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CPT/Inf (2007) 47

Report to the Armenian Government on the visit to Armenia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

from 2 to 12 April 2006

The Armenian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2007) 48.

Strasbourg, 13 December 2007

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Copy of the letter transmitting the CPT's report

Strasbourg, 28 November 2006

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 Armenian Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Armenia from 2 to 12 April 2006. The report was adopted by the CPT at its 61st meeting, held from 6 to 10 November 2006.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Armenian authorities to provide **within six months** a response giving a full account of action taken to implement them. The CPT trusts that it will also be possible for the Armenian authorities to provide, in the above-mentioned response, reactions to the comments formulated in this report which are listed in Appendix I as well as replies to the requests for information made.

The CPT would ask, in the event of the responses being forwarded in Armenian language, that they be accompanied by an English or French translation. It would be most helpful if the Armenian authorities could provide a copy of the response in a computer-readable form.

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

Yours faithfully,

Silvia CASALE
President of the European Committee for
the prevention of torture and inhuman
or degrading treatment or punishment

Mr Christian TER STEPANIAN
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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 visited Armenia from 2 to 12 April 2006. The visit formed part of the Committee's programme of periodic visits for 2006, and was the third visit to Armenia to be carried out by the CPT[1].

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

- Andres LEHTMETS, 2nd Vice-President of the CPT (Head of delegation)
- Marija DEFINIS GOJANOVIĆ
- Zdeněk HÁJEK
- Zbigniew HOŁDA
- Veronica PIMENOFF

who were supported by Johan FRIESTEDT and Borys WÓDZ of the CPT's Secretariat.

They were assisted by:

- Enda DOOLEY, Director of Prison Health Care, Irish Prison Service, Dublin, Ireland (expert)
- Andrew RUTHERFORD, Emeritus Professor of Law and Criminal Policy, Southampton University, United Kingdom (expert)
- Khachatur ADUMYAN (interpreter)
- Artashes DARBINYAN (interpreter)
- Artashes EMIN (interpreter)
- Astrig KATCHIKIAN (interpreter)
- Levon SHAHZADEYAN (interpreter).

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[1] The first periodic visit took place in October 2002. The report on that visit, as well as the responses of the Armenian authorities, have been made public at the request of the Armenian authorities (see CPT/Inf (2004) 25, CPT/Inf (2004) 26 and CPT/Inf (2004) 27). The second visit, which was of an "ad hoc" nature, was carried out in April 2004 (see CPT/Inf (2006) 38 and CPT/Inf (2006) 39).

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Holding Centre of Yerevan City Police Department*
- Erebuni District Police Division, Yerevan*
- Kentron and Nork-Marash District Police Division, Yerevan*
- Shengavit District Police Division, Yerevan*

- Main Department for Combating Organised Crime, Yerevan

- Charentsavan Police Department
- Gavar Police Department
- Goris Police Department
- Hrazdan Police Department*
- Sevan Police Department*
- Sisian Police Department
- Vanadzor Police Department
- Bazum District Police Division, Vanadzor
- Yeghegnadzor Police Department

Prisons

- Abovyan Prison
- Goris Prison
- Nubarashen Prison (unit for life-sentenced prisoners)*
- Vanadzor Prison

Psychiatric establishments

- Sevan Psychiatric Hospital.

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* Follow-up visit.

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

4. In the course of the visit, the delegation held meetings with Gevorg MALKHASYAN, First Deputy Minister of Justice, Alexandr GHUKASYAN and Tatul HAKOBYAN, Deputy Ministers of Health, Ararat MAHTESYAN, First Deputy Head of the Police, Aratsahan SARGSYAN and Aram TAMAZYAN, Deputy Prosecutors General, as well as other senior officials from the ministries and services concerned. Fruitful discussions were also held with Armen HARUTYUNYAN, the Human Rights Defender.

The delegation would like to put on record its appreciation of the assistance provided to it before, during and after the visit by the Government's Liaison Officer, Nikolay ARUSTAMYAN, Head of the Department of Judicial Reforms at the Ministry of Justice, and Arthur HOVHANNISYAN, Senior Specialist at the Division for Legal Reforms of the above-mentioned Department.

Discussions were also held with representatives of the ICRC Delegation and the OSCE Office in Yerevan, as well as non-governmental organisations active in the CPT's areas of interest.

A list of the national authorities and organisations consulted during the visit is set out in Appendix II to this report.

5. The co-operation extended to the CPT`s delegation during the visit was overall of a high standard. In general, the delegation enjoyed immediate access to the places visited (including ones not notified in advance), was provided with the information necessary for the carrying out of its task and was able to speak in private with persons deprived of their liberty. This was no doubt linked with the fact that staff in the places visited were familiar with the Committee's mandate and powers.

That said, several exceptions should be mentioned. The delegation was provided with an incomplete list of police establishments; in particular, Sevan Police Department, the Main Department for Combating Organised Crime and district police divisions were not included in it. Furthermore, the delegation was given incorrect information about the detention area at Sevan Police Department, which was said to have been withdrawn from service several months before the CPT's visit. When the delegation visited Sevan Police Department in the afternoon of 4 April 2006, it was prevented from consulting the custody register (the reason given being that the officer in charge had locked the register in a safe and left with the key). The delegation was finally able to consult the custody register when it came to the establishment for the third time on 6 April 2006; that consultation revealed that the cells for holding detainees had in fact been in use a day before the delegation's arrival at Sevan.

The above-mentioned situations are not in conformity with the principle of co-operation laid down in Article 3 of the Convention. The CPT trusts that the Armenian authorities will ensure during future visits that the Committee's delegation is provided with full and up-to-date lists of all places where persons may be deprived of their liberty as well as any other information (e.g. custody registers) which is necessary for it to carry out its task.

6. Further, in some of the establishments visited (e.g. Vanadzor Police Department, Yerevan City Police Department, Abovyan and Goris Prisons), the delegation gained the impression that detainees and prisoners had been instructed by staff not to reveal the whole truth about their treatment. At the latter two establishments, a few prisoners indicated that they had been warned by staff that any complaint made to the delegation would have serious consequences as to the future consideration of their application for conditional release or would be considered as a violation of the internal rules. In this context, it should be stressed that any kind of intimidating or retaliatory action against a person before or after he has spoken to a CPT delegation would be totally incompatible with the obligations of Parties to the Convention.

7. The CPT wishes to stress that the principle of co-operation between States Parties and the Committee, as set out in the Convention, is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the CPT's recommendations.

A number of positive developments, such as the adoption of new legislation, administrative reform and the refurbishment of existing and construction of new establishments, have taken place since the Committee's first periodic visit. That said, the delegation has observed hardly any progress in other important areas, in particular combating torture and other forms of ill-treatment of persons deprived of their liberty by the police and the development of programmes of activities for prisoners. The CPT urges the Armenian authorities to make genuine efforts to improve the situation in the light of the Committee's recommendations, in accordance with the principle of co-operation which lies at the heart of the Convention.

8. At the end of its visit, the CPT's delegation met representatives of the Armenian authorities in order to acquaint them with the main facts found during the visit. On this occasion, the delegation indicated that, as regards life-sentenced prisoners accommodated at Nubarashen Prison, it wished to receive: (i) within one month, confirmation that they were no longer handcuffed during visits and phone calls; (ii) within three months, information on action taken to ensure that they have access to outdoor exercise every day, including during week-ends.

The above-mentioned requests were subsequently confirmed in a letter of 9 May 2006 from the President of the CPT. By letter of 21 June 2006, the Armenian authorities informed the Committee of measures taken in response to those requests. The CPT is grateful for the generally positive reaction and will consider the information provided by the authorities later in the report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

9. The legal framework governing the detention of criminal suspects by the police has remained basically unchanged since the 2002 visit[2]. During the 2006 visit, the delegation observed that the 72-hour time limit of police custody continued to apply only as from the moment when the "body of inquiry" initiated criminal proceedings and drew up a resolution formally declaring the person concerned a suspect (as well as a protocol of detention). The delegation found evidence of cases of persons who had been declared suspects up to 4 days following their apprehension.

During the official talks at the outset of the visit, the delegation was informed of draft amendments to the Code of Criminal Procedure (CCP) which would make it clear that the time-limit of 72 hours starts to run as from the moment of *de facto* apprehension and that the protocol of detention should be drawn up within 3 hours of apprehension. The CPT welcomes these intended amendments; **it recommends that their adoption and entry into force be considered as a matter of the highest priority**.

10. Regarding persons suspected of having committed administrative violations, the main legal development has been the abolition, following the Constitutional referendum of November 2005, of the sanction of administrative arrest[3]. The maximum period for which persons may now be held by the police under the provisions pertaining to administrative detention is 3 hours[4].

11. As on previous visits, the delegation heard many allegations that persons had spent long periods in police custody, officially as "witnesses", although in fact they were being interrogated as criminal suspects. Moreover, in a number of cases, the delegation found evidence of persons having spent periods ranging from a few hours to several days with the police without the application of any legal procedure and without registration of the fact of their detention.

In their response to the CPT's report on the 2004 visit, the Armenian authorities made reference to steps taken to address the above-mentioned problems. In particular, pursuant to point 5 of Order 3.1 of the Head of Police, the regional police authorities were instructed to take measures to stop the practice of interrogating witnesses as suspects as well as to put an end to the holding of persons suspected of administrative violations for longer than 3 hours. The CPT welcomes these steps. However, in the light of the observations made during the 2006 visit, it is clear that more needs to be done. **The CPT calls upon the Armenian authorities to stamp out the unacceptable practices referred to above. In particular, effective measures should be taken without further delay to ensure that the detention of persons in police establishments is always duly recorded and that the time-limits of police custody are strictly adhered to in practice.**

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2 See CPT/Inf (2004) 25, paragraph 14.

3 See Act N° HO – 32 of 16 January 2006 on Amendments to the Administrative Violations Code.

4 See Section 262 of the Administrative Violations Code.

12. According to Armenian legislation[5], persons remanded in custody should be transferred as soon as possible – and no later than within 3 days – to a remand facility under the responsibility of the Ministry of Justice; exceptions may only be justified by objective transport difficulties. However, the delegation observed that, in practice, exceptions tended to become the rule, mainly due to the manner in which police convoys were organised. For example, at Charentsavan and Hrazdan Police Departments, the delegation was told that there were only two convoys a month; thus persons remanded in custody could spend up to two weeks in police establishments before being transferred to a prison.

Another issue of concern for the CPT is the practice of repeated transfers of remand prisoners to police establishments (see also paragraph 87). The police sought to justify this practice by the need to carry out further investigative activities or ensure the presence of accused persons at court hearings in towns without a remand prison. While acknowledging objective difficulties of this nature, the Committee is concerned both by the frequency and the duration (between 2 weeks to 2 months at a time) of such transfers.

Prolonged periods of detention in police custody increase the risk of ill-treatment. **The CPT therefore calls upon the Armenian authorities to undertake resolute action to ensure that persons remanded in custody are promptly transferred to remand prisons and that the return of remand prisoners to police facilities, for whatever purpose, is sought only when there is absolutely no other alternative and for the shortest time possible, and is subject to authorisation by a judge or a prosecutor.**

2. Torture and other forms of ill-treatment

13. In the course of the 2006 visit, the CPT's delegation received numerous and consistent allegations of physical ill-treatment of persons detained by the police[6]. Almost all of these allegations were made by remand prisoners (including women and juveniles) who had recently been in police custody[7].

The ill-treatment alleged consisted mainly of slaps, punches, kicks and striking the persons concerned with truncheons, wooden sticks or chair legs. Some allegations also involved beating on the soles of the feet and asphyxiation using a plastic bag. In certain cases, the severity of the ill-treatment alleged was such that it could be considered as torture.

The allegations referred almost exclusively to the time of initial interviews by operative officers (and, more rarely, questioning by investigators and senior police officers), the aim of the alleged ill-treatment being to obtain confessions, statements or other information. Further, several persons interviewed by the delegation (including women and juveniles) gave accounts of unacceptable psychological pressure put on them in order to make them confess to a crime, in the form of insults[8], humiliation and threats to use physical force or sexual violence against the persons themselves or their relatives or friends.

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5 See Section 137 (2) of the CCP and Section 6 of the Law on the Treatment of Arrestees and Detainees (LTAD).

6 The delegation also received ill-treatment allegations from persons who had recently been apprehended and detained by the Military Police.

7 It is noteworthy that, similar to the situation observed during the first periodic visit to Armenia in 2002, the delegation met only a few persons actually held in police establishments at the time of the 2006 visit.

8 This also concerned women in the presence of their underage children.

On a more positive note, hardly any allegations of ill-treatment by staff working in police holding areas were received.

14. Most of the above-mentioned allegations related to periods some time before the delegation's visit; consequently, any injuries which might have been caused by the ill-treatment alleged would almost certainly have healed in the meantime. However, in a number of cases the delegation's doctors found, in the registers of traumatic lesions observed upon arrival and other medical records consulted in prisons and police holding areas, entries describing injuries received before admission to those facilities which were consistent with the allegations made.

15. In the report on its first periodic visit to Armenia in 2002, the CPT concluded that persons deprived of their liberty by the police ran a significant risk of being ill-treated. In the light of the facts found during the second periodic visit, the Committee maintains this assessment. The persistence of this problem was acknowledged *inter alios* by the Human Rights Defender and some of the senior police officers with whom the delegation spoke.

In their response to the report on the CPT's 2004 visit, the Armenian authorities have made reference to various orders issued by the Head of the Police on the subject of ill-treatment and the conduct of police interrogations (see *inter alia* Order N° 5 – UQ of 31 January 2005). Nevertheless, it is clear that vigorous action is still required to combat ill-treatment by the police, which appears to have a widespread character and is related to the importance attached to confessions across the criminal justice process. Consequently, **the CPT calls upon the Armenian authorities to deliver to all police staff a strong message, emanating from the highest political level, that the ill-treatment of detained persons is illegal and will be dealt with severely.**

16. The CPT's reports on the 2002 and 2004 visits contained recommendations concerning the recruitment and professional training of police officers[9]. During the official talks at the outset of the 2006 visit, the Armenian authorities informed the CPT of ongoing efforts in this area, such as the modernisation, with the support of the OSCE, of the Police Training Centre, the development of a new curriculum (comprising courses on human rights law, international humanitarian law and constitutional law) and the recent adoption of a Code of Police Ethics[10].

