EXECUTIVE SUMMARY

In view of the CPT's finding during previous visits to Norway as well as information received by the Committee prior to the visit, during this 2024 visit the CPT decided to focus on persons deprived of their liberty in:

- prisons (Agder prison (Mandal unit), Halden prison, Telemark prison (Skien Unit) and Tromsø prison, as well as a targeted visit to the National Reinforced Community Unit (nasjonal forsterket fellesskapsavdeling - NFFA) at Ila Detention and Security Prison (Ila prison);
- psychiatric hospitals (the Regional Security Department for Mental Health in Dikemark; the University Hospital of North Norway's Treatment Centre for Psychiatric Illness and Substance Abuse in Tromsø; the "security 1" and "security 2" wards at Østfold psychiatric hospital in Kalnes); and,
- the Trandum immigration detention facility.

In addition, two police stations were visited and several (remand) prisoners were interviewed about the treatment they had been given by the Norwegian police. Although no credible allegations of ill-treatment were received, in its capacity as a preventative body the Committee continues to have misgivings about the delayed access to a lawyer for indigent police detainees, in particular when suspected of a minor offence. At times, these detainees are questioned by the police without a lawyer present. Combined with the practice of non-recording of injuries upon admission in a police station, and the frequent absence of an (immediate) medical examination upon entry in a remand prison, the absence of access to a lawyer from the outset of detention creates a systemic weakness as to the prevention of police ill-treatment for certain categories of persons. In the view of the CPT, this merits a reflection by the Norwegian authorities.

The conditions of detention at the Trandum immigration detention centre, also under responsibility of the Norwegian Police, remained acceptable in general. Despite visible efforts by staff to create a positive environment, there were serious difficulties in managing foreign nationals presenting a risk of suicide or self-harm, for which a padded helmet and body-cuffs were in use and a placement in security cell could be considered. The Committee recommended putting an end to a security driven approach to self-harm management in the Trandum Centre, including by having healthcare staff systematically visit the person immediately after arrival and whenever risk of self-harm is identified and by offering psychological support.

As during previous visits, as concerns prisons, no allegations of physical ill-treatment of prisoners by staff were received by the CPT. On the contrary, the Norwegian prison system continued to benefit from generally skillful and motivated staff, who appear to know the prisoners, following the principles of dynamic security. The material conditions in the prisons visited were mostly excellent, as was the case during previous visits. Most of the prisoners, by far, had work or followed education. However, the CPT noted that the pressure on the prison system resulting from a decreasing budget and difficulties to attract and to retain staff, created difficulties in offering a meaningful regime: in several prisons visited work schedules became irregular and subject to unexpected interruptions and there was economising on education. As to prisoners excluded from company or under court-ordered isolation, they still spend up to 22 hours alone in their cells, as documented in reports on previous CPT visits. Although in the prisons visited 'activity teams' had been appointed to engage with these prisoners, which is a positive development appreciated by the prisoners, in the Committee's view, the regime of prisoners subjected to exclusion or court-ordered isolation remained too restrictive and without sufficient meaningful human contact. There remains a considerable prevalence of self-harm in Norwegian prisons, exacerbated by limited access to mental health facilities and a lack of appropriate facilities within Norwegian prisons.

During the end-of-visit talks, an immediate observation under Article 8, paragraph 5, of the Convention was made, urging the Norwegian authorities to take steps without delay to ensure that three women prisoners were removed from Telemark prison, the Skien unit, and placed in an appropriate, secured therapeutic environment. The circumstance that months after the visit, none of these transfers had taken place, underlines the need for the Norwegian authorities to review access to psychiatric care for prisoners with serious mental disabilities, and open the planned new care unit at Skien Unit of Telemark prison without delay.

Prison health care operates isolated from other prison services, in part due to strict legislation on medical confidentiality. Further, within the prison health care system, the different care providers, namely those responsible for somatic care, for psychiatric care, for drug addiction and the specialised “Basik” programme for sexual offenders, communicated insufficiently, in part due to the lack of a single, consolidated medical file, and tended to coordinate poorly. This led to insufficient clinical leadership in all prisons visited and contributed to a loss of valuable medical information, and negatively impacted on the quality of care afforded to prisoners. Overall, healthcare staffing was found to be insufficient in all prisons visited in terms of doctors and nurses’ presence. There was significant staff turnover, with frequent absences of doctors and nurses which hampered the continuity of care.

To attract and to retain staff was also a major challenge for the psychiatric hospitals visited. In particular in the Tromsø centre, there were a great number of vacancies, and, moreover, a significant part of the staff present were (university) students, with a short and superficial mental health care related training.

A recurring issue in the three hospitals visited concerned women living on mixed gender wards with mostly men. For a few women interviewed such mixed accommodation was awkward. In the CPT’s view, it would be highly advisable to allocate dedicated areas of a ward (for instance, a part of the corridor or a dayroom) to female patients and that staff is protective towards patients vulnerable to potentially unwanted sexual contact.

Despite the efforts made by the Norwegian Government to reduce resort to means of restraint, an upward trend for the period between 2017 and 2022 is recorded. The Norwegian authorities have carried out considerable analysis as to the cause of this phenomenon and is considering the measures to take. In the establishments visited, the CPT found in general no overuse of means of restrained. However, as explained in the report, the CPT findings come with an important caveat: the registration system in use since 2022 does not allow to generate information about frequence and length of the restraints used. However, the CPT noted that in one of the establishments visited, the Østfold psychiatric hospital, in 2023 fixation was used on three patients for weeks on an end. The combination of the length of the application of these restraints as well as the use of bedpans, bottles and catheters for these patients to relieve themselves, is deeply concerning for the CPT, and **in its view may very well amount to inhuman and degrading treatment**. Further, it appears that in case of use of restraints an appeal to the hospital’s Supervisory Commission is seldomly launched. The CPT considers that continuous application of coercive means, such as was the case in the Østfold psychiatric hospital, calls for active scrutiny by the Supervisory Commission.