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Report

**to the Albanian Government
on the 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 14 February 2014

The Albanian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2016) 7.

Strasbourg, 3 March 2016

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Copy of the letter transmitting the CPT's report

Ms Ardiana Hobdari
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of Albania
to the Council of Europe
2, rue Waldteufel
67000 Strasbourg

Strasbourg, 25 July 2014

Dear Ambassador,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Government of Albania drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Albania from 4 to 14 February 2014. The report was adopted by the CPT at its 84th meeting, held from 7 to 11 July 2014.

The recommendations, comments and requests for information made by the CPT are set out in bold type in the text of the report. The Committee requests the Albanian authorities to provide **within six months** a response containing a full account of action taken to implement its recommendations as well as reactions and replies to its comments and requests for information.

As regards the recommendations in paragraphs 52 and the request for information in paragraph 68, the CPT requests the Albanian authorities to provide a response **within three months**.

The Committee would ask, in the event of the response being forwarded in Albanian, that it be accompanied by an English or French translation.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Yours sincerely,

Lətif Hüseynov
President of the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

EXECUTIVE SUMMARY

During its periodic visit to Albania, the CPT's delegation reviewed the action taken by the Albanian authorities to implement recommendations made by the Committee after previous visits, in particular as regards the treatment of detained persons and conditions of detention in police detention facilities and prisons. The Committee also examined the situation of patients who were held in psychiatric institutions on an involuntary basis.

The level of co-operation received from the Albanian authorities throughout the visit was generally very good. That said, the principle of co-operation also requires that the CPT's recommendations be effectively implemented in practice. In this respect, the CPT is very concerned by the lack of progress in a number of areas, such as the regime of activities provided to prisoners, prison health-care services (in particular, the supply of medication to prisoners), the situation of forensic psychiatric patients (namely, the persistent failure to accommodate them in an adequate psychiatric establishment) and the implementation of legal safeguards surrounding the involuntary hospitalisation of a civil nature.

Police custody

The majority of the persons interviewed by the delegation indicated that they had been treated correctly whilst in police custody. Nevertheless, as in 2010, a significant number of credible allegations were received from detained persons (including juveniles) of recent physical ill-treatment by police officers, consisting mainly of slaps, punches, kicks and truncheon blows. In some cases, the ill-treatment alleged was of such severity that it could be considered as amounting to torture (e.g. extensive beating with hard objects such as a chair leg or a wooden bat). Most of the allegations concerned ill-treatment during the initial questioning by operational police officers in an attempt to obtain confessions or other information. In several cases, the persons concerned displayed physical marks consistent with the allegations made.

The report concludes that the situation has not improved since the 2010 visit –rather the opposite – and that determined action is therefore required on the part of the Albanian authorities to combat the phenomenon of police ill-treatment. The CPT urges the Albanian authorities to pursue a policy of “zero tolerance” of ill-treatment, taking into account a number of precepts set out in the report. Further, the Committee recommends that an independent and comprehensive inquiry be carried out into the methods of police questioning used at Saranda Police Station in respect of which the delegation received a number of consistent allegations of severe ill-treatment. Several recommendations are also made to reinforce the safeguards afforded to persons detained by the police, in particular as concerns the right to be granted effective access to a lawyer as from the very outset of deprivation of liberty.

As regards material conditions of detention in police establishments, the CPT has noted some progress. In particular, all holding cells (intended for stay of up to ten hours) in the establishments visited were now equipped with means of rest (a chair or a bench). Further, at Tirana Regional Police Directorate and Korca Police Station, the general conditions of detention have been raised to an acceptable level. However, detention conditions remained extremely poor in all the other establishments visited (i.e. police stations at Elbasan, Pogradec, Saranda and Vlora and Tirana Police Stations Nos. 1 and 2). Most of the custody cells in these establishments were found to be in a deplorable state of repair and hygiene and had very limited access to natural light. Moreover, artificial lighting was often dim or non-existent, ventilation inadequate and the heating system not functioning. In particular at Tirana Police Station No. 1, detained persons were on occasion being held in extremely cramped conditions (e.g. four persons in a cell of 5 m²). The CPT calls upon the Albanian authorities to take urgent measures to remedy the above-mentioned deficiencies.

Prison establishments

No allegations of recent physical ill-treatment of prisoners by custodial staff were received in any of the establishments visited and, on the whole, relations between staff and inmates appeared to be free of tension. Further, the delegation found no indication which would suggest that inter-prisoner violence was a major problem in the establishments visited. However, at Peqin Prison, the delegation heard a number of allegations of physical ill-treatment of prisoners by members of the central prison administration's special intervention unit in the context of cell searches.

The material conditions of detention were very good at Elbasan Pre-Trial Detention Facility and generally satisfactory at Korca and Peqin Prisons. However, at Tirana Prison No. 313, conditions had clearly deteriorated since the 2010 visit. The prison was affected by severe overcrowding, many cells had limited access to natural light and the state of hygiene left much to be desired. Moreover, most of the communal sanitary facilities were in a poor state of repair. The CPT expresses concern that the longstanding plans to construct a new prison in the Tirana area and to close down Prison No. 313 have been abandoned, due to budgetary constraints. Material conditions were extremely poor at Saranda Pre-Trial Detention Facility where all the cells were in a poor state of repair, had limited access to natural light and deficient lighting. By far the worst situation was found in the so-called "observation units" at Korca Prison and Prison No. 313 where, in the CPT's view, conditions of detention could easily be considered to be inhuman and degrading. Prisoners were usually held for many days – and sometimes even months – in cold and filthy cells with limited access to natural light and poor artificial lighting, with no possibility to go out into the open air. Some of these prisoners had less than 2 m² of living space per person and were obliged to share a bed or mattress with another inmate.

The CPT acknowledges the efforts made by the management in most of the establishments visited to provide inmates with a range of out-of-cell activities, such as work, education and daily association sessions. It is also noteworthy that life-sentenced prisoners were allowed to associate freely with other (high-security) prisoners for most of the day. Nevertheless, it is a matter of concern that no provision was made for employment or educational/vocational training for the great majority of prisoners in the establishments visited. The situation was particularly worrying at Saranda Pre-Trial Detention Facility where most remand prisoners were only offered two hours of outdoor exercise per day and were confined to their overcrowded cells for the rest of the time without being offered any purposeful activities, and that for months or even years on end. The CPT reiterates its recommendation that the regime of activities for all inmates at the prisons and pre-trial detention facilities visited be substantially improved and that particular attention be paid in this context to the situation of life-sentenced and other long-term prisoners.

As regards health care, in virtually all the prison establishments visited, inmates' requests to consult a prison doctor were usually met without undue delay. However, the overall quality of general health care was undermined by the fact that all the establishments visited suffered from a severe shortage of medication. It is also a matter of serious concern that, despite the specific recommendation repeatedly made by the Committee since its first visit to Albania in 1997, medical screening of newly-arrived prisoners was still not carried out in a systematic manner. Further, recording and reporting of injuries observed on prisoners (on admission or during imprisonment) continued to be grossly deficient, and the principle of medical confidentiality was often not respected.

At Tirana Prison Hospital and, to a lesser extent, at Kruja Special Facility for Ill Inmates, material conditions were generally satisfactory. However, the CPT was very concerned by the almost total lack of heating in both establishments (for example, at Tirana Prison Hospital, the temperature measured in patients' rooms was as low as 11 degrees Celsius). Further, in pavilion A of the Kruja Special Facility, which accommodated mentally ill inmates, cells were found to be in a poor state of repair and hygiene. Moreover, both establishments were lacking basic medical equipment and supplies.

The situation of forensic patients who have been declared not criminally responsible and are subject to a judicial compulsory treatment order deserves special mention. At the time of the visit, the great majority of such patients continued to be held in prison establishments in breach of national legislation. Moreover, some two-thirds of them were being held at Kruja Special Facility in conditions which, in the CPT's view, were likely to amount to therapeutic abandonment. In fact, this establishment did not have a single psychiatrist for over a year, the supply of psychotropic medication was seriously affected by prolonged shortages and no rehabilitative activities worthy of the name were on offer. The CPT calls upon the Albanian authorities to take urgent steps to remedy these shortcomings and to speed up the creation of a specialised forensic psychiatric facility.

Civil psychiatry

The CPT is pleased to note that, during the follow-up visit to Vlora Psychiatric Hospital, its delegation received no allegations – and found no other indications – of physical ill-treatment or verbal abuse of patients by staff, or of violence amongst patients. On the contrary, many patients spoke positively of their relations with staff and the delegation itself observed a caring attitude of staff towards patients.

As was the case during the CPT's previous visit to the hospital in 2005, patients from all wards benefited from a relaxed open-door regime with free access around the hospital grounds during the day. Further, the level of hygiene was generally adequate in all the wards of the hospital. However, the CPT recommends that urgent steps be taken to improve the material conditions in the wards for female and male chronic patients, which were found to be in a poor state of repair.

The CPT welcomes the fact that staffing levels at the establishment have significantly improved since the last visit. That said, it remained the case that only a limited number of patients could benefit from psycho-social therapeutic activities and that, for the great majority of patients, psychiatric treatment was limited to pharmacotherapy. In this connection, the Committee was concerned to note that the hospital had repeatedly faced disruptions to the supply of essential medication (such as neuroleptics).

Finally, it is a matter of concern that the 2012 Law on Mental Health, which introduced a number of important safeguards for psychiatric patients, has never been implemented at Vlora Psychiatric Hospital in the context of involuntary admissions. In fact, it appeared that all the patients in respect of whom an involuntary placement procedure had been initiated had subsequently been convinced by staff, within the statutory 48-hour time limit for notifications to the competent court, to sign a (voluntary) hospitalisation consent form. However, in practice, the patients concerned were not allowed to leave the hospital unaccompanied and, if they did so, they would be returned to the establishment, if necessary by calling the police. In the CPT's view, most of these persons were thus *de facto* deprived of their liberty and consequently were not able to benefit from the safeguards provided for by law in the context of involuntary placement procedures. The Committee recommends that the Albanian authorities review the legal status of patients who are classified as "voluntary" at Vlora Psychiatric Hospital and notify to the court all cases concerning patients who are not allowed to leave the hospital on their own.

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

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 periodic visit to Albania from 4 to 14 February 2014.¹

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

- Lətif HÜSEYNOV, President of the CPT and Head of the delegation
- Dan DERMENGIU
- Andreana ESPOSITO
- Maria Rita MORGANTI
- Olivera VULIĆ.

They were supported by Elvin ALIYEV and Christian LODA of the CPT’s Secretariat, and assisted by:

- James McMANUS, former Professor of Criminal Justice, Glasgow Caledonian University, United Kingdom (expert)
- Catherine PAULET, psychiatrist, Head of the Regional Medico-Psychological Service at Baumettes Prison, Marseille, France (expert)
- Teuta BARBULLUSHI (interpreter)
- Lorena DEDJA (interpreter)
- Arben LESKAJ (interpreter)
- Albana LILAJ (interpreter)
- Saverina PASHO (interpreter)
- Rudina XHILLARI (interpreter).

¹ The CPT has previously carried out four periodic visits (in 1997, 2000, 2005 and 2010) and six ad hoc visits (in 1998, 2001, 2003, 2006, 2008 and 2011) to Albania. The visit reports and related Government responses are available on the CPT’s website: <http://www.cpt.coe.int/en/states/alb.htm>

B. Establishments visited

3. The CPT's delegation visited the following places of deprivation of liberty:

Police establishments

- Tirana Regional Police Directorate
- Police Station No. 1, Tirana
- Police Station No. 2, Tirana
- Elbasan Police Station
- Korca Police Station
- Peqin Police Station
- Pogradec Police Station
- Saranda Police Station
- Vlora Police Station

Prison establishments

- Elbasan Pre-Trial Detention Facility
- Saranda Pre-Trial Detention Facility
- Korca Prison
- Peqin Prison
- Prison No. 313, Tirana
- Prison Hospital, Tirana
- Zaharia Special Facility for Ill Inmates, Kruja.

In addition, the delegation paid a brief visit to Prison No. 302 in Tirana, in order to interview persons who had recently been in police custody.

Psychiatric establishments

- Vlora Psychiatric Hospital.

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

4. In the course of the visit, the delegation had consultations with Saimir TAHIRI, Minister of the Interior, Nasip NAÇO, Minister of Justice, Milva IKONOMI, Deputy Minister of Health, Artan DIDI, Director General of State Police, and Artur ZOTO, Director General of Prisons, as well as with other senior officials from the Ministries of the Interior, Justice, Health, and Social Welfare and Youth.

Discussions were also held with Igli TOTOZANI, People's Advocate, and members of his staff in charge of the National Preventive Mechanism set up under the Optional Protocol to the United Nations Convention against Torture. In addition, the delegation met representatives of the OSCE Presence in Albania and of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities, other bodies and organisations met by the delegation is set out in the Appendix to this report.

5. The co-operation received by the CPT's delegation throughout the visit, from both the national authorities and staff at the establishments visited, was generally very good. With a few exceptions, the delegation enjoyed rapid access to all the places visited (including those which had not been notified in advance), was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

The exceptions mainly concerned Korca Prison, where the delegation experienced long delays in gaining access to the establishment, notably due to prolonged security checks. Further, the delegation was on several occasions provided by staff with information which subsequently proved to be misleading or inaccurate; a similar situation was encountered at Zaharia Special Facility for Ill Inmates. **The CPT trusts that the Albanian authorities will take measures to prevent any repetition of such occurrences in the future.**

6. The CPT has repeatedly stressed that the principle of co-operation as set out in Article 3 of the Convention is not limited to facilitating the work of visiting delegations, but also requires that recommendations made by the Committee are effectively implemented in practice. In this respect, the CPT is very concerned by the lack of progress in a number of areas, such as the regime of activities provided to prisoners, prison health-care services (in particular, the supply of medication to prisoners), the situation of forensic psychiatric patients (namely, persistent failure to accommodate them in an adequate psychiatric establishment) and the implementation of legal safeguards surrounding the involuntary hospitalisation of a civil nature.