The CPT welcomes these efforts; however, it is clear from the information contained in paragraph 13 above that a great deal more remains to be done in this area. In this context, the Committee wishes to stress that human rights should be a common thread throughout all aspects of professional training (e.g. restraint techniques, the use of firearms and auxiliary means, interviewing techniques, etc.), both theoretical and practical, and for all ranks and categories of law enforcement staff (operative officers, investigators and prosecutors). Further, particular attention should be given to training in the art of handling, and more especially of speaking to, persons in police custody, i.e. interpersonal communication skills. In the course of police training, it must also be made clear that the precise aim of questioning criminal suspects should be to obtain accurate and reliable information in order to discover the truth about matters under investigation, not to secure a confession from someone already presumed, in the eyes of law enforcement officers, to be guilty.

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9 See paragraph 20 of CPT/Inf (2004) 25 and paragraph 12 of CPT (2004) 57.

10 In Chapter V of the new Disciplinary Code of the Police, adopted on 11 April 2005.

Moreover, greater emphasis should be made on objective evidence obtained through forensic science, thereby reducing reliance on information and confessions obtained via interrogations for the purpose of securing convictions. The change in philosophy of going "from the evidence to the suspect" rather than "from the suspect to the evidence" must be firmly rooted in the criminal justice system.

The CPT calls upon the Armenian authorities to make a major investment in the field of professional training of law enforcement officials, with particular emphasis being placed on advanced methods of crime investigation. This should be combined with the adoption of detailed regulations on the questioning of criminal suspects (including initial interviews by operational officers).

17. As already stressed in the report on the 2002 visit[11], another effective means of preventing ill-treatment by police officers lies in the diligent examination by the competent authorities of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty.

At the outset of the 2006 visit, the Prosecutor General's Office informed the delegation that hardly any complaints of ill-treatment by law enforcement officials had been recorded in the course of 2005 and that none of the few complaints made had been found justified. It is doubtful whether in reality such a favourable state of affairs exists in any law enforcement system in the world. At the same time, the Police of Armenia was not in a position to provide the delegation with any figures concerning complaints of police ill-treatment, apparently due to the absence of specific statistics on this issue.

In the light of the delegation's observations and other information gathered from various sources (including the Human Rights Defender and NGOs), the CPT remains of the opinion that the official figures reflect the inadequacy of and lack of trust in the existing complaints procedures, rather than the absence of ill-treatment.

The CPT would like to receive detailed information on complaints and disciplinary procedures in respect of the police, including a copy of the new Disciplinary Code of the Police. Further, in order to obtain a nationwide picture of the current situation, **the Committee would like the Armenian authorities to supply the following information in respect of 2005 and 2006:**

- **the number of complaints of ill-treatment made against the police and the number of criminal/disciplinary proceedings which were instituted as a result;**

- **an account of the outcome of criminal/disciplinary cases concerning complaints of ill-treatment by the police and of sanctions imposed.**

The CPT also invites the Armenian authorities to introduce a uniform nationwide system for the compilation of statistical information on complaints, disciplinary sanctions, and criminal proceedings/sanctions against police officers.

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[11] See paragraph 21 of CPT/Inf (2004) 25.

18. As stressed by the CPT in the reports on its previous visits to Armenia, it is axiomatic that judges must take appropriate action when there are indications that ill-treatment by the police may have occurred. In this connection, it should be noted that some of the persons interviewed during the 2006 visit indicated that the judges before whom they had been brought with a view to being remanded in custody ignored their complaints of police misconduct and paid no regard to their visible injuries.

In their response to the report on the 2004 visit, the Armenian authorities expressed the view that judges could not take a more proactive role in this respect, *inter alia* because they were not "bodies of inquiry" within the meaning of Sections 41 and 42 of the CCP. In the CPT's view, this is not a convincing response. The Committee is not suggesting that judges considering the issue of remand in custody should act as "bodies of inquiry". However, it is adamant that such judges should take appropriate action to safeguard evidence and alert the competent authorities when there are indications that persons brought before them have been ill-treated. It is inconceivable that a judge should be obliged to turn a blind eye to such a situation. More generally, in order to assess the validity of evidence submitted to him/her, a judge should, as a rule, examine the circumstances under which this evidence has been obtained.

The CPT reiterates its recommendation made on this subject in the reports on the 2002 and 2004 visits[12], that whenever persons brought before a judge at the end of police custody allege ill-treatment by the police, the judge record the allegations in writing, order immediately a forensic medical examination and take the necessary steps 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 judge should request a forensic medical examination whenever there are other grounds (e.g. visible injuries, a person's general appearance or demeanour) to believe that ill-treatment may have occurred.

If necessary, the relevant legal provisions should be amended so as to enable judges to take the action recommended by the CPT.

19. In the reports on the 2002 and 2004 visits, the CPT highlighted the role which prison health-care services can play in the prevention of ill-treatment by the police and made recommendations concerning the systematic recording of injuries borne by newly arriving prisoners and, when appropriate, the provision of information to the relevant authorities. In their response to the 2004 visit report, the Armenian authorities stated that the Ministry of Justice's Criminal Executive Department had issued instructions reflecting these recommendations. In particular, medical examinations of newly-arrived prisoners should take place, as a rule, without the presence of police officers and other non-medical personnel (except if requested otherwise by the medical staff), and prisoners and their lawyers should be informed of the results of the medical examination, including of the doctor's conclusions as to the origin of any injuries observed.

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12 See paragraph 21 of CPT/Inf (2004) 25 and paragraph 15 of CPT (2004) 57.

However, the observations made by the CPT's delegation in the prisons visited in 2006 suggest that the above-mentioned instructions have not yet been implemented in practice. The initial screening of prisoners continued to be performed in a cursory manner, with statements by prisoners as regards the origin of their injuries frequently missing from the record and with no mention of the doctor's conclusions as to the consistency of these statements with the injuries. Moreover, medical examinations still took place in the presence of police officers who had delivered the person to prison as well as non-medical prison staff.

Consequently, **the CPT calls upon the Armenian authorities to take effective steps to implement its long-standing recommendation concerning the contents of records drawn up by prison doctors upon examination of newly-arrived prisoners. Those records should include statements made by the person concerned, the objective medical findings and the doctor's conclusions, indicating the degree of consistency between any allegations made and the medical findings.**

The Committee recommends that medical examinations in prison never be conducted in the presence of law enforcement officials. It also reiterates its recommendation that all medical examinations in prison be conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a particular case - out of the sight of non-medical staff.

Further, **the CPT recommends that the existing procedures be reviewed in order to ensure that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner, the record is systematically brought to the attention of the relevant prosecutor.**

3. Safeguards against the ill-treatment of persons deprived of their liberty

20. In previous visit reports, the CPT examined in detail the formal safeguards against ill-treatment which are offered to persons deprived of their liberty by the police in Armenia and their operation in practice. The Committee has placed particular emphasis on three rights, namely the right of detained persons to inform a close relative or another third party of their situation, to have access to a lawyer, and to have access to a doctor. As the CPT has stressed repeatedly, these are fundamental rights which should be enjoyed by all categories of persons (including persons suspected of having committed administrative violations and those considered as "witnesses") from the very outset of their deprivation of liberty, that is, from the moment when the persons concerned are obliged to remain with the police. It is equally fundamental that persons detained by the police be informed without delay of all their rights, including those mentioned above, in a language they understand.

21. As regards the right of notification of custody, Article 16 of the new Armenian Constitution adopted in 2005 states that "[…] Everyone who is deprived of his/her liberty shall have a right to immediately notify this to any person chosen by him/her." In this context, the possibility for the police to delay notification of custody for up to 12 hours, set out in Section 63 (2) (9) of the CCP, appears to be in contradiction with the above-mentioned Constitutional provision. **The CPT would welcome the Armenian authorities' comments on this issue.**

Only a few of the persons interviewed by the delegation complained that notification of custody had been refused or significantly delayed. That said, detained persons were only informed of this right at the time when the protocol of detention was drawn up and not as from the very outset of deprivation of their liberty. **The CPT recommends that the Armenian authorities ensure, if necessary through legislative amendments, that all persons deprived of their liberty by the police – irrespective of their category – are granted the right to inform a relative or a third party of their choice of their situation as from the very outset of their deprivation of liberty.**

22. Regarding access to a lawyer, most of the persons interviewed by the delegation confirmed that they had been informed of this right; however, the information was provided only after the detained persons had been formally declared as suspects and the protocol of detention drawn up. Further, a few allegations were heard of police officers having delayed access to a lawyer, in particular in cases when a person had requested the police to contact a particular lawyer. Interviews with detained persons as well as the consultation of individual files in police establishments suggested that it was highly exceptional for lawyers to be present during the first official interrogation and that, in most cases, detained persons could meet their lawyers only during the first court hearing.

Moreover, access to a lawyer was still not granted to persons in administrative detention and to witnesses. On this subject, the delegation was informed by the Armenian authorities that there was a draft proposal to amend the relevant legislation in order to give this right to such persons. **The Committee would like to receive more information on this subject.**

More generally, **the CPT calls upon the Armenian authorities to ensure that the right of access to a lawyer for all categories of persons deprived of their liberty applies effectively as from the very outset of their deprivation of liberty by the police (and not only when a protocol of detention is drawn up).**

23. As during previous visits, many of the persons interviewed by the delegation complained about the quality of *ex officio* lawyers' work (who apparently refused to meet and defend their clients, demanded undue payments, etc.). Several persons stated that *ex officio* lawyers were in fact taking the side of the police, e.g. by trying to convince their clients to admit to everything they were being suspected of.

In this context, the CPT has noted with interest that a new draft Law on Legal Aid, which would set up a system of independent public defenders paid by the State, was currently under consideration. **The Committee recommends that steps be taken to develop as a matter of urgency a fully fledged and properly funded system of legal aid for persons in police custody who are not in a position to pay for a lawyer; this should be done in co-operation with the relevant bar associations. Particular attention should be paid to the issue of independence of *ex officio* lawyers from the police structures and the prosecuting authorities.**

24. Concerning access to a doctor, a number of legislative changes have taken place since the CPT's 2004 visit. Section 21 of the Law on the Treatment of Arrestees and Detainees (LTAD) was amended in 2005[13] to incorporate provisions on the right of access to a doctor and medical confidentiality. Pursuant to the amendments, if a person arriving at a police holding facility bears injuries or has any other health complaints, the establishment's medical officer or a visiting doctor should examine the person concerned. Another medical doctor, chosen by the detained person, may participate in the examination at the detainee's own expense. The examination should be conducted out of the hearing and – if the doctor(s) concerned expressly requests it – out of the sight of police officers. Further, Section 15 of the LTAD was amended so as to allow the detained person or his lawyer to request a forensic medical examination directly (i.e. without prior authorisation from the police or the prosecutor).

The CPT welcomes the above-mentioned legislative developments. However, in practice, they appeared to be neither known nor applied in the police establishments visited. Many police officers with whom the delegation spoke were not aware of the fact that detained persons now had the right to be examined by a doctor of their own choice. As regards the right to undergo a forensic medical examination, several police officers claimed that only the competent investigator or prosecutor had the right to authorise such an examination.

Detainees with visible external injuries were in principle not admitted to police holding facilities without a medical certificate delivered by a health-care facility indicating whether the detainee was fit for detention. The delegation also gained the impression that the system in place was focussed on protecting police staff from possible accusations rather than countering ill-treatment during the crucial initial hours of deprivation of liberty.

The CPT recommends that steps be taken by the Armenian authorities to ensure an effective implementation in practice of the new provisions concerning detained persons' right of access to a doctor (including the right to undergo a forensic medical examination). Police staff of all ranks should be made aware of these new provisions and information on them should be made available to persons detained by the police (see also paragraph 25).

The Committee also recommends that the existing provisions be complemented so as to make it clear that:

- **the right of access to a doctor applies as from the moment of *de facto* deprivation of liberty (and not only when the person is admitted to a police holding facility);**

- **all medical examinations should as a rule be conducted out of the sight of police officers (unless the doctor concerned expressly requests otherwise in a given case);**

- **the results of every examination, as well as any relevant statements by the detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and his lawyer;**

- **whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a detained person, the record should be systematically brought to the attention of the relevant prosecutor.**

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13 In force as of 25 August 2005.

25. As noted above, information on rights continued to be provided to detained persons at the moment when they were formally declared criminal suspects and the protocol of detention was drawn up. This could happen several hours or even days after the actual apprehension. Detained persons were asked to confirm the fact of having received information on rights with their signature. That said, a number of persons interviewed by the delegation stated that they had not received such information while in police custody. Further, a few persons complained that they had received misleading information, e.g. that they could not benefit from free legal assistance.

Only some of the police establishments visited possessed copies of a form setting out the rights of persons suspected of having committed criminal offences. The form in question referred to Section 63 of the CCP (concerning detained persons' rights of notification of custody and access to a lawyer) but did not mention the right of access to a doctor.

The CPT recommends that steps be taken to ensure that a form enumerating the rights of persons deprived of their liberty by the police (including the right of access to a doctor) is systematically given to all persons as from the very outset of their deprivation of liberty (and not only when they are formally declared suspects). Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case.

26. At several police establishments visited, the delegation found that custody records contained errors and omissions, mostly related to the time of admission. Further, at some places, the delegation found indications that the registers might not reflect the reality of detention[14]. **The CPT reiterates its recommendation that steps be taken to ensure that custody registers are properly maintained, accurately record the times of deprivation of liberty (for whatever reason), release or transfer, and reflect all other aspects of custody (visits by a lawyer, relative, doctor or consular officer; taking out for questioning; when offered food, etc.).**

27. At the time of the 2006 visit, inspections of places of detention run by the police were carried out by supervising prosecutors and staff of the Office of the Human Rights Defender. In addition, the delegation was informed that, pursuant to Section 47 of the LTAD, a monitoring group of representatives of civil society had been set up shortly before the visit and was to become operational in the near future[15].

