delegation gained the impression that disciplinary procedures were generally carried out in accordance with the national legislation⁶⁰ and relevant CPT standards. However, it appeared that at Prison No. 313 inmates were not always given a copy of the disciplinary decision. Further, none of the prisoners interviewed by the delegation in the establishments visited appeared to be aware of their right to have access to a lawyer in the context of disciplinary proceedings.

The CPT recommends that steps be taken at Prison No. 313 to ensure that prisoners subjected to a disciplinary sanction are systematically provided with a copy of the decision. Steps should also be taken in all the prisons visited (and in other prison establishments in Albania) to ensure that prisoners are informed about their right to have access to a lawyer in the context of disciplinary proceedings.

92. It is highly regrettable that the CPT’s long-standing recommendation concerning the role of prison doctors in relation to disciplinary matters has not been reflected in the new legislation. The LRTP still requires that, before the enforcement of the disciplinary sanction of cellular confinement, the prisoner concerned must be examined by a doctor, who determines whether or not they are fit to sustain the punishment.⁶¹ In all the prisons visited, this task was performed by the doctor working at the establishment concerned, who also took part in meetings of the disciplinary commission (although with no right to vote).

56. See the [“Council of Europe guidelines regarding recruitment, selection, education, training and professional development of prison and probation staff”](#).

57. Article 64 (1). The other disciplinary sanctions that may be imposed on adult prisoners are reprimand, exclusion from joint activities (for up to 10 days) and exclusion from collective outdoor exercise (for up to 10 days).

58. Section 125 (4).

59. In the first four months of 2023, the measure of disciplinary confinement had been applied 17 times at Prison No. 313, 15 times at Peqin Prison, 13 times at Fier Prison and twice at Tepelena Prison.

60. See Article 66 of the LRTP.

61. Article 64 (6).

The Committee has repeatedly stressed that obliging prison doctors to certify that prisoners are fit to undergo punishment is not conducive to the promotion of a positive doctor-patient relationship. As a matter of principle, medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement, except where the measure is applied for medical reasons. On the other hand, healthcare staff should be very attentive to the situation of prisoners placed in solitary confinement. Healthcare staff should immediately be informed of every such placement and should visit the prisoner without delay after placement and thereafter on a regular basis, at least once per day, and provide them with prompt medical assistance and treatment as required. They should report to the prison management whenever a prisoner's health is being put seriously at risk by being held in solitary confinement.

The CPT must once again reiterate its recommendation that the Albanian authorities review the role of healthcare staff in relation to disciplinary confinement, in light of the above remarks. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its [21st General Report](#) (paragraphs 62 and 63).⁶²

93. Material conditions in disciplinary confinement cells varied between the prisons visited. Reference has already been made to the unacceptable conditions of detention in the disciplinary cells at Prison No. 313 (see paragraph 51) as well as to the shortcomings observed in the segregation unit at Fier Prison⁶³ (see paragraph 46).

At Peqin Prison, material conditions in the disciplinary cells were generally satisfactory and do not call for any particular comment. As regards Tepelena Prison, conditions of detention in the establishment's only disciplinary confinement cell could be considered on the whole acceptable for relatively short stays.

It should be added that, in all the establishments visited, prisoners placed in disciplinary isolation were usually allowed to make one or more phone calls to their family and were offered daily outdoor exercise of at least one hour.⁶⁴

94. According to Article 68 of the LRTP, adult male prisoners, who are considered to constitute a threat to good order and security within the prison or endanger the safety of staff or other inmates, may be placed under "special supervision" for up to three months. The decision to this effect is taken by the director of the establishment and should be immediately notified to the prosecutor, the General Director of Prisons, the prisoner concerned and his lawyer. It can be appealed to the competent court within 10 days.

95. An examination of the relevant records in the establishments visited showed that this measure was applied very sparingly. However, the delegation noted that the prisoners placed under special supervision were subjected to a very restrictive regime: they were confined to a cell (with no radio or television) for 22 and a half hours a day, the only out-of-cell activity being daily outdoor exercise, and were allowed no contact whatsoever with other inmates.⁶⁵

96. Every prison system needs to have a mechanism for administrative segregation, in order to cope with particularly disruptive prisoners who persistently refuse to comply with the rules, even after having been subjected to all the available disciplinary sanctions. However, the CPT is of the view that a solitary confinement regime, coupled with a complete lack of activity programmes, is not a good means of responding to problematic behaviour in prison. On the contrary, throughout the period of administrative segregation, the objective should be to persuade the prisoner to re-engage with the ordinary regime. Accordingly, it is essential that there is a plan for all such prisoners and that all staff involved with them work according to that plan, to maximise its effect.

62. See also Rule 46 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (*Nelson Mandela Rules*).

63. The unit had six single cells used for disciplinary/segregation purposes which measured some 10 m² each (excluding the toilet area).

64. See Article 64 (7) of the LRTP.

65. Such prisoners had access to the telephone at least once a week.

The CPT recommends that steps be taken to ensure that placement under special supervision does not amount to solitary confinement.⁶⁶ Accordingly, prisoners subjected to this measure should be offered an appropriate programme of out-of-cell activities, including group association activities. Such a programme should be developed and revised by a multi-disciplinary team, on the basis of an individualised risk and needs assessment, following consultation with the prisoner concerned.

c. contact with the outside world

97. The rules governing prisoners' contact with the outside world have not undergone major changes since the CPT's 2018 visit. According to Article 49 (1) of the LRTP, remand and sentenced prisoners are entitled to receive four short-term visits (lasting at least one hour) per month, from family members or other persons of their choice. Further, Article 70 of the General Prison Rules (GPR) allows sentenced prisoners to have one of these visits replaced by a conjugal visit of up to four hours.

98. Pursuant to Article 49 (1) of the LRTP, remand prisoners are required to obtain prior authorisation by the competent prosecutor to receive a visit.

In practice, remand prisoners in most of the establishments visited were able to obtain such authorisations without delay (usually within a few days), both upon admission and during their stay in prison.⁶⁷ However, it would appear that at Prison No. 313 it could take several weeks before a reply (either positive or negative) from the prosecutor reached the prisoner concerned.

The CPT recommends that the relevant legislation be amended in order to ensure that remand prisoners are entitled to receive family visits as a matter of principle (as in the case of telephone calls⁶⁸). Any prohibition of visits should be specifically substantiated by the needs of the investigation, require the approval of a body unconnected with the case at hand and be applied for a specified period of time, with reasons stated.

99. The CPT is concerned to note that, despite the specific recommendation repeatedly made by the Committee in the past, except for sentenced prisoners under a high-security regime, short-term visits still as a rule took place under closed conditions, with prisoners and their visitors separated by a glass partition or metal bars.⁶⁹

The Committee must once again reiterate that, for all categories of prisoner, open visiting arrangements (for instance, around a table) should be the rule, and closed ones the exception – based on well-founded and reasoned decisions following individual assessment of the potential risk posed by a particular prisoner. **The CPT calls upon the Albanian authorities to review the arrangements for short-term visits at the establishments visited (and, as appropriate, in other prison establishments), so as to ensure that such visits take place, as a rule, under open conditions.**

Further, the existing arrangements for short-term visits at Tepelena Prison whereby prisoners were placed in a cage-like area in front of their family members are, in the CPT's view, not acceptable. **Steps should be taken to equip this prison with suitable visiting premises.**

100. The delegation was informed by the Albanian authorities of their plans to introduce an online visit booking system for families, with a view to avoiding prolonged queuing outside the prison establishments. This would be a welcome development.

66. The CPT considers that prisoners separated from the general prisoner population should be ensured at least two hours of meaningful human contact every day, irrespective of the regime under which they are held (see paragraph 80 of the [CPT's 30th General Report](#)).

67. For instance, at Tepelena Prison, the relevant correspondence between the prison management and the competent prosecutors was done via e-mail (rather than by regular post).

68. See Article 49 (9) of the GPR.

69. Exceptions were made for families with young children, in which case open visits would be allowed.

101. According to Article 74 of the GPR, adult male prisoners are allowed to make eight telephone calls every month.⁷⁰

It is positive that, in all the establishments visited, prisoners' phone entitlement was in practice exceeded; both remand and sentenced prisoners were generally allowed to use the telephone on a daily basis. Further, once a month, prisoners had the possibility to have one of their short-term visits replaced by a free-of-charge video call through online platforms such as Skype.⁷¹

70. Women and juveniles are allowed 16 phone calls per month.

71. See Article 70 (10) of the GPR.

C. Forensic psychiatric institutions

1. Preliminary remarks

102. Over the years, the CPT has expressed grave concerns as to the detention conditions and treatment of detainees on whom either a court-ordered compulsory treatment measure under Section 46 of the Criminal Code or temporary placement in a psychiatric institution is imposed (Section 239 of the Code of Criminal Procedure (CCP)).⁷² To this end, since 2000 the Committee has carried out regular visits to the establishments in Albania where forensic psychiatric patients are held: the Tirana Prison Hospital⁷³ and Zaharia Special Institution for Mentally Ill Inmates in Kruja.

103. The report on the CPT's 2021 ad hoc visit to Albania contains a chronology of the developments over the last years.⁷⁴

To recall, as over the years only very limited progress was made, in December 2017 high-level talks between the Albanian authorities and the CPT were held. During these talks, the CPT learned that the Albanian authorities had decided to build a dedicated special medical facility to accommodate both male and female forensic psychiatric patients.⁷⁵ Until the opening of the dedicated institution, the patients were to be accommodated in Lezha Prison, where a temporary facility would be constructed.

104. In 2020, the European Court of Human Rights found a violation of Article 3 of the European Convention on Human Rights (ECHR) in its judgment in the case of *Strazimiri v. Albania*.⁷⁶ The Court found that Mr Strazimiri, subject to a court ordered inpatient compulsory treatment, was subjected to inhuman and degrading treatment due to the cumulative effect of the poor material conditions at the Tirana Prison Hospital, where he had been confined since 2011, and the insufficient psychiatric and therapeutic treatment administered to him.

The judgment further concerned the unlawfulness of his detention, as Mr Strazimiri had not been placed in a special medical institution as required by domestic law (as such institution had not been set up in Albania) and had not been provided with an appropriate environment and therapeutic care (violation of Article 5 § 1). The Court indicated that the authorities should secure as a matter of urgency the administration of suitable and individualised therapy to the applicant and consider the possibility of his placement in an alternative setting outside of the penal facilities.

