EXECUTIVE SUMMARY

Throughout the visit, until and including 28 November 2024, the overwhelming majority of interviewed detained persons who were or had recently been in **police custody** stated that the police had treated them in a correct manner. By contrast, the delegation was inundated with allegations of ill-treatment when it interviewed numerous persons detained in connection with the demonstrations in Tbilisi on 29 November 2024. Most of the interviewed persons bore visible injuries, some of them severe and having necessitated urgent medical attention.

The persons concerned referred to what appeared to represent a clear pattern of police behaviour during the demonstrations: masked and hooded officers wearing no form of identification had reportedly carried out arrests in groups of several officers, punching and kicking detained persons indiscriminately all over the body, swearing at them and threatening them. The persons reportedly did not resist and were already fully under the control of the police. Further, the beatings were reportedly carried out repeatedly, by several officers at a time, including whilst the detained persons had their hands cuffed behind the back. In almost all of the cases, the ill-treatment was said to have stopped once the hooded and masked police officers handed the detained persons over to patrol (or criminal) police officers who were not masked. That said, the delegation heard some allegations that following such handovers, detained persons had been subjected to questioning (without the presence of a lawyer), aimed at forcing them to confess or provide information.

The CPT reiterates its long-standing recommendation that steps be taken by the Georgian authorities to ensure that, when apprehending persons, the police only use force that is absolutely necessary and proportionate; there can never be any justification for any form of violence in respect of persons who are already in police custody and who have been brought under the control of police officers. Further, the highest priority should be attached to the provision of appropriate training to police officers in crowd control techniques. Steps must also be taken to ensure that all masked and/or hooded law enforcement officials deployed in the course of demonstrations bear visible identification (e.g. a warrant number) on the front side of their helmets or uniforms.

The delegation gained the impression that notification of custody (that is, providing the detained persons' next-of-kin or other persons of their choice with information about the fact of those persons' detention and their whereabouts) was as a rule performed quickly and systematically. Most detained persons also stated that they had been given access to a lawyer, either a private or an *ex officio* lawyer, although this right seemed, as a rule, only to be effective several hours or even up to 2 – 3 days after the actual deprivation of liberty. The Committee reiterates that the right of access to a lawyer must be fully effective for all detained persons from the very moment they are physically obliged to remain with the police.

As regards access to a doctor, *de facto* it did not exist in the very early stages of police custody while persons were held for initial questioning at police stations. However, medical examinations were performed systematically upon arrival at temporary detention isolators (TDIs), either by health-care staff employed by those TDIs or by ambulance doctors, and such examinations comprised also the recording of injuries. The examinations performed by TDI doctors were found to be of an overall good quality (unlike many of those carried out by ambulance doctors), and so was the recording and reporting of the injuries.Information on rights was generally provided to detained persons, although it would seem that at least the written information was as a rule only handed out when the detained persons were brought to a TDI (that is, not from the very outset of police custody). The Georgian authorities should make further efforts to improve the oral information on rights upon apprehension.

The Georgian authorities should also introduce systematic full, unaltered electronic recording of all police interviews (including initial questioning), which should be used for the purpose of properly documenting all of the interviews and safeguarding persons in police custody from being ill-treated. Further, the Georgian authorities should improve the training of police officers in interviewing criminal suspects.

The subject of impunity (and, more precisely, effective investigations into possible ill- treatment by law enforcement and prison officials) was addressed at length in the report on the CPT's 2018 visit to Georgia. In this context, the Committee is very concerned about the steps to abolish the Special Investigation Service (SIS) and transfer its functions back to the Prosecutor's Office. The CPT recalls that the setting up of an independent mechanism to investigate allegations of ill-treatment by law enforcement officials has been a long-standing recommendation by the Committee and other international actors, the reason being the perceived lack of efficiency of investigations into such allegations carried out by the Prosecutor's Office. Abolishing an independent investigation body, rather than strengthening it, appears to be going in the exactly opposite direction to that long advocated by the CPT.

The delegation found the conditions of detention to be good in the refurbished TDIs and even excellent in the new facilities. However, it is regrettable that – despite the Committee's long-standing recommendation – only persons under administrative arrest had access to outdoor exercise and a shower. Further, in the older TDIs there was almost no access to natural light and multiple occupancy cells still had only partially screened sanitary annexes. As regards administrative detainees, the Committee again recommends – for as long as the sanction of administrative arrest continues to be applied – that more efforts be made to offer them some form of activity.

The delegation carried out follow-up visits to **Prison No. 8** and **Prison Hospital** (Penitentiary Establishment No. 18) in Gldani and to **Prison No. 15** in Ksani. Further, a first- time visit was carried out to **Prison No. 1** in Laituri. In addition, the delegation paid a brief visit to **Prison No. 2** in Kutaisi, mainly focused on interviewing newly-arrived remand prisoners.

At the time of the visit, the prison system was no longer overcrowded as such, although localised overcrowding persisted. The Georgian authorities should step up their efforts to ensure that all prisons operate within their official capacities (to be calculated on the basis of the norm of 4 m^2 of living space per prisoner in multi-occupancy cells).

Regarding the prison estate, no progress had been made towards closing any of the existing semi-open prisons (so-called "zonas") which continued to be plagued by negative phenomena, such as overcrowding, absence of prisoner allocation policy, inter-prisoner violence and intimidation, influence of the informal prisoner hierarchy, lack of activities and very low staff complements. The Georgian authorities should take decisive steps towards reaching their own declared goal of closing the three "zonas" and replacing them with smaller prisons, each of them with a layout (smaller modular units) permitting better assessment, allocation and regime diversification, with more organised and individualised activities (with an increased focus on rehabilitation and resocialisation) and with more staff of appropriate categories.

The delegation heard no allegations of physical ill-treatment of inmates by staff of the prisons visited, and only a few allegations of verbal abuse. As regards inter-prisoner violence, incidents were rare in closed-type prisons (that is, Prisons Nos. 1, 2 and 8) where inmates remained locked in their cells and without the possibility to associate between cells for most of the day (if at all). As for Prison No. 15, by contrast, inter-prisoner violence was more common, which was hardly surprising given the open cell regime and the very low staff presence. Further, as previously, there were clear indications of the persistent influence of informal prisoner hierarchy at Prison No. 15. The CPT calls upon the Georgian authorities to step up their efforts to prevent and combat inter-prisoner violence and intimidation, in all prisons but especially in the semi-open prisons ("zonas") including Prison No. 15.

The absence of any real progress in respect of the development of prison regimes in Georgia continues to represent the issue of the CPT's greatest concern. In all of the prisons visited, the overwhelming majority of inmates had no organised out-of-cell activities. Worse still, apart from Prison No. 15 (with its open-door regime during the day), the bulk of the prisoner population continued to be locked inside their cells for up to 23 hours per day. Furthermore, many prisoners were held for months, if not years, in solitary confinement, with no association and very limited human contact, and often under permanent CCTV surveillance. The Georgian authorities must take decisive steps to develop programmes of purposeful activities for both sentenced and remand prisoners. The Georgian authorities must also ensure the full implementation in practice of the provisions of the Penitentiary Code concerning individual risk assessment and individual sentence plans, in respect of all inmates.

As regards health-care services in the prisons visited, the delegation found them to be of a good quality overall. The delegation observed as a positive aspect that there was a systematic and well performed medical screening on arrival, including the screening for infectious diseases and the recording and reporting of injuries. By contrast, the CPT remains concerned by the persistent serious shortcomings in the provision of mental health care to prisoners. There were also numerous prisoners with addiction problems in the prisons visited, the response to which continued to be limited to detoxification to the detriment of the necessary broader approach including MOUD (medication for opioid use disorder) as maintenance therapy.

All the prisons visited were severely understaffed, with a very low custodial staff presence. There were also few social workers. It was clear that such a low staff complement (combined with a low attendance pattern) rendered impossible the development of an adequate regime and activities. Furthermore, at Prison No. 15 the shortage of staff continued to put at risk the security of both staff and prisoners and resulted in the management and staff considering themselves forced to rely to a certain extent on prisoners to assist them in performing custodial tasks. Needless to add that the Committee considers this state of affairs to be totally unacceptable.

As had been the case in the past, the delegation did not observe any excessive recourse to the placements in disciplinary cells in the prisons visited. By contrast, the persistently frequent and sometimes extremely prolonged placements in "de-escalation cells" in most establishments visited remains problematic and appeared sometimes a *de facto* a form of punishment. The "de-escalation cells" should only be used in relation to prisoners who are agitated and/or aggressive, and always for as short a time as possible (preferably just a few hours) and the whole procedure should be under the authority of the doctor, not the custodial staff. Any prisoner who remains agitated after several hours must be clinically assessed and, if necessary, transferred to a mental health establishment.

The Committee further reiterates its long-standing recommendations to ensure that all prisoners, irrespective of category and regime, are offered at least the equivalent of one hour of visiting time per week, and that short-term visiting facilities be modified in all prisons so as to enable prisoners to receive visits, as a rule, under open conditions.

The delegation visited for the first time the Tbilisi Mental Health Centre (**Tbilisi Psychiatric Hospital**) and carried out follow-up visits to the Psychiatric Department at Batumi Medical Centre (**Khelvachauri Psychiatric Hospital**) and the National Centre of Mental Health in Khoni (**Kutiri Psychiatric Hospital**).
No allegations were received of recent physical ill-treatment by staff in the establishments visited. It would also appear that inter-patient violence was not a major problem in any of the hospitals visited and that staff were vigilant in this respect.

Positively, Kutiri Psychiatric Hospital had undergone a comprehensive renovation/reconstruction programme and now offered generally good living conditions. The CPT was also pleased to note that major refurbishment had taken place at Khelvachauri Psychiatric Hospital.
By contrast, conditions were very poor at Tbilisi Psychiatric Hospital. Most patients resided in extremely dilapidated rooms, in conditions which could be described as degrading. Patients' living conditions at the Hospital must be significantly improved.

Similar to the situation found during previous visits, psychiatric treatment was predominantly based on pharmacotherapy. The three establishments largely relied on first- generation antipsychotics, prolonged use of which may cause serious side effects. The Georgian authorities should carry out a review of the practices of prescribing psychotropic medication in all psychiatric establishments, with a view to gradually reducing the prescription of first-generation antipsychotic medication and replacing them, if necessary, by newer-generation antipsychotics.

The possibilities for patients to take part in therapeutic and rehabilitative activities were very limited in the three hospitals visited, *inter alia* due to staff shortages. The provision of psychosocial rehabilitative activities should be developed to prepare patients for a more autonomous life or return to their families. To this end, the staffing levels of psychologists, occupational therapists and other relevant professionals should be increased. The number of nursing and auxiliary staff should also be significantly increased.

It remained the case that patients in psychiatric hospitals were generally required to pay for non-emergency somatic treatment and medication. The CPT stressed once again that this can have a negative impact not only on timely and proper assessment and treatment of somatic diseases, but also on the way accurate assessments of certain psychiatric disorders are carried out (e.g. organic psychiatric disorders).

Further, steps should be taken at Khelvachauri and Tbilisi Psychiatric Hospitals to significantly improve patients' access to the open air, to be combined – weather permitting – with a range of organised activities. The aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day unless treatment activities require them to be present on the ward.

There was no excessive resort to fixation in the hospitals visited, which was generally applied infrequently and for periods ranging from fifteen minutes to two hours. Fixation was usually applied in combination with chemical restraint (intra-muscular injection of sedatives or antipsychotic medication). However, as had been the case in the past, instances of chemical restraint were not recorded in a dedicated register in any of the hospitals visited. The CPT's standards on means of restraint in psychiatric establishments should be effectively implemented at Khelvachauri, Kutiri and Tbilisi Psychiatric Hospitals as well as in all other psychiatric establishments in the country.

Very few of the "civil" patients held at Khelvachauri, Kutiri and Tbilisi Psychiatric Hospitals at the time of the visit had been subjected to an involuntary placement order under Section 18 of the Law on Psychiatric Assistance (LPA). At the same time, the majority of "voluntary" patients were not allowed to leave their (locked) wards or the hospital premises without being accompanied by a member of staff or family member. Moreover, it was not uncommon for such patients to be subjected to means of restraint.

Consequently, many patients who had been classified as "voluntary" were *de facto* deprived of their liberty, without benefiting from the safeguards provided for by law for involuntary patients. The CPT calls upon the Georgian authorities to take urgent steps to ensure that the legal provisions of the LPA on "civil" involuntary hospitalisation are fully implemented in practice.

As concerns the measure of compulsory psychiatric treatment in respect of persons found to be criminally irresponsible, the relevant legal provisions were generally complied with. However, the Georgian authorities should take steps to ensure that, in the context of the review of the forensic psychiatric placement, a psychiatric expert opinion which is independent of the hospital in which the patient is held is always commissioned.

Turning to the issue of consent to treatment, there appeared to be a widespread perception among patients that they had no choice other than to accept any treatment proposed. Thus, it is clear that the consent to treatment given by patients upon admission could not be considered to be genuinely informed consent. The CPT stressed that, as a general principle, all categories of patients with a psychiatric illness (be they voluntary or involuntary, subject to "civil" or forensic placement, with full or restricted legal capacity) should be placed in a position to give their free and informed consent to treatment. The Georgian authorities should ensure that an information brochure on patients' rights is systematically issued to patients (and their families/guardians) upon admission to a psychiatric establishment.

On a positive note, the arrangements for patients' contact with the outside world did not seem to pose any particular problems in practice, especially as regards family visits.