The CPT welcomes the latter development, which can contribute towards the prevention of ill-treatment of persons detained by the police and, more generally, help to ensure satisfactory conditions of detention. In this context, the Committee wishes to stress that, to be fully effective, visits by the monitoring group should be both frequent and unannounced. The group concerned should be empowered to interview detained persons in private and, among other things, examine material conditions of detention, custody records and the exercise of detained persons' rights. **The CPT trusts that these principles will be fully observed in the activity of the above-mentioned monitoring group.** Further, **the Committee would like to receive copies of reports drawn up by this body following visits to police establishments.**

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14 For example, at Kentron and Nork-Marash District Police Division in Yerevan, the delegation noted that a person who had already been released was still recorded in the custody register as apprehended, with his time of release written down at 6.00 pm (the register was consulted by the delegation shortly before 5.00 pm). Requested to explain this, the duty officer stated that it was a practice to record systematically the expected time of release of apprehended persons, in advance, at the time of their arrival to the establishment.

15 The rules of activity of the above-mentioned group were set by the Order of the Head of Police N° 1-N of 14 January 2005, and its composition approved by the Order of the Head of Police N° 368 – A of 10 March 2006.

4. Conditions of detention

a. police holding areas

28. At the beginning of the 2006 visit, the delegation was informed that, pursuant to Order NK–328–NG of the President of the Republic of Armenia, dated 28 December 2004, a large-scale refurbishment programme had been initiated in all police holding areas. The CPT welcomes this. It should also be noted that a recent amendment to the LTAD increased the official standard of living space per detained person in police holding areas to 4 m². This can be considered as acceptable when applied to multi-occupancy cells; however, 4 m² is not an adequate size for a single occupancy cell.

29. During the visit, the delegation could observe the impact of the above-mentioned programme. Some of the police holding areas (e.g. in Charentsavan, Gavar and Hrazdan) were still undergoing refurbishment and were to reopen shortly. As regards the already refurbished holding areas, conditions in them were overall of a high standard.

The cells were sufficiently large for their intended occupancy (e.g. a single cell measured 6 m²; a double cell measured 9 m²), clean, well lit (including access to natural light) and ventilated. The cells' equipment comprised beds, a table, stools and a washbasin; mattresses and blankets were provided at night. Further, detainees had ready access to a communal toilet and showers and were provided with some personal hygiene items (e.g. soap, towel). As regards food, arrangements had been made in all the holding areas visited to provide three meals a day, including at least one warm meal. Further, all the facilities were equipped with rooms for visits and pay phones[16].

However, there were a few exceptions to the above-described favourable situation, e.g. the single cells at Yeghegnadzor Police Department were too small (4 m²); the temperature in the cells at Vanadzor Police Department was too low (16° C); the boiler at Sisian Police Department was out of order and there was no hot water. **The CPT recommends that measures be taken to remedy these deficiencies. In particular, the single cells at Yeghegnadzor Police Department should be enlarged to at least 6 m².**

30. All the police holding areas visited possessed yards in which detainees were allowed to take one hour of outdoor exercise every day (two hours in the case of women and juveniles). It should nevertheless be noted that some of the persons interviewed at the Holding Centre of Yerevan City Police Department alleged that they were not allowed to use the exercise yard for longer than 30 minutes a day. **The CPT recommends that steps be taken to ensure that all persons held at the Holding Centre of Yerevan City Police Department have the possibility to take at least one hour of outdoor exercise every day.**

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[16] Recent legislative amendments have given detainees the right to at least one visit during the first 72 hours of custody as well as access to a telephone (unless restricted by the body of inquiry).

31. In striking contrast to the other holding areas seen by the delegation, conditions at Sevan Police Department were no better – if not worse – than those described in the report on the 2002 visit[17]. The cells, which had been used a day before the delegation's arrival, were dark, unventilated, dirty and dilapidated, and the communal toilet and washing facility was in a very poor state of repair. The delegation was informed by the staff of this establishment that its refurbishment would start at the end of April 2006. **The CPT would like to receive confirmation of this fact.**

b. other police establishments

32. Some of the police establishments visited by the delegation were not equipped with holding areas but had cells in which persons could be held for up to 3 hours. The delegation was informed at the outset of the visit that, pursuant to Order N° 5 – Ag of the Head of the Police, it was now forbidden to use cells measuring less than 2 m² to hold persons for any length of time. Consequently, all such cells had been enlarged or taken out of use. The 3-hour detention cells seen by the delegation were, for the most part, recently refurbished and clean. They measured between 2 and 3 m² and were equipped with a bench.

However, the delegation received many allegations – and found corroborating evidence in custody records and case files – that persons (including women and juveniles) had been held overnight in cells intended for 3-hour detention, and on occasion even for several days. During that time, the persons concerned had apparently not been offered food and had been obliged to spend the night in the above-described cells or in offices, sleeping on chairs.

The CPT calls upon the Armenian authorities to take effective steps to ensure that periods of detention in police establishments not equipped with cells for accommodating persons overnight do not exceed 3 hours.

17 See paragraphs 44 to 47 of CPT/Inf (2004) 25.

B. Prison establishments

1. Preliminary remarks

33. The CPT's second periodic visit to Armenia included first-time visits to three prisons: Goris, Vanadzor and Abovyan. Further, the delegation carried out a targeted follow-up visit to the Nubarashen Prison's unit for life-sentenced prisoners.

34. At the outset of the visit, the delegation was informed of efforts being made since the 2002 visit to put in place a new legal framework pertaining to imprisonment. This has involved the adoption of a Penitentiary Code on 24 December 2004. The Code introduces a minimum standard of 4 m² of living space per prisoner, which also applies to remand prisoners further to a 2005 amendment to the Law on the Treatment of Arrestees and Detainees. The Armenian authorities have taken steps to reduce the official capacities of prison establishments with a view to complying with the new standard. At the same time, the delegation was informed that an "internal regulation of penitentiary establishments" was in the drafting process at the time of the visit. **The CPT would like to be informed, in due course, of its adoption.**

35. The prison population has considerably decreased since the CPT's first periodic visit to Armenia, with 2,997 prisoners in April 2006 compared to 5,624 in 2002. The delegation's official interlocutors indicated that lighter prison sentences for certain crimes and a wider use of conditional release had made it possible to reduce the prison population. This is a positive trend which is to be commended and should continue.

36. The very poor state of repair of the prison estate has prompted the Armenian authorities to adopt a programme of renovation. At the time of the 2006 visit, the strategy consisted of replacing existing prisons with new buildings and carrying out thorough refurbishment of a few establishments at a time rather than engaging in a programme of piecemeal renovation in all establishments. This had involved the construction of a new prison near Vanadzor (see paragraphs 64 and 69 below). Further, Artik and Gyumri Prisons had been closed down in order to undergo major refurbishment. The Head of the Criminal Executive Department informed the delegation that a ten-year programme was expected to be adopted along this line of action. **The CPT would like to receive further details of this programme.**

At the same time, the delegation was told that the above-mentioned strategy prevented the Armenian authorities from making appropriate investments into all existing prison establishments. The CPT fully understands that budgetary constraints demand a process of prioritisation and is aware that the construction of new buildings inevitably absorbs a significant amount of the financial resources available. However, care should be taken to ensure that this process does not lead to unacceptable situations; as indicated in the Committee's report on the 2002 visit, the decision to deprive a person of his/her liberty entails a correlative duty upon the State to provide decent conditions of detention.

37. As previously stressed by the CPT, it is crucial to ensure that all prisoners (including those on remand) spend a reasonable part of the day outside their cells engaged in purposeful activities of a varied nature, such as work, preferably with vocational value, education, sport, recreation/association. This is not only a fundamental part of the process of social rehabilitation, it also contributes to the establishment of a more secure environment within prisons. The lack of constructive occupation may create tensions between staff and prisoners, and among prisoners themselves.

The Armenian authorities made no secret of the fact that very little progress had been made in this field. As regards more specifically work, the Head of the Criminal Executive Department indicated that the unsatisfactory employment situation was due to the absence of operational production plants in the prison establishments. The CPT must underline in this regard that the provision of work to prisoners should not be determined solely by market forces; an active State policy, based if necessary on special incentives for the placing of orders for prison production, should be introduced. Further, the general lack of appropriate educational activities and vocational training remains a source of concern.

Efforts should be made to further develop work opportunities and programmes of education and vocational training in all penitentiary establishments.

38. The problem of staff corruption was raised by several of the delegation's interlocutors (both prisoners and staff). The most common situations in which this was alleged to happen was in order to benefit from a less restrictive regime or to receive medical care. These allegations concerned not only staff working in prisons, but on occasion civil servants working in the Ministry of Justice. At the same time, it was indicated that some efforts had been made in recent years to address this problem.

The CPT wishes to stress that a relationship which exploits, or is widely perceived to exploit, persons who are deprived of their liberty by a public authority is clearly unacceptable. More particularly, the exercise of prisoners' rights and their earning of privileges must never depend on payments made, or improper services rendered, to staff. Such dealings amount to an abuse of authority and must be dealt with severely.

The Committee is aware of a number of measures taken by the Armenian authorities at both national and international level to address the problem of corruption: a Government Anti-Corruption Strategy and Implementation Action Plan had been adopted in November 2003 and Armenia joined the Group of States against corruption (GRECO) in January 2004. **The CPT trusts that the Armenian authorities will persevere in their efforts to combat corruption in the prison system through prevention, education and the application of appropriate sanctions.** In this context, **prison staff and officials working with the prison system should receive the clear message that obtaining or demanding advantages from prisoners is not acceptable; this message should be reiterated in an appropriate form at suitable intervals.**

2. Ill-treatment

39. Many prisoners interviewed in the four establishments visited indicated that they were being treated in a humane manner by prison staff and no allegations whatsoever of ill-treatment by staff were received at *Vanadzor Prison*.

However, at the *Nubarashen Prison's unit for life-sentenced prisoners*, the delegation heard several allegations of physical ill-treatment of prisoners by groups of prison staff. The ill-treatment alleged generally consisted of punches, kicks and truncheon blows (whilst handcuffed) after prohibited items had been found in the cells during searches and/or during interrogation in order to obtain a confession that escape attempts were being prepared. Certain allegations referred to the involvement of senior prison officers in the ill-treatment inflicted.

Some allegations of physical ill-treatment (e.g. punches, kicks, truncheon blows whilst handcuffed) by staff were also received at *Goris Prison*. The ill-treatment was said to have been inflicted in the reception hall or an exercise yard after repeated complaints about the conditions of detention had been made. In one such case, reference was made to the involvement of a group of staff members, including senior prison staff.

At *Abovyan Prison*, the delegation received a few isolated allegations of physical ill-treatment (consisting of truncheon blows) of sentenced women by male custodial staff, dating back to more than one year before the visit.

40. In the light of the above, **the CPT recommends that staff working at Nubarashen, Goris and Abovyan Prisons be given a clear message, emanating from the highest official level, that physical ill-treatment of inmates is not acceptable and will be dealt with severely.**

41. In relation to some of the allegations of ill-treatment, the delegation examined in detail the issues pertaining to the use of physical force and "special means" (e.g. rubber truncheons, handcuffs and anklecuffs) in the prisons visited. It should be noted that the manner in which this was documented made it impossible to determine the frequency of their use and properly assess the situation.

As regards the recording of possible injuries sustained by prisoners in this context, medical staff at Abovyan Prison had adopted a procedure which involved the recording of all details in a specific register. However, there was no such register at Goris Prison. At Nubarashen Prison, the recording was done in a perfunctory manner. At the same time, certain of the prisoners met at the latter two prisons claimed that they had had to wait for up to a couple of days following the incidents before being examined by a prison doctor/feldsher. Further, when such an examination had been carried out, medical staff had apparently refused to record the relevant medical findings and the prisoners' account of what had happened. As to requests to be examined by an external forensic doctor, they had reportedly been rejected.

It also transpired during the 2006 visit that the use of physical force and "special means" was generally not notified to the Prosecutor's Office[18]. In this context, the CPT is particularly concerned by certain allegations according to which pressure had been exerted by prison staff on prisoners who officially complained to outside bodies to make them withdraw their complaints. **The CPT recommends that prison staff receive the clear message that any kind of threats or intimidating action against a prisoner who has complained of ill-treatment, or attempts to prevent complaints or requests from reaching the relevant supervisory bodies, will not be tolerated and will be severely punished.**

42. The CPT recognises that prison staff will on occasion have to use force to control violent and/or recalcitrant prisoners. These are clearly high risk situations insofar as the possible ill-treatment of prisoners is concerned, and as such call for specific safeguards. In particular, a prisoner against whom any means of force have been used should have the right to be immediately examined and, if necessary, treated by a medical doctor. The results of the examination (including any relevant statements by the prisoner and the doctor's conclusions) should be formally recorded and made available to the prisoner, who in addition should be enabled to undergo a forensic medical examination. Further, physical force and "special means" should never be applied as a punishment. Moreover, a record should be kept of every instance of the use of physical force and "special means" against prisoners.

The CPT recommends that the Armenian authorities take steps to bring practice into line with the above considerations. In this context, it is also important to ensure that prosecutors are systematically notified of any use of physical force and "special means" by prison staff and that they are particularly vigilant when examining such cases.

43. More generally, as already indicated in its report on the 2002 visit[19], properly recruited and trained prison officers, who know how to adopt the appropriate attitude in their relations with prisoners, will not only reduce the risk of ill-treatment but also enhance control and security. In this context, **the CPT recommends that appropriate measures be taken to upgrade the skills of prison staff in handling problematic situations without using unnecessary force, in particular by providing training in ways of averting crises and defusing tension. The competent prison officers should also receive guidelines on the way to conduct interviews with prisoners suspected of disciplinary/criminal offences.**

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[18] According to Section 51 of the Law on the Criminal Executive Department, as adopted on 8 July 2005, resort to physical force and "special means" should be notified to a prosecutor, within 24 hours, only when the prisoners concerned had been injured or died following the use of force.