The Court also indicated that the Albanian authorities should rapidly take the necessary measures to secure appropriate living conditions and adequate healthcare services to persons living with a mental disorder subject to deprivation of liberty based on a court-ordered compulsory medical treatment. The Court added that the Albanian authorities should establish an "appropriate institution" to accommodate such persons with a view to improving their living conditions. Any such institution must respect the therapeutic purpose of this form of deprivation of liberty, pharmacological treatment should be combined with other forms of therapeutic treatment as part of an individualised treatment plan, and enough qualified mental healthcare staff should be recruited. In addition, the authorities should consider, where appropriate, the possibility of outpatient mental health treatment.

The Court's findings were based in part on CPT reports.

72. To recall, under Section 46 of the Criminal Code a court may impose a medical measure (compulsory outpatient medical treatment or compulsory medical treatment in a healthcare institution) on mentally incapable persons having committed criminal offences. The court may revoke its decision at any time if the circumstances under which they were imposed have ceased to exist, but in any case, the court is obliged to reconsider its decision after one year from the date of entry into force of the decision.

A temporary placement in a psychiatric institution as imposed under Section 239 of the Code of Criminal Procedure concerns remand prisoners who are accommodated in a mental health institution rather than a prison establishment by a court. Such placement is subject to review every three months.

73. See for instance the CPT visits to Albania in 2010 (CPT/Inf (2012) 11).

74. CPT/Inf (2022) 08, paragraphs 8–13.

75. It is not the first time that the Albanian authorities had expressed the intention of dedicating a specialised facility for forensic patients under the responsibility of the Ministry of Health. See for instance the report on the CPT's 2010 visit to Albania (CPT/Inf (2012) 11, paragraph 94).

76. Application 34602/16, 21 January 2020.

105. The transfer of male forensic psychiatric patients from Zaharia Special Institution for Mentally Ill Inmates in Kruja to the newly opened temporary facility at Lezha Prison took place on 27 and 28 November 2021. Due to the lack of space in the temporary facility, the female forensic patients remained at Tirana Prison Hospital. After the removal, the Zaharia Special Institution was closed.

106. In 2021, the Ministries of Justice and of Health and Social Protection concluded the “Cooperation agreement for the treatment of persons with mental disorders under a medical measure”. The cooperation agreement describes the responsibilities of the Ministry of Health and Social Protection in respect of patients detained at the temporary facility as:

- a. the delivery of specialised psychiatric support services;
- b. diagnostics;
- c. laboratory examinations.

The cooperation agreement is not applicable to the female forensic patients accommodated at Tirana Prison Hospital, which is surprising given that the female forensic patients are unlikely to be transferred to the temporary facility any day soon, and that the Strazimiri judgment specifically concerns the conditions at Tirana Prison Hospital where they remain.

107. In conformity with Article 15 of the 2020 Law on the Rights and Treatment of Sentenced and Remand Prisoners (LRTP), the 2021 cooperation agreement explicitly states that the Ministry of Health and Social Protection is responsible for the construction, planning and management of the future Special Medical Institution. With the aim for the Special Medical Institution to be up and running by 2028, this Ministry has launched an application for funding under the European Union’s Instrument for Pre-accession Assistance III. If awarded, the Special Medical Institution will be situated on the grounds of Lezha Prison, the primary reason being that state ownership of the grounds is undisputed.⁷⁷

In the meantime, the Ministry of Justice maintains responsibility for the administration and security of the temporary facility, contrary to earlier statements by the Albanian authorities.⁷⁸ At the time of the visit, this ministry also provided the facility with therapeutic and medical staff, including nursing staff.

108. Already at this point, the CPT wishes to express reservations with respect to the location of the Special Medical Institution within the boundaries of Lezha Prison. The Committee considers that the presence of bars and armed guards creates an oppressive atmosphere, not conducive to the emergence of a therapeutic environment, or to the prevalence of a medical, rather than a penal, ethos.

109. The new special medical facility is planned to have a total capacity of 350 beds for both male and female forensic patients, which is approximately 80 beds below the number required to accommodate the current number of forensic psychiatric patients held in the temporary facility and Tirana Prison Hospital combined.

110. When the delegation shared its concerns as to the capacity of the future special medical facility with the Deputy Minister of Health, it was informed that the figure of 350 beds was the outcome of a needs assessment, which considered expected legislative changes as to the nature of the crimes for which obligatory treatment may be imposed, as well as the opening of outpatient care facilities for forensic patients in the vicinity of civil psychiatric hospitals. The Elbasan Psychiatric hospital was mentioned in this regard.

77. During the 2017 high level talks, the Albanian authorities had mentioned their intention to construct such a facility in the vicinity of Tirana. (CPT/Inf (2019) 28, paragraph 100)

78. CPT/Inf (2019) 28, paragraph 104.

111. To be able to fulfil its role as a centre of treatment for forensic psychiatric patients, the future Special Medical Institution must offer a proper therapeutic environment. In this context, **the CPT would like to be informed about the state of affairs as concerns the planning, financing, physical lay-out and prospective staffing of the future Special Medical Institution as well as the plans of the Albanian authorities as regards the legislative changes related to Section 46 of the Criminal Code and the opening of outpatient care facilities for forensic psychiatric patients.**

112. In its report on the November 2021 ad hoc visit to Albania, the CPT noted with concern that the number of male patients subject to court-ordered compulsory treatment under Section 46 of the Criminal Code had risen from 153 to 217 since its previous visit in 2017.⁷⁹ Worryingly, since November 2021, this number has further increased to 226 male patients. As regards female patients, their numbers remained stable at 22 since 2021. Overall, since 2017, the number of forensic patients increased with 106% (including an increase of 62% of patients sentenced to compulsory treatment).

At the time of the visit, neither the Lezha temporary facility nor Tirana Prison Hospital was accommodating juvenile patients.

113. During this 2023 periodic visit to Albania, the CPT delegation visited the temporary facility for male forensic psychiatric patients at Lezha Prison and carried out a brief follow up visit to the wing for female forensic psychiatric patients at Tirana Prison Hospital to assess progress made since the CPT's last visit in 2021.

114. It was the first time the CPT visited the temporary facility since it had become operational. In 2018⁸⁰ and 2021⁸¹, CPT delegations had paid visits to the premises of the future temporary facility and had considered it to be unsuitable for the purpose of accommodating forensic psychiatric patients, due to its carceral layout and the lack of space for therapeutic sessions.⁸²

115. The temporary facility was situated within the confines of Lezha Prison, which further consisted of a section for remand prisoners and a unit for paraplegic prisoners. The temporary facility was housed in buildings 4 and 5: two adjacent, inter-connected, three-storey buildings of similar layout. The first and second floors of both buildings contained a total of 24 dormitory style cells, for five to seven patients each, with in-built sanitary facilities for almost all of them, as well as a communal bathroom per floor with four showers. Both ground floors had cells for up to 10 patients and a common room. The medical facilities, consisting of two rooms, and a room for psychosocial counselling were situated on the ground floor in building 5, while a segregation cell was located on the ground floor of building 4.

116. With an official capacity of 280 patients, the temporary facility had been overcrowded from the very outset. At the time of the visit, it had reached an occupancy of 404 male patients, resulting in less than 3.2 m² of living space per person in certain cells.^{83 84}

117. There were no specific house rules applicable to the temporary facility. Apparently, an internal regulation reflecting the specific conditions in the temporary facility had been drawn up and was in the process of being approved by the Ministry of Justice. Until its approval, the provisions of the LRTP and the 2022 General Prison Rules apply, although these were not always implemented to the letter, often to the benefit of the patients (for example, allowing unlimited access to a phone and more generous visit arrangements).

79. CPT/Inf (2022) 08, paragraph 14.

80. CPT/Inf (2019) 28, paragraph 103.

81. CPT/Inf (2022) 08, paragraphs 24-25.

82. CPT/Inf (2019) 28, paragraph 103 and CPT/Inf (2022) 08, paragraph 24.

83. For instance, cell 2 in Building 4 measured some 19 m² (without toilet area) and contained six beds.

84. See also paragraph 175.

Further, the General Prison Rules provide that: “Treatment of persons with mental health disorders is carried out according to the legislation in force on the rights and treatment of prisoners and the legislation in force on mental health”.⁸⁵ Therefore, as was repeatedly stressed by the Lezha prison management, the treatment of patients accommodated in building 4 and 5 is governed by the 2012 Mental Health Act. This included the use of means of restraint which, in line with Article 87 of the General Prison Rules,⁸⁶ were applied to perpetrators of violence, if appropriate, instead of the disciplinary measure listed in Article 64 of the LRTP.

118. Although the CPT would welcome the adoption of house rules for the temporary facility, a quick review of the draft rules presented to the delegation highlighted the divergence of these draft rules from CPT standards, in particular as concerns complaints (Article 46) and use of force (Article 72). As the draft house rules are currently under revision, the CPT abstains from commenting on the details. However, it trusts that the Ministry of Justice will align them with CPT standards. Further, it goes without saying that once adopted, the new house rules must be explained to patients in plain and clear wording including by means of a leaflet, to ensure that they are understood by all.

The CPT recommends that the Albanian authorities adjust the draft house rules for the temporary facility to comply with CPT standards and, subsequently calls for their rapid adoption and transposition into a leaflet, understandable to all patients. In due course, the CPT would like to receive a copy of the house rules.

119. Overpopulation in the temporary facility upset the plans of the Albanian authorities to transfer female forensic patients from Tirana Prison Hospital to that facility. Therefore, the CPT carried out a follow up visit to Tirana Prison Hospital to assess progress made since the CPT’s last visit in 2021. It is recalled that in previous reports the CPT had already stated its view that, due to its carceral layout, Tirana Prison Hospital is unsuitable for the accommodation of forensic psychiatric patients even when taking into account the gradual improvement in patients living conditions over the course of time.⁸⁷

120. At the time of the visit, Tirana Prison Hospital was accommodating 27 female forensic patients, including 22 patients subjected to a court-ordered treatment measure under Section 46 of the Criminal Code, and five patients subjected to a temporary placement order.

121. As had been the case during previous visits, the patients were accommodated in a dedicated wing. They had been divided over 10 cells: one cell accommodated four patients; seven cells had three patients, and two patients were alone in a cell.