The CPT urges the Albanian authorities to take decisive steps to improve the situation in the light of the recommendations made in the present report, in accordance with the principle of co-operation which lies at the heart of the Convention.

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

7. During the end-of-visit talks with the Albanian authorities on 14 February 2014, the CPT's 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 concerning the detention facility of Pogradec Police Station which – similar to what had been observed during the 2010 visit – offered extremely poor conditions of detention. The delegation requested the Albanian authorities to take this detention facility out of service without further delay.

This immediate observation was subsequently confirmed by the Executive Secretary of the CPT *ad interim* in a letter dated 12 March 2014.

8. By letter of 16 May 2014, the Albanian authorities provided information on the measures taken in response to the above-mentioned immediate observation. This information has been taken into account in the relevant section of the present report (see paragraph 33).

E. National Preventive Mechanism

9. Since the very outset of its activities, the CPT has been recommending the establishment of independent monitoring mechanisms at national level for all types of places of deprivation of liberty. Provided they possess the necessary knowledge and are adequately resourced and truly independent, such mechanisms can make a significant contribution to the prevention of ill-treatment of persons deprived of their liberty.

10. Following the ratification by Albania of the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) in 2003, the People's Advocate (Ombudsman) was designated as National Preventive Mechanism (NPM) by the Albanian authorities. In 2008, a separate 'Torture Prevention Unit' composed of five staff members was established within the Ombudsman's Office, in order to carry out the functions of the NPM. The Unit conducts regular visits to all places of detention (prisons, police stations, psychiatric or military establishments, social care homes, etc.) and publishes annual reports, in both Albanian and English.²

² According to its 2013 annual report, the NPM conducted 108 visits to places of deprivation of liberty in the course of the year.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

11. The basic legal provisions governing the deprivation of liberty of persons by the police have not changed since the last periodic visit in 2010. It is recalled that a person suspected of having committed a criminal offence can 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 of apprehension. The judge then has a further 48 hours to hold a hearing in order to decide on whether to remand in custody the person concerned.³

Further, persons may also be deprived of their liberty by the police for identification purposes, for a period not exceeding 12 hours.⁴ In addition, under the Law on the State Police⁵, the police can hold a person, for up to ten hours, in the following cases: for the supervision of a minor for the purposes of education or of escorting him/her to a competent body, or when a person is the carrier of a contagious disease or mentally incompetent and dangerous to society.

12. During the 2014 visit, the CPT's delegation noted some progress as regards the timely transfer of persons remanded in custody from police establishments to pre-trial detention facilities or prisons. In particular, it appeared that there had been a significant reduction in the time spent by such persons in police detention facilities; they were now speedily transferred to a prison once the court decision on remand in custody was taken. Nevertheless, the practice of remand detention on police premises still persisted, especially in the Tirana area where remand prisoners were often spending periods of up to two weeks in police custody cells before being transported to a prison. According to the authorities, this state of affairs was due to the prevailing overcrowding in remand facilities.

Whilst acknowledging the efforts made by the Albanian authorities to address the above-mentioned problem, the CPT wishes to emphasise that, as a matter of principle, remand prisoners should not be held in police detention facilities but instead in a prison establishment; this is also enshrined in Rule 10.2 of the European Prison Rules. As the Committee has stressed in the past, continued detention on police premises, even after the person concerned has been brought before a judge, increases the risk of intimidation and ill-treatment. Another reason against such detention is the very poor conditions prevailing in the majority of the police establishments visited (see paragraphs 32 to 35).

The CPT calls upon the Albanian authorities to step up their efforts to ensure that persons remanded in custody are always promptly transferred to a remand facility.

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

⁴ Section 295, *ibid.*

⁵ Section 101, paragraph 1.

2. Ill-treatment

13. In the course of the visit, the CPT's delegation interviewed many persons who were, or had recently been, in police custody. The majority of those persons indicated that they had been treated by the police in a correct manner. Further, no allegations of physical ill-treatment were received in respect of police officers performing custodial tasks in police detention facilities.

However, the delegation once again received a significant number of credible allegations of recent physical ill-treatment by police officers, consisting mainly of slaps, punches, kicks and truncheon blows. In some cases, the ill-treatment alleged was of such severity that it could be considered as amounting to torture (e.g. extensive beating with hard objects such as a chair leg or a wooden bat). Most of the allegations concerned ill-treatment during the initial questioning by operational police officers in an attempt to obtain confessions or other information. In this context, of particular concern are the allegations made by juveniles of physical ill-treatment and threats to use physical force. Several allegations were also received of excessive use of force at the time of or immediately following apprehension (e.g. kicks and truncheon blows after the apprehended person had been placed face down the ground and handcuffed).

14. In several cases, the delegation observed physical marks on the persons concerned, which were consistent with the allegations made. Descriptions are given below of some cases, by way of illustration:

(a) a person interviewed at Elbasan Pre-Trial Detention Facility alleged that, at the time of his apprehension in the street some ten days earlier, he had been repeatedly kicked and punched by several police officers and hit on the head three times with the barrel of a pistol. Beatings allegedly continued, including with a chair, at the police station where he sustained multiple blows on his head and arms. He also said that when he had complained about the beatings before the prosecutor, the latter had asked him mockingly "who [of the police officers] hit you hardest?". Upon examination by a medical member of the delegation, the person concerned displayed the following injuries: three lesions with scabs, one on the right temporal and two on the right parietal areas of the head, approximately 1 cm long; two lesions with scabs in the region of the left and right shoulder blades; several small lesions in the region of the left elbow.⁶

(b) a person met by the delegation at Tirana Police Headquarters alleged that, following his apprehension *in flagrante* in the street a few days earlier, he had been brought to a temporary holding room at Tirana Police Station No. 1 where he had been repeatedly hit by two police officers with a wooden stick on his arms (as he was attempting to protect his head) and kicked on the chest while lying on the floor. A medical member of the delegation observed a patterned bruise on the left side of his thorax shaped like the sole of a ridged boot as well as a contused wound on his left hand.

(c) another detained person met by the delegation at Tirana Police Station No. 2 alleged to have been repeatedly punched and slapped on his face by two police officers during his apprehension in Tirana a few days earlier. The person's upper lip was found to be severely swollen with a mucosal haemorrhage on its vestibular surface.

⁶ It should also be noted that the only relevant entry made by health-care staff after his initial medical examination at Elbasan Pre-Trial Detention Facility was "*laceration on the scalp, scratches on the skin of the face*". No further details were given or remarks made.

15. Specific reference should also be made to Saranda Police Station. The delegation received a number of allegations from detained persons to the effect that they had been beaten – including with a chair leg – during questioning by police officers from this station. When the delegation visited the establishment in question, it found in one of the staff offices a chair leg partly covered in duct tape, which matched the description given by the detained persons concerned.

16. In the light of the above findings, the CPT gained the distinct impression that the situation had not improved since the 2010 visit; indeed, rather the opposite. Determined action is therefore required on the part of the Albanian authorities to combat the phenomenon of police ill-treatment. In this connection, it is necessary to have a multi-faceted approach aimed at changing the culture within the police that views ill-treatment as acceptable and ensuring that any allegations of ill-treatment are effectively investigated. An atmosphere must be created in which the right thing to do is to report ill-treatment by colleagues. This implies the existence of a clear reporting line as well as the adoption of whistle-blower protective measures. It is also essential that the philosophy of going “from the evidence to the suspect” rather than “from the suspect to the evidence” prevails in the daily practice of all those involved in the criminal justice process. In this regard, greater emphasis should be given to modern, scientific methods of crime investigation, through appropriate investment in equipment and skilled human resources, so as to reduce the reliance on confessions to secure convictions. Further, the importance of the above considerations should be highlighted throughout the entire process of initial and in-service training of police officers. The Committee wishes to underline that the creation of a fully professional police service, with all promotions (including to the most senior positions) based on performance and with security of employment, will assist greatly in securing appropriate changes.

The CPT urges the Albanian authorities to pursue a policy of “zero tolerance” of ill-treatment of persons detained by the police, taking into account the above precepts.

Further, police officers should be regularly reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can be no justification for striking them.

17. As regards more specifically Saranda Police Station, the Albanian authorities informed the CPT in their letter of 16 May 2014 that, in the light of the delegation’s findings regarding the physical ill-treatment of detained persons, “severe disciplinary measures” had been taken by the Director General of State Police in respect of several officers of the criminal police “for serious violations while performing their duties”. **The CPT would like to receive further details on the outcome of the aforementioned disciplinary proceedings.**

Further, it remains unclear from the information provided by the authorities whether the above-mentioned cases have also been brought to the attention of the relevant prosecutor. If not, **the Committee recommends that this be done without further delay.**

More generally, for the purpose of prevention of police ill-treatment, **the CPT recommends that an independent and comprehensive inquiry be carried out into the methods used by police officers working at Saranda Police Station when questioning suspects. The Committee would like to receive the results of that inquiry as well as information on the action taken in this regard.**

18. The initial medical examination of detained persons is an important tool for preventing police ill-treatment. Regrettably, the visit brought to light that injuries borne by detained persons were not systematically and properly recorded upon admission to a police detention centre or a remand facility. Detailed remarks on this issue will be made later in this report (see paragraphs 27 and 72).

19. In the course of the visit, the delegation met a number of detained persons who claimed that their complaints of ill-treatment by police officers had not been taken seriously or had been ignored by prosecutors or judges before whom they were brought after apprehension.

The CPT wishes to reiterate that prosecutors and judges should take appropriate action when there are indications that ill-treatment by the police may have occurred. In this regard, whenever criminal suspects brought before prosecutorial or judicial authorities allege ill-treatment, those allegations should be recorded in writing, a forensic medical examination should be immediately ordered, and the necessary steps taken to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express allegation of ill-treatment, the prosecutor/judge should adopt a proactive approach; for example, whenever there are other grounds to believe that a person brought before him/her could have been the victim of ill-treatment, a forensic medical examination should be ordered.

The CPT recommends that a firm message be delivered by the High Council of Justice and the Prosecutor General to judges and prosecutors that they should act in accordance with the above principles.

20. The delegation was informed by representatives of the Directorate General of State Police that as a result of the disciplinary inquiries conducted by the Professional Standards Unit of the Directorate General into a total of 128 individual complaints in the period between 2011 and 2013, 62 police officers had received disciplinary sanctions (including 15 dismissals from the police service, 16 suspensions without pay for up to 30 days and eight warnings). In addition, 31 cases had been referred to the Internal Control Department of the Ministry of Internal Affairs.

However, despite its repeated requests, the delegation was not able to obtain any statistical data about criminal/disciplinary investigations related to possible ill-treatment by the police carried out by other relevant bodies (such as the Internal Control Department and prosecutors).

In order to obtain an up-to-date and nationwide picture of the situation concerning the treatment of detained persons by the police, **the CPT would like to receive the following information, in respect of the period from 1 January 2012 to the present:**

- **the number of complaints of ill-treatment made against police officers per year and the number of criminal/disciplinary proceedings which have been instituted as a result;**
- **the outcome of the above-mentioned proceedings, including an account of criminal/disciplinary sanctions imposed on the police officers concerned.**

3. Safeguards against ill-treatment

21. The CPT recalls that three fundamental rights (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 safeguards should apply not only to persons detained by the police in connection with a criminal or administrative offence, but also to those who are obliged to remain with the police for other reasons (e.g. for identification purposes).

a. notification of custody

22. According to the relevant legislation⁷, the police are obliged to notify, without delay, the family of the detained person about his/her custody, provided that he/she consents; in the case of juveniles, such notification is mandatory.

Most of the detained persons interviewed by the delegation confirmed that their relatives or other persons of their choice had been notified shortly after apprehension. However, as was the case during the previous periodic visit in 2010, a number of persons claimed that their family had been informed about their detention only after a considerable delay (e.g. the following day or even later). It is of particular concern that, in some cases, notification of custody of juveniles was allegedly delayed for several hours.

In this connection, the delegation noted that the standardised custody register still did not have a section concerning the notification of custody. In order to facilitate verification that notification of custody has indeed been given (and in good time) to a third party, **the CPT recommends that custody registers include a specific section with an indication of the precise timing of the notification of custody to a third party and the name of the person notified.**

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 Code of Criminal Procedure. Further, indigent persons are entitled to free legal aid by a lawyer appointed *ex officio* (through the Bar Association).

As in 2010, the majority of persons interviewed by the delegation indicated that they had been able either to contact their own lawyer or offered an *ex officio* lawyer soon after apprehension and benefited from his/her presence when statements had been taken by the police.

However, some of the detained persons who alleged ill-treatment by the police during or just after apprehension (e.g. in a police vehicle) or during informal questioning immediately upon arrival at a police station claimed that they had been denied access to a lawyer (including their own lawyer) at the initial stages of their custody. Further, as in 2010, it was apparently not uncommon for detained persons, in respect of whom an *ex officio* lawyer had been appointed, to only meet that lawyer for the first time at the court hearing, even in cases where a lawyer was requested shortly after apprehension.

⁷ Section 255 (4) of the Code of Criminal Procedure.