[19] See paragraph 68 of CPT/Inf (2004) 25.

3. Prisoners sentenced to life imprisonment

44. In 2003, the Armenian authorities ratified Protocol No.6 to the European Convention on Human Rights and adopted a decree commuting the sentences of prisoners facing the death penalty to life imprisonment. At the time of the 2006 visit, the total number of life-sentenced prisoners in Armenia was 71. The delegation met the majority of them at Nubarashen Prison, which was accommodating 55 such prisoners in a special unit[20]. Further, at Goris Prison, the delegation interviewed 13 more life-sentenced prisoners.

45. The material conditions in which life-sentenced prisoners were detained at Nubarashen and Goris Prisons were generally better than those provided to the rest of the prison population. Prisoners were accommodated one to four to a cell, the size of which ranging from 7.5 to 18 m² at Goris Prison and from 24 to 36 m² at Nubarashen Prison. Some of the cells had been recently refurbished and offered good conditions. Nevertheless, at both establishments, dampness was evident on the walls and ceilings in many cells. Natural light, artificial lighting and ventilation were, on the whole, acceptable, except for a few cells at Nubarashen Prison where windows were equipped with four layers of grids and bars. Prisoners had been allowed a wider range of personal belongings than in the past (e.g. computers, DVD players, microwave ovens). Further, in-cell toilet facilities were fully partitioned.

The CPT invites the Armenian authorities to pursue their efforts to refurbish cells of life-sentenced prisoners at Nubarashen and Goris Prisons. This should include steps to improve lighting and ventilation in those cells at Nubarashen Prison where at present they are inadequate.

46. At both establishments, life-sentenced prisoners were allowed to take a shower once a week. The shower facilities at Goris Prison had been refurbished. However, at Nubarashen Prison, they were in a poor condition; **the Committee recommends that the Armenian authorities refurbish the shower facilities used by life-sentenced prisoners at this establishment.** Further, **the CPT invites the Armenian authorities to consider the possibility of increasing the frequency of showers for inmates, in the light of Rule 19.4 of the recently adopted new European Prison Rules (EPR)[21].**

47. In its report on the 2002 visit, the CPT stressed that the regimes which are offered to prisoners serving long sentences should seek to compensate the negative effects linked to long-term imprisonment[22]. The delegation's findings from the 2006 visit suggest that much remains to be done in this area.

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20 The cells were in the same location as those for inmates sentenced to death in 2002 (cf. paragraph 99 of CPT/Inf (2004) 25).

21 Rule 19.4 of the new EPR states: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene."

22 See paragraphs 102 of CPT/Inf (2004) 25 and 22 of CPT/Inf (2004) 27.

Certain positive developments had taken place at *Nubarashen Prison*. An office had been converted into a multifunctional room serving as a library, classroom and chapel. A prisoner was allowed to give English language classes to a few other prisoners. Further, a fitness room had been set up; however, it appeared rarely used (only some prisoners had access to it for 15 – 20 minutes a week). **The CPT recommends that the Armenian authorities ensure that all life-sentenced prisoners held at Nubarashen Prison benefit from regular access to the multifunctional and fitness rooms and that the authorities strive to broaden the range of activities offered to such prisoners (e.g. work, education, recreation/association).**

The CPT remains concerned about life-sentenced prisoners' access to outdoor exercise. As in 2002, no outdoor exercise was provided on week-ends due to staff shortage. Further, some prisoners interviewed by the delegation alleged that they were only allowed to take outdoor exercise once to three times a week (sometimes limited to half an hour). In response to a request made by the delegation at the end of the visit (see paragraph 8 above), the Armenian authorities indicated in a letter of 21 June 2006 that "the relevant measures are taking place" in this regard. **The Committee calls upon the Armenian authorities to ensure that inmates at Nubarashen Prison are offered at least one hour of outdoor exercise every day, including on week-ends; it would like to be informed of concrete action taken in this respect.**

Further, **the CPT reiterates the recommendation made in its 2002 visit report that the outdoor exercise facilities at Nubarashen Prison be upgraded (and, in particular, enlarged) in order to allow prisoners to physically exert themselves.**

48. At *Goris Prison*, life-sentenced prisoners were confined to their cells 23 hours a day, their only regular out-of-cell activity being one hour of outdoor exercise. For the rest of their time, their main distraction was watching TV, listening to the radio, reading books or playing board games. **The CPT recommends that strenuous efforts be made to improve the offer of organised activities for life-sentenced prisoners at Goris Prison.**

49. As regards restraint measures applied to life-sentenced prisoners, the CPT is pleased to note that life-sentenced prisoners were no longer handcuffed during outdoor exercise. Further, at Goris Prison, they were not handcuffed during visits and phone calls; however, prisoners at Nubarashen Prison were still routinely handcuffed on these occasions. At the end of the visit to the latter establishment, the director assured the delegation that he would immediately issue instructions to stop this practice. In response to the delegation's request for confirmation, the Armenian authorities underlined in a letter of 21 June 2006 that the practice of handcuffing life-sentenced prisoners during all visits and phone calls had been abolished and that, taking into account the principle of individualisation of the execution of sentences, handcuffs would only be used in those exceptional cases where prisoners displayed a negative behaviour. **The CPT would like to receive clarification from the Armenian authorities as to whether the "exceptional cases" referred to in their letter may apply to visits and phone calls.**

More generally, the delegation was informed during the visit that the future internal prison regulation should ensure that the use of handcuffs is based on an individual risk assessment. **The Committee would like to receive further details on this matter.**

50. Any lengthy term of imprisonment, and particularly a life sentence, may have desocialising effects on prisoners. In this context, it is of utmost importance that prisoners sentenced to life imprisonment are in a position to maintain good contact with the outside world.

It was observed during the 2006 visit that life-sentenced prisoners could send and receive letters and were allowed four ten-minute phone calls a month. However, as regards visits, the Armenian legislation is far more restrictive with regard to these prisoners: their visiting rights are usually limited to three short-term visits (of up to 4 hours) and one long-term visit (of up to 72 hours) per year[23]. It appeared that the legal provisions were generally applied in a restrictive manner at both establishments: the granting of extra visits was extremely rare and short-term visits were allegedly often limited to one hour at Nubarashen Prison and two hours at Goris Prison. In the CPT's view, in addition to the negative effects such restrictions may have on inmates, this discriminatory treatment of life-sentenced prisoners runs counter to the generally accepted principle that offenders are sent to prison as a punishment, not to receive punishment. **The CPT therefore recommends that measures be taken to bring the visiting rights of life-sentenced prisoners (as well as other inmates sentenced to long term imprisonment) into line with those of other sentenced prisoners. If necessary, the relevant legislation should be amended.**

51. As regards disciplinary confinement, the CPT is concerned by certain allegations received at Nubarashen Prison according to which life-sentenced prisoners had been deprived of water, food and outdoor exercise as a disciplinary sanction. Such an approach would be inadmissible. **The Committee would like to receive the comments of the Armenian authorities on this matter.**

52. Finally, the CPT must stress that it can see no justification for keeping life-sentenced prisoners apart from other prisoners. Particular reference should be made in this regard to the Council of Europe's Committee of Ministers' Recommendation (2003) 23, on the "management by prison administrations of life sentence and other long-term prisoners" of 9 October 2003. One of the general principles underpinning such management is the *non-segregation principle*, which states that consideration should be given to not segregating life-sentenced prisoners on the sole ground of their sentence. This principle should be read in conjunction with the *security and safety principle*, which calls for a careful assessment of whether prisoners pose a risk of harm to themselves, to other prisoners, to those working in the prison or to the external community. It recalls that the assumption is often wrongly made that the fact of a life sentence implies a prisoner is dangerous. The placement of persons sentenced to life imprisonment should therefore be the result of a comprehensive and ongoing risk and needs assessment, based on an individualised sentence plan, and not merely a result of their sentence.

The Committee recommends that the Armenian authorities take due account of the above remarks when devising their policy on the treatment of life-sentenced prisoners.

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[23] See Section 108 of the Penitentiary Code.

4. Conditions of detention

a. Goris Prison

53. Goris Prison is a high-security ("closed type") establishment holding in particular inmates serving long term sentences (including life-sentenced prisoners) and prisoners who have presented a challenging behaviour in other establishments. The H-shape prison building, situated in the town of Goris, was constructed in 1871 and assumed its current function in 1912.

With an official capacity of 161, the establishment was accommodating 165 prisoners on the first day of the visit (including 29 on remand, 13 sentenced to life imprisonment and 85 sentenced to "closed" regime)[24]. In addition, there were seven working prisoners who were held in a separate building.

i. material conditions

54. Sentenced prisoners were accommodated in cells of different size (from 8 m² to 30 m²) holding from one to nine prisoners. In most of the larger cells, living space per prisoner was below the minimum of 4 m² required by Armenian legislation (e.g. nine prisoners in a cell measuring some 21 m², including the space for toilets). The cells were generally in a poor state of repair, with crumbling plaster and signs of dampness on the walls. The equipment consisted of bunk beds, a table, benches, a few cupboards for personal belongings and some shelves. Prisoners were also allowed to have a TV set. Access to natural light and ventilation was, on the whole, acceptable and artificial lighting was generally adequate. As for the in-cell toilet facilities, they were only partially partitioned.

Remand prisoners were generally held in large-capacity cells which suffered from the same shortcomings as those described above; in particular, the living space per inmate was around 2.5 m².

55. Prisoners were allowed to take a shower once a week in either a refurbished facility designed for life-sentenced prisoners or a rather dirty and dilapidated shower room located in a separate building; in this context, **reference is made to the comment in paragraph 46**. A variety of personal hygiene items (soap, toilet paper, tooth paste, brushes, shavers, etc.) were provided at regular intervals.

56. The delegation hardly received any complaints about the food served at the establishment. However, the overall hygiene in the food storage area left much to be desired.

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[24] According to Section 106 of the Penitentiary Code, such prisoners, who have generally committed a particularly serious crime or repeat crimes, should be confined to cells.

57. In the light of the above, **the CPT recommends that steps be taken at Goris Prison to:**

- **ensure that the official norm of 4 m² of living space per prisoner is respected;**
- **maintain the cells in an acceptable state of repair;**
- **provide in-cell toilets with full partitioning;**
- **ensure that all the shower facilities are in an appropriate state of repair and cleanliness;**
- **improve the level of hygiene in the food storage area.**

ii. regime of activities

58. The majority of prisoners were confined to their cells 23 hours a day, their only distraction being playing board games, watching TV and listening to the radio. Only seven sentenced prisoners had paid work (mainly in the kitchen) and a few more were sporadically engaged in renovating cells. No educational activities were organised. The library contained a small stock of mostly old books. Further, the delegation received complaints that no religious activities had been offered for years.

The one hour of daily outdoor exercise took place in four small and oppressive yards (measuring some 35 m²).

The CPT has already emphasised the need of providing purposeful activities to prisoners (see paragraph 37). **The Committee recommends that decisive measures be taken to offer all prisoners (including those on remand) held at Goris Prison an appropriate range of organised activities (e.g. work, education, sport, recreation/association, religious activities). Further, the exercise yards should be enlarged.**

b. Vanadzor Prison

i. material conditions

59. Vanadzor Prison was built in the second half of the 19th century as army stables and was subsequently converted into a penitentiary establishment in the 1940s. Situated close to the centre of town, it has a maximum capacity of 100. At the time of the visit, the prison was holding 93 men, including 66 on remand, 23 awaiting the outcome of their appeal or the entry into force of their sentence, and 4 sentenced inmates assigned to work in the prison's general services.

60. At the outset of the visit, the establishment's director drew the delegation's attention to the poor material conditions of detention, mainly attributed to a humidity problem due to the location of the prison in a former swamp. The delegation observed itself that the establishment was in a very bad state of repair. The cells were generally dilapidated and humid, which made it difficult to maintain an acceptable level of cleanliness.

61. Prisoner accommodation was essentially provided in a two-storey building containing some 30 cells measuring from 10 to 25 m². In most of the cells, the official standard of 4 m² of living space per person was respected; however, there were a few exceptions (e.g. four inmates in cell n° 16, measuring some 12 m²; seven inmates in cell n° 10, measuring some 25 m²). Despite the recent removal of shutters from cell windows, ventilation remained inadequate in most of the cells. Further, artificial lighting was weak. The cells' equipment consisted of single or bunk beds, tables, benches and shelves. The cells were also fitted with sanitary annexes around which inmates had placed pieces of cloth in an attempt to create some privacy.

The material conditions offered to sentenced working prisoners were slightly superior to those of remand prisoners (i.e. four inmates in a cell of 20 m², which was better decorated). Nevertheless, they remained poor.

62. Due to problems with water supply, prisoners could only take a shower once every two weeks; further, the bathroom was dilapidated. In addition, inmates were not provided with a number of basic personal hygiene items such as toilet paper, toothpaste and toothbrushes (they did receive soap and towels).

63. The delegation heard only a few complaints from prisoners about the quality and quantity of the food provided by the establishment. That said, the kitchen was a rudimentary and dilapidated facility.

64. During the visit, the delegation was informed of plans to transfer inmates to a new building (with an envisaged capacity of 230) which was expected to open at the beginning of 2007. The delegation visited the building site and was satisfied that the new prison had the potential, once completed, to offer conditions of detention superior to those in the existing premises. In particular, the cells were of an adequate size for their intended occupancy (16 m² for four inmates) and were fitted with large windows and a fully partitioned sanitary annexe including a shower.