2. Ill-treatment

122. Although many patients spoke positively about the custodial staff of the temporary facility, their patience, and their non-conflictual attitude, the delegation did receive a number of allegations of physical ill-treatment of patients by custodial staff, mainly, but not solely, by the rapid intervention team. It seemed that the alleged ill-treatment was intended to discipline patients who displayed aggressive or violent behaviour. The alleged physical ill-treatment consisted primarily of punches to various parts of the body. Further, several patients claimed to have been subjected to foul language or threats of physical violence.

123. The CPT acknowledges that in reaction to persistent allegations of ill-treatment, even if not necessarily proven, management does take precautionary measures, such as impeding direct contact with patients by allegedly abusive staff.⁸⁸

85. Article 21 (2) of the General Prison Rules.

86. Article 87 of the General Prison Rules allows for the non-imposition of disciplinary measures listed in Article 64 of the LRTP, in case “their importance is (not) understood by the prisoner and insofar as they serve their rehabilitative purpose”.

87. See for instance CPT/Inf (2022) 08, paragraph 35.

88. For instance, by decision of the director, dated 20 March 2023, three custodial staff members were allocated to the external perimeter after persistent allegations of ill-treatment by patients and their families,

124. The CPT recommends that the management of the temporary facility reiterate to all staff that any form of ill-treatment of patients, including verbal abuse, is unprofessional, unacceptable and will be dealt with accordingly. Further, the CPT recommends that the Albanian authorities ensure that staff working with patients at the temporary facility are carefully selected and provided with the appropriate initial training and regular ongoing training, notably in the prevention and management of aggressive behaviour in patients with psychiatric disorders.

125. Violence between patients, both verbal and physical, was a frequent occurrence in the temporary facility, on 15 March 2023 apparently resulting in facial fractures for one patient. In general, staff appeared to act swiftly when incidents occurred. Further, custodial staff proactively attempted to identify patients who pose a heightened risk of aggression and made commendable efforts to judiciously allocate patients to the cells. However, the overpopulation of the facility severely restricts the staff's margin of manoeuvre in this respect. Also, due to the lack of staff trained in mental health, incidents of inter-patient violence are primarily dealt with by custodial rather than nursing staff, which is regrettable in the context of patients accommodated in a forensic psychiatric facility.

126. The delegation was pleased that it received no allegations of ill-treatment of patients by staff at Tirana Prison Hospital and that no incidents of inter-patient violence came to its attention. On the contrary, patients spoke with respect about the custodial staff in the forensic wing of the hospital.

3. Patients' living conditions

127. As to the temporary facility, the CPT wishes to put on record that both patients and staff expressed contentment about their transfer to Lezha from Kruja. In this context, Lezha Prison's functioning electricity network was mentioned, as well as its uninterrupted supply of water. Further, custodial staff expressed satisfaction with the in-cell toilet facilities which, they said, alleviated their work considerably.

128. All cells were equipped with a table, stools and doorless cabinets. As to the beds, due to the overcrowding, many patients slept in bunk beds, which was not conducive to creating a therapeutic environment and contributed to tensions between patients. Further, both the number of stools and cabinets per cell was usually less than the number of patients being accommodated. Moreover, doorless cabinets provided only limited space to store either personal belongings or food. As a result, patients stuffed their clothes into plastic bags, which were stored under their beds, and left food on the floor.

The cramped living conditions and the food stored on the floor, as well as the leaking in-cell toilet facilities in some of the dormitories, rendered the premises insalubrious despite being cleaned every working day by cleaning staff employed by the facility.

As had previously been the case in the Zaharia Special Institution,⁸⁹ patients' beds had no fitted sheets, reportedly in a bid to prevent suicides. Besides resulting in filthy mattresses, the generic nature of this measure is inappropriate; it should only be taken after an individual risk assessment. Further, due to the prohibition on decorating the walls, the cells had an austere and impersonal outlook, exacerbated by the crude concrete floor in most cells. Also, the widespread use of tobacco in many cells was, besides a health-hazard, disturbing, especially for non-smokers.

129. On the positive side, the cells had sufficient access to daylight, patients could take showers as often as they wished and, thanks to charitable donations, had access to items for personal hygiene such as soap and toothpaste. Further, the delegation received hardly any complaints about food.

even though these could not be proven beyond reasonable doubt.

89. See CPT/Inf (2018) 18; paragraph 35.

130. **The CPT recommends that the Albanian authorities make efforts to:**

- **provide more congenial and personalised surroundings for patients;**
- **provide full bedding, including fitted sheets, unless there are compelling personal contraindications;**
- **equip patients' cells with tables and stools commensurate with the number of patients being accommodated in the cell, and with lockable storage space where patients can store their personal belongings.**

Further, the CPT recommends that once the overcrowding has been reduced, steps be taken to remove the bunk beds. It also encourages the management of the temporary facility to provide, as far as possible, areas free from passive smoking to all patients who request this.

131. The cells were locked most of the day, but patients who wished, could access one of the three unpaved outdoor exercise yards between 09:00 and 13:00. From June to August, the yards were opened for an additional two hours in the afternoon. Given the cramped conditions in the temporary facility, the Albanian authorities should consider more generous opening hours for the yards, which would be fully in line with Article 30 of the General Prison Rules. At a minimum, the summer roster should be made applicable the full year.

132. Most patients were allowed to enjoy daily outdoor exercise. However, newly arrived patients were excluded from outdoor exercise for the first 10 days of their imprisonment and patients requiring staff assistance, for instance following an operation, were not always taken outdoors.

The CPT recommends daily outdoor exercise be made available for all, including for newly arrived patients and those who need assistance. Further, the CPT recommends that the Albanian authorities take steps to increase the amount of time patients held at the temporary facility may spend outdoors.

133. As already described by the CPT in its report on the 2021 ad hoc visit,⁹⁰ the three yards were spacious, but barren; in particular, there was still no shelter against inclement weather, rendering the yards unusable in hot weather. In case of rain, the yards would turn into puddles and so remained closed, with patients forced to stay in their cells. Further, the yards lacked any sports facilities or means of rest.

134. The CPT was pleased to understand that the Albanian prison service had signed an agreement with the Albanian Football Association about the refurbishment of one of the yards with artificial turf, to render the yard more suitable for football matches. It was assumed that such refurbishment would include the installation of a shelter. **The CPT would like to receive confirmation that one of the yards has been refurbished to better suit a game of football and that a shelter against inclement weather has been installed. As to the two remaining yards, the CPT recommends once again the installation of shelters against inclement weather, and means of rest, at the earliest opportunity.**

90. See CPT/Inf (2022) 08, paragraph 24.

135. At Tirana Prison Hospital, the patients' living conditions remained by and large as they were at the time of the 2021 visit, including the deficiencies which the CPT had observed.⁹¹ While the CPT welcomes the complete bedding provided, the basic personal hygiene products (such as toilet paper, toothbrush, toothpaste and sanitary towels) now being offered by the hospital, the activity rooms made available to the patients, and the recently refreshed paint on the walls of the forensic wing, the cells remained austere and the furnishings rudimentary (either only with beds or with beds and one plastic table and one or two plastic stools), so that patients were compelled to store their personal belongings in boxes under the bed or under their mattress. Further, although now equipped with a seating arrangement, the outdoor exercise yard remained bleak with a concrete floor surrounded by high walls, without any shelter against inclement weather and without equipment to exercise, and thus unsuitable for its purpose. **The CPT recommends once again that the Albanian authorities take immediate steps in the Prison Hospital to equip cells with a table, chairs and lockable storage space and place a shelter in the outdoor exercise yard.**

136. Given that the practice had already been abolished in Albanian prisons, the delegation was surprised to receive complaints from several patients that the cell lights remained on during the night, impeding their sleep, apparently for reasons of security. In the CPT's view, lights should only be left switched on at night if there is a proven need to do so, not as a standard practice. **The CPT recommends that the cell lights be switched off at night unless there exist clear contraindications, as is the case in other parts of the Albanian prison estate.**

4. Staff

137. As concerns the temporary facility, the CPT recalls that it already expressed its concern as regards staffing levels, for healthcare staff, clinically trained psychologists, occupational therapists and support staff, in its report on the 2021 visit to Albania⁹². At the time of the 2023 visit, both staffing levels and staff qualification were inappropriate for the establishment of a proper therapeutic environment. The CPT considers that for an establishment the size of the temporary facility, and given the nature of its population, the presence of a psychiatrist around the clock is appropriate. There should also be some ten clinical psychologists and a good number of occupational and educational therapists. Further, in the longer term, as already alluded to in previous CPT reports, the Albanian authorities should strive to replace custodial staff with properly trained orderlies.

138. In a letter from 12 April 2023, the Albanian authorities imply that since October 2022 the staff complement of two psychiatrists on 24-hour shifts had been strengthened with two additional psychiatrists. However, at the time of the visit, the two additional psychiatrists had not yet been engaged. By consequence, at the temporary facility, there was still no daily presence of a psychiatrist.

139. The CPT understands that in particular psychiatrists are in short supply in Albania and that, moreover, the remote location of the temporary facility is not conducive for attracting highly sought after medical professionals. At the same time, the patients concerned have been sentenced to undergo compulsory psychiatric treatment. Unquestionably, an obligation rests on the Albanian authorities to ensure that such treatment is provided, which requires the presence of psychiatrists in sufficient numbers.

140. The 2021 cooperation agreement states that the Ministry of Health and Social Care holds responsibility for the provision of psychiatric care in the temporary facility. From this ministry, the CPT delegation received assurances that the two psychiatrists mentioned in paragraph 138 above become available on a part-time basis (12 to 16 hours per week) at short notice.

91. See CPT/Inf (2022) 08, paragraph 28.

92. See CPT/Inf (2022) 08, paragraph 37.

141. In addition to two psychiatrists, the temporary facility also employed three psychologists (one of them a trained clinical psychologist who divided his time between the temporary facility and the remand section), five social workers, one senior physician (head of the medical unit), one dentist, one general practitioner, one pharmacist, 10 caretakers and 10 cleaners. Further, there were 16 nurses, including a head nurse, none of whom were specialised in mental health issues. The facility was seeking to recruit a cardiologist and a laboratory technician.