24. The CPT has repeatedly stressed that, in its experience, the period immediately following deprivation of liberty is when the risk of intimidation and ill-treatment is at its greatest. Consequently, the existence of the possibility for persons detained by the police to have access to a lawyer during this period will have a dissuasive effect on those minded to ill-treat detained persons; moreover, a lawyer is well-placed to take appropriate action if ill-treatment actually occurs.

The CPT therefore reiterates its recommendation that the Albanian authorities remind all police officers of 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 appointed to represent persons in police custody perform their functions in a diligent and, more specifically, timely manner.

25. As was the case during previous visits, the delegation received many allegations from detained juveniles that they had been questioned – and sometimes also made to sign statements – by members of the criminal police without the presence of a defence lawyer and a trusted person. Such practices would be unacceptable.

The CPT reiterates its recommendation that the Albanian authorities take the necessary steps to ensure that juveniles deprived of their liberty by the police do not make any statement or sign any document related to the offence of which they are suspected without the benefit of a lawyer and, in principle, another trusted adult being present to assist them. Such arrangements will protect this age group and provide them with adult support so that they do not have to make decisions with important legal implications on their own.

c. access to a doctor

26. The revised Manual on the Treatment of Persons in Police Custody⁸ (“Manual”) stipulates that persons detained by the police shall be subjected to a medical check-up by a doctor, as a rule prior to their placement in a custody cell, but in any case no later than twelve hours from the moment of apprehension⁹. The Manual also contains provisions guaranteeing detained persons’ access to medical assistance while in police custody.

As the CPT has already stated, the full implementation of the above provisions – coupled with proper medical screening on admission to remand facilities – may well constitute an important safeguard against ill-treatment by the police.

⁸ Approved by Order No. 763 of 27 September 2011 by the Director General of State Police.

⁹ The previous version of the Manual set a 24-hour time-limit.

27. As regards the initial medical examination of persons taken into police custody, the CPT has been critical of the practice followed in this regard in its report on the 2010 visit. In particular, in none of the police establishments visited by the Committee during that visit was such screening being performed.

The 2014 visit revealed that certain progress had been achieved. In particular, it appeared that, in all the detention facilities visited, detained persons were generally seen by medical personnel (either by a doctor employed by the police establishment or at the emergency unit of a nearby hospital). However, several shortcomings were noted.

First of all, a number of persons who had spent a few days in police detention indicated that they had never seen a doctor during their custody. Further, it was not uncommon for doctor-detainee consultations to take place much later than twelve hours after apprehension. It is also a matter of concern that the doctor's task was usually limited to checking the detained persons' general state of health, without conducting a proper physical examination. It therefore came as no surprise that, with the exception of the police establishments in the Tirana area, the delegation had not been able to find any records of traumatic injuries in the medical documentation kept at the establishments visited.

On a positive note, it appeared that detained persons' requests to be seen by a doctor whilst being held in a police establishment were usually complied with (including by taking the person to a hospital).

The CPT recommends that the Albanian authorities take the necessary measures to ensure that the provisions of the Manual dealing with the initial medical examination of detained persons are rigorously applied in practice, taking into account the above remarks.

28. The examination of medical records at Tirana Regional Police Directorate revealed several cases of newly-admitted persons who had alleged ill-treatment by the police and displayed visible traumatic injuries at the time of their initial medical examination. However, the records almost never included the doctor's conclusion as to the consistency between the allegations made and the medical findings. Further, no follow-up action appeared to have been taken in respect of these cases. In this regard, **steps should be taken by the relevant authorities to ensure that the specific recommendations made in paragraph 73 concerning the recording and reporting of injuries are also implemented in all police establishments.**

d. information on rights

29. In contrast to the situation observed during earlier visits, persons detained by the police were now usually provided, upon arrival at a police establishment, with an information sheet setting out their procedural rights. This is a welcome development.

That said, a number of persons interviewed by the delegation claimed that they had either not been provided with the information sheet or had only received it towards the end of police custody. Further, once again, numerous allegations were received from detained persons to the effect that they had not been orally informed about their rights at the outset of deprivation of liberty.

The CPT calls upon the Albanian authorities to take steps to ensure without further delay that all persons detained by the police – for whatever reason – are fully informed of their rights as from the very outset of deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by provision of clear verbal information at the very outset, to be supplemented at the earliest opportunity (that is, immediately upon arrival at police premises) by provision of the above-mentioned information sheet.

e. electronic recording of police interviews

30. In its report on the 2010 visit, the CPT stressed the benefit of the electronic (i.e. audio and/or video) recording of police interviews, which 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. Electronic recording of police interviews also reduces the opportunity for defendants to later falsely deny that they have made certain admissions.

The CPT welcomes the fact that such a system had been (partially) introduced at Tirana Regional Police Directorate and **encourages the Albanian authorities to extend this practice to all the other police establishments in the country.**

4. Conditions of detention

31. The CPT noted that some improvements to the material conditions in police establishments had been made since the previous periodic visit in 2010. In particular, all holding cells (intended for detaining persons for up to ten hours) in the establishments visited were now equipped with a means of rest (a chair or a bench). Further, at Tirana Regional Police Directorate and Korca Police Station, the general conditions of detention had been raised to an acceptable level: custody cells (intended for detaining persons up to 96 hours) were in a reasonable state of repair and hygiene, offered sufficient living space and adequate access to natural light.

32. However, the conditions of detention remained extremely poor in all the other establishments visited (i.e. police stations at Elbasan, Pogradec, Saranda and Vlora and Tirana Police Stations Nos. 1 and 2)¹⁰. Most of the custody cells in these establishments were found to be in a deplorable state of repair and hygiene and had very limited access to natural light. Moreover, artificial lighting was often dim or non-existent, ventilation inadequate and the heating system not functioning. In addition, detained persons were, as a rule, not provided with basic personal hygiene items and had no access to showers.

In the light of the above, the CPT calls upon the Albanian authorities to significantly improve the conditions of detention in the above-mentioned police establishments. In particular, urgent measures should be taken to ensure that:

- custody cells are kept in a satisfactory state of repair and cleanliness;
- custody cells have adequate lighting (including access to natural light) and ventilation and are appropriately heated during the cold season;
- persons in custody are supplied with basic personal hygiene items and offered regular access to adequate washing facilities.

33. Particular reference should be made to the detention facility of Podgradec Police Station. When the delegation re-visited this facility during the 2014 visit, it once again found appalling conditions of detention (bare, dilapidated and dirty cells equipped only with mattresses and having poor access to natural light and inadequate artificial lighting). Despite the assurances given by the Albanian authorities after the 2010 visit to withdraw this establishment from service, it was still being used to accommodate detained persons.¹¹

At the end of the visit, the CPT's delegation invoked Article 8, paragraph 5, of the Convention and made an immediate observation, requesting the Albanian authorities to take the detention facility at Podgradec Police Station out of service.

¹⁰ At Peqin Police Station, the holding cells were not in use and there were no custody cells. According to staff, persons brought to the police station were held in staff offices for short periods of time (usually not longer than a few hours).

¹¹ For example, 168 persons had been held in the course of 2013 at this police station for periods of up to nine days.

By letter of 16 May 2014, the Albanian authorities informed the Committee that the above-mentioned detention facility had been withdrawn from service. The CPT hopes that this constitutes a definitive state of affairs.

34. At Tirana Police Station No. 1, the delegation saw a custody cell measuring a mere 2.2 m² which was holding two persons. Another custody cell of some 5 m² was accommodating four persons (two of whom had already spent twelve days in that cell).

The Committee wishes to stress that cells measuring less than 5 m² are only suitable for very short periods of detention and should under no circumstances be used as overnight accommodation. As regards cells measuring 5 m², they should only be used for single occupancy. **The CPT recommends that steps be taken to comply with these precepts.¹²**

35. It is a matter of concern that, with the notable exception of Elbasan Police Station, persons detained in the police establishments visited had no possibility to go out into the open air. **The CPT recommends that steps be taken to ensure that all persons held in a police establishment for 24 hours or more are offered outdoor exercise on a daily basis.**

36. The CPT was also concerned to note that it was apparently still common to hold juvenile and adult detainees in the same cell. The delegation itself observed this practice when visiting Elbasan Police Station and Tirana Police Station No. 1. As repeatedly stressed by the Committee in the past, such a situation is unacceptable. This is also in contradiction with the legislation in force. **The CPT reiterates its recommendation that an end be put to this practice.**

¹² The CPT considers that it would be desirable for police custody cells used as overnight accommodation to measure in the order of 7 m² (see paragraph 43 of the CPT's 2nd General Report (CPT/Inf (92) 3)).

B. Prison establishments

1. Preliminary remarks

37. The CPT's delegation carried out full visits to Elbasan and Saranda Pre-Trial Detention Facilities, Peqin Prison and Zaharia Special Facility for Ill Inmates in Kruja. Further, targeted follow-up visits were carried out to Korca Prison and Prison No. 313 as well as the Prison Hospital in Tirana. In addition, the delegation went to Prison No. 302 in Tirana in order to interview persons who had recently been in police custody.

38. **Elbasan Pre-Trial Detention Facility** entered into service in 2012. Prisoner accommodation is provided in two three-storey buildings connected by a narrow corridor. The original capacity of 120 places had recently been increased to 143, by installing additional beds in some cells. At the time of the visit, the establishment was accommodating 172 remand prisoners¹³ (all male adults).

Korca Prison had been visited by the CPT in 2010. At the time of the 2014 visit, the establishment was operating above its official capacity of 346 places with a total of 446 inmates (all male adults). Of them, 271 were sentenced (including 35 prisoners under a high-security regime) and 175 on remand.

Peqin Prison, opened in 2003, occupies two double-storey buildings operating as medium- and high-security units and a single-storey building housing the admission/observation and health-care units. The prison had an official capacity of 685 places and, at the time of the visit, was accommodating 861 inmates¹⁴ (all male adults), 782 sentenced and 79 on remand. Among the sentenced prisoners, 223 were under a high-security regime (including 78 life-sentenced prisoners) and 559 under a medium-security regime.

Prison No. 313 in Tirana had previously been visited by the CPT on a number of occasions. The official capacity (320 places) remained unchanged since the last visit and, at the time of the visit, the prison was accommodating 487 remand prisoners (including 42 female adults and 24 male juveniles¹⁵).

Saranda Pre-Trial Detention Facility has ten detention cells located in the basement of a single-storey building, with a total capacity of 31 places. At the time of the visit, the establishment was holding 40 remand prisoners (all male adults).

Tirana Prison Hospital had been visited by the Committee several times in the past, most recently in 2010. The hospital had 91 beds and, at the time of the visit, was accommodating 87 patients (including six women) suffering from various somatic or mental illnesses. Out of a total of 60 psychiatric patients, 22 were undergoing forensic psychiatric assessment, 26 had been declared not to be criminally responsible and were subject to a judicial compulsory treatment order, and 12 had developed a mental illness during imprisonment.

¹³ Some 20 of them had been temporarily transferred to the establishment from Rrogozhina Prison during the first few days of February 2014, following a fire incident in the latter prison (see, in this regard, paragraph 54).

¹⁴ 78 of them (including 62 remand prisoners) had also been temporarily transferred to the establishment from Rrogozhina Prison.

¹⁵ Both categories of prisoner were accommodated in separate units.

Zaharia Special Facility for III Inmates in Kruja, located on a cliff 45 kilometres north of Tirana and accessible only through a tortuous four-kilometre mountain track, was inaugurated in 2002. It was visited by the CPT for the first time in 2005. At the time of the 2014 visit, the facility was accommodating 160 inmates (all adult males) for an official capacity of 190 places. 76 inmates had been declared not to be criminally responsible and were subject to a judicial compulsory treatment order. The rest were sentenced prisoners who were in need of special care (physically handicapped, the elderly, etc.).

39. Since the CPT's 2010 visit to Albania, the country's prison population had increased by more than 1,000 inmates; it stood at approximately 5,700 at the time of the 2014 visit (for an overall capacity of some 4,500 places). More specifically, the number of remand prisoners had doubled in the period from October 2013 to February 2014, reaching some 2,300 (i.e. about 40% of the total prison population). According to the authorities, this was attributable to the fact that the Government had recently adopted a policy of "zero tolerance" for crime (especially in relation to organised crime and motoring offences), which had led to much higher numbers of cases of pre-trial detention.

As a result, most of the prison establishments visited by the CPT during the 2014 visit were operating above their official capacities, and disturbing levels of overcrowding were observed in certain parts of those establishments.¹⁶ The Albanian authorities recognised that the size of the prison population and the resulting overcrowding in prisons constituted a major challenge, and provided information on various measures being taken to address the problem.

In the first place, the authorities were making efforts to expand the prison estate. The delegation was informed that a new pre-trial detention facility with a capacity of 120 places was about to enter into service in Berat. In addition, two new prisons, each with a capacity of 800 places, would become operational in Fieri (by June 2014) and Shkodra (in 2015).

Efforts were also being made to further develop the probation service and to expand it throughout the country. According to information provided to the delegation, in the period from 2011 to 2013, alternative sanctions had been applied in respect of 6,755 persons. Of them, some 5,500 had had the execution of their sentences suspended, and the rest had benefited from other forms of alternatives to imprisonment (such as house arrest and community work) or early conditional release. Further, the delegation was informed that the Ministry of Justice was preparing a formal proposal to the Prosecutor General to increase resort to non-custodial measures in respect of persons charged with an offence which carried a sentence of less than five years. The delegation was also told that a general amnesty bill for those serving a sentence of less than three years was expected to pass in the Parliament by the end of 2014.