65. In view of the pending closing of Vanadzor Prison in its current location, the CPT will refrain from making recommendations concerning material conditions in the existing premises. **The Committee wishes to be informed, in due course, of the entry into service of the new prison in Vanadzor and to receive more detailed information about it (number and categories of inmates accommodated; programme of activities; staff, etc.).**

ii. regime of activities

66. All prisoners were in principle entitled to one hour of outdoor exercise per day. There were two outdoor exercise yards surrounded by high walls and topped with wire netting. By virtue of their configuration and limited size (some 30 m²), these facilities did not facilitate proper physical exertion. Further, taking into account the number of exercise yards available and the hours during which they were being used (from 10.00 a.m. to 6.00 p.m., one cell at a time), it was difficult to see how each inmate could have one hour of outdoor exercise per day.

67. As already indicated, four sentenced inmates were assigned to work at the prison. Additionally, a few inmates performed voluntary unpaid cleaning work. The remainder of the inmates spent 23 hours a day locked up in their cells with hardly anything to occupy their time. The only forms of distraction were reading books (the establishment had a library with a limited selection of mostly old books), playing board games, listening to the radio or watching television (provided that the prisoners had the means to acquire radios and TV sets for themselves).

68. It was acknowledged in the report on the 2002 visit that the provision of organised activities in a remand facility (such as Vanadzor Prison), where there is a high turnover of inmates, poses particular challenges. However, it is not acceptable to leave prisoners to their own devices for months at a time. The aim should be to ensure that all prisoners (including those on remand) spend a reasonable part of the day outside their cells/dormitories engaged in purposeful activities of a varied nature: work, preferably with vocational value; education; sport; recreation/association. **The CPT calls upon the Armenian authorities to step up their efforts to develop activities for prisoners at Vanadzor Prison, in the light of the above remarks.**

69. When visiting the site of the new prison, the delegation was shown an extensive area where workshops, a gymnasium and a TV/video room were reportedly to be set up. This is a welcome development which goes some way towards meeting the CPT's concerns. However, the delegation noted that the design of the exercise yards in the future remand section was the same as that in the existing prison. In this context, **the CPT wishes to stress that it is of fundamental importance that the opening of the new prison be used as an opportunity to remedy the shortcomings of the current regime for remand prisoners in Vanadzor Prison, which is marked by the principle of "isolation".**

c. Abovyan Prison for women and juveniles

70. Located near Yerevan, Abovyan Prison is the only establishment in Armenia accommodating women and juveniles. It was originally set up in 1958 as a colony for juveniles.

With an official capacity of 286, the establishment was holding 138 prisoners at the time of the visit: 48 remand prisoners (26 women and 22 male juveniles), 65 sentenced women and 25 sentenced male juveniles. Male juveniles are sent to Abovyan Prison from the age of 14 and may continue to serve their sentence at the establishment up to the age of 21 on the basis of an individual application.

i. material conditions

71. The prison complex was composed of three accommodation buildings, holding respectively sentenced women, sentenced male juveniles and remand prisoners.

Sentenced prisoners were generally accommodated in large-capacity dormitories. The majority of the women were allocated to one dormitory measuring some 210 m², which contained 49 beds. Only older and sick female prisoners were accommodated in smaller structures (up to six persons). In the section for sentenced juveniles, the sleeping accommodation consisted of two large rooms measuring respectively 80 m² (equipped with 12 bunk beds) and 250 m² (containing 30 single beds). Most of the beds were not in use; however, it should be noted that, if used at its full capacity, the first dormitory would offer less than the standard of 4 m² per prisoner. In addition to beds, the dormitories were equipped with bedside tables. Access to natural light and ventilation were of a good standard and artificial lighting could be considered as acceptable.

The CPT would like to stress in this context that large-capacity dormitories inevitably imply a lack of privacy for prisoners in their everyday lives. They can also render proper staff control extremely difficult, if not impossible; it should be noted in this regard that a custodial staff member was permanently present inside the dormitories at night. Further, the existence of such accommodation contradicts Armenian legislation, according to which the largest cells in semi-open regime establishments, such as at Abovyan Prison, should not hold more than six persons[25].

72. Remand prisoners were distributed among 16 cells in a two-storey building, women being generally accommodated on the upper floor and juveniles on the ground floor. The official norm of 4 m² of living space per prisoner was not always respected (e.g. six women were held in a 18.5 m² cell; eight juveniles in a 25 m² cell). Most of the cells were in poor condition. That said, those holding women were in a better state of repair, brighter, better ventilated and less austere than those for juveniles.

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25 See Section 105 of the Penitentiary Code.

73. As regards sanitary facilities, cells accommodating remand prisoners were equipped with in-cell toilets which were fully partitioned but generally in a rather dilapidated state of repair and dirty. Sentenced prisoners had access to communal toilet facilities, most of which had been renovated.

All prisoners had access to shower facilities once a week; in this context, **reference is made to the comment in paragraph 46**. Further, they received basic personal hygiene items, such as soap, shampoo, toilet paper, sanitary pads for women and towels.

74. With respect to food, the delegation received a few complaints about its quality and the non-observance of hygiene standards in the preparation of meals in the period immediately preceding the visit.

75. **The CPT recommends that steps be taken at Abovyan Prison to:**

- **transform the large-capacity dormitories into accommodation structures based on smaller groups;**
- **improve the material conditions in the cells holding remand prisoners, in particular juveniles;**
- **ensure that the official norm of 4 m² of living space per prisoner is respected throughout the establishment;**
- **refurbish in-cell toilet facilities in the remand section.**

The Committee also invites the Armenian authorities to verify the quality of the food provided to prisoners and the observance of hygiene standards in the preparation of meals.

ii. regime of activities

76. The CPT is pleased to note that sentenced prisoners benefited from an open door regime and were allowed to go out of their respective building during the day. This is a welcome approach.

The provision of paid work to sentenced women depended on the conclusion of contracts with external companies. At the time of the visit, 14 prisoners were working in the sewing workshop and 13 others were employed on various jobs in the prison services. Further, the accommodation block for sentenced women included a large TV room, a room containing a table tennis table and a piano, and a library.

Women on remand were entitled by law to two hours of daily outdoor exercise[26]; in practice, they could go outdoors for one to two hours per day. For the rest of the time, they were locked up in their cells in a state of inactivity.

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[26] See Section 27 of the LTAD.

77. The section for sentenced juveniles comprised a large number of facilities for various activities, in particular an indoor sports hall, football pitch, theatre area and space for crafts and painting. Some prisoners were engaged in animal husbandry (the premises contained a number of caged areas for a variety of animals and an aquarium). Further, four groups of juveniles were receiving vocational training (e.g. carpentry, theoretical driving lessons). However, no general education had been provided since May 2005. The prison management explained this situation by the lack of agreement on the funding of teaching posts and indicated that the school may re-open under the authority of the Ministry of Education. **The CPT trusts that a suitable arrangement will be found without delay to ensure that general education is provided to sentenced juveniles.**

The above situation was in sharp contrast with that of juveniles on remand who were confined to their cells most of their time in a state of complete idleness, their only regular daily out-of-cell activity being 30 minutes of outdoor exercise (as compared to the legal entitlement of two hours).

78. **The CPT recommends that measures be taken as a matter of urgency to ensure that juveniles and women on remand held at Abovyan Prison benefit from at least two hours of daily outdoor exercise, as provided by the Armenian legislation. It further recommends that remand prisoners, in particular juveniles, be provided with some structured activities (e.g. work, education, sport, association/recreation).**

5. Health-care services

79. In the report on the 2002 visit[27], the CPT highlighted the need for a greater involvement of the Ministry of Health in the area of prison health care. This can in particular contribute to the observance of the general principle of equivalence of care in prisons with that in the outside community. During the official talks at the outset of the 2006 visit, the Armenian authorities stated that the Ministries of Justice and Health had engaged in close collaboration in this field, in particular in the area of combating transmissible diseases. This collaboration was to be further reinforced and formalised in a new Order on Medical Assistance to Prisoners as well as in the draft Law on Health Care, which would confirm the leading role of the Ministry of Health as regards the certification and standard-setting for all health-care services in the country. The CPT welcomes these developments, the need for which has again been demonstrated by the facts found during the 2006 visit. **The Committee would like to receive, in due course, copies of the two above-mentioned legal acts.**

80. The health-care staff resources of the prisons visited could be considered as sufficient for the respective prison populations. There were two full-time doctors, two doctors working on a 50% basis, four feldshers and a full-time nurse at Abovyan Prison; three doctors and three feldshers at Goris Prison; and one full-time doctor, three feldshers and a full-time nurse at Vanadzor Prison. Further, at Nubarashen Prison, the significant reinforcement of the team of full-time feldshers since the 2002 visit (14 instead of 5) had made it possible to abandon the practice of employing prisoner orderlies; this is a positive development.

In all the prisons visited, a doctor was either on duty or on call at night and during weekends; further, the presence of a feldsher was ensured around the clock. In case of need, outside specialists could be called in for consultation.

81. However, the situation as regards the provision of dental care to prisoners in the establishments visited was not favourable. Each of the prisons visited did employ a dentist. That said, the dental surgeries of Abovyan and Vanadzor Prisons were in a very poor state of repair, and only extractions were performed. As for the dental surgery at Goris Prison, it was in such an inadequate state of repair and hygiene that it posed a risk to the health of prisoners treated there.

The CPT recommends that measures be taken to improve the equipment of the dental surgeries at Abovyan, Goris and Vanadzor Prisons and to ensure that inmates have access to more than just emergency dental treatment. Pending that, appropriate alternative arrangements should be put in place to ensure the safe and adequate provision of necessary dental care.

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[27] See paragraph 105 of CPT/Inf (2004) 25.

82. The other health-care facilities at the establishments visited were generally quite basic, but clean, and efforts were being made to gradually renovate them. However, most of the medical equipment was outdated, badly maintained and often deficient. **The CPT recommends that these shortcomings be remedied as a matter of priority.**

Further, the supply of medication (other than for tuberculosis) and related materials remained insufficient at all the establishments visited. Inmates were allowed to purchase medicines themselves or to have them provided by their relatives; however, this does not relieve the State from its responsibility to secure the provision of the necessary medication in prisons. **The CPT calls upon the Armenian authorities to make serious efforts to ensure the supply of appropriate medication to prison establishments.**

83. Arrangements were in place in the four prisons visited for transferring inmates for treatment to outside hospital facilities, although some complaints were heard of long delays in securing such transfers. At Abovyan Prison, the delegation was concerned to learn that the hospitalisation of female prisoners was problematic; due to the absence of a female ward, such inmates were not admitted to the Hospital for Prisoners in Yerevan, and their transfer to other hospitals was apparently not easy to arrange. **The CPT recommends that measures be taken to remedy this problem.**

84. In all the prisons visited, the medical screening of newly-arrived prisoners was performed within 24 hours of their arrival by a member of the prison's health care service. However, only at Nubarashen Prison could the initial examination be considered as relatively thorough (it comprised an interview and a visual check of the general health condition and for possible injuries, a fluorography for TB and blood tests). At Goris Prison, general blood and urine tests were performed but there was no regular testing for TB and hepatitis. At Abovyan and Vanadzor Prisons, the screening was made difficult by the lack of proper equipment (e.g. only a stethoscope and a blood pressure meter were available at Vanadzor Prison). **The CPT recommends that steps be taken to improve the medical screening of newly-arrived inmates at Abovyan, Goris and Vanadzor Prisons, in the light of the above remarks.**

Further, as already mentioned in paragraph 19, the thoroughness of the initial examination with respect to the recording of injuries borne by newly-arrived prisoners left much to be desired. It also appeared (see paragraph 41) that injuries sustained by prisoners within the prison establishments – following the use of "special means" (e.g. truncheons) or incidents of inter-prisoner violence – were not properly recorded (if at all). In this context, **reference is made to the recommendation in paragraph 19 concerning the record to be drawn up following the medical examination of a newly-arrived prisoner. The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison (see also the recommendation in paragraph 42).**

85. At the outset of the visit, the Armenian authorities informed the delegation that there had been a general improvement in the area of combating tuberculosis within the prison system. This was *inter alia* due to the integration of the prison health care system into the National TB Control Programme, adopted in December 2003. The increased financing in the framework of this programme (both from Governmental and international sources) had facilitated the implementation of the DOTS strategy for tuberculosis control in prisons and helped (thanks also to the continuous assistance provided by the ICRC) to solve problems with purchasing medication and laboratory equipment.

The situation observed in the establishments visited during the 2006 visit was better than that found in 2002. In particular, there were no more problems with the supply of first-line anti-tuberculosis drugs, and conditions in the cells accommodating prisoners suffering from TB were generally adequate as regards living space, lighting, ventilation, state of repair and cleanliness. The CPT welcomes these positive developments. However, with the exception of Nubarashen Prison, none of the penitentiary establishments visited carried out a systematic X-ray examination of newly-arrived prisoners. Only group X-ray examinations were available (once or twice a year) in Abovyan, Goris and Vanadzor Prisons; consequently, newly-arrived prisoners were, on occasion, X-rayed with a delay of several months. In the CPT's view, this is a potentially dangerous state of affairs. **The Committee would welcome the comments of the Armenian authorities on this issue.**

86. The delegation was informed that there was no testing for the multi-drug resistant form of tuberculosis among prisoners. On this issue, the CPT wishes to stress that a thorough investigation to establish the precise nature and extent of the problem in the Armenian penitentiary system should be carried out at the earliest opportunity. Should the existence of multi-drug resistant forms of tuberculosis be confirmed, urgent plans should be drawn up to limit the spread among inmates and prison staff and to provide the best available treatment to patients. **The CPT recommends that the Armenian authorities take appropriate steps in the light of the above remarks.**

87. The CPT is concerned by the observed practice of transferring back from remand prisons to police holding facilities prisoners with active forms of tuberculosis; this was accompanied by an interruption of TB treatment (see also paragraph 12). The CPT draws the Armenian authorities' attention to the serious danger which this practice represents for the spread of tuberculosis (including in multi-drug resistant forms, as a result of the interruption of treatment) within the law-enforcement and penitentiary system and in society in general. **The CPT recommends that the Armenian authorities introduce measures ensuring that the treatment followed by prisoners suffering from tuberculosis is in no circumstances interrupted (including in the event of a transfer to a police establishment). Steps should also be taken to ensure that detained persons with active forms of tuberculosis are never held together with healthy persons in the same cells.**

88. Concerning HIV-positive prisoners, the delegation was informed that the current policy was to transfer such inmates, as soon as they had been identified as HIV-positive, to the Hospital for Prisoners (even if they had not developed AIDS). This, in the CPT's view, amounts to segregating them from other prisoners. **The Committee would like to receive the comments of the Armenian authorities on this issue.**

89. As regards the provision of psychiatric and psychological care to prisoners, the situation observed in the establishments visited during the 2006 visit remains a matter of concern to the CPT. Each of the prisons accommodated a certain number of inmates with psychiatric or psychological problems. However, of all the prisons visited, only Nubarashen Prison employed a psychiatrist. As for psychologists, the only establishment where the post of a psychologist had been filled was Abovyan Prison.