142. The CPT was informed that the custodial staff complement had been significantly increased since the transfer from Kruja. Although the delegation was pleased to observe that indeed in comparison more staff, including female staff, were present on the landing, it remained the case that they were mainly custodial staff, trained in mental health issues on the job by the few remaining colleagues formerly attached to the Zaharia Special Institution for Mentally Ill Inmates.

143. The CPT has no doubts about the goodwill and dedication of many custodial staff. Nevertheless, their lack of training in issues of mental health was manifest. For instance, several staff were under the impression that a patient's criminal non-accountability at the time of their crime, as established by a court, could be extended to aspects of their daily life, resulting in further limitations on the patient's autonomy, including their capacity to make choices for themselves, which is an essential element in the treatment of forensic psychiatric patients.

144. The CPT acknowledges the efforts made by the Albanian authorities to provide adequate staffing levels at the temporary facility. Nevertheless, the CPT wishes to stress that an increased number of custodial staff cannot compensate for a lack of trained medical and therapeutic staff; the lack of psychiatrists, psychologists, occupational therapists, and nurses specialised in mental health comes at the detriment of the therapeutic input needed for these patients.

145. The CPT reiterates its recommendations to the Albanian authorities that immediate steps be taken to ensure that:

- **the number of healthcare staff is increased at the temporary facility, including assuring the around the clock presence of a psychiatrist; in this context, the CPT would like to be informed about the present availability of psychiatrists (in full-time equivalent) at the temporary facility;**
- **occupational therapists and additional clinically trained psychologists are recruited at the temporary facility.**

Further, the CPT recommends increased efforts by the Albanian authorities to enhance custodial staff's understanding of issues related to mental health.

146. As regards Tirana Prison Hospital, the CPT had previously described staffing levels as adequate.⁹³ Further, as an important step forward in comparison to its 2021 visit, the CPT notes with satisfaction that four dedicated nurses had been exclusively allocated to the forensic wing. Also, an additional clinical psychologist had been contracted.

However, it was concerning that at the time of the visit, the single psychiatrist was on maternity leave and had not been replaced; the Prison Hospital had relied on an on-call service with the Mother Teresa Hospital next door. From correspondence with the Albanian authorities after the visit, the CPT understands that the situation has been remedied and that the psychiatrist is back at work. **The CPT would like to receive confirmation that a full-time psychiatrist has been allocated to the forensic patients accommodated in Tirana Prison Hospital.**

93. See CPT/Inf (2022) 08, paragraph 33.

5. Treatment

147. In the CPT's view, psychiatric treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient (considering the special needs of acute, long-term and forensic patients including, with respect to the last-mentioned, the need to reduce any risk they may pose), indicating the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication. Patients should be involved in the drafting of their individual treatment plans and their subsequent modifications, and informed of their therapeutic progress.

148. At the time of the visit, treatment in both the temporary facility and Tirana Prison Hospital consisted mainly of pharmacotherapy. This was reflected in the treatment plans prepared by the psychiatrists, which were limited in scope and, besides the initial psychiatric assessment, consisted mainly of a list of medication and a somatic assessment. The plans may be updated as the result of a psychiatric reassessment, which in both establishments takes places every two to three months. Patients did not participate in preparation of these plans and were not aware of their content.

149. The absence of a psychosocial component in the treatment plans was surprising, given the presence of a psychosocial team in both institutions. In the temporary facility, this team consisted of the psychologists and social workers, and met on average once a month, mainly to discuss new arrivals and the behavioural issues associated with certain patients. The psychiatrist was not a standing member of the team but attended its meetings on an ad hoc basis. The members of the psychosocial team maintained their own patients' files, which were reviewed at least every three months. In Tirana Prison Hospital, the situation was similar: there were separate medical and psychosocial files and as far as the delegation could ascertain, meetings between the psychiatrist and the psychosocial team (two psychologists and one social worker) rarely took place.

150. In its report on the 2021 ad hoc visit to Albania, the CPT stressed the need to set up multidisciplinary teams for the treatment of forensic patients.⁹⁴ By letter of 12 April 2023, the Albanian authorities indicate that in the temporary facility, the treatment of patients is the result of a "multidisciplinary effort by psychiatrist, psychologist, and social worker". While the CPT delegation observed that in both establishments, representatives of these professions are indeed actively involved in the treatment of patients, it considers that their cooperation and coordination should be improved. In the CPT's view, for both establishments, the absence of standardised, regular contact between the psychiatrist and the psychosocial team, as well as the absence of a single patient file, meant that an integrated, multidisciplinary treatment is not taking place. **The CPT recalls its recommendation that an individualised multi-disciplinary treatment plan is prepared for every patient – and regularly reviewed – by psychiatrists in consultation with psychologists and other specialist staff.**

151. There is a need to develop a range of therapeutic options and involve forensic psychiatric patients in rehabilitative psycho-social activities, in order to prepare them for independent life or return to their families; occupational therapy should be an integral part of the rehabilitation programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-esteem image. The treatment should involve a wide range of therapeutic, rehabilitative and recreational activities – including appropriate medication and medical care – and should be aimed both at controlling the symptoms of the illness and reducing the risk of re-offending. As far as possible, this should happen in coordination with the existing community care structures and when the condition of the patient permits, (un)accompanied temporary periods of leave should be part of the programme.

94. See CPT/Inf (2022) 08, paragraph 32.

152. In the temporary facility, the individual psychosocial team members are said to provide counselling for three to six individual patients, in addition there were one to four group sessions per day. Besides by the limited number of therapists and the absence of an occupational therapist, the quantity of daily rehabilitative psycho-social activities was restricted by the lack of space (having only one consultation room and two common rooms), as the CPT had already observed in its 2021 report.⁹⁵ Certain members of the psychosocial team told the delegation that, weather permitting, they would take their patients to the yards for psychosocial activities.

153. A similar remark could be made about organised recreational activities, which is another responsibility of the psychosocial team. These recreational activities took place in one of the two common rooms or in the yards and were, for that reason, limited in number. The CPT delegation observed that there were boardgames as well as footballs to play with in the yards. The two common rooms contained small libraries and had a television set each. Given the size of the common rooms, only approximately 40 patients could watch television at any given time.

154. The delegation was pleased to observe that at Tirana Prison Hospital the psychosocial team offered some psychosocial treatment, by means of collective or individual sessions on topics relevant to the patients.

155. As to activities, the delegation acknowledges the significant improvements made since its last visit. Most importantly, the hospital has made two rooms available for recreational and psychosocial activities. The activities offered included, *inter alia* watching television and playing board games, and were organised on weekday mornings. The delegation gained the impression that all patients took part in such activities, at least once or twice a week.

Further, patients could access the outdoor exercise yard in the morning, between 09:00 and 12:00. Between May and September, the yard was also accessible between 16:00 and 18:00. However, conflicts within the group meant that not all patients could enjoy outdoor exercise at the same time, restricting the amount of time in the yard for certain patients. The delegation was under the impression that all patients did have the opportunity to enjoy daily access to the yard.

156. The CPT recommends once again to provide all patients at the temporary facility and Tirana Prison Hospital with a multi-disciplinary treatment programme (in addition to pharmacotherapy) consisting of a range of therapeutic, including occupational and other psychosocial therapeutic activities and recreational activities, tailored to the specific needs of various categories of patient. The aim should be that every patient is offered the option of one organised activity every day, in which their participation is actively encouraged by staff.

6. Means of restraint

157. In the temporary facility, patients may be restrained mechanically with straps with four-point fixation, by means of the administration of medication (chemical restraint) or by placement in a seclusion cell. A straitjacket was present on the premises but was said not to be in use, which was confirmed by the patients interviewed by the delegation.

158. According to staff interviewed, the application of mechanical restraint was a measure of last resort, authorised by a medical doctor only after both verbal de-escalation and the subsequent administration of chemical restraints (namely, an intermuscular injection with a combination of 10 mg of diazepam and 2.5 mg of haloperidol) had not had the desired sedative effect. In such cases, the seclusion cell located on the ground floor of Building 4 is used. This cell, with in-built toilet facilities, contained two beds and had sufficient access to natural light through two large windows. The delegation was told that a mechanically restrained patient was always supervised by a nurse, present in the cell.

95. See CPT/Inf (2022) 08, paragraph 24.

159. Episodes of restraints are recorded in a dedicated register and include the length of their application and the name of the person ordering the restraint measure.⁹⁶ The delegation observed that the sole entry in the register about the application of mechanical means of restraint concerned a period of two hours; the remaining register entries concerned placement in the seclusion cell, for periods between two hours and five days (see paragraph 162 below). The delegation was informed that in the case of seclusion supervision was performed by custodial staff.

160. As mentioned in paragraph 117 above, according to the Albanian authorities, the use of seclusion and means of restraints (manual, chemical, or mechanical) within the facility is governed by Article 27 of the Mental Health Act and the October 2013 Regulation on Mechanical Restraint in Specialised Inpatient Mental Health Services. However, there was no internal policy specific to the temporary facility.

161. Even though the terms of the Mental Health Act and the 2013 regulation were broadly respected in the facility, there were various notable shortcomings, especially as regards the recording of use of means of restraint. Most importantly, not all use of mechanical restraints was recorded in the register; the delegation came across various entries in individual medical files or the incident register about the application of mechanical restraints and seclusion that were not registered in the restraint register. Further, the administration of chemical restraints was recorded in patients' medical files and in the nursing logbook and not in the restraint register, as had also been the case during the 2018 visit to the Special Facility for Mentally Ill Inmates in Kruja.⁹⁷

Clearly, under these circumstances, a review of all restriction episodes by the Ministry of Health, or any other monitoring body or inspectorate, as the standards prescribe (3.11.6) is not possible.

162. In addition to this imperfect registration, certain safeguards provided for by law and regulation were not respected. To mention only a few: the mandatory notification of a patient's legal representative in case of a patient undergoing restraints was not carried out; episodes of seclusion were not limited to a maximum of eight hours, as Article 4.1.4 of the regulation prescribes and were not renewed according to the provisions of chapter 4.4, and there was no debriefing with the patient.

The delegation found in the restraints register that at least one case of a patient had been placed in the seclusion cell for five consecutive days.⁹⁸ Further, two other patients claimed that they had stayed in the seclusion cell for several days.

Also, it was very concerning that in at least one case the provisions of the 2012 Mental Health Act were ignored altogether. As recorded in the incident register, on 31 March 2023 a patient was restrained by handcuffing him to his bed for some time, in full view of other patients. From interviews carried out, the CPT understands that there were other occasions where patients were handcuffed to their beds. This is not acceptable.

163. At Tirana Prison Hospital, the use of mechanical means of restraint was recorded in a dedicated register, kept by custodial staff. The register suggested that restraints were rarely used: the most recent entry, for a female forensic patient, dated back to 27 June 2022.

164. The initiative for the application of mechanical restraints was usually taken by a nurse in cooperation with custodial staff, and then sanctioned by a doctor. The Hospital had two dedicated cells for restraints, but it was the CPT's understanding that these cells were not in use: usually, patients were restrained in their own cell by means of straps. Reportedly, mechanical restraint was never applied for longer than 10 minutes and a nurse always stayed in a cell with a patient during that time.

96. According to the register, since entering into service of the temporary facility, mechanical restraints were used once, and the seclusion cell was used eight times (including for the mechanically restrained patient).

97. CPT/Inf (2018) 18, paragraph 44.

98. Between 29 June 2022 and 2 July 2022.

165. Chemical restraints, however, are recorded in the medicine register, and occur more frequently, up to eight times a month. All records are signed by a nurse and by a doctor.

166. **The CPT recommends that the Albanian authorities take steps, both at the temporary facility and at Tirana Prison Hospital, to ensure that:**⁹⁹

- a policy concerning the use of means of restraint is drawn up;
- the duration of the use of means of seclusion and mechanical restraint is for the shortest possible time (usually minutes rather than hours), and is terminated when the underlying reasons for their use have ceased;
- every patient who is subjected to mechanical restraint is under continuous supervision – a qualified member of healthcare staff should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide them with assistance;
- every patient who is subjected to seclusion is under continuous supervision by a qualified member of healthcare staff;
- patients are not subjected to mechanical restraint in view of other patients (unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient);
- handcuffs are not used as a means of restraint;
- once the means of restraint have been removed, a debriefing of the patient takes place, to explain the reasons for the restraint, reduce the psychological trauma of the experience and restore the doctor-patient relationship. This also provides an opportunity for the patient, together with staff, to find alternative means to maintain control over themselves, thereby possibly preventing future eruptions of violence and subsequent restraint;
- all instances of recourse to means of restraint (whether manual, mechanical or chemical) are recorded in a specific register, in addition to the records contained in the patients' personal medical files. The entries in the register should include the time 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. Patients should be entitled to attach comments to the register, and should be informed of this entitlement; at their request, they should receive a copy of the full entry.

99. A more comprehensive overview of the principles which, in the CPT's view, should be respected when resort is had to means of restraint, can be found in the document "Means of restraint in psychiatric establishments for adults (Revised CPT standards)", [CPT/Inf \(2017\) 6](#).

7. Safeguards

167. Contrary to the terms of the Mental Health Act, the Albanian authorities continue to interpret the court-imposed compulsory treatment order as a mandate to treat the patient against their will.¹⁰⁰ If a patient refuses to take the prescribed medication, it is forcibly administered by healthcare staff with custodial staff holding down the patient.

168. The CPT considers that, as a general principle, all categories of patients with mental disorders; voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis, be it in the context of civil or criminal proceedings, should not preclude seeking informed consent to treatment.

Consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition, the treatment which is proposed, its possible side effects and alternatives, as well as about the possibility to withdraw consent, and if the patient concerned has the capacity to give valid consent at the moment when it is sought. If necessary, the patient should be provided with support to understand the treatment proposed and its implications; obtaining consent may be the end result of a process in which also the patient may express concerns and needs.

Further, it is essential that all patients who have given their consent to treatment are continuously informed about their condition and the treatment applied to them and that they are placed in a position to withdraw their consent at any time. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards. In particular, the relevant legislation should require a second psychiatric opinion (that is, from a psychiatrist not involved in the treatment of the patient concerned) in any case where a patient does not agree with the treatment proposed by the establishment's doctors (even if their guardian consents to the treatment) and it is considered necessary for such treatment to be administered to prevent danger to the patient or to others; further, patients should be able to challenge a compulsory treatment decision before an independent outside authority and must be informed of this right in a comprehensible written format.

The CPT recommends that the Albanian authorities take steps to ensure that these precepts are effectively implemented in practice. The legal practice and, if necessary, the relevant legislation, should be changed accordingly.

169. According to Section 46 of the Criminal Code, the competent criminal courts are under a legal obligation to review at least once a year the need for continued placement of forensic patients who have been declared not to be criminally responsible for the offence committed, and who have been subjected to a compulsory treatment measure.

170. Already in its reports on the 2005¹⁰¹, 2010¹⁰² and the 2017¹⁰³ visit, the CPT observed that such annual reviews do not always take place. Possibly due to the court backlog caused by the 2020-2021 Covid 19 pandemic, this situation had not changed, probably forcing certain patients to remain longer in detention than strictly necessary. To illustrate this matter, in early 2023 a patient held at the temporary facility was released who was apprehended in 2019 for attempted burglary and given a compulsory treatment order. His compulsory treatment was reviewed for the first time four years later, whereupon it was immediately lifted.

100. The matter of treatment without consent was raised on various occasions by the CPT, most recently in its report on the 2018 visit (CPT/Inf (2018) 18; paragraph 43).

101. See CPT/Inf (2006) 24; paragraph 117.

102. See CPT/Inf (2012) 11; paragraph 93.

103. See CPT/Inf CPT/Inf (2018) 18; paragraph 48.

171. The CPT welcomes the initiative taken by the management of the temporary facility and the Prison Hospital to remind courts proactively of review deadlines. However, the persistence over the years of the matter suggests that a mere reminder by the institutions will not suffice and that the Albanian authorities will need to take more stringent action, including targeted awareness raising with the courts.

At the same time, it is welcome that, in the context of the judicial review procedures, patients usually benefitted from the assistance of a lawyer (private or appointed *ex officio*).

The CPT calls upon the Albanian authorities to take measures through the appropriate channels to ensure strict compliance by the competent judges with their obligations under Section 46 of the Criminal Code, and to ensure that, in the context of judicial review procedures, the patients concerned are, as a rule, heard in person by the judge.

172. The CPT understands that there are systemic reasons behind the infrequency of lifting of the measures. As was the case during previous visits to Albania, a number of forensic patients who were no longer in need of inpatient care were reportedly not discharged by the court,¹⁰⁴ due to the lack of adequate outpatient care/accommodation in the outside community. In practice, forensic patients were only discharged if it was established that family members were able and willing to take care of them. However, a large number of patients no longer had any contact with their families. For instance, an estimated 86 male patients will have to remain in the temporary facility, and 10 female patients in the Prison Hospital, independent of any (mental health) progress made. Such a state of affairs may well have a detrimental effect on the patients' well-being and undermine their motivation to achieve therapeutic progress.

173. The CPT was encouraged by the statement made by the Deputy Minister of Health that the Albanian authorities foresee the creation of outpatient care facilities for forensic psychiatric patients (see paragraph 110 above). In this context, the Albanian authorities may wish to consider, as the CPT advocated in the past, carrying out an assessment as to the need for inpatient hospital care in respect of all patients currently held at the temporary facility and in the Prison Hospital as well as to provide opportunities for patients suitable for discharge to demonstrate their ability to live in the outside community by being granted periods of temporary (un)accompanied leave. **The CPT wishes to receive detailed information about any plans the Albanian authorities may have as regards the creation of outpatient care facilities for forensic psychiatric patients. Further, the CPT recommends once again that the Albanian authorities take the necessary steps to reassess the need for inpatient hospital care in respect of all patients currently held at the temporary facility and in the Prison Hospital and in this context consider introducing the possibility for forensic patients to be granted (un)accompanied leave.**

8. Final remarks

174. Despite some improvements made at Tirana Prison Hospital since 2021, the CPT continues to consider that the living conditions and treatment offered to female patients accommodated there remain inadequate.

As concerns the temporary facility at Lezha Prison, the recent appointment of a director with a civil, rather than a military or prison service background is confirmation that the Albanian Prison Service firmly wishes to do away with the prison culture prevalent at the Zaharia Special Institution for Mentally Ill Inmates, as had been explained to the delegation on various occasions during the visit.

However, the overcrowding, the lack of medical and therapeutic staff and the inadequate building would have undone most, if not all, of whatever positive input could have been made since 2021. Worse, if the number of patients placed in buildings 4 and 5 continues to increase, the living conditions at the temporary facility could easily degrade even further, to the point of amounting to inhuman and degrading treatment.

104. In 2022, one patient previously held in the temporary facility found accommodation in the Elbasan civil psychiatric hospital.

175. In a letter to the CPT in June 2023, the Albanian authorities stated that adequate accommodation for forensic psychiatric patients can only be realised by the construction of a new facility. The CPT agrees with this point of view. Nevertheless, whilst the building is indeed permanently unfit to accommodate patients, **steps should be taken to improve the living conditions within the facility, predominantly by lowering occupancy levels of buildings 4 and 5.**

176. The CPT noted above¹⁰⁵ that the number of forensic psychiatric patients, both male and female, has been steadily increasing over recent years, with the consequence that the occupation rate of both the temporary facility and Tirana Prison Hospital is steadily growing, beyond what either establishment is able to cope with.

177. As the CPT has been highlighting over the years, the systemic reasons behind the low numbers of released patients are:

- a lack of places in the community for forensic psychiatric patients, resulting in patients without a functional family to return to, not being released by the courts;
- the annual review of the measure by the court generally not being carried out on time; and,
- the lack of therapy offered to patients.

178. To overcome these systemic issues, courts should diligently carry out the annual reviews, and places in the community should be created for forensic psychiatric patients who no longer present a threat necessitating confinement in a secured facility. Here, the involvement of the Ministry of Health and Social Protection is indispensable. After all, the provision of psychiatric and social care to Albanian citizens is the responsibility of this ministry, and maintaining a parallel judicial health and care system could very well surpass the available resources. In this context, the CPT was pleased to have received the assurances of the commitment of the Ministry of Health and Social Protection.

179. Nevertheless, given the current conditions at the temporary facility and the risk of their further degradation, in particular due to further increased occupancy, **starting April 2024 the CPT would like to receive six-monthly updates from the Albanian authorities about both the steps taken to improve the conditions for patients at the temporary facility, including the availability of additional accommodation, and the occupancy of the temporary facility (buildings 4 and 5).**

105. See paragraph 112 above.

D. Social care homes

1. Preliminary remarks

180. It was the first time that the CPT visited social care homes in Albania after the entry into force of the 2016 Law on Social Care Services and underlying regulations, such as the 2018 Decision of the Council of Ministers on “Community and Residential Social Care Services: criteria, procedures for benefitting from them and determination of the allowance for personal expenses for beneficiaries of the service provided”.

181. The expressed aim of the law is the de-institutionalisation of residential care. In particular, the law allows for the establishment of non-residential alternatives to institutional care, including home and community care. As its Article 8 (3) states: “Social care services shall be residential services when their provision at home or in the community is inappropriate and unavoidable.”

The second objective of the law is the devolution of the responsibility for the provision of social care to the municipality. To this end, the law defines the different role for the different actors such as the Ministry, the region, the municipality, and the Social Services Inspectorate.

182. Although the CPT very much welcomes the law and the policy course it sets, the implementation of this ambitious law has not proven to be without difficulties; in particular, the lack of financial means available to municipalities to assume their responsibilities is well-documented.¹⁰⁶ **The Committee would like to receive the comments of the Albanian authorities on the implementation of the Law on Social Care Services and in particular the lack of financial means available to municipalities.**

183. According to the 2016 Law on Social Care Service, Development Centres are reserved for children and young adults until the age of 21. In reality, three out of the six Albanian Development Centres accommodate residents of all ages (Berat, Korça and Shkodra). Further, the Centre in Vlora holds residents up to the age of 37 and the Centres in Durrës and Tirana until the age of 30.

The CPT delegation visited the Development Centres in Durrës and Shkodra.

184. The Durrës Development Centre is located in the inner city of Durrës and was housed in two, two-storey buildings with a large interior garden, surrounded by walls. The Centre was undergoing extensive renovations. At the time of the visit, the Centre was accommodating 36 residents (11 adult men and eight adult women as well as 17 children). As to its capacity, at the Centre the delegation was told that it had space for 45 residents, while according to information provided by the Ministry of Health and Social Protection the maximum capacity was 38. The Durrës Development Centre was a state institution; the costs associated with the Centre are on the budget of the Albanian State, reportedly with the exception of clothes and beds, including bedding.

185. The Shkodra Development Centre is a large, two-storey building in the city centre of Shkodra. According to the Director, the relevant auditing standards indicate that the maximum capacity of the Centre should be 30 beds; nevertheless, its official capacity was 45 beds.¹⁰⁷ At the time of the CPT’s visit, it was accommodating 44 residents (28 adult male and 13 adult female residents, and three children (aged 10, 13, and 17)), with the 45th resident expected to arrive shortly. Before 2016, the Development Centre had been a children’s home, and up to 33 of the current residents had been admitted as minors.

106. See for instance the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2022 Communication on EU Enlargement policy, 2022 Report on Albania, (SWD (2022) 332 final); pages 93-94.

107. The Shkodra Development Centre also had a day care division, which the delegation did not visit. The residential section and the day care section together, could provide for 85 persons, according to data from the Ministry of Health and Social Protection.

186. The Shkodra Development Centre is mainly paid for by the Shkodra municipality, reportedly with the exception of medication, food, and hygiene products, including incontinence products and detergents. For the purchase of food and hygiene products, the Shkodra institution received a contribution from the State Disability Fund to the value of 500 Lek¹⁰⁸ per resident per day. According to the Director, due to the cost of living he had no other option than to spend the total of this amount on food, while detergents and incontinence products are given to the institution by donors.

187. Due to insufficient financial support from governmental authorities¹⁰⁹, both centres rely on foreign donors for essential repairs, furniture, and even items related to care, such as wheelchairs and incontinence products, as mentioned in the previous paragraph.¹¹⁰ For instance, the Government of the United States paid for the renovation of the Durrës Centre premises, while in Shkodra a donor ensured the replacement of rickety bunkbeds by more sturdy wooden beds. The latter institution was trying to solicit donor interest for the purchase of appropriate wheelchairs for its residents and for repairs to the extensive damages caused by a first floor flooding some time ago.

188. The CPT considers that social care homes, whether financed by the state, region, municipality or otherwise, must be placed in the financial position to provide residents with essential care and proper housing without having to call upon external sources such as private or public donors. **The CPT would like to receive the comments from the Albanian authorities on the above. Further, the CPT would like to receive an explanation as to the financing of residential care facilities in Albania, including a break down as to which items related to basic care (for instance, wheelchairs, anti-decubitus mattresses and residents' hoists) are not paid for by public means.**

189. In both centres, the residents displayed a large diversity in their disabilities including persons with physical, sensory and intellectual disabilities. An estimated 60% of the residents combined an intellectual disability with a mental disorder, in various degrees of severity.

2. Ill-treatment

190. At the outset, the Committee wishes to stress that it received no allegations, and found no other indications, of ill-treatment of residents by staff in the residential care centres visited.

On the contrary, many residents spoke positively about staff, and the atmosphere in the centres appeared generally relaxed. The caring attitude and commitment of staff was particularly noticeable in the Shkodra Development Centre, where the delegation was positively impressed by the individual attention paid to the residents, and by the empathy, kindness, and dedication of the staff.

191. Regarding inter-resident violence, in both centres there were violent incidents amongst residents. It mainly concerned minor altercations and occasionally a slap, push or punch. In both institutions, the mix of residents of different ages and needs, with physically capable residents and those with slight intellectual disabilities sharing accommodation with residents unable to express themselves verbally, posed a real risk for tensions, irritations and misunderstandings. While staff appeared to be reacting rapidly and decisively in the case of conflicts between residents, it was also clear to the delegation that structural shortcomings in both centres, including low numbers of orderlies and cramped living conditions (leading to mixed gender rooms and minors being placed together with adults) resulted in a level of staff supervision below what is acceptable. Such conditions enhance the risk of inter-resident violence, including of a sexual nature, in the centres. **The CPT would like to receive the comments of the Albanian authorities on the above.**

108. At the time of the visit, 500 Lek was approximately €4.80.

109. The delegation was told that unpaid electricity bills have left the Shkodra Development Centre with a 5m Lek (€48 000) debt to the Albanian State that is being paid off, which further aggravates the already dire financial situation of the Centre.

110. One NGO donated poultry to the Shkodra Development Centre to provide eggs for the residents.

192. Appropriate steps to protect residents from other residents who might cause them harm should be taken, but the Albanian authorities should not be content with the occasional reprimand for residents who have crossed the line. In the Committee's experience, violence in an institution for persons with severe disabilities might be hidden. Institutionalisation carries inherent risks for residents' safety and well-being (in addition to those forementioned in paragraph 190, for example, social isolation of some residents and their limited ability to communicate and complain), therefore, not only a reactive but also a proactive approach is necessary to protect them from harm.

193. To strengthen the prevention of violence, it is crucial that staff in all residential care centres undergo relevant training, including on de-escalation techniques.

194. From a letter by Albanian authorities dated 17 July 2023, the CPT understands that the Albanian authorities still plan to organise such training for staff in 2023. **The CPT wishes to receive updated information about the scope and nature of such training for staff.**

195. Whilst the CPT welcomes training for staff, in its view similar training, though adapted, should also be given to residents; it should be borne in mind that the prevention of ill-treatment and violence is fully effective if residents are enabled to communicate and to express their feelings and needs. **The CPT recommends that programmes be developed to enable residents to express themselves and be understood.**

196. In both centres, residents' injuries, whatever their cause and nature, were recorded in the Unit's staff logbook and, in certain cases, an incident form was also to be completed. To obtain a full overview over the prevalence of violence within an institution, it would be necessary to introduce a dedicated incident register. **The CPT recommends that the Albanian authorities introduce the obligation to maintain a dedicated incident register in the residential social care facilities.**

3. Residents' living conditions

197. Overall, the Durrës Development Centre was in a reasonable state of repair. As refurbishment of the centre was ongoing at the time of the visit, the part of the centre where the administration was accommodated was not in use. The residents were divided over two top floor units (Pavilion A and Pavilion B), one in each building. Both units were of a similar layout and consisted of a large central area for play and learning and five residents' dormitories, with three to five beds. Each unit had a separate dining room and two bathrooms. Elsewhere in the centre, there were two classrooms and rooms for physiotherapy, speech therapy and medical examinations. The units were clean, had some decoration and there was sufficient natural light. Residents had free access to the grounds of the centre, but the playground was in a poor state.

198. The residents' rooms were cramped and unpersonal, mostly without lockable space for personal items and without bedside tables. Few residents wore their own clothes; the clothes available in the centre were shared.

199. As the elevator to one of the units had broken down, the four wheelchair-using residents had not left the unit for months. By letter of 17 July 2023, the Albanian authorities informed the CPT that the elevator had been repaired.

200. The Shkodra Centre, on the contrary, was in a state of disrepair, in particular in the residential wing, which was divided in three sections: a female section and a male section, both on the first floor, and a ground-level mixed section.

The female section had suffered extensive water damage due to leaking bathroom pipes. As a consequence, the electrical wiring was exposed, and the section's walls were partially covered with bright green and black mould. One of the women slept in the staff room in the male section because there was no space in the female section.

The state of repair in the male section was slightly better but one of the two bathrooms was in dire condition, with mould on the walls and also on the plastic sheets used by immobile residents when taking a bath.

Besides three bedrooms, on the ground floor there were also a common room and a mouldy bathroom, which had been damaged by the leakage upstairs.

201. Due to their dilapidated state, the bathroom and the communal room in the female section were not in use, obliging the female residents to use these facilities in the adjacent male section. No adjustments, such as partitioning, had been made to the two male section bathrooms to enable the female residents to use them in serenity. As to the male communal room, equipped with chairs and benches for about 15 residents, it was too small for its purpose now that the female residents also made use of this room, especially during the weekend when there are no other activities in the centre.

202. The female section contained two bedrooms, with five and seven beds respectively, and the male section had seven bedrooms, in which the number of beds ranged between one and four. The ground floor mixed section had three bedrooms. One room was shared by two women and five men and a second room was accommodating a child with two women. There were three men in the third room.

203. In general,¹¹¹ the bedrooms were cramped, furnished with little other than beds and an occasional locker or chair, impersonal, without decoration and mostly without curtains. Most rooms were in severe need of fresh paint. Notwithstanding, staff made an effort to keep the rooms clean and the rooms had large windows providing access to ample sunlight.

204. On the positive side, on weekdays, certain residents could use a pleasant workshop or visit the greenhouse on the grounds of the Centre.

205. As was the case in Durrës, also in Shkodra the elevator had stopped working some time ago, which meant that the resident with reduced mobility accommodated on the first floor had not been outside for many weeks. From an exchange with the Albanian authorities the CPT has learned that the elevator has not yet been repaired. More generally, despite free access to the grounds of the centre, residents needing assistance were rarely taken outside.

206. Reportedly, the Shkodra Centre did not have the funds necessary to carry out the essential repairs and prevent further damage to the property. It was not only the centre's poor material conditions that made its underfunding manifest; there were also other clear indicators. For instance, the donated wheelchairs the centre had at its disposal were frequently lacking parts, rusty and often too small for the residents using them, risking injury and causing pain. Further, there was no equipment to assist staff in lifting immobile residents and there was no budget for activities outside the centre.

207. In general, several residents' bedrooms in both centres were accommodating too many residents, resulting in a lack of privacy. In the CPT's view, the Albanian authorities should strive to reduce occupancy levels in the residents' bedrooms to a maximum of four. Further, according to their official capacity neither centre was overpopulated: the Shkodra Centre was operating at close to full capacity and the Durrës Centre had a few vacant beds. However, as mentioned in paragraphs 198 and 203 above in both centres the delegation observed cramped living conditions, resulting in male and female residents sleeping in close proximity, sometimes in the same room, and in the Shkodra Centre, with the 45th resident due to arrive shortly, children were sharing a room with adults and one resident was sleeping in a staff room. In the CPT's view, the Albanian authorities should consider reducing the official capacity of both centres.

111. Exceptionally, one male resident lived in a lockable single room.

208. The CPT recommends that steps be taken by the Albanian authorities to ensure that the Shkodra Development Centre is renovated as a matter of absolute urgency. To this end, the necessary repairs should be carried out to, *inter alia*:

- the plumbing;
- the bathrooms;
- the elevator.

Further, the electric wiring should be covered wherever it is exposed, and the mould should be eliminated wherever it appears.

Also, the CPT recommends that the Albanian authorities ensure that:

- residents with reduced mobility are provided with wheelchairs suitable to their size and weight;
- residents be allowed to wear their own clothing if they wish;
- all residents have daily access to the outdoors, including those needing assistance.

In addition, the female resident currently accommodated in the staff room should be relocated to a proper bedroom, and until the female bathroom is refurbished the male bathroom should be adapted for mixed gender use.

As to the Durrës Development Centre, the CPT recommends the outdoor playground area to be repaired without delay.

For both the Shkodra Development Centre and the Durrës Development Centre, the CPT recommends equipping rooms with bedside tables commensurate with the number of residents accommodated in the room. Residents should also have access to personal lockable storage space for their belongings and rooms should provide for visual stimulation and personalisation. Ideally, the Albanian authorities should reduce the occupancy levels of both centres to reach acceptable living conditions as well as restricting occupancy of the residents' rooms to a maximum of four, to provide sufficient privacy.

209. From exchanges with staff of both centres, it transpired that in violation of Article 71 of the 2018 Decision, at the time of the CPT's visit, the ministerial spending on food had not yet been indexed for 2023, despite rampant inflation. The *de facto* lowered food budget caused real difficulties for the centres in providing the residents with a healthy and varied diet. From its subsequent exchange with the Albanian authorities, the CPT understands that indexation has been carried out. **The CPT welcomes this situation and trusts that the 2024 indexation will be carried out in time to assure a sufficient budget for food in residential care homes.**

4. Staff and care provided to residents

210. The Shkodra Development Centre employed a part time doctor, and 17 unit-based staff (orderlies and educational therapists) on six-hour day shifts and a 12-hour night shift. During daytime there were three orderlies in the institution and at night, there were four orderlies, to care for up to 45 residents. Further, there was one additional orderly who organised a few activities during weekdays and helped out wherever necessary. As regards other staff, there was one social worker and a speech therapist. Several residents attended sessions with an ergo therapist, who also worked for the day centre.

211. A medical doctor visited the Durrës Development Centre every weekday for four hours. The centre employed a total of 15 orderlies, including three orderlies working part-time. During the week, there were two university trained educational therapists per unit working an eight-hour shift, to be replaced by two orderlies at the weekend. On weekdays, the educational therapists would be supported by one orderly. At night, between 15:00 and 07:00 there were four orderlies present (two per unit). The psycho-social rehabilitation staff included a physiotherapist, a speech therapist and a social worker.

212. In neither centre was the complement of unit-based staff (mainly educational therapists and orderlies) fully sufficient. For instance, in the Shkodra Development Centre for the three ground floor rooms (with a total of 13 residents) there was only one orderly present where, in the view of the CPT, there should have been at least two.

The limited presence of staff was incompatible with the severity of the disability, both physical and intellectual, of several of the residents, the number of tasks to be carried out (changing of incontinence pads, pushing wheelchairs, assisting with feeding helping residents to dress and undress, changing bed linen, organisation of activities etc). Moreover, as mentioned in paragraph 191, the mix of residents per room required additional vigilance. The CPT acknowledges that during weekdays other staff stepped in and helped with breakfast, lunch and dinner, and that certain residents have daytime activities, but nevertheless considers that staffing is not sufficient, as was demonstrated by the fact that more capable residents were performing care duties for other residents. The CPT wishes to express its strong reservation about this practice.

213. The delegation was most concerned with the absence of a nurse in the approved organigram of the centres. By consequence, in Durrës a care giver, although unqualified, performed nursing duties. In Durrës again, the absence of a qualified nurse was also notable through the imperfect recording of the medication administered to the residents and the absence of regular check-ups of the residents. For the Development Centre in Shkodra, the delegation was told that a fully qualified nurse was recruited in the place of a second physiotherapist.

The CPT understands that, in the case of the Durrës Development Centre, a nurse will be recruited once the Centre's official organigram has been amended, which requires a formal decision at governmental level.

214. The CPT recommends that the Albanian authorities amend the approved organigrams for both residential care centres in order to be able to proceed with the recruitment of nursing staff and occupational therapists. Further, the Committee recommends that the number of unit-based staff (orderlies and education therapists) in both the Durrës Development Centre and the Shkodra Development Centre be increased. Also, dependence upon residents to support staff by providing supervision or even care to other residents must be eradicated. The CPT would like to be informed about the development of the staffing situation in both the Durrës Development Centre and the Shkodra Development Centre.

215. Efforts were made, at both establishments, to maintain a regime with a structured programme. However, in both centres there was a limited range of occupational, rehabilitative, and recreational activities on offer; not all residents had the opportunity to participate in one organised activity per day which, in the CPT's view, constitutes an absolute minimum. None of the residents had a paid job although, in particular in Durrës, certain residents proved capable of performing household duties for the Centre. Residents below the age of 16 generally went to school during the daytime (or followed education on site) and in the Durrës Centre several older children followed occasional vocational courses, such as hairdressing or cooking.

216. In neither centre was there a programme preparing residents for more independent living and/or return to their families, which is particularly striking given the fact that, officially, upon reaching a certain age, the residents should leave the centres. From discussions with staff and residents, it appeared to the delegation that the absence of these rehabilitative programmes could very well be a missed opportunity: several residents appeared able and willing to learn basic skills essential for living outside the centres, especially in the Durrës Development Centre. Further, the absence of such a programme renders the resident vulnerable once physically outside the centre, even for a short moment. This situation appears to be strongly in contradiction of the purpose of de-institutionalisation.

217. The CPT recommends that measures be taken to ensure that all residents have daily access to an individualised programme of rehabilitative activities with a view to improving quality of life, as well as resocialisation programmes preparing residents for more independent living.

218. Activities and stimulation specifically tailored to persons with severe physical, intellectual and sensory disabilities were lacking and should be developed. These activities should be personalised and focus on maintaining normality in a daily regime, including development in basic abilities. Care and support should integrate input by a physiotherapist and occupational therapist. **The CPT recommends that steps be taken to develop activities specifically tailored for residents with severe physical, intellectual, and sensory disabilities at both the Durrës and the Shkodra Development Centres.**

219. The delegation noted that in both centres the majority of unit-based orderlies had received no specialised training and therefore lacked the knowledge and skills necessary to care for persons with moderate and severe disabilities. This concerned not only skills in alternative communication (sign language and other forms of communication support), support in decision making, and the prevention and management of challenging behaviour, but also assisting residents with eating. The latter should be carried out in a respectful manner, which is not always the case: for example, the delegation observed a staff member giving food to a resident too quickly and while using a personal cell phone.

In the Committee's view, it is important to enable residents to communicate by supporting them while considering their needs.¹¹² If persons are not enabled to communicate, their needs might not be properly identified which could lead to frustration, social isolation, and challenging behaviour. Further, it might affect staff's ability to detect and prevent abuse and/or aggression.¹¹³

Bearing in mind the challenging nature of their work and the needs of residents, it is of crucial importance that care staff receive appropriate initial and on-going training on the above-mentioned topics.

The CPT recommends that the Albanian authorities take urgent steps to ensure that such training is provided in all residential care centres.

220. As regards somatic healthcare, a systematic healthcare screening upon arrival was in place in both institutions visited. In the Shkodra Development Centre arrangements had been made for all residents to have at least one annual general somatic health check. This was not the case in the Durrës Centre. Further, the delegation was concerned to find that in neither centre was there gynaecological screening available for female residents. There was also no preventive or prosthetic dental treatment available for most residents. Moreover, neither centre possessed a defibrillator, or an oxygen cylinder. **The CPT recommends that the Albanian authorities take steps, in both the Durrës Development Centre and the Shkodra Development Centre to provide residents with adequate dental care (including preventative/conservative treatment), support daily oral hygiene routines, and ensure that female residents also undergo regular health screening (for example, cervical smears, mammography) as appropriate.**

Moreover, **steps should be taken to ensure that both the Durrës and the Shkodra Development Centres have at least one oxygen cylinder and an automated external defibrillator (with a charged battery) accessible 24/7 and that at least one staff member competent to provide first aid (which should include being trained in the application of cardiopulmonary resuscitation and the use of automated external defibrillators) is always present, including at night and on weekends.**

112. For example, by using sign language, simplified language, or communication cards.

113. See paragraph 192 above.

221. In the Shkodra Development Centre, the delegation found that the two residents receiving Clozapine were not having blood tests. The Committee wishes to emphasise that Clozapine can have severe side-effects such as a potentially lethal reduction of white blood cells (granulocytopenia, with substantially reduced resistance to infection). Therefore, **the CPT recommends that the Albanian authorities ensure that a protocol for a system of mandatory monitoring of the white blood cell count of residents treated with Clozapine be drawn up at the national level, in line with international guidelines. Further, staff should be trained in detecting the early signs of the potentially lethal side-effects of Clozapine.**

222. In both centres, every resident possessed an individual written care plan. In the Durrës Centre, the plan appeared to involve the social worker and the educator and encompassed some goals in respect of skills related to objectives as varied as daily living, hygiene, language and communication. In the Shkodra Centre, these plans were neither regularly reviewed nor interdisciplinary and appeared not to have led to the setting of individual goals. Further, in neither centre were the assessment of clinical risks, management of a crisis or challenging behaviour, use of movement-restricting measures, and measures for violence prevention included in the care plan, and there was no indication that the resident concerned had been involved in the plan's development. **The CPT recommends that the Albanian authorities take steps to address these shortcomings.**

5. Restrictive measures

223. The delegation was pleased to note that the application of means of restraint on residents was generally not practiced in the centres visited, because seriously disturbed and agitated residents were promptly transferred to a (psychiatric) hospital. None of the centres had internal guidelines regarding the use of means of restraint.

224. No incidents of the use of means of restraint, or other movement restrictive measures, were observed in the Shkodra Development Centre, nor did any of the residents interviewed mention having been subject to means of restraint.

225. In the Durrës Development Centre, the delegation observed twice that a shawl was used to constrict residents' upper bodies to their wheelchairs, which is potentially dangerous due to the risk of strangulation. In addition, one of the residents had her hands tied to her body, in an apparent attempt to prevent self-harm. The application of such movement restrictive measures had apparently been authorised by "a Commission", but the delegation found no information (copy of the authorisation, instructions as to the conditions, length, and frequency of use) whatsoever in the files related to these residents.

The CPT recommends that the Albanian authorities ensure that all residential care centres in the country develop written guidelines on the use of movement-restricting measures. Such guidelines should make clear which movement-restricting measures may be used, under what circumstances they may be applied, the need for a preventive risk assessment and the exploration of less restrictive alternatives. They should also contain sections on the involvement and consultation of different categories of staff prior to their application, medical prescription and nursing intervention, recording of the measure, periodic monitoring and re-assessment, supervision required, and consent forms. The care staff should be provided with initial and on-going training on the use of movement-restricting measures.

6. Safeguards

226. Article 21 (2) Law on Social Care Services states that as regards residential care, "categories in need shall be placed in social care centres upon the consent of the individual or respective legal representative after assessing the social, economic and medical situation of the individual". In other words, involuntary placement in a social care establishment is excluded from the 2016 Law.

227. Nevertheless, the two social care homes visited were closed institutions; their residents, both minors and adults, were not allowed to leave the premises without prior permission and, if they absconded, they would be searched for and forcibly returned to the institution.

228. The CPT considers that the involuntary placement and stay of residents (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty)¹¹⁴ in social care establishments should be regulated by law and accompanied by appropriate safeguards. In particular, all residents who are involuntarily placed in this type of establishment (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty), whether or not they have a legal guardian, must enjoy an effective right to bring proceedings to have the lawfulness of their placement and stay decided speedily and reviewed regularly by a court and, in this context, must be given the opportunity to be heard in person by a judge and represented by a lawyer. The CPT notes that in case a legal representative decides on the placement in a care facility of an incapacitated person under their responsibility, Albanian legislation does not foresee an appeal. In the CPT's view, this is an omission, as the legal representative could conceivably have a vested interest in the placement of an incapacitated person in a residential home.

The Committee also wishes to underline that, if it is considered that a given resident, who has been voluntarily admitted and who expresses a wish to leave the establishment, still requires care to be provided in the establishment, then the involuntary placement procedure provided by the law should be fully applied. **The CPT recommends that the Albanian authorities put in place a clear and comprehensive legal framework governing the placement and stay of residents (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty) in residential centres, in light of the preceding remarks.**

229. The 2018 Decision describes different placement procedures, dependent on the nature of the residential centre (municipal or state) and the level of urgency of the placement.

230. As concerns placement in the municipal Shkodra Development Centre, the procedure as described in Articles 13 to 24 of the 2018 Decision was followed. It starts with a request to the relevant municipal social worker by an individual in need, or a representative, but may also come from a social worker in the municipality, a police officer, an NGO, or anybody else.¹¹⁵

As a next step, the social worker prepares the necessary documentation, including a needs and risk assessment, also to be carried out "in his/her environment" (in consultation with the beneficiary). Within 10 days, the municipal social worker shall forward the information to a multi-disciplinary municipal commission which, within 15 days of submission, shall come to a decision.

In case the applicant does not agree with the decision, Article 50 of the Law on Social Care Services provides for an appeal within 10 working days of the notification of the decision.

231. As Durrës Development Centre has a nationwide function, placement is the responsibility of the General Directorate of State Social Service, in line with Article 22 of the Law on Social Care Services.

232. The CPT observed that, besides the possibility of filing a request for placement and an interview in the context of the risk assessment, the legal placement procedure does not foresee a formal stage in which the beneficiary, possibly the future resident, may express their views. **The CPT would like to receive the comments of the Albanian authorities on this matter.**

114. The CPT notes in this context that the ECtHR has concluded in several cases concerning the placement in a closed establishment of a legally incapacitated person under guardianship, from whose conduct it was obvious that they did not consent to their placement, that they must be regarded as being "deprived of their liberty" within the meaning of Article 5, paragraph 1, of the ECHR, despite the approval of the guardian (see, for example, the Grand Chamber judgment in the case of *Stanev v. Bulgaria*, no. 36760/06, § 132, 17 January 2012, and *Červenka v. the Czech Republic*, no. 62507/12, §§ 103-104, 13 October 2016).

115. In addition, there is the emergency procedure, which allows for a selected target group (predominantly children and the elderly or abandoned persons "in a street situation") to be accommodated in residential care for 72 hours.

233. In addition to the regular placement procedure described above, Article 26 of the 2018 Decision allows for emergency placement. One resident had been placed in the Shkodra Development Centre for emergency reasons through the intervention of the Ministry of Health and Social Care. Despite the resident having already been accommodated in the centre since 5 April 2023, there was still no official placement decision at the time of the CPT's visit. **The CPT recommends, if this has not yet been done, that the Albanian authorities either rapidly legalise this placement through the procedure set out in the Law on Social Care Services, or discharge the resident.**

234. As to discharge, Article 25 of the Law on Social Care Services provides that every placement in residential care should be re-evaluated every six months. It transpired from the information gathered during the visit that family support was a crucial condition for discharge; without a family to return to, a resident would not be discharged. As far as the CPT could ascertain, the obligatory review did not take place in either the Durrës or in the Shkodra Development Centre. In the case of the latter, the CPT was informed that out of the 44 residents at the time of the visit, 32 had been abandoned by their families and had no prospect of discharge. For that reason, already in 2019 the centre had decided to stop the six-monthly reviews, unless there was a sign that the family was prepared to receive the resident and that their quality of life would improve. In the Durrës Centre, the delegation found a similar situation.

235. In both centres, not all adult residents had been deprived of their legal capacity. For instance, in the Durrës Development Centre, for 29 out of 36 residents (of whom 13 were adults) the centre was the legal guardian. In the Shkodra Development Centre approximately 17 out of the 41 adult residents had been deprived of their legal capacity. Shkodra staff explained to the delegation that some time ago the centre had stopped requesting that the court deprive a resident of legal capacity because it had been advised that such step was not necessary, as most residents had been admitted as minors, with the consent of their parents or legal representatives, and that in those cases the centre, under the terms of Article 271 of the Albanian Family Code, had legal custody. The delegation had difficulties understanding this reasoning as it was told that under Albanian law, custody is not automatically transferred in deprivation of legal capacity when the age of majority age has been reached. **The CPT would like to receive the comments of the Albanian authorities on the above.**

7. Other issues

236. The existing arrangements for contact with the outside world were generally satisfactory at the social care homes visited. There were no restrictions as to the number of visits by family members, although few residents had families who visited or contacted them by phone. There did not appear to be major difficulties with contact for those who did.

237. Although, in the Durrës Development Centre, residents were informed about their rights and obligations (in writing), and the Shkodra Development Centre had internal rules, there were no specific arrangements for providing residents with information concerning their stay at the establishment and complaints mechanisms appeared to be lacking. Further, in the Committee's view, although some residents have comprehension and communication difficulties, whenever possible, they should be informed of their rights, if necessary, using repeated, simplified, individualised, verbal formats. Similarly, accessible, and comprehensible complaints systems should be in place; the box that currently serves to collect complaints in the centres is inappropriate given the severity of the disability of many residents. **The Committee recommends that the Albanian authorities ensure that the above-mentioned precepts are effectively implemented in practice.**

238. As to monitoring, although the Albanian National Preventive Mechanism (NPM) does monitor care facilities for the elderly, so far it has not extended its scope into the area of residential care facilities for people with disabilities. The findings of the CPT's 2023 visit to Albania indicate that serious consideration should be given to the beginning of NPM monitoring of such facilities in Albania. **The CPT would like to receive the comments of the Albanian authorities in this regard.**

APPENDIX – ESTABLISHMENTS VISITED

Establishments under the authority of the Ministry of the Interior

- Elbasan Police Station
- Fier Police Station
- Koplik Police Station
- Laç Police Station
- Lezha Police Station
- Shkodra Police Station

Establishments under the authority of the Ministry of Justice

- Fier Prison
- Peqin Prison
- Tepelena Prison
- Prison No. 313, Tirana
- Temporary facility for male forensic psychiatric patients at Lezha Prison
- Prison Hospital, Tirana (unit for female forensic psychiatric patients)

Establishments under the authority of the Ministry of Health and Social Protection

- Durrës Development Centre for Persons with Disabilities
- Shkodra Development Centre for Persons with Disabilities