40. The CPT welcomes the steps already taken to address the problem of prison overcrowding and **encourages the Albanian authorities to vigorously pursue their efforts to eradicate prison overcrowding by placing particular emphasis on non-custodial measures in the period before the imposition of a sentence, increasing the use of alternatives to imprisonment and adopting measures facilitating the reintegration into society of persons deprived of their liberty.**

¹⁶ In this connection, the CPT recalls that in its judgment *Sulejmanovic v. Italy* (15 July 2009, application no. 22635/03), the European Court of Human Rights held that the living space of 2.7 m² per person was so limited that it constituted in itself inhuman or degrading treatment.

41. As already indicated in paragraph 6, it is a matter of serious concern that, despite the specific recommendation repeatedly made by the CPT since 2000,¹⁷ psychiatric patients declared not to be criminally responsible continued to be held in prison establishments in breach of national legislation, as a specialised forensic psychiatric institution had not yet been established.

In addition, some two-thirds of the forensic psychiatric patients subject to court-imposed compulsory treatment (76 out of 104) were, at the time of the 2014 visit, being held at Zaharia Special Facility for Ill Inmates in conditions which, in the Committee's view, were likely to amount to therapeutic abandonment. In fact, the establishment did not have a single psychiatrist for over a year, the nursing staff had been significantly reduced and no rehabilitative activities worthy of the name were on offer (see paragraphs 87 and 90).

In the course of the visit, the delegation learned that the Albanian authorities were now considering, after various attempts and changes of plan, the creation of a specialised forensic psychiatric facility in the vicinity of Tirana, with the expertise of TAIEX¹⁸.

The Committee calls upon the Albanian authorities to speed up the creation of a national forensic psychiatric facility and would like to receive a concrete timetable for its construction.

2. Ill-treatment

42. The CPT's delegation received no allegations of recent physical ill-treatment of prisoners by custodial staff in any of the establishments visited. On the whole, relations between staff and inmates appeared to be free of tension. Further, the delegation found no indication which would suggest that inter-prisoner violence was a major problem in the establishments visited.

That said, a number of allegations were received at Peqin Prison about the actions of the central prison administration's special intervention unit in relation to both physical ill-treatment of prisoners and abuse of their property in the context of cell searches.¹⁹

43. Reference should be made to the case of S.S., an inmate at Peqin Prison, who alleged that, on 7 December 2013, he had been severely beaten (punches, kicks and truncheon blows) by several members of a special intervention group from Tirana, first in his cell and subsequently in the corridor whilst lying on the floor. A note was made in his medical file on 9 December 2013 referring, *inter alia*, to "haematomas on the back, part of the neck and left shoulder". The delegation was told that Mr S. had lodged an official complaint with the Directorate General for Prisons.

¹⁷ See paragraph 96 of the CPT's report on its 2000 visit to Albania (CPT/Inf (2003) 10), paragraph 109 of the CPT's report on its 2003 visit to Albania (CPT/Inf (2006) 24), paragraph 39 of the CPT's report on its 2008 visit to Albania (CPT/Inf (2009) 6) and paragraph 94 of the CPT's report on its 2010 visit to Albania (CPT/Inf (2012) 11).

¹⁸ Technical Assistance and Information Exchange (TAIEX) instrument is a financial tool managed by the Directorate-General for Enlargement of the European Commission, which supports partner countries with regard to the approximation, application and enforcement of EU legislation.

¹⁹ On the contrary, hardly any complaints were received about the manner in which cell searches were conducted by the prison's own special intervention team.

At the end-of-visit talks, the delegation brought the case of Mr S to the attention of the Albanian authorities and requested information on the outcome of the inquiry into the alleged ill-treatment. In their letter of 16 May 2014, the authorities informed the CPT that “the case of [Mr S] has been analysed and, according to the information gathered, he strongly opposed [members of the special intervention group], using insulting words while trying to hit them”.

The CPT would like to receive more detailed information on the concrete steps taken in the context of the above-mentioned inquiry.

44. The CPT recognises that prison staff will, on occasion, have to use force to control violent and/or recalcitrant prisoners. However, the force used should be no more than is strictly necessary and, once prisoners have been brought under control, there can be no justification for striking them. **The CPT recommends that a clear message be delivered to this end to all members of the special intervention unit of the central prison administration.**

More generally, for the purpose of prevention of excessive use of force and in order to protect staff against possible false accusations of disproportionate use of force, **it would be desirable to introduce additional safeguards such as secure video-recording of all interventions (including inside the cells) by members of the above-mentioned unit.**

3. Conditions of detention in the pre-trial detention facilities and prisons visited

a. material conditions

45. Material conditions of detention varied considerably from one establishment to another.

The best material conditions were observed at *Elbasan Pre-Trial Detention Facility*. All cells had good access to natural light and artificial lighting, and were well ventilated and clean. They were also adequately equipped, including with a fully-partitioned sanitary annexe (a toilet and a washbasin). Further, as in all the other prison establishments visited, inmates were allowed to keep a range of personal items such as television sets, CD/DVD players, refrigerators and portable cooking devices.

The cells were sufficiently large for their intended occupancy (e.g. cells designed for single and four-person occupancy measuring respectively about 10 and 28 m² including the sanitary annexe of some 2 m²). Living space was acceptable even in those cells containing additional beds (e.g. six persons in a cell of 28 m²) and, with some exceptions (see paragraph 51), the national standard of at least 4 m² of living space per prisoner²⁰ was generally being respected throughout the establishment. However, given that the number of inmates exceeded the number of beds available, many prisoners had to sleep on mattresses placed on the floor.

²⁰ See Section 22.1 of the General Prison Regulations.

46. At *Peqin Prison*, material conditions were generally satisfactory. Cells were in an adequate state of repair and cleanliness, well lit and ventilated, and reasonably furnished. Further, prisoners were allowed to use their own electric heating devices and did not have to pay for the cost of electricity consumed by such devices. Despite the fact that the prison was operating above its official capacity, living space was not an issue in the high- and medium-security units (as regards the admission/observation unit, see paragraph 51). All prisoners under a high-security regime were accommodated in double-occupancy cells which measured some 11.5 m², and some of these cells were occupied by one person only. Living space was less generous – but still acceptable – in the medium-security unit where the cells measured some 24.5 m² and had five or six prisoners.

That said, it is regrettable that this prison was constructed without making provision for in-cell toilet facilities. This deficiency was acknowledged by the authorities and a project was launched some years ago to equip all cells with a toilet facility. Regrettably, the works had to be stopped after some time due to lack of funds; at the time of the visit, only a limited number of cells had a toilet.

As regards communal sanitary facilities (toilets and showers), the delegation heard no complaints about access to them. However, a number of them were in a poor state of repair. It should be added that the yards within the prison perimeter were infested with rats, which was hardly surprising given the piles of waste left to rot near the accommodation buildings.

47. At *Korca Prison*, material conditions remained generally satisfactory²¹. The establishment's high-security unit offered the most favourable conditions in terms of living space, where most inmates were being held one to a cell in double-occupancy cells measuring some 14 m². However, the prison's remand section was severely overcrowded, with its cells of the same size accommodating at least four and often up to six persons. Further, in some of the cells there were more inmates than the number of beds available, prisoners having thus to sleep on mattresses on the floor.

48. The general conditions of detention at *Prison No. 313* had clearly deteriorated since the 2010 visit. The prison was affected by severe overcrowding, and for the great majority of inmates the amount of living space was less than 3 m² per person and occasionally as low as 2.2 m² per person (e.g. four prisoners in a cell measuring 8.8 m²). The delegation observed that throughout the establishment it was common for prisoners to have to sleep on mattresses on the floor. Further, many cells had limited access to natural light and the state of hygiene left much to be desired. Moreover, most of the communal sanitary facilities were in a poor state of repair.

The establishment's director informed the delegation that the prison had just been allocated 3,300,000 ALL (approximately 25,000 €) which was going to be used to refurbish sanitary facilities and improve insulation of roofs. Notwithstanding this, the CPT is concerned by the fact that the longstanding plans to construct a new prison in the Tirana area and to close down Prison No. 313 have had to be abandoned – at least for the foreseeable future – due to budgetary constraints.

²¹

See CPT/Inf (2012) 11, paragraph 48.

49. Material conditions were particularly poor at *Saranda Pre-Trial Detention Facility*. All the cells in this establishment were in a poor state of repair, had very limited access to natural light and deficient ventilation. Further, the occupancy rates were too high in most of the cells (e.g. four inmates in a cell of some 10 m²; nine inmates in a cell of some 23 m²).

50. **The CPT recommends that steps be taken at Prison No. 313 and Saranda Pre-Trial Detention Facility to ensure that all prisoners have acceptable conditions of detention (in terms of state of repair, hygiene, access to natural light and ventilation). Further, the state of repair of the sanitary facilities at Peqin Prison should be improved. Steps should also be taken at Peqin Prison to ensure proper disposal of waste and to carry out disinfestation of the premises where necessary.**

The Committee also recommends that the Albanian authorities take resolute action to address the problem of overcrowding at Prison No. 313, Saranda Pre-Trial Detention Facility and the remand section of Korca Prison; the objective should be to ensure that cells offer at least 4 m² of living space per prisoner. Further, immediate steps should be taken at Elbasan Pre-Trial Detention Facility, Korca Prison and Prison No. 313 to ensure that all prisoners have their own bed.

51. By far the worst material conditions were observed in the so-called “observation units” (*observimi*) at Elbasan Pre-Trial Detention Facility, Peqin and Korca Prisons and Prison No. 313.²² In addition to holding newly-admitted prisoners until such time as they were allocated to ordinary accommodation units, the cells in such units were also used to hold inmates awaiting transfer to another establishment and those in need of protection. Notably at Prison No. 313 and Korca Prison, these prisoners were being held under deplorable conditions; most of them spent many days – and sometimes weeks or even months – in cold and filthy cells with limited access to natural light and poor artificial lighting, with no possibility to go outside into the open air. Further, some of these inmates had less than 2 m² of living space per person²³ and were obliged to share a bed or a mattress with another prisoner. It is also noteworthy that at Prison No. 313 staff failed to ensure inmates’ access to the toilet at all times, in particular at night, and resort to plastic bottles was common. The CPT must point out that, although not resulting from deliberate ill-treatment, the cumulative effect of such conditions could easily be considered as amounting in themselves to be inhuman and degrading.

The material conditions of detention were somewhat better in the observation cells at Elbasan Pre-Trial Detention Facility and Peqin Prison, notably in terms of cell lighting and the state of hygiene. However, the situation was equally worrying as regards cell occupancy rates²⁴. Further, at Elbasan, prisoners held in observation cells (for periods of up to ten days²⁵) were not allowed to take any outdoor exercise. On a positive note, at Peqin, inmates held in such cells were offered outdoor exercise of two hours every day.

²² Saranda Pre-Trial Detention Facility did not possess such a distinct unit.

²³ For example, at Prison No. 313, a cell measuring some 9.2 m² was holding five persons.

²⁴ For example, 16 persons in a cell of some 30 m² at Peqin Prison; nine persons in two cells with a combined size of some 17.5 m² at Elbasan Pre-Trial Detention Facility.

²⁵ In compliance with the General Prison Regulations (Section 21.1).

52. At the end of the visit, the CPT's delegation called upon the Albanian authorities to take urgent measures to improve the overall conditions of detention in the observation units of Prison No. 313 and Korca Prison. The delegation also stressed that all prisoners held in such units must be offered outdoor exercise on a daily basis.

The response of the authorities (letter of 16 May 2014) appeared to indicate that no measures had been taken to alleviate the situation.

The CPT therefore recommends that steps be taken as a matter of urgency to radically improve material conditions in the observation units of Prison No. 313 and Korca Prison, in the light of the remarks in paragraph 51. In addition, immediate steps should be taken at Prison No. 313, Korca Prison and Elbasan Pre-Trial Detention Facility to ensure that all prisoners held in observation units are offered access to outdoor exercise every day. The Committee also recommends that custodial staff at Prison No. 313 be instructed to grant inmates access to a toilet at all times, including at night.

Further, newly-admitted prisoners should, as a rule, be held in a dedicated reception unit to allow for proper assessment and classification and should be allocated to ordinary accommodation units as soon as possible after admission.

53. The great majority of prisoners in the establishments visited purchased basic hygiene items and cleaning products in prison shops or had them provided by their families. However, a number of inmates who were apparently indigent and without family contacts complained to the delegation that the administration failed to supply them with such basic necessities (except for soap and dishwashing detergent which were provided on a regular basis) and that they had to rely on the generosity of their fellow inmates. **Steps should be taken to ensure that all prisoners have adequate quantities of essential personal hygiene items and cleaning products.**

54. Mention should be made of the situation of 78 inmates who had been transferred from Rrogozhina Prison to Peqin Prison shortly before the CPT's visit, following a fire incident in the former establishment. At Peqin, the prisoners concerned were being accommodated under very cramped conditions, sleeping on mattresses on the floor.

By letter of 16 May 2014, the Albanian authorities informed the CPT that the repair works at Rrogozhina Prison had been completed and that the above-mentioned prisoners had been transferred back. The authorities also provided the following information: "To prevent such events and for emergency purposes, a study on the standards to be met by penitentiary institutions has been conducted, which aims at making an overall assessment with regard to the construction of penitentiary institutions, their geographical location and distance from fire stations. Based on the results of this study, a guideline has been produced with the objective 'To review plans for civil emergencies in penitentiary institutions' (dated 05.03.2014)".

The CPT welcomes these developments.

b. regime

55. The CPT acknowledges the efforts being made by the management at *Korca and Peqin Prisons, Prison No. 313* and *Elbasan Pre-Trial Detention Facility* to provide inmates with a range of out-of-cell activities.

In each prison, some 10% of the inmates had remunerated jobs in the establishments' general services (kitchen, food distribution, prison shop, cleaning, etc.). Further, elementary school classes were offered at Korca and Peqin Prisons to, respectively, some 50 and 20 sentenced prisoners (usually three to four times a week). It is also noteworthy that, in most of the establishments visited, at least two hours of outdoor exercise was offered to inmates on a daily basis (see paragraph 60 as regards Prison No. 313). In addition, daily association sessions were organised in every establishment, which lasted around seven hours at Peqin Prison and Prison No. 313, two hours at Elbasan Pre-Trial Detention Facility and 1½ hours at Korca Prison²⁶. During such sessions, the inmates of a given subsection (usually between 20 and 40 persons) were allowed to visit an association room where they could converse and play table games. At Peqin, prisoners also had access to a fitness room for one hour every day.

56. The CPT welcomes the fact that life-sentenced prisoners at Peqin Prison were allowed to associate freely with other (high-security) prisoners for most of the day. It is also noteworthy that at neither Korca nor Peqin Prisons was a distinction made between the regimes applied to sentenced prisoners subject to the medium- and high-security regimes. Further, remand prisoners at Korca Prison usually benefitted from the same possibilities in terms of out-of-cell time as sentenced prisoners.

57. Notwithstanding the above, it is clear that much remains to be done as regards the provision of activities in the above-mentioned establishments in order to render the situation satisfactory; as a matter of fact, no provision was made for employment or educational/vocational training for the great majority of prisoners in these establishments. This is all the more worrying where long-term prisoners – including persons sentenced to life imprisonment – are concerned.

Further, as regards more specifically Elbasan Pre-Trial Detention Facility, the CPT considers that this new modern establishment was in danger of being a missed opportunity. The layout of the establishment, its physical structure and staffing arrangements offered a lot more possibilities for providing a meaningful regime for remand prisoners. In particular, although it possessed a vocational workshop, facilities for the provision of schooling and a gym (with no equipment), none of these had ever been put to use due to lack of funding.

58. The CPT is particularly concerned about the situation found at *Saranda Pre-Trial Detention Facility* where remand prisoners were being subjected to a very impoverished regime; the only regular out-of-cell activity – apart from a few work opportunities – was daily outdoor exercise of two hours which was taken in a small courtyard. The vast majority of prisoners spent the rest of the day confined to their overcrowded cells without being offered any purposeful activities, for months or even years on end.

²⁶ In November 2013, seven high-security prisoners escaped from Korca Prison. One of the practical consequences of that incident had been the tightening of the daily regime for inmates, including a considerable reduction in out-of-cell time.

59. Purposeful activities are of crucial importance for the well-being of any prisoner. As regards more specifically sentenced prisoners, such activities are essential to render meaningful a term of imprisonment.

The CPT reiterates its recommendation that the Albanian authorities take the necessary measures to improve substantially the regime of activities for all inmates at the prisons and pre-trial detention facilities visited. The aim should be to ensure that all prisoners are able to spend a reasonable part of the day outside their cell, engaged in purposeful activities of a varied nature (such as work, preferably with vocational value, education, sports, recreational activities). Particular attention should be paid in this context to the situation of life-sentenced and other long-term prisoners.

60. Moreover, the CPT was concerned to note that adult remand prisoners at Prison No. 313 were offered outdoor exercise only three times a week for one hour. This is in contradiction with the relevant legal provisions²⁷; this also represents a distinct deterioration in the situation observed during the 2010 visit to this establishment, when prisoners benefited from at least two hours of open-air exercise every day. Whilst acknowledging the fact that prisoners had ready access to so-called “airing rooms” (i.e. rooms with windows) for about seven hours per day, the Committee must stress once again that allowing prisoners to spend time in such rooms can by no means be accepted as a substitute for outdoor exercise in the open air.

The CPT calls upon the Albanian authorities to ensure that all inmates at Prison No. 313 are offered outdoor exercise on a daily basis, as required by regulations.

4. Juvenile remand prisoners at Prison No. 313

61. The material conditions of detention under which juvenile remand prisoners were being held at Prison No. 313 were generally adequate. However, from the information gathered, it transpired that the actual number of inmates at times exceeded the number of beds available and, as a result, some juveniles had to sleep on mattresses placed on the floor. In this regard, **the recommendation in paragraph 50 concerning the provision of beds to every prisoner also applies to juvenile remand prisoners at Prison No. 313.**

Further, the hygiene conditions in the communal shower and toilet facilities of the juvenile unit left a great deal to be desired. The delegation also noted that no cupboards were available for inmates and they had to keep their belongings in plastic bags. **Steps should be taken to remedy these deficiencies.**

62. As regards the regime, it is positive that, unlike during the 2010 visit, educational activities were now offered to juveniles on weekdays (usually for two to three hours per day). Further, they had access, for up to six hours every day, to a separate room where they had a possibility to associate with inmates other than their cellmates. In addition, the juveniles had daily access to a spacious outdoor yard where they could play football.

²⁷ According to Section 24 (1) of the General Prison Regulations, prisoners are entitled to at least two hours of outdoor exercise every day.

That said, the delegation heard many complaints from juveniles that the daily outdoor exercise was usually limited to a maximum of one hour, which would be contrary to the legislation in force at the time of the visit. In this regard, the CPT welcomes the fact that, following a recent amendment to the 1998 Law on the Rights and Treatment of Prisoners²⁸, the outdoor exercise entitlement for juveniles has been increased to at least three hours per day. **The CPT would like to receive confirmation that this provision is effectively implemented in practice at Prison No. 313.**

5. Health-care services in the pre-trial detention facilities and prisons visited

63. During the visit, the CPT's delegation conducted a full evaluation of the health-care services at Elbasan and Saranda Pre-Trial Detention Facilities and Peqin Prison. It also examined certain health-care issues at Prison No. 313 and Korca Prison, in particular as regards staffing levels, medical screening and recording of injuries.

64. Health-care staffing levels at *Elbasan and Saranda Pre-Trial Detention Facilities* were generally adequate. At Elbasan, there was a general practitioner present 4½ hours every weekday, as well as a dentist, four nurses and a pharmacist, all working on a full-time basis. At Saranda, the health-care staff consisted of a part-time (50%) general practitioner and three full-time nurses.

Peqin Prison employed two general practitioners, a dentist, six nurses, a pharmacist and a laboratory technician (all working full-time). A further two full-time posts of a general practitioner and of a nurse were vacant at the time of the visit.

At *Korca Prison*, health-care staffing levels remained unchanged since the previous visit and included a full-time doctor (surgeon), a full-time dentist, a part-time (50%) psychiatrist, seven full-time nurses and a pharmacist. As regards the nursing staff, three of the seven existing posts were vacant.

The CPT recommends that the above-mentioned vacant posts at Peqin and Korca Prisons be filled without delay. As regards more specifically Peqin Prison, given the establishment's current population of almost 800 inmates, **steps should be taken to increase the nursing staff resources.**

65. It is a matter of concern that, despite the specific recommendation repeatedly made by the Committee after previous visits, the number of nursing staff at *Prison No. 313* had not been increased.²⁹ The CPT must stress again that the complement of four nurses is clearly insufficient for a remand establishment of this size, all the more so when it operates far above its official capacity. **The CPT once again calls upon the Albanian authorities to increase nursing staff levels at Prison No. 313.**

²⁸ See Section 14 of the Law No. 40/2014 on amendments to the Law on the Rights and Treatment of Prisoners.

²⁹ As in 2010, the prison employed a general practitioner, a dentist, four nurses and a pharmacist (all working full-time).

66. As in 2010, medical equipment was very basic in the health-care units of the establishments visited and was usually limited to stethoscopes and blood pressure monitors. At Peqin Prison, there was a well-equipped laboratory which, however, was not functioning due to a lack of reagents. It is also a matter of concern that Elbasan Pre-Trial Detention Facility, which employed a full-time dentist, lacked a dental chair; as a result, prisoners had to be sent to a private clinic to receive, for a fee, dental treatment. **The CPT recommends that steps be taken to remedy these deficiencies.**

67. In virtually all the prison establishments visited, inmates' requests to consult a prison doctor were usually met without undue delay. However, the overall quality of general health care was undermined by the fact that all the establishments visited suffered from a severe shortage of medication; medication available was mostly limited to painkillers, and even that in limited quantities. In this regard, it emerged that prisoners were largely dependent on families or friends.

68. According to information provided to the delegation, with the entry into force on 1 January 2014 of certain amendments to the Law on Compulsory Health-Care Insurance, prisoners were excluded from the category of individuals entitled to state-funded health insurance coverage. On the basis of the new legislation, the Compulsory Health Insurance Fund decided to discontinue, as of 15 January 2014, the agreement with the Directorate General of Prisons concerning the provision of free-of-charge health-care services for prisoners. This meant in practice that sick prisoners – including those without means – could no longer receive the necessary treatment and medication free of charge except for life-threatening (or emergency) situations.

The CPT learned that work was in progress to resolve this legal standoff with a view to reintegrating the prison population into the public health insurance programme. By letters of 25 February and 16 May 2014, the Albanian authorities informed the Committee that, as an interim measure, the term of the above-mentioned agreement had been extended pending the adoption of corrective legislation. **The CPT would like to receive up-to-date information on this matter.**

69. As a rule, specialist care was provided by transferring the prisoners concerned to outside health-care facilities. In this regard, the delegation was informed that, in the case of prisoners subject to the high-security regime, such transfers had to be authorised by the Directorate General of Prisons, which was also responsible for arranging the escort of the prisoner concerned by members of a special unit based in Tirana.³⁰ It appeared that this cumbersome procedure caused significant delays.

Further, at Peqin Prison, the delegation was told that the transfer of prisoners under a medium-security regime for external specialist consultations had not posed any problems till mid-January 2014, when the prison's only ambulance vehicle was taken by the Directorate General of Prisons. Consequently, during the two weeks preceding the CPT's visit, no prisoner had been taken outside the prison for a medical consultation.³¹

The CPT would like to receive the Albanian authorities' observations on the above-mentioned issues.

³⁰ According to staff, in urgent cases, prisoners subject to the high-security regime could exceptionally be transferred to an outside hospital, being escorted by local prison staff.

³¹ The number of consultations in outside medical establishments for the last three months of 2013 was 27, 20 and 22 respectively.

70. The situation appeared to be particularly precarious with regard to psychiatric care at Peqin Prison. Despite the fact that some 40 prisoners were identified as suffering from psychiatric disorders, the prison was not visited by a psychiatrist. Further, according to health-care staff, it was often not possible to arrange for psychiatric consultations at the Prison Hospital in Tirana, due to the fact that the latter establishment only employed one psychiatrist. **The CPT recommends that steps be taken, as a matter of priority, to arrange for regular visits by a psychiatrist to Peqin Prison.**

71. It is a matter of serious concern that, despite the specific recommendation repeatedly made by the Committee since its first visit to Albania in 1997, medical screening upon admission was not carried out in a systematic manner in the establishments visited. Further, in those cases where prisoners were seen by a doctor, they were usually only asked about their state of health and, if they did not make any complaint, no physical examination was performed. Moreover, newly-admitted prisoners were often not screened for transmissible diseases.

72. Further, the examination of medical records at the establishments visited showed that the recording and reporting of injuries observed on prisoners, upon admission or during their stay in the establishments, continued to be grossly deficient.

The description of injuries was limited to a short sentence lacking detail (see also footnote 6). The statements of the prisoner concerned as to the origin of the injuries were only rarely documented, and the doctor's conclusions as to the consistency of any such statements with injuries recorded were almost always missing.

The CPT also remains concerned that appropriate action is often not taken in respect of persons admitted to prison with visible injuries. The delegation again found examples of failure by the prison authorities to bring such cases to the attention of the relevant prosecutor. Moreover, as was the case during previous visits, doctors at some of the establishments visited were unaware of their legal obligation (under Sections 281 and 282 of the CCP) to report any allegations or signs of possible ill-treatment to the prosecutor or the police.

73. **The CPT once again calls upon the Albanian authorities to take the necessary steps (including through the issuance of instructions and the provision of regular training to relevant staff) to ensure that in all the establishments visited as well as in other prisons in Albania:**

- all newly-arrived prisoners are subject to a comprehensive medical examination, including screening for transmissible diseases, by a doctor (or a fully qualified nurse reporting to a doctor) as soon as possible after their admission and that prisoners are provided with information regarding the prevention of transmissible diseases;
- the record drawn up after the medical examination of a prisoner (on admission and during imprisonment) contains: i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), ii) a full account of objective medical findings based on a thorough examination, and iii) the doctor's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings. In addition, the results of every examination, including the above-mentioned statements and the doctor's observations, should be made available to the prisoner and his/her lawyer.

Further, the Committee recommends that:

- recording of the medical examination in cases of traumatic lesions be made on a special form provided for this purpose, with “body charts” for marking traumatic lesions that will be kept in the medical file of the prisoner. Further, it would be desirable for photographs to be taken of the injuries; these photographs should also be included in the medical file;
- a special trauma register be kept in which all types of injury observed should be recorded;
- whenever injuries are recorded which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of the allegations, are indicative of ill-treatment), the information be immediately and systematically brought to the attention of the competent authority, regardless of the wishes of the person concerned. In this connection, all medical staff working in prison establishments should be reminded of their obligations under Sections 281 and 282 of the CCP.

74. As regards the principle of medical confidentiality, the delegation observed that in particular at Saranda Pre-Trial Detention Facility, custodial staff were usually present during medical examinations of inmates. The same was the case for prisoners under a high-security regime at Peqin Prison (while prisoners under a medium-security regime were, as a rule, examined by a doctor in private).

The CPT calls upon the Albanian authorities to take steps at Saranda Pre-Trial Detention Facility, Peqin Prison and, as appropriate, in other prison establishments in Albania to ensure that medical examinations/consultations of prisoners are conducted out of the hearing and – unless the doctor concerned expressly requests otherwise in a given case – out of the sight of non-medical staff.

6. Prison Hospital

75. Since the 2010 visit, material conditions in the Prison Hospital had remained on the whole satisfactory in terms of state of repair, living space, ventilation and access to natural light and artificial lighting. The same can be said about the general state of hygiene and cleanliness.

However, the CPT is very concerned by the almost total lack of heating in the Prison Hospital. The delegation was informed that, due to unpaid bills by the Directorate General of Prisons, the supply of heating had recently been suspended by the adjacent “Mother Theresa” University Hospital Centre. As a consequence, the temperature in patients’ rooms was as low as 11 degrees Celsius (in the afternoon of the day of the visit) and patients were compelled to constantly wear winter clothes in their rooms. Such a state of affairs is totally unacceptable. The situation was further exacerbated by widespread water infiltrations and leakages in many patients’ rooms.

The CPT recommends that the Albanian authorities take immediate steps to ensure that the entire Prison Hospital and in particular patients’ rooms are properly heated and that water damage is repaired.

76. Further, despite the specific recommendation made by the Committee after the 2010 visit, a call system had been installed only in the observation room for agitated patients (so-called “old rea”) and not in any of the ordinary patients’ rooms. Moreover, at the time of the 2014 visit, the call bell in the aforementioned observation room was not functioning.

The CPT reiterates its recommendation that the Albanian authorities take steps to ensure that the observation room (“old rea”), as well as ordinary patients’ rooms, are equipped with a functioning call bell/means of communication.

77. As regards activities, male patients continued to benefit from two hours of outdoor exercise and female patients from four hours of outdoor exercise every day. During outdoor exercise, female patients could also participate in gardening activities.

That said, for the rest of the day, patients were usually locked up in their rooms without being offered any purposeful activities, the only occupation being playing board games or watching television (if patients could afford to purchase a television set). It is of all the more concern that most forensic psychiatric patients have already been held under such conditions for many years.

Pending the creation of a new facility for forensic psychiatric patients (see paragraph 41), **the CPT reiterates its recommendation that the Albanian authorities provide a much broader range of out-of-room activities for long-term patients.**

78. With the exception of psychiatric care, the level of health-care staff remained on the whole satisfactory with eight full-time doctors (head doctor, nephrologist, pulmonologist, cardiologist, infectious diseases specialist, radiologist, surgeon and psychiatrist), supported by two psychologists, one physiotherapist, 18 nurses, eleven orderlies and three health-care assistants (for the care of patients with reduced mobility). Further, a dentist affiliated to Prison No. 325 in Tirana visited the establishment once a week for screening visits, and dental interventions were subsequently carried out at Prison No. 325.

Continuity of care was guaranteed by the round-the-clock presence on the premises of a duty doctor assisted by nurses.

However, whilst acknowledging the professional commitment of the establishment’s psychiatrist, the CPT must stress once again that it is totally insufficient for the Prison Hospital to have only one psychiatrist to care for a total of 60 psychiatric patients (including 26 forensic patients who were subject to a compulsory treatment order). The situation was further exacerbated by the fact that the psychiatrist was *de facto* also responsible for the treatment of all psychiatric patients at the Kruja Special Facility (see paragraph 87).

The CPT calls upon the Albanian authorities to take urgent measures to reinforce the psychiatric cover at the Prison Hospital.

79. As regards somatic care, patients in need of specialised interventions could in principle be referred to the “Mother Theresa” University Hospital Centre. However, the delegation was informed that surgical interventions and para-clinical diagnostic procedures had repeatedly been delayed or postponed. **The CPT would like to receive the Albanian authorities’ comments on this point.**

80. Further, the CPT is concerned by the fact that the Prison Hospital was lacking basic medical supplies (such as syringes, disinfection and sterilisation materials and equipment as well as weighing scales which are of particular importance in the case of a hunger strike) and frequently encountered stock shortages of essential somatic drugs. **Immediate steps should be taken to remedy these deficiencies.**

81. The psychiatric treatment at the Prison Hospital continued to be primarily based on pharmacotherapy. The level and type of medication provided appeared to be adequate and there were no signs of over-medication. Further, the delegation observed no shortages of psychotropic drugs.

The CPT appreciates the efforts made by the psychosocial team (two psychologists and one social worker) to organise psychosocial groups on issues such as stress management and suicide prevention. However, the number of patients who actually benefited from such activities still remained very limited (five to ten male and five female patients).

Pending the creation of a new facility for forensic psychiatric patients, **the CPT reiterates its recommendation that occupational and other psycho-social therapeutic activities be further developed at the Prison Hospital and be made available to the maximum number of psychiatric patients, in particular those who are subject to a compulsory treatment order.**

82. As in 2010, the confidentiality of medical files was generally respected. However, despite the specific recommendation repeatedly made by the Committee, prison officers were frequently present during medical examinations. **The CPT once again calls upon the Albanian authorities to take steps to ensure that medical examinations/consultations of patients at the Prison Hospital are conducted out of the hearing and – unless the doctor concerned specifically requests otherwise in a particular case – out of the sight of prison officers.**

83. As regards the use of means of restraint, the CPT welcomes the fact that a definitive end has been put to the use of metal chains after the 2010 visit and that a dedicated register for the use of means of restraint has recently been created (in accordance with the Instruction³² of the Ministry of Health of May 2013).

That said, the CPT has misgivings about the outdated equipment used for mechanical restraint (leather belts with rusty padlocks). It is also a matter of concern that patients subjected to mechanical restraint were not permanently supervised by a member of staff.

The CPT reiterates its recommendation that the existing restraint devices at the Prison Hospital be replaced with professionally recognised restraint equipment.

Further, the Committee recommends that patients subjected to mechanical restraint are, at all times, continuously and directly monitored by health-care staff or another suitably trained member of staff.

³² For further details, see paragraph 118.

7. Zaharia Special Facility for Ill Inmates in Kruja

84. As already mentioned above, at the time of the visit, Zaharia Special Facility for Ill Inmates in Kruja was accommodating 160 male inmates against a capacity of 190 places. Contrary to the situation found in 2005, the establishment no longer accommodated ordinary sentenced or drug-addicted prisoners. Instead, the number of mentally ill inmates had doubled from 50 to 101, following the progressive transfer in recent years of 76 forensic patients from the Prison Hospital. The Special Facility was thus accommodating about two-thirds of all persons in the country who had been declared not to be criminally responsible for the crime they had committed. Further, the number of inmates in need of permanent specialised care had also increased since 2005 (with 21 inmates above the age of 75, six paraplegics and twelve with permanent physical impairments of various types).

85. Material conditions at the Kruja Special Facility remained in general of a satisfactory level in terms of living space, access to natural light and ventilation in cells.

The state of repair and hygienic conditions varied throughout the establishment. In pavilion B, cells and sanitary facilities were generally in an acceptable state of repair, clean and well-equipped. Inmates were also allowed to keep their own refrigerators and portable cooking devices inside the cells.

In contrast, in pavilion A which accommodated mentally ill inmates, cells were found to be in a poor state of repair (with visible signs of humidity and condensation on the walls, and exposed electric cables) and hygiene (due to the lack of cleaning products). Further, sanitary facilities were very dilapidated (the majority of the toilets, showers and water installations were damaged causing permanent floods, and boilers were not functioning) and no hot water was available.

It is also a matter of concern that, at the time of the visit, the heating system was not functioning in the entire establishment, which clearly put the health of inmates at risk. In addition, many inmates were not being provided with basic personal hygiene products (such as toothbrushes). Moreover, the replacement stock of bed sheets appeared to be totally insufficient (i.e. amounting to less than 40 pieces for the whole establishment) and several inmates alleged that bed linen had only been exceptionally distributed by staff prior to the delegation's visit. Another shortcoming lies in the fact that the establishment only possessed one specially equipped wheelchair for toilet and shower, which had to be shared by all six paraplegic inmates in pavilion B.

The CPT recommends that the Albanian authorities take urgent steps to remedy the above-mentioned shortcomings at the Kruja Special Facility in particular by ensuring that:

- cells and sanitary facilities are refurbished in pavilion A;
- the heating system is repaired throughout the establishment and that inmates have access to hot water on a regular basis;
- inmates are regularly provided with personal hygiene items (including toothbrushes) and cleaning products;
- additional specially equipped wheelchairs for toilet and shower are provided to inmates suffering from severe physical impairments;
- the stock of bed linen is increased, distributed to inmates and changed at regular intervals.

86. As regards the regime, outdoor exercise was offered to inmates in pavilion A for two hours per day and to inmates in pavilion B for four hours per day (two hours in the morning and two in the afternoon)³³, in dedicated yards which included a football/basketball pitch. During outdoor exercise periods, inmates could also associate in the respective pavilion's communal room (equipped with TV sets, table tennis, board games and a library) or in the common facility for religious worship. That said, it is regrettable that inmates in pavilion A continued to be excluded from sports activities. **Steps should be taken to remedy this shortcoming.**

For the rest of the day, all the inmates, with the exception of the 17 who were employed as kitchen or sanitary assistants, remained confined to their cells. In particular, no specific activities were provided for the 76 forensic patients who were subject to a compulsory treatment measure, apart from a poetry and drawing workshop organised by two psychologists on weekdays. As a result, many of the inmates concerned spent 22 hours per day locked up in their cells. Such a state of affairs is not acceptable. **The CPT recommends that the Albanian authorities take the necessary steps to develop an open-door regime for as many patients as possible during the day and to put in place a wider range of purposeful activities at the Kruja Special Facility.**

87. The number of medical staff was adequate for the somatic needs of the inmate population with four general practitioners and one medical co-ordinator. Continuity of care was ensured through the round-the-clock presence of one doctor and three nurses. Further, a dentist visited the Special Facility three times per week.

However, bearing in mind that the Special Facility accommodated more than 100 patients suffering from a mental disorder, it is a matter of grave concern that there had been no psychiatrist operating at the establishment since the departure of a psychiatrist in January 2013, the vacant post being temporarily filled by a general practitioner.

Further, the Committee is struck by the fact that the number of nursing staff has been reduced since the 2005 visit from 15 to 10 nurses (including one head nurse and one pharmacist). In addition, the complement of eight sanitary assistants (five females and three males) remained inadequate in view of the number of inmates requiring special care on a daily basis. As a result, the three (male) sanitary assistants who were taking care of the six paraplegics and eight incontinent inmates reportedly had to work on occasion for up to 80 hours per week. Moreover, during the night, inmates suffering from permanent physical impairments had to rely on the support of fellow inmates.

The CPT recommends that the Albanian authorities take urgent steps to reinforce health-care staffing levels at the Kruja Special Facility by:

- **recruiting psychiatrists to ensure proper care for the patients;**
- **significantly increasing the number of nurses and sanitary assistants.**

³³ Two additional hours of outdoor exercise per day were usually granted to all inmates during summertime.

88. As regards somatic care, medical consultations with one of the general practitioners were arranged in a timely manner, and basic dental interventions were performed by the dentist.

That said, the establishment lacked the necessary equipment to carry out basic para-clinical tests on site (such as a blood sugar meter, electrocardiograph, weighing scales and basic equipment for clinical laboratory analysis), and the delegation was told that the nearby civil hospital in Kruja would not provide such services for inmates of the Special Facility. Consequently, inmates who were undergoing treatment that required constant biological follow-up (such as anti-diabetic and anti-coagulant therapies) were not adequately monitored. In addition, the dental chair was totally dilapidated and its exposed electric components posed a serious risk to the safety of both inmates and staff.

Further, due to the recent problems regarding the contract with the Compulsory Health Insurance Fund (see paragraph 68), all specialist consultations of inmates at civil hospitals had been suspended. For the same reason, the establishment had run out of several types of medication more than one month previously. For example, the treatment of inmates suffering from high blood pressure and epilepsy had had to be suspended or reduced.³⁴ Moreover, inmates with permanent physical impairments still did not receive the necessary equipment and assistance (wheelchairs and prostheses were provided by the families) and no physiotherapy was offered to them. As a result, the six paraplegic inmates had recently staged a ten-day collective hunger strike in order to protest against the absence of assistance and care. Further, disposable pads (for the eight incontinent inmates) were almost out of stock and mattress incontinence covers were not available.

The CPT recommends that immediate steps be taken at the Kruja Special Facility to ensure that:

- **all inmates receive the medication and treatment which are required by their state of health;**
- **all inmates suffering from physical impairments are provided with adequate assistance and care (including physiotherapy) as well as with appropriate equipment and material (including for incontinent inmates);**
- **basic para-clinical tests required for the treatment of inmates are performed in a timely manner in the establishment or at the nearby hospital;**
- **the dental chair is replaced.**

89. As already indicated, the provision of psychiatric treatment at the Kruja Special Facility was seriously hampered by the fact that for more than a year there had been no psychiatrist present in the establishment³⁵. In this regard, **reference is made to the recommendation made in paragraph 87.**

³⁴ For example, the establishment had exhausted the stocks of Valsartan.

³⁵ Inmates in need of urgent psychiatric consultations were temporarily transferred to the Prison Hospital, which however employed only one psychiatrist (see paragraph 78).

The psychiatric treatment provided to inmates consisted almost exclusively of pharmacotherapy. Contrary to the situation observed at the Prison Hospital, the supply of psychotropic medication was seriously affected by prolonged shortages. Consequently, the therapy of those patients who could not rely on the support of their families had been drastically reduced or even discontinued.

The Committee recommends that effective steps be taken in order to ensure that the Special Facility is always supplied with an adequate range and sufficient quantities of psychotropic medication.

90. Whilst acknowledging the fact that a poetry and drawing workshop was organised for some 15 forensic patients (see paragraph 86), no psychosocial rehabilitation activities were offered to other psychiatric patients at the Special Facility.

Pending the construction of a new forensic psychiatric institution, **the CPT calls upon the Albanian authorities to take measures to develop at the Kruja Special Facility a much broader range of therapeutic, rehabilitative and recreational activities for mentally ill inmates and in particular for those who are subject to a compulsory treatment measure.**

91. The CPT welcomes the fact that, contrary to the situation observed in 2005, newly-admitted inmates were promptly subjected to comprehensive medical screening, including for transmissible diseases (such as tuberculosis, hepatitis B and C, HIV/Aids and syphilis).

92. That said, medical confidentiality was not respected, as prison officers were usually present during medical examinations, and medical consultations often took place inside cells in the presence of custodial staff (and other inmates). **In this regard, reference is made to the recommendation made in paragraph 74.**

93. As regards consent to treatment, the delegation observed that forensic patients who were subjected to a court-imposed treatment measure were apparently not consulted and received no information about the pharmacological therapy being provided to them. Several forensic patients claimed that they had not received information from staff about the type and dosage of prescribed medication which they had requested. Further, in a number of cases, patients were apparently not given the possibility by health-care staff to refuse the proposed treatment. In addition, medical staff affirmed to the delegation that in the case of refusal of treatment by forensic patients who were subject to a court-imposed treatment measure, recourse would be had to means of restraint (i.e. mechanical fixation) in order to administer the prescribed medication.

In this regard, the CPT wishes to stress that the admission of a person to a psychiatric establishment on an involuntary basis in the context of criminal proceedings should not preclude seeking informed consent to treatment. Therefore, every patient should be informed about the treatment which it is intended to prescribe. Further, every patient capable of discernment should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this principle should be based upon the law and only relate to clearly and strictly defined exceptional circumstances.

The CPT recommends that the Albanian authorities take steps to ensure that the above-mentioned precepts are effectively implemented at the Prison Hospital and Kruja Special Facility and, where appropriate, in other psychiatric establishments in Albania. If necessary, the relevant legal provisions should be amended accordingly.

94. Turning to the use of means of restraint, a designated room in pavilion A was equipped with a special restraint bed (fixed to the floor, with three leather straps). The delegation observed that agitated inmates had been subjected to mechanical restraint only in exceptional cases and usually for not more than six hours. Further, decisions on the use of the restraint bed had always been taken by a doctor.

That said, contrary to the existing regulations, there was no constant supervision by a member of staff of the application of the measure, although regular visual checks were conducted by custodial staff. Further, there was no dedicated register in place and the information on the application of the measure (its reason, duration and circumstances) could be found only in the personal medical file of the relevant inmate. **Reference is made to the recommendation in paragraph 83 on the need for continuous and direct monitoring of the mental and physical state of a person subject to mechanical restraint. The CPT also recommends that a dedicated register be introduced at the Kruja Special Facility in order to record all cases in which recourse is had to means of restraint. Further, the existing leather straps should be replaced with professionally recognised restraint equipment.**

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95. In the course of the visit, the delegation reviewed the legal safeguards offered to forensic patients declared not to be criminally responsible and subjected to a compulsory treatment measure in pursuance of Section 46, paragraph 1, of the Criminal Code. According to the latter provision, the competent criminal courts are under a legal obligation to review the need for continued detention *ex officio* at least once a year.

As far as the delegation could ascertain, in recent years, such reviews had usually been carried out on an annual basis *ex officio* (or upon the request of the patient concerned) in respect of all forensic patients who were being held at the Prison Hospital and Kruja Special Facility.

That said, at the Kruja Special Facility, the delegation noted that the compulsory treatment measure had not been reviewed by the courts for more than one year in respect of four patients and for more than two years in respect of three patients. **The CPT recommends that the Albanian authorities take measures through the appropriate channels to ensure strict compliance by the competent judges with their obligations under Section 46 of the Criminal Code.**

8. Other issues

a. prison staff

96. The CPT wishes to recall the importance of ensuring that all prison staff (including at senior levels) are properly recruited and trained and of promoting positive relations between prison staff and inmates. This will not only reduce the risk of ill-treatment, but also enhance control and security in prisons.

97. The Committee acknowledges the efforts being made by the Albanian authorities towards the setting up of an effective recruitment and training system for prison staff. In this context, it notes with interest the information provided by the Minister of Justice regarding the immediate plans for the adoption of legislative measures aimed at improving the procedures for recruitment of staff, their promotion and remuneration. **The CPT would like to receive up-to-date information on this issue.**

b. discipline

98. The types and range of disciplinary sanctions were described in the report on the 2010 visit and remain unchanged. Notably, adult prisoners may be subjected to the sanction of placement in a disciplinary cell for up to 20 days and juveniles for up to 10 days.³⁶

99. From the consultation of the relevant registers, as well as from interviews with prisoners, it transpired that resort to the sanction of disciplinary isolation was infrequent in the establishments visited.³⁷ The delegation also observed that, in practice, the periods of solitary confinement imposed as a punishment were in most cases significantly below the maximum allowed for by law. Nevertheless, in the CPT's view, the maximum possible period of solitary confinement as a punishment for adult prisoners is excessive. Given the potentially very damaging effects of solitary confinement on the mental, somatic and social health of those concerned, the Committee considers that the maximum period of solitary confinement should be no more than 14 days for a given offence, and preferably lower.³⁸

As regards juveniles, the CPT wishes to stress again that the maximum possible period of solitary confinement of 10 days is too long for this age group and that it would be far preferable for them not to be subjected to such a measure for a period exceeding three days.³⁹

The CPT recommends that the relevant legislation be revised in the light of the above remarks. Further, whenever juveniles are subject to solitary confinement, they must be guaranteed appropriate human contact throughout the duration of the measure.

³⁶ The other disciplinary sanctions are reprimand, exclusion from collective outdoor exercise (for up to 20 days) and deprivation of home leave (for a period of six months).

³⁷ For example, since 1 January 2014, there had been three such cases at Elbasan Pre-Trial Detention Facility, four at Prison No. 313 and about ten at Peqin Prison.

³⁸ See also paragraph 56(b) of the 21st General Report on the CPT's activities.

³⁹ See paragraph 98 of the report on the 2010 visit as well as paragraph 26 of the 18th General Report on the CPT's activities.

100. As regards disciplinary procedures, the legislation in force at the time of the visit still did not require that prisoners facing disciplinary charges be entitled to call witnesses on their behalf or to cross-examine evidence given against them. In this regard, the CPT welcomes the fact that this deficiency has in the meantime been remedied with the adoption of amendments to the Law on the Rights and Treatment of Prisoners.⁴⁰

That said, the delegation observed that, despite a specific recommendation made by the CPT in previous visit reports, prisoners subjected to a disciplinary sanction were, as a rule, not provided with a copy of the decision. In order to ensure that the right of appeal is fully effective in practice, **the Committee reiterates its recommendation that prisoners subjected to a disciplinary sanction always be given a copy of the decision (containing information on the reasons for the decision as well as on the avenues and deadline for lodging an appeal).**

101. In the report on its 2010 visit, the CPT expressed serious misgivings about the fact that prison doctors acted as members of disciplinary commissions and were required to certify that the prisoner concerned was fit to sustain the punishment of disciplinary confinement. It is regrettable that the specific recommendation made by the Committee in this regard has not fully been taken into account. The amended legislation still provides that doctors take part in meetings of the disciplinary commission (although without the right to vote) and issue an attestation as to whether the prisoner is fit to undergo the sanction of solitary confinement.

The Committee wishes to stress once again that medical practitioners in prisons act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote that relationship. As a matter of principle, the Committee considers that medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement in a prison environment (except where the measure is applied for medical reasons).

On the other hand, health-care staff should be very attentive to the situation of prisoners placed under solitary confinement and should visit such prisoners immediately after placement and thereafter at least once per day, and provide them with prompt medical assistance and treatment as required.

The CPT reiterates its recommendation that the role of health-care staff in relation to disciplinary matters be reviewed, in the 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 (see paragraphs 62 and 63 of CPT/Inf (2011) 28).

102. Material conditions in the disciplinary cells at Elbasan Pre-Trial Detention Facility, Korca Prison, Prison No. 313 and Kruja Special Facility were on the whole adequate.⁴¹ However, at Peqin Prison, most of the disciplinary cells were found to be in a poor state of hygiene. **Steps should be taken to remedy this deficiency.**

As regards Saranda Pre-Trial Detention Facility, the material conditions in the disciplinary cell were equally poor as in the other parts of the establishment. In this regard, **reference is made to the relevant recommendation in paragraph 50.**

⁴⁰ See Section 30 of the Law No. 40/2014 on amendments to the Law on the Rights and Treatment of Prisoners.

⁴¹ The Prison Hospital had no disciplinary cell.

103. It is a matter of serious concern that, despite the specific recommendation repeatedly made by the CPT after its previous visits, prisoners placed in a disciplinary cell as a punishment at Prison No. 313 were still being denied outdoor exercise. The same practice was being followed at pre-trial detention facilities at Elbasan and Saranda. Such a state of affairs is unacceptable.

The CPT calls upon the Albanian authorities to take immediate steps to ensure that, in all prison establishments in Albania, all prisoners placed in a disciplinary cell are granted at least one hour of outdoor exercise per day.

c. contact with the outside world

104. The rules regarding prisoners' contact with the outside world have not changed since the CPT's 2010 visit. It is recalled that adult remand and sentenced prisoners are entitled to four short-term visits per month from their family members and friends (one of which may be replaced by a conjugal visit of up to five hours). In addition, they have access to a telephone eight times per month, for up to ten minutes each time.⁴² As regards juveniles, their visit and phone entitlements are twice those of adults.

105. As was the case during the 2010 visit, the delegation received numerous complaints from inmates that the duration of short-term visits was usually limited to a maximum of 30 minutes.

In the interest of safeguarding their relationships with family and friends, the CPT considers that all categories of prisoner should be entitled to the equivalent of at least one hour of visiting time per week. **The CPT reiterates its recommendation that appropriate steps be taken to this effect.**

106. The CPT was also concerned to note that, as a rule, short-term visits were still taking place in closed conditions (i.e. prisoners and their visitors separated by a glass partition or metal bars). It is however noteworthy that, at Korca and Peqin Prisons, sentenced prisoners subject to the high-security regime had their short-term visits in a separate room with a table and chairs.

The Committee accepts that, in exceptional cases, it may be justified, for security-related reasons, to prevent physical contact between prisoners and their visitors. However, open visits (e.g. with prisoners and their visitors sitting around a table) should be the rule and closed visits the exception, for all categories of prisoner. **The CPT reiterates its recommendation that conditions in the visiting facilities at the establishments visited (and, as appropriate, in other prison establishments in Albania) be reviewed accordingly.**

⁴² It should be mentioned that, in some of the establishments visited (such as Peqin Prison and Prison No. 313), prisoners were allowed to make phone calls more frequently.

C. Vlora Psychiatric Hospital

1. Preliminary remarks

107. The delegation carried out a follow-up visit to Vlora Psychiatric Hospital.⁴³ Since the last visit in 2005, the hospital had been re-organised with the opening of two outside community-based structures (so-called “supported homes”).⁴⁴ In addition, the total capacity of the hospital had been reduced from 250 to 200 beds, including 160 beds for in-patients in four wards (one admission/observation ward, one ward for female patients and two for male acute and chronic patients respectively) as well as 40 beds in the two “supported homes”.

At the time of the visit, the hospital was operating at full capacity. Out of a total of 160 in-patients, twelve were subjected to an involuntary placement order of a civil nature⁴⁵, and seven forensic psychiatric patients (including two women) had been declared not to be criminally responsible and were subjected to a compulsory treatment measure under Section 46, paragraph 1, of the Criminal Code. Further, many of the patients classified as “voluntary” appeared to be *de facto* deprived of their liberty (see paragraph 121).

At the time of the visit, the hospital was undergoing further restructuring. A new building was under construction which was intended to include an admission/observation ward as well as various rehabilitation services for patients. According to the management of the hospital, it was still unclear to what extent other patients currently accommodated in the unrenovated parts of the hospital would be transferred to the new building. **The CPT would like to receive updated information on the construction of the new building as well as further details on its future use.**

108. At national level, the mental-health system is still undergoing a process of major reform since the 2010 periodic visit. In particular, with the enactment of a new Law on Mental Health in 2012 and the adoption of the national Action Plan for the Development of Mental-Health Services for the period 2013-2022, the Albanian authorities intend to put in place an integrated system of mental-health services for the treatment, rehabilitation and social integration of psychiatric patients throughout Albania. In the context of the ongoing process of deinstitutionalisation of long-term psychiatric patients, one supported home and four community mental-health centres had been opened in different parts of the country in addition to those which had already been in operation at the time of the CPT’s 2010 visit⁴⁶.

The CPT would like to receive further information (including timelines) on the implementation of the above-mentioned action plan.

⁴³ Vlora Psychiatric Hospital had previously been visited by the CPT in 2000, 2001 and 2005.

⁴⁴ The “supported homes” were not visited by the delegation.

⁴⁵ Under the 1996 Law on Mental Health.

⁴⁶ See paragraph 109 of CPT/Inf (2012) 11.

2. Ill-treatment

109. The CPT is pleased to note that its delegation received no allegations – and found no other indications – of physical ill-treatment or verbal abuse of patients by staff, or of violence amongst patients. On the contrary, many patients spoke positively of the relations they had with staff and the delegation itself observed a caring attitude of staff towards patients.

3. Living conditions

110. As regards material conditions, the delegation noted certain improvements since the CPT's previous visit to the hospital in 2005. In particular, the level of hygiene was generally adequate in all the wards (including the sleeping facilities).⁴⁷ Further, the building in which the admission/observation ward was temporarily located offered good conditions in terms of the state of repair and living space for patients.⁴⁸

That said, the buildings accommodating female and male chronic patients were decrepit and their state of repair had deteriorated even further since the 2005 visit; in particular, the sanitary facilities were in an appalling state of repair. In addition, the female ward suffered from extensive water infiltrations and leaking plumbing installations. Moreover, patients' rooms and dormitories in the wards for female and male chronic patients were very austere (with no furniture, decoration or storing space for personal items) and often cramped (with beds touching each other in the male wards).

The CPT recommends that the Albanian authorities take urgent steps to improve the material conditions in the wards for female and male chronic patients at Vlora Psychiatric Hospital, in the light of the above remarks. Further, steps should be taken to provide chronic patients with a more personalised environment.

111. The provision of food was outsourced to an external catering company and patients spoke favourably about the quality, variety and quantity of the food they received. Whilst acknowledging that no patients were found taking their meals on the floor (as had been the case at the time of the 2005 visit), the delegation observed that the number of chairs and tables available in the respective refectories was significantly lower than the number of patients present. **Steps should be taken to remedy this shortcoming.**

112. The CPT welcomes the fact that patients from all wards continued to benefit from a relaxed open-door regime with free access around the hospital grounds during the day. Moreover, many patients were frequently accompanied for walks in small groups outside the hospital premises.

⁴⁷ See, however, paragraph 117.

⁴⁸ The delegation was informed that this building would (once again) be used as a community mental-health centre after the new building for the admission/observation ward has been opened.

4. Staff and treatment

113. Staffing levels at Vlora Psychiatric Hospital had significantly improved since the 2005 visit with the recruitment of a general practitioner, two psychologists, two social workers and two occupational therapists. At the time of the visit, the health-care team also included five psychiatrists, one dentist, 34 nurses, 28 orderlies and 21 caretakers. Continuity of care was ensured by the 24-hour presence of a duty doctor as well as by the presence at night of four nurses and four orderlies (one in each ward). The distribution of staff across the different wards appeared to be balanced and the level of absenteeism and the number of vacant posts were low. It is also noteworthy that all staff had received specialised training by the Ministry of Health on the provisions of the 2012 Law on Mental Health and that a training course for health-care staff had been organised in 2013 in co-operation with the Region of Puglia (Italy).

That said, there was still no specific training in psychiatry for nursing staff. **The CPT encourages the Albanian authorities to provide training at regular intervals to all health-care staff involved in work with patients.**

114. Psychiatric treatment continued to be based on an individualised approach which implied the drawing up of an individual treatment plan for every patient. Further, the type and dosage of neuroleptic medication in use appeared to be adequate.

However, the Hospital had repeatedly faced disruptions to the supply of essential medication (such as neuroleptics and cardiotropic drugs), on occasion for periods of up to two weeks. In a number of cases, patients could only receive prescribed medication in a timely manner if family members were able to purchase them at their own expense.

The CPT must recommend once again that the Albanian authorities take steps as a matter of urgency to ensure that Vlora Psychiatric Hospital, as well as all other psychiatric establishments in Albania, are continuously supplied with an adequate range and sufficient quantities of medicines.

115. The Committee acknowledges the efforts made by Vlora Psychiatric Hospital to further develop and diversify the offer of psycho-social therapeutic activities for patients. For instance, psychologists organised regular group therapy sessions (for some 15 patients) as well as individual counselling sessions. In addition, some occupational therapy and various sports activities were provided, and once a week patients could participate in accompanied outings to the town.

That said, it remains the case that only a limited number of patients actually benefited from such activities and that, for the great majority of patients, psychiatric treatment was limited to pharmacotherapy. **The CPT reiterates its recommendation that occupational and other psycho-social therapeutic activities be developed further at Vlora Psychiatric Hospital and be made available to the maximum number of patients, especially long-term ones.**

116. The provision of somatic treatment was on the whole adequate (see, however, paragraph 117 below). Newly-arrived patients were subjected to prompt and comprehensive medical screening upon admission. Further, the general practitioner regularly monitored the state of health of patients during their stay in the hospital and provided treatment (if necessary by referring them to the general hospital of Vlora for specialised treatment).

117. That said, the CPT is very concerned about the situation of some 30 male patients who suffered from severe physical impairments and were being held in the hospital for social rather than medical reasons. The patients concerned were accommodated in cramped conditions in the chronic ward which lacked any equipment adapted to the needs of persons with reduced mobility (such as wheelchairs). Thus, most of them were confined to their bed day and night. The situation was further exacerbated by the fact that the hospital lacked specific means (such as water-proof mattresses or disposable pads) for incontinent persons. Moreover, no physiotherapy was offered.

The CPT recommends that the Albanian authorities take immediate steps to ensure that adequate care, including physiotherapy, is provided to patients with physical impairments at Vlora Psychiatric Hospital, in the light of the above remarks.

Further, the Committee urges the Ministry of Health and the Ministry of Youth and Social Welfare to jointly conduct an individual assessment of the above-mentioned patients, with a view to transferring them as soon as possible to community-based structures offering a more suitable therapeutic environment.

5. Means of restraint

118. The CPT welcomes the fact that a number of legal safeguards surrounding the use of means of restraint (such as manual control, instruments of mechanical restraint, chemical restraint and seclusion) have been introduced with the adoption of the 2012 Law on Mental Health (see Section 27) and the issuance of a detailed instruction (“Protocol”) by the Ministry of Health on 20 May 2013 to the directors of all psychiatric hospitals and the Prison Hospital.

In particular, means of restraint may only be used as a last resort and must always be ordered by a doctor and endorsed by the director of the establishment. Patients may be subjected to means of mechanical restraint for a maximum period of 24 hours; any prolongation of the measure (for up to 24 hours) requires a review of the situation by a doctor. Further, patients subjected to means of mechanical restraint must always remain under constant supervision by a member of staff. In addition, every resort to means of restraint must be recorded in a central register (in addition to the patient’s file), and all members of staff involved in restraint procedures must receive special training on a regular basis.

119. As far as the delegation could ascertain, the above-mentioned requirements were effectively implemented in practice at Vlora Psychiatric Hospital. According to the establishment’s register, means of mechanical restraint (strapping to a bed with tied sheets) had been used 32 times in 2013 and four times in 2014 (January), usually for periods not exceeding a few hours (mostly for the time needed until injected medication became effective). That said, the delegation was informed by the hospital’s doctors that formally voluntary patients were occasionally subjected to physical restraint. In this respect, the Committee wishes to stress that **if restraint is applied in respect of a voluntary patient, his/her legal status should be reviewed.**

6. Legal safeguards

120. Since the 2010 visit, the legal framework governing the involuntary hospitalisation of psychiatric patients has undergone significant changes. In 2012, the 1996 Law on Mental Health was replaced by a new Law on Mental Health which modified the involuntary placement procedure and introduced a number of important safeguards for psychiatric patients.⁴⁹

In particular, the initial decision on the involuntary admission of a psychiatric patient taken by a specialist doctor must now be reassessed within 24 hours by another member of the medical staff who has not been involved in the initial admission. Following this reassessment, a decision must be taken by the Head of Service to discharge the patient or to continue the involuntary placement. In the latter case, the Head of the Institution is under a legal obligation to notify within the following 48 hours the case to the competent court. Subsequently, a judge must review the involuntary placement within 48 hours (previously 72 hours). It is particularly noteworthy that, under the new law, the patients concerned are entitled to lodge an appeal against the involuntary placement order by the court.

121. In practice, the relevant provisions of the 2012 Law on Mental Health regarding involuntary admissions had never been implemented at Vlora Psychiatric Hospital. The delegation was told that all the patients in respect of whom an involuntary placement procedure had been initiated had subsequently been convinced by staff within the statutory 48-hour time limit for notifications to the competent court to sign a consent form in which they “agreed to the hospitalisation and treatment and committed himself/herself not to leave the premises of the establishment for the duration of the treatment”. At the time of the visit, most of the 160 patients at Vlora Psychiatric Hospital had signed such consent forms. The delegation was informed by medical staff that the patients concerned were not allowed to leave the hospital unaccompanied and that, if they did so, the hospital would take steps to have them returned to the establishment (including, if necessary, by calling the police). In the CPT’s view, most of these persons⁵⁰ were thus *de facto* deprived of their liberty and consequently were not able to benefit from the safeguards otherwise provided for by law in the context of involuntary placement procedures. Such a state of affairs is not acceptable.

The CPT recommends that the Albanian authorities review the legal status of patients who are classified as “voluntary” at Vlora Psychiatric Hospital and notify to the court all cases concerning patients who are not allowed to leave the establishment on their own. The Committee would like to receive detailed information on the outcome of the aforementioned review and related court proceedings.

122. The delegation was informed by the Albanian authorities that, on the basis of the new mental health legislation, a new standardised consent form for voluntary hospitalisation and treatment was being prepared for use in all psychiatric hospitals. **The CPT would like to receive a copy of that form.**

⁴⁹ See, in particular, Sections 20 to 24.

⁵⁰ As indicated in paragraph 107, the establishment also accommodated twelve patients who had been involuntarily hospitalised under the 1996 Law on Mental Health.

123. As regards discharge procedures, it is a matter of concern that specific recommendations made by the Committee after the 2010 visit have not been taken into account in the drafting of the 2012 Law on Mental Health. In particular, it remains the case that only the patient's family members or legal representative may submit to the competent court a request to revoke the involuntary hospitalisation order.⁵¹ In addition, courts are still not required to review at regular intervals the need for involuntary hospitalisation *ex officio*. **The CPT reiterates its recommendation that the Albanian authorities take steps to ensure that the above-mentioned shortcomings are remedied by amending the 2012 Law on Mental Health.**

124. As already mentioned, at the time of the visit, only twelve patients were the subject of a formal involuntary placement order at Vlora Psychiatric Hospital. In respect of five of these patients, the treating psychiatrists had signed a request for discharge in January 2013, due to their improved mental health condition. However, none of these requests had been forwarded to the competent court, and it appeared that this was due to the negligence of the legal officer of the hospital who had taken no action in this respect for more than a year. **The CPT wishes to receive confirmation that the aforementioned cases have in the meantime been notified to the competent court. The Committee would also like to be informed of the outcome of the related court proceedings.**

125. As had been the case during previous visits, the delegation observed that in practice no distinction was made between the involuntary placement and involuntary treatment of patients. Medical staff met by the delegation expressed the view that patients who were hospitalised against their will were not able to give valid consent to any subsequent treatment on account of their illness. Reference is made to the recommendation in paragraph 121.

In the CPT's view, consent to hospitalisation and consent to treatment are two separate issues and patients should be requested to express their position on both of these issues separately. Psychiatric patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. Every patient, whether voluntary or involuntary, should be informed about the intended treatment. Further, every patient capable of discernment should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon the law and only relate to clearly and strictly defined exceptional circumstances. **The CPT recommends that the Albanian authorities take appropriate steps to ensure that the above-mentioned precepts are effectively implemented at Vlora Psychiatric Hospital as well as in all other psychiatric establishments in Albania. If necessary, the relevant legal provisions should be amended accordingly.**

⁵¹ See Section 24, paragraph 4, of the 2012 Law on Mental Health.

APPENDIX

LIST OF THE NATIONAL AUTHORITIES OTHER BODIES AND ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS

A. National authorities

Ministry of the Interior

Saimir TAHIRI	Minister
Artan DIDI	General Director of Police

Ministry of Justice

Nasip NAÇO	Minister
Artur ZOTO	Director General of Prisons
Bledar SKENDERI	Deputy Director General of Prisons
Drita JAKA	Head of the Prison Health Care Department, Directorate General of Prisons

Ministry of Health

Milva IKONOMI	Deputy Minister of Health
Gazmend BEJTJA	Head of Department of Public Health
Petro MERSINI	Director of the Administration of Hospitals
Emanuela TOLLOZHINA	Head of the Mental Health and Substance Abuse Unit, Department of Public Health

Ministry of Youth and Social Welfare

Merita XHAFAJ	Director of the Department of Social Services Policies
Denada SEFERI	Director of the Department of Social Care and Integrated Services

Ministry of Foreign Affairs

Irida LAÇI	Specialist of the Council of Europe Section, CPT's liaison officer
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B. Office of the People's Advocate (Ombudsman)

Igli TOTOZANI People's Advocate

Alfred KOÇOBASHI Torture Prevention Unit (National Preventive Mechanism)

C. International Organisations

OSCE Presence in Albania

D. Non-Governmental Organisations

Albanian Helsinki Committee

Albanian Rehabilitation Centre for Trauma and Torture (ARTC)

European Institute of Tirana