At the outset of the visit, the Armenian authorities informed the delegation of their plans to put in place a new psycho-socio-legal service within the prison system, the task of which would be *inter alia* to provide psychological assistance to prisoners. However, the implementation of these plans was apparently rendered difficult by problems of recruiting qualified staff. In the light of the facts found during the visit, **the CPT calls upon the Armenian authorities to pursue their efforts to reinforce the provision of psychiatric/psychological care to prisoners, particular attention being paid to the needs of prisoners serving long – including life – sentences.**

90. The medical files of prisoners at Abovyan, Nubarashen and Vanadzor Prisons appeared to be generally well kept. However, this was not the case at Goris Prison, **where the medical documentation (registers and files) was incomplete, with a lot of important information (e.g. about injuries) missing or very succinct.**

The confidentiality of the medical data seemed well preserved at Abovyan and Vanadzor Prisons. At Goris Prison, by contrast, inmates' medical files were kept in an unlocked room and non-medical staff appeared to have free access to them. Further, the medical consultation room in the unit for prisoners sentenced to life imprisonment at Nubarashen Prison (including the medical registers kept there) were accessible to non-medical staff. **The CPT recommends that the manner in which personal medical files and other medical documentation are handled in Goris and Nubarashen Prisons be reviewed, in the light of the above remarks.**

91. The delegation was also concerned to learn that medical examinations and consultations of prisoners as a rule took place in the presence of custodial staff. The CPT acknowledges that special security measures may be required during medical examinations in a particular case, when a security threat is perceived by the medical staff. However, there can be no justification for custodial staff being systematically present during such examinations; their presence is detrimental to the establishment of a proper doctor-patient relationship and usually unnecessary from a security point of view. Alternative solutions can and should be found to reconcile legitimate security requirements with the principle of medical confidentiality. One possibility might be the installation of a call system, whereby a doctor would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination. **The Committee recommends that the Armenian authorities take steps to bring practice in line with the above considerations.**

6. Other issues of relevance to the CPT's mandate

92. In the report on its 2002 visit, the CPT emphasised the importance of adequate recruitment and training of prison staff[28]. The Armenian authorities have made progress in this area, through the opening of a new prison staff training centre (with a curriculum including elements of human rights law, psychology and inter-personal communication skills) with the help of the OSCE. At the time of the 2006 visit, courses at the centre were mainly geared towards the needs of senior and middle-rank prison staff, but it was also envisaged to start initial and ongoing training of junior staff in the near future. **The CPT encourages the Armenian authorities to pursue their efforts in the area of prison staff training, both at the induction stage and for staff already in service.**

93. During its meeting with senior officials of the Ministry of Justice's Criminal Executive Department, the delegation was informed that the situation as regards staffing levels in prisons had recently improved, due to increased salaries. However, recruiting new personnel remained a difficult task and there were unfilled posts of custodial staff in the prisons visited[29]. The delegation observed itself that the number of staff working in the prisoner accommodation areas was generally low.

The CPT wishes to stress that ensuring positive staff-inmate relations will depend greatly on having an adequate number of staff present at any given time in detention areas. An overall low staff complement will certainly impede the development of positive relations; more generally, this will generate an insecure environment for both staff and prisoners, which in turn is likely to exacerbate the tension inherent in any prison environment. In addition, a low staff complement will have a negative influence on the quality and level of the activities programme developed. **The CPT recommends that the Armenian authorities persevere in their efforts to improve staffing levels in penitentiary establishments.**

94. The disciplinary sanctions for prisoners have remained basically unchanged since the 2002 visit[30]. The most severe sanction is a placement in a disciplinary cell for a maximum of 10 days in the case of remand prisoners (5 days for juveniles) and 15 days in the case of sentenced inmates (10 days for juveniles)[31].

As regards the disciplinary procedure, one positive development since the 2002 visit has been the introduction of the right of appeal to a higher authority[32]. However, the right of prisoners facing disciplinary charges to be heard in person on the subject of the offence of which they were accused was still not formally guaranteed, although it was a common practice to grant such a hearing in the prisons visited. Consequently, **the CPT reiterates its earlier recommendation that steps be taken to formally guarantee such a right.**

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28 See paragraph 144 of CPT/Inf (2004) 25.

29 For example, there were 20 vacant posts for custodial staff in Nubarashen Prison, 5 in Abovyan Prison and 5 in Vanadzor Prison.

30 See paragraph 151 of CPT/Inf (2004) 25.

31 Pregnant women or women with children may never be placed in a disciplinary cell.

32 See Section 35 of the LTAD (for remand prisoners) and Section 97 of the Penitentiary Code (for sentenced prisoners).

95. Similar to the situation observed during the 2002 visit, the delegation gathered no evidence of excessive resort to disciplinary punishments. In particular, placements in disciplinary cells were rare and only exceptionally exceeded 5 days.

However, it should be noted that acts of self-harm were considered as disciplinary offences and punished consequently. In the Committee's view, this is not an appropriate approach. Acts of self-harm may frequently reflect problems and conditions of a psychological or psychiatric nature, and should be approached from a therapeutic rather than a punishment-oriented standpoint. **The CPT invites the Armenian authorities to develop a new policy on the treatment of persons committing acts of self-harm, having regard to these remarks.**

96. The Committee is also concerned about the involvement of health-care staff in the disciplinary procedure. Health-care staff in the prisons visited examined medically each inmate before he was placed in a disciplinary cell; without confirmation of the health-care service, no one could be placed in such a cell.

On this issue, the Committee wishes to stress that medical practitioners working 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. This point was recognised in the recently adopted Committee of Ministers' Recommendation Rec (2006) 2 on the European Prison Rules; indeed, the rule in the previous version of the Rules, stipulating that prison doctors must certify that a prisoner is fit to sustain the punishment of disciplinary confinement, has now been removed.

The CPT recommends that existing legal arrangements and practice concerning the role of prison doctors in relation to disciplinary matters be reviewed. In so doing, regard should be had to the new version of the European Prison Rules and the comments made by the CPT in paragraph 53 of its 15th General Report (CPT/Inf (2005) 17).

97. Conditions in the disciplinary cells in the establishments visited varied from quite acceptable to very poor. The best conditions were observed at Nubarashen Prison, where the cells were relatively large (some 10 m² each), equipped with a bed, and enjoyed adequate ventilation and artificial lighting; however, access to natural light was very poor.

The disciplinary cell of Abovyan Prison (measuring 8 m²) was also fitted with a bed; however, it was cold, humid and poorly lit and its state of repair left something to be desired. At Vanadzor Prison, the disciplinary cells measured some 6 m² each and were equipped with a wooden sleeping platform (lifted during the day), a table, a small bench and a floor-level toilet; they were poorly lit and ventilated. The worst conditions were observed in the three disciplinary cells at Goris Prison, which were small (measuring 4.7 m² each), equipped with a narrow foldable sleeping platform, poorly lit and ventilated, and dirty.

Unlike in 2002, inmates placed in disciplinary cells were formally entitled to at least one hour of outdoor exercise per day. However, access to outdoor exercise was apparently not guaranteed on weekends at Nubarashen Prison. Further, prisoners placed in disciplinary cells were still not granted access to reading matter.

The CPT recommends that steps be taken to remedy the above-mentioned shortcomings. Any cells measuring less than 6 m² should be taken out of service as prisoner accommodation. Further, all disciplinary cells should be equipped, as a minimum, with adequate seating for the day time (e.g. a chair or a bench).

98. The delegation noted that efforts were being made to ensure that prisoners have reasonably good possibilities to maintain contact with the outside world. Remand prisoners could benefit from one short-term visit (of up to 3 hours) twice a month[33], and sentenced inmates were entitled to one short-term visit (of up to 4 hours) a month and one long-term visit (of up to 72 hours) every two months[34]. That said, **the visiting entitlement for juvenile prisoners should be more generous than that for adult inmates.** This is not the case at present.

The delegation was concerned to learn that sentenced women and juveniles at Abovyan Prison as well as sentenced working prisoners at Vanadzor Prison had no access to long-term visits, apparently because of the lack of suitable facilities. **The CPT recommends that steps be taken to remedy this situation.**

99. Conditions in the short-term visit facilities were basic but acceptable at Vanadzor Prison, where visits took place in open conditions (i.e. without separation). However, they were inadequate at Abovyan Prison, due to the state of repair of the facility, and very poor at Goris Prison – a facility with extremely narrow seating (16 cm per person). As for Nubarashen Prison, the short-term visiting facilities had not changed since the 2002 visit (i.e. small booth-type rooms with a plexiglass partition, the capacity of which was clearly insufficient for the number of inmates). In this context, the CPT wishes to stress that short-term visit premises should always include open-type facilities (i.e. without a separation between inmates and their visitors).

The facilities for long-term visits were pleasantly decorated and very well maintained at Nubarashen Prison; by contrast, the facility at Goris Prison was in an extremely dilapidated and dirty condition.

The CPT recommends that steps be taken to improve the visiting facilities in Abovyan, Goris and Nubarashen Prisons, in the light of the above remarks.

100. As during the 2002 visit, the delegation heard no complaints from prisoners concerning outgoing and incoming correspondence. Further, the delegation noted that inmates in all the establishments visited had access to a telephone; this is a positive development. However, at Nubarashen and Vanadzor Prisons, the delegation heard a few complaints about the time set aside for making telephone calls (not at weekends and not after 6.00 pm on weekdays), allegedly making it difficult to contact the inmates' relatives. **The CPT invites the Armenian authorities to reflect upon ways to address this problem.**

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33 Unless a particular visit was specifically prohibited by a written and reasoned decision of the body of inquiry (see Section 15 of the LTAD).

34 A long-term visit could be replaced by a short-term one, on a prisoner's request (see Section 92 of the Penitentiary Code).

101. Similar to the situation observed during the CPT's first periodic visit to Armenia, prisoners in the establishments visited appeared well informed and aware of the numerous avenues of complaint available to them[35].

That said, despite express provisions guaranteeing the confidential character of complaints addressed to at least some of the external bodies, the information gathered by the delegation suggests that, in practice, inmates continued to hand their communications to staff in an open form. As a senior staff member explained to the delegation at Vanadzor Prison, a letter from an inmate to the prosecutor, court, Human Rights Defender or another competent outside authority would only be transmitted in a sealed envelope if the prisoner expressly insisted on it. It should be added that none of the establishments visited had arrangements for the provision of free-of-charge writing paper, envelopes and stamps to indigent prisoners.

The CPT reiterates its recommendation that the Armenian authorities review the application of complaints procedures, with a view to ensuring that prisoners can make complaints to outside bodies, both within and outside the prison system, on a truly confidential basis. Where required, practical measures should be taken to ensure that complaints are transmitted confidentially (e.g. providing envelopes; installing locked complaint boxes accessible to prisoners, to be opened only by specially designated persons).

102. As regards inspection procedures, in addition to frequent and often unannounced visits by supervising prosecutors, penitentiary establishments were visited by staff of the Human Rights Defender's Office. Further, the prison monitoring group of representatives of civil society, reference to which was made in the report on the 2002 visit[36], had become fully operational as from May 2004. This group is empowered to carry out unannounced visits to prisons and to speak in private with prisoners[37]. The Committee welcomes the setting up of the monitoring group which should bring an important contribution to the protection of human rights of prisoners in Armenia.

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35 Prisoners could, *inter alia*, address their complaints to the director of the establishment, the Head of the Criminal Executive Department, the Minister of Justice, regional prosecutors, the Prosecutor General, courts, the Human Rights Defender, the President of the Republic, the Speaker of the National Assembly, local self-government bodies, and to non-governmental and inter-governmental human rights organisations (see Sections 13 and 18 of the LTAD, and Section 15 of the Penitentiary Code).

36 See paragraphs 41 and 160 of CPT/Inf (2004) 25.

37 See Sections 45, 46 and 47 of the LTAD, and Section 21 of the Penitentiary Code.

C. Sevan Psychiatric Hospital

1. Preliminary remarks

103. The CPT's delegation visited one psychiatric establishment under the authority of the Ministry of Health: Sevan Psychiatric Hospital. Built in 1946 as a camp for German prisoners of war and subsequently transformed into a penitentiary colony, the establishment became a hospital in 1955. It occupies an extensive area in the suburbs of the town of Sevan. With an official capacity of 420 beds, at the time of the visit the hospital was accommodating 321 adult patients, 159 of whom were women. Six of the patients were undergoing compulsory treatment pursuant to the provisions of the CCP and three other patients were formally considered as involuntary. However, all the wards at Sevan Psychiatric Hospital were locked and patients were not free to leave them unless authorised by the doctors. It can thus be assumed that a significant proportion of the patients were *de facto* involuntary, even if this was not confirmed by any formal procedure.

According to the hospital's management, the vast majority of patients were chronic; many of them had stayed at the establishment for several years (on occasion over 10 years), had lost their family and social ties and had nowhere else to go.

104. Since the CPT's 2002 visit, an important legal change has taken place as regards involuntary psychiatric hospitalisation and treatment in Armenia: the Law on Psychiatric Assistance (LPA) was adopted on 25 May 2004 and entered into force at the beginning of 2005. The 2006 visit provided an opportunity for the CPT's delegation to examine the application in practice of the new law.

2. Ill-treatment

105. Most of the patients interviewed by the CPT's delegation at Sevan Psychiatric Hospital spoke positively of the attitude of health-care staff. Further, relations between health-care staff and patients, as well as between the patients themselves, appeared quite relaxed.

That said, the delegation heard a few allegations of physical ill-treatment by orderlies, in particular slaps, punches and violent pushing; the ill-treatment alleged was said to occur mainly in the context of patients becoming agitated or disobeying the staff's orders. Further, several patients spoke of occasional rude behaviour and verbal abuse by the orderlies.

The CPT wishes to stress that, given the challenging nature of their job, it is essential that orderlies be carefully selected and given suitable training before taking up their duties, as well as ongoing training. While carrying out their duties, such staff should also be closely supervised by - and placed under the authority and responsibility of - qualified health-care staff. **The CPT recommends that the procedures for the selection of orderlies and both their initial and ongoing training be reviewed, in the light of the above remarks.** Further, **the management of the hospital should make it clear to such staff that all forms of ill-treatment of patients, including verbal abuse, are unacceptable and will be severely punished.**

3. Patients' living conditions

106. Patients' accommodation was provided in ten single-storey wards (five for women and five for men). However, at the time of the visit, two of the wards (Ward 1 for women and Ward 2 for men) were out of service due to ongoing refurbishment, and patients from these wards were temporarily accommodated in other wards. The delegation was informed that it was planned to gradually refurbish the whole establishment within the next two years.

107. Patients were accommodated in dormitories measuring between 12 and 112 m² and containing from 4 to 18 beds. Conditions were cramped in most of the dormitories (e.g. five patients in a dormitory measuring 15 m²; seven patients in a dormitory measuring 18 m²; nine patients in a dormitory measuring 24 m²). Overcrowding had reached particularly serious proportions in Ward 8 for men and Wards 5 and 10 for women, which temporarily accommodated patients from the wards undergoing refurbishment. As a result, there could be as little as 2 m² of living space per patient in the dormitories and some beds were placed in the corridors. That said, patients in all wards were free to move around the wards during the day.

The state of repair of the wards was rather poor and the level of cleanliness in some of them (e.g. Ward 4) left something to be desired. Access to natural light was generally good but artificial lighting was weak; further, some of the dormitories (e.g. in Wards 3 and 8) were damp and poorly ventilated. The delegation also observed that the temperature was rather low in some wards (e.g. 17°C in Ward 4, in the afternoon of 5 April 2006), and several patients complained that the dormitories were insufficiently heated in the winter. Most of the dormitories did not contain any other furniture than beds (with bedding in a rather poor condition) and there was no lockable space for patients to keep their personal belongings. In general, the material environment in the dormitories was austere and impersonal.

On a more positive note, there was a dayroom in each ward (used also as a canteen), equipped with tables, benches and/or chairs, a television set and some board games. That said, there were no rooms on the wards suitable for therapeutical group activities (cf., however, paragraph 111) and none of the wards was adapted for active rehabilitation in preparation for discharge.

108. Each ward had a communal toilet and washing facilities which were invariably in a poor state of repair and cleanliness. Further, the toilets were either unscreened or only partially screened and thus offered little privacy to patients. As to the hospital's central bathroom, it was in an advanced state of dilapidation and experienced water supply problems. As a result, instead of the weekly shower foreseen, patients could only use the bathroom every 15 to 20 days.

The hospital provided patients with a limited range of personal hygiene items, i.e. a small quantity of soap and towels. The delegation was informed that the bedding and patients' clothes were washed once a week. The clothing, which was provided by the hospital, appeared generally in an acceptable condition and adapted to the season; however, patients did not receive any pyjamas or nightgowns for the night.

109. The hospital's management was making efforts to offer sufficient food to patients despite the limited budgetary means allocated for this purpose[38]. However, several patients complained about the quality of the food served. It should also be noted that the hospital's central kitchen was a rudimentary, dilapidated and not very clean facility.

On the positive side, the delegation noted that the patients` nutritional status was regularly monitored by weighing and calculating the Body Mass Index. When needed, there was a medical intervention and a follow-up.

110. **The CPT recommends that steps be taken at Sevan Psychiatric Hospital in order to:**

- **pursue the refurbishment programme as a matter of priority, in particular with a view to improving artificial lighting, ventilation and heating in the dormitories. In the context of this programme, the possibility of transforming the large-capacity dormitories into smaller structures should be considered.** This could help preserve/restore patients' dignity, facilitate the therapeutic differentiation of patients and make for significantly easier provision of care exploiting the full range of psychiatric and psycho-social treatment; such structures are also a key element of any psycho-social rehabilitation of patients**;**

- **reduce considerably the occupancy levels in the dormitories;**

- **offer a more congenial and personalised surroundings for patients, in particular by providing them with lockable space;**

- **refurbish the toilet, washing and bath facilities; the toilets should be fitted in a manner allowing patients some privacy, and problems with water supply should be addressed urgently;**

- **provide patients with a range of personal hygiene items (toothbrush, toothpaste, sanitary materials for women's monthly needs, toilet paper, etc.) and with pyjamas and nightgowns for the night.**

The Committee also invites the Armenian authorities to pay closer attention to the quality of the food offered to patients at Sevan Psychiatric Hospital.

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[38] 1250 AMD, i.e. the equivalent of some 2.30 EUR, per patient per day.

4. Treatment and activities

111. The psychiatric treatment at the hospital was based almost exclusively on pharmacotherapy, which appeared adequate. There were no problems with the supply of basic psychotropic medication. However, the range of other therapeutic options (be it for acute, long-term or forensic patients) was underdeveloped. Only a few patients were following individual psychotherapy sessions provided by two of the hospital's psychiatrists. Further, a few patients were referred by the psychiatrists to the psychologists, who met them on an individual basis. Very few of the patients benefited from occupational therapy: at the time of the visit, six patients worked in a greenhouse and another three were employed in the hospital's animal farm. In addition, a few patients performed, on a voluntary basis, simple cleaning or repair tasks, under the supervision of orderlies.

As for other therapeutic and rehabilitative activities, patients had access – for one hour twice a week – to a separate building, where they could engage in some activities (drawing, knitting, sculpture, singing, dancing, theatre, table and board games).

As far as the delegation could ascertain, there were no individualised treatment plans (although these are foreseen by the law). Further, the staff working on each ward did not meet regularly in order to share information and discuss patients' progress.

The CPT recommends that:

- **efforts be made to expand the range of therapeutic options and involve more patients in rehabilitative psycho-social activities, in order to prepare them for independent life or return to their families; occupational therapy should be an important part of the long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improving self-image;**

- **an individual treatment plan be drawn up for each patient (taking into account the special needs of acute, long-term and forensic patients), including the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be informed of their individual treatment plans and progress (as is provided by the law); further, they should be involved in the drafting and implementation of these plans.**

The CPT also wishes to stress the importance of different categories of staff working on a ward meeting regularly and forming a team under the authority of a senior doctor. This will allow information on patients' progress to be exchanged, day-to-day problems to be identified and discussed, and guidance to be given.

112. As regards somatic care, it was provided both by the general practitioners and medical specialists employed in the hospital and by visiting consultants. All patients underwent a medical examination on admission, which included blood and urine tests. Further, there was an annual X-ray chest examination of all patients, to detect TB. The hospital had several modestly equipped but clean examination and treatment rooms.

113. Patients in all the wards were, their health permitting, allowed to go outdoors throughout the day. Each ward had an exercise yard enclosed by a wall. The yards were generally large and equipped with benches and shelters providing protection from inclement weather. However, no organised sports activities (such as volleyball, football, etc.) were available despite the presence of large unused grounds within the hospital's territory that could be used for this purpose.

As regards recreational activities, patients could watch television in the wards' dining rooms, borrow books from the hospital's modestly stocked library and play board games. Occasionally, small groups of patients were taken to the cinema or theatre in Sevan. That said, the majority of patients spent most of their time in a state of idleness.

The CPT invites the Armenian authorities to make efforts in order to involve more patients at Sevan Psychiatric Hospital in recreational activities adapted to their needs, including sports.

5. Staff

114. At the time of the visit, the hospital employed four full-time psychiatrists; four more psychiatrists' posts were vacant. Further, there were two general practitioners (working respectively on a 50% and a 25% basis) as well as several medical specialists employed part time (neurologist, surgeon, infectious diseases specialist, dentist and two pharmacists). Two doctors' posts (of a full-time laboratory specialist and a half-time surgeon) were vacant.

The nursing staff comprised 78 full-time and 3 half-time nurses working on the wards as well as a number of other nurses (statistician, dieteticians, ECG and laboratory assistants). The nurses had not received specialised training in psychiatry during their studies but were being trained on the job[39]. Further, the hospital employed orderlies to the equivalent of 81.5 posts (with four more posts being vacant).

During the day, two to three nurses and two orderlies were present on each ward (32 to 50 beds). At night and on weekends, one duty doctor was present for the whole hospital, as well as one nurse and one to two orderlies on each ward.

115. As regards other staff qualified to provide therapeutic activities, at the time of the visit, only 2 psychologists were present (another one was currently on maternity leave and two more posts were vacant). Further, the hospital employed one full-time and two part-time instructors in charge of handicraft, singing/dancing and theatre activities (another 2.5 posts for instructors were vacant). The establishment also had on its payroll three full-time social workers (with one more post being vacant).

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[39] Nurses had to undergo 36 hours of training each year, which was provided by the doctors and was based on a curriculum established in cooperation with the National Health Institute.

116. To sum up, the psychiatrist/patient ratio at the time of the visit, i.e. 1:80, cannot be considered as sufficient to meet the hospital's needs (even having in mind that most of the patients were chronic). As regards nurses, orderlies and staff qualified to provide therapeutic activities, the current staffing levels will not be sufficient if the recommendations concerning treatment and activities (see paragraph 111) are implemented.

In the light of the above, **the CPT recommends that the Armenian authorities take steps at Sevan Psychiatric Hospital to:**

- **fill the vacant psychiatrists' posts;**

- **increase the number of nurses and orderlies;**

- **reinforce substantially the team of specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, etc.).**

6. Means of restraint

117. Pursuant to Section 22 (2) of the LPA, means of physical restraint, chemical restraint and seclusion may be applied to an agitated and/or aggressive patient exclusively upon the decision of a psychiatrist. The grounds for and duration of the measure should be recorded in the medical documentation.

118. At Sevan Psychiatric Hospital, the delegation was informed that seclusion was not practised. However, some staff members indicated that, after the completion of refurbishment work, it was planned to set up a seclusion room near the admission unit. **The CPT would like to receive clarification of this point.**

119. As regards mechanical restraint, it appeared to be rarely used. The measure was ordered by the treating psychiatrist or, in his absence, by the doctor on duty and was applied for as long as it took for the chemical restraint (i.e. sedating medication) to start producing its effect. A reference to the use of restraint was made in the patient's file and the nurses' journal; however, there was no specific register for the recording of such events.

Some of the patients interviewed by the delegation who had been chemically restrained in the recent past complained about pain provoked by the administration of intra-muscular injections of chlorpromazine (aminazin). Bearing in mind that the use of chlorpromazine in this manner may indeed be painful and that it can be substituted by other medicine, **the CPT recommends that the practice of using chlorpromazine as chemical restraint be discontinued.**

The delegation also learned that patients could on occasion be requested to help staff in applying mechanical restraint to other patients, and in supervising the restrained patients. The CPT strongly disapproves of such a practice and **recommends that it be discontinued without delay; the restraint and supervision of agitated and/or violent patients should be the exclusive responsibility of qualified health-care staff assisted, when necessary, by orderlies.**

120. The Committee wishes to stress once again that the use of physical and/or chemical restraint measures should be the subject of a detailed and clear written policy for staff working in psychiatric establishments. This policy should define the use of any means of restraint as a matter of last resort in cases of emergency (imminent danger for the patient himself or others), after other reasonable alternatives have failed to prevent or stop the dangerous situation. Alternatives to restraint should be actively looked at by the staff together with the patients. As regards physical restraint specifically, the afore-mentioned policy should specify that initial attempts to restrain agitated or violent patients should, as far as possible, be non-physical (e.g. verbal instruction) and that, where physical restraint is necessary, it should in principle be limited to manual control.

The adoption of such a policy should be accompanied by practical training, which must involve all staff concerned (doctors, nurses, orderlies, etc.) and be regularly updated. Patients should also be duly informed (in writing) of the establishment's restraint policy as well as the existing complaints mechanisms in this respect.

Some of the patients with whom the delegation spoke perceived the application of means of restraint (especially injections) as a form of punishment. In order to avoid such misunderstanding and further develop the doctor-patient relationship, patients who have been subject to – or have witnessed the application of – means of restraint should receive a debriefing after the end of these measures. This will provide an opportunity for the doctor to explain the need for the measure and thus help to relieve uncertainty about its rationale. For the patient, such a debriefing will be an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour.

The CPT recommends that the Armenian authorities adopt a policy for the use of means of restraint, in the light of the above remarks[40], at Sevan Psychiatric Hospital as well as all other psychiatric establishments in Armenia. In addition, **the Committee reiterates its recommendation that every instance of physical and/or chemical restraint be recorded in a specific register established for that purpose (in addition to the patient's file). The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff.** Such a system of recording information will, *inter alia*, assist the management and outside bodies to monitor the use of restraints.

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40 See also the 16th General Report on the CPT's activities (CPT/Inf (2006) 35), paragraphs 36 to 54.

7. Safeguards in the context of involuntary hospitalisation

121. The legal grounds and procedure for compulsory hospitalisation of persons found to be criminally irresponsible or who develop a mental illness after committing a punishable act remain the same as described in the report on the CPT's 2002 visit. According to the Code of Criminal Procedure, compulsory hospitalisation takes place upon a court decision on the basis of a forensic psychiatric assessment. Regular court reviews of such decisions should be performed and the patient concerned has the right to be present during the court hearing. Further, the participation of a lawyer in the proceedings is obligatory.

The delegation observed that the above-mentioned procedure was generally respected at Sevan Psychiatric Hospital. That said, two issues of concern deserve mention. First, the hospital's internal psychiatric commission only notified the competent court if, following the six-monthly re-examination of each case, it concluded that a change of the compulsory hospitalisation measure was to be recommended; however, there was no regular court review in other cases. Second, patients were not systematically informed about the recommendation of the psychiatric commission and were therefore not able to contest it before a court. **The CPT recommends that measures be taken to subject all compulsory placements of criminally irresponsible patients to regular court review.** Further**, steps should be taken to ensure that such patients are systematically informed about the recommendations of the hospital's psychiatric commission and about their right to contest them before a court.**

122. As already noted, the 2006 visit provided the first opportunity for the CPT to assess the legal safeguards applicable to civil hospitalisation under the new Law on Psychiatric Assistance (LPA).

As regards the *initial placement procedure*, the LPA provides for an examination by a hospital's psychiatric commission within 48 hours from the moment of an emergency hospitalisation. If the commission reaches the conclusion that there are grounds for continued hospitalisation, it should recommend this to the competent court without delay. The patient has the right to ask that a psychiatrist of his choice be a member of the above-mentioned commission. Further, the actions of the psychiatrists and of the commission may be appealed before a court by the patient or his legal representative. Patients should be informed of their rights, the objective and reasons for their hospitalisation, and the relevant medical documentation.

It appeared during the visit to Sevan Psychiatric Hospital that the above-mentioned procedural safeguards were not yet well known and effectively applied by staff. In particular, patients were not systematically informed of the recommendations of the psychiatric commission, the court decisions and the legal remedies available. **The CPT recommends that steps be taken to ensure that the provisions of the LPA on involuntary civil hospitalisation are fully implemented in practice; this will involve the provision of appropriate information and training to all structures and persons involved (in particular, health-care staff, hospital management and judges).** Further, **patients should be systematically informed of the recommendation of the psychiatric commission and the court decision (and be given a copy of these documents), as well as of the legal remedies available to challenge them.**

More generally, **the Committee invites the Armenian authorities to review the situation of all patients currently hospitalised in psychiatric establishments, in the light of the new LPA.** In this context, **it would be advisable to start compiling national and establishment-level statistics on the number of patients hospitalised against their will.**

123. Section 22 of the LPA states that "a person with mental disorders may be hospitalised without his or his lawful representative's consent only in the cases stipulated by law". However, the precise *criteria justifying involuntary hospitalisation* are not spelled out in any legal instrument. The delegation was told at Sevan Psychiatric Hospital that involuntary hospitalisation decisions were guided by the criterion of the person being dangerous for him/herself, dangerous for others, or having delirium or hallucinations; it was not clear whether the danger had to be imminent. In practice, it was the hospital's psychiatric commission which reached the conclusion about the need to hospitalise a patient against his will, but the reasons for hospitalisation were not stated in detail in its recommendations.

In the CPT's view, the present situation is far from satisfactory. The criteria justifying involuntary hospitalisation should be spelled out clearly in the relevant legislation. Further, the recommendations of psychiatric commissions (as well as subsequent court decisions) should state expressly whether those criteria are met. **The Committee recommends that the Armenian authorities take steps in accordance with these remarks.**

124. *Consent to hospitalisation* was sought in respect of all patients; however, the CPT is concerned about the manner in which this was done. Patients' files contained a brief handwritten undated statement signed by the patients, in which they agreed to being hospitalised and treated at the hospital. Many patients stated that they had been told by staff to write such a statement, without receiving an explanation of its meaning. Further, a few patients alleged that staff had told them that if they refused to write such a statement, their case would "go to court" and they would stay at the hospital longer. **The CPT recommends that steps be taken to ensure that psychiatric patients are provided with full, clear and accurate information before signing a consent to hospitalisation (including on the possibility to withdraw their consent), and that they are not subjected to pressure in this context.**

125. Psychiatric patients should, as a matter of principle, be placed in a position to give their free and informed *consent to treatment*. The admission of a person to a psychiatric establishment on an involuntary basis should not be construed as authorising treatment without his consent. Every competent patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances.

Pursuant to Section 15 of the LPA, the doctor must inform the patient or his/her legal representative of the nature of the psychiatric disorder, the objective, methodology and duration of the recommended treatment, as well as its side effects and expected outcome; this should be recorded in the patient's medical file. Treatment may be imposed without the consent of the patient or his legal representative only when compulsory measures of a medical nature are applied, but not in the case of involuntary civil hospitalisation.

However, as noted above, patients signed a consent to hospitalisation and treatment without always fully understanding its meaning. Further, patients' medical files examined by the delegation generally did not contain information indicating that patients had been informed of their mental condition and had consented to treatment. It is noteworthy that a number of patients were unaware of their diagnosis and the treatment they were receiving.

The CPT recommends that all patients and their legal representatives be provided systematically with information about their condition and the treatment prescribed for them, as provided for in Section 15 of the LPA. Relevant information should also be provided to patients following treatment.

126. As regards *discharge procedures*, the CPT wishes to stress that involuntary placement in a psychiatric establishment should cease as soon as it is no longer required by the patient's mental state. Consequently, the need for such a placement should be reviewed at regular intervals. This is all the more necessary where involuntary placement is decided for an indefinite duration. In addition, the patient himself or herself should be able to request at reasonable intervals that the necessity for placement be considered by a judicial authority.

In this context, the CPT is concerned by a serious lacuna in the LPA, which does not provide for a periodic court review of placement. The court decisions to hospitalise a patient are of an unspecified duration; as explained to the delegation at Sevan Psychiatric Hospital, it was up to the doctors to decide whether an involuntary patient should be released. According to the LPA, patients are allowed to request that their placement be reviewed by a "commission of medical and social expertise" or an outside expert. However, in practice no such reviews took place.

The CPT recommends that appropriate legislative and organisational steps be taken to put in place a mechanism for the periodic court review of involuntary hospitalisation decisions; such a review should take place at least every 6 months.

127. Patients placed against their will in psychiatric establishments should have access to legal assistance, free of charge if necessary. At Sevan Psychiatric Hospital, the delegation was informed that the establishment's legal officer could also act as the patients' lawyer; however, none of the patients interviewed by the delegation knew of such a possibility. **The CPT recommends that steps be taken to ensure that involuntary psychiatric patients have an effective access to legal assistance (independent of the admitting hospital), if necessary free of charge.**

128. The CPT considers that a brochure setting out the establishment's routine and patients' rights – including information about complaints bodies and procedures – should be issued to each patient, as well as to their families, on admission to the establishment. Any patients unable to understand this brochure should receive appropriate assistance.

No such information brochure was provided to patients at Sevan Psychiatric Hospital or to their families. **The CPT recommends that such a brochure be drawn up and systematically provided to patients and their families on admission to all psychiatric establishments in Armenia.**

129. An effective complaints procedure is another basic safeguard against ill-treatment in psychiatric establishments. Specific arrangements should exist, enabling patients to lodge formal complaints with a clearly-designated body, and to communicate on a confidential basis with an appropriate authority outside the establishment.

Patients at Sevan Psychiatric Hospital could complain to a number of outside bodies, in particular courts and the Human Rights Defender. That said, it was practically impossible to send directly (i.e. other than through one's relatives or lawyer) a complaint in a confidential manner. **The CPT recommends that measures be taken to ensure that patients at Sevan Psychiatric Hospital – as well as in all other psychiatric establishments in Armenia – are effectively put in a position to send confidential complaints to outside authorities.**

130. The CPT also attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body which is responsible for the inspection of patients' care. At the time of the visit, no such body existed in Armenia[41], neither was it foreseen in the LPA. Consequently, **the CPT recommends that steps be taken to ensure that Sevan Psychiatric Hospital (and all other psychiatric establishments in Armenia) are visited on a regular basis by an independent outside body (e.g. a judge or supervisory committee) responsible for the inspection of patients' care. This body should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations.** Further, **the management of all psychiatric establishments should be duly informed of the results of any inspections carried out on their premises.**

131. The existing arrangements for contacts with the outside world at Sevan Psychiatric Hospital could be considered satisfactory as regards visits from relatives. There were no restrictions on the frequency of visits and the facilities for visits were quite adequate. However, as regards correspondence and telephone, the situation left something to be desired. Indigent patients did not receive free-of-charge envelopes and stamps. Further, access to a telephone was severely restricted: there was no payphone at the hospital and patients had to request permission to use an office phone. **The CPT invites the Armenian authorities to make efforts to improve the possibilities for patients at the Sevan Psychiatric Hospital to send letters and make telephone calls.**

132. As already mentioned (see paragraph 103), the vast majority of patients at Sevan Psychiatric Hospital were chronic and would not have required continuous hospitalisation; however, they remained at the establishment because of the lack of appropriate outside structures which might accommodate them. In this context, the delegation noted with interest the co-operation between the hospital and the nearby outpatient Mental Health Centre, run together with *Médecins Sans Frontières*, which provided outpatient care to psychiatric patients in Sevan region.

The CPT wishes to stress the importance of elaborating at the State level a policy of de-institutionalization, to provide chronic patients with better alternatives to prolonged hospitalisation; this need is also expressly recognised in the LPA. **The Committee would like to receive information on whether there are any plans to develop such a policy in Armenia.**

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41 Except for the prosecutor's office, which was exclusively in charge of inspecting the treatment of criminally irresponsible patients subjected to a compulsory medical measure.

APPENDIX I

LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION

A. Police establishments

Preliminary remarks

recommendations

- the adoption and entry into force of the intended amendments to the Code of Criminal Procedure clearly stating that the time-limit of 72 hours starts to run as from the moment of *de facto* apprehension and that the protocol of detention should be drawn up within 3 hours of apprehension to be considered as a matter of the highest priority (paragraph 9);

- the Armenian authorities to stamp out the unacceptable practices of interrogating witnesses as suspects, and of holding persons for periods ranging from a few hours to several days without application of any legal procedure and without registration of the fact of their detention. In particular, effective measures should be taken without further delay to ensure that the detention of persons in police establishments is always duly recorded and that the time-limits of police custody are strictly adhered to in practice (paragraph 11);

- the Armenian authorities to undertake resolute action to ensure that persons remanded in custody are promptly transferred to remand prisons and that the return of remand prisoners to police facilities, for whatever purpose, is sought only when there is absolutely no other alternative and for the shortest time possible, and is subject to authorisation by a judge or a prosecutor (paragraph 12).

Torture and other forms of ill-treatment

recommendations

- the Armenian authorities to deliver to all police staff a strong message, emanating from the highest political level, that the ill-treatment of detained persons is illegal and will be dealt with severely (paragraph 15);

- the Armenian authorities to make a major investment in the field of professional training of law enforcement officials, with particular emphasis being placed on advanced methods of crime investigation. This should be combined with the adoption of detailed regulations on the questioning of criminal suspects (including initial interviews by operational officers) (paragraph 16);

- whenever persons brought before a judge at the end of police custody allege ill-treatment by the police, the judge to record the allegations in writing, order immediately a forensic medical examination and take the necessary steps 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 judge should request a forensic medical examination whenever there are other grounds (e.g. visible injuries, a person's general appearance or demeanour) to believe that ill-treatment may have occurred. If necessary, the relevant legal provisions should be amended so as to enable judges to take the action recommended by the CPT (paragraph 18);

- the Armenian authorities to take effective steps to implement the CPT's long-standing recommendation concerning the contents of records drawn up by prison doctors upon examination of newly-arrived prisoners. Those records should include statements made by the person concerned, the objective medical findings and the doctor's conclusions, indicating the degree of consistency between any allegations made and the medical findings (paragraphs 19 and 84);

- medical examinations in prison never to be conducted in the presence of law enforcement officials (paragraph 19);

- all medical examinations in prison to be conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a particular case - out of the sight of non-medical staff (paragraph 19);

- the existing procedures to be reviewed in order to ensure that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner, the record is systematically brought to the attention of the relevant prosecutor (paragraph 19).

<u>comments</u>

- the Armenian authorities are invited to introduce a uniform nationwide system for the compilation of statistical information on complaints, disciplinary sanctions, and criminal proceedings/sanctions against police officers (paragraph 17).

<u>requests for information</u>

- detailed information on complaints and disciplinary procedures in respect of the police, including a copy of the new Disciplinary Code of Police (paragraph 17);

- in respect of 2005 and 2006:

  - the number of complaints of ill-treatment made against the police and the number of criminal/disciplinary proceedings which were instituted as a result;

  - an account of the outcome of criminal/disciplinary cases concerning complaints of ill-treatment by the police and of sanctions imposed

(paragraph 17).

Safeguards against ill-treatment of persons deprived of their liberty

recommendations

- the Armenian authorities to ensure, if necessary through legislative amendments, that all persons deprived of their liberty by the police – irrespective of their category – are granted the right to inform a relative or a third party of their choice of their situation as from the very outset of their deprivation of liberty (paragraph 21);

- the Armenian authorities to ensure that the right of access to a lawyer for all categories of persons deprived of their liberty applies effectively as from the very outset of their deprivation of liberty by the police (and not only when a protocol of detention is drawn up) (paragraph 22);

- steps to be taken to develop as a matter of urgency a fully fledged and properly funded system of legal aid for persons in police custody who are not in a position to pay for a lawyer; this should be done in co-operation with the relevant bar associations. Particular attention should be paid to the issue of independence of *ex officio* lawyers from the police structures and the prosecuting authorities (paragraph 23);

- the Armenian authorities to take steps to ensure an effective implementation in practice of the new provisions concerning detained persons' right of access to a doctor (including the right to undergo a forensic medical examination). Police staff of all ranks should be made aware of these new provisions and information on them should be made available to persons detained by the police (paragraph 24);

- the existing provisions to be complemented so as to make it clear that:

  - the right of access to a doctor applies as from the moment of *de facto* deprivation of liberty (and not only when the person is admitted to a police holding facility);

  - all medical examinations should as a rule be conducted out of the sight of police officers (unless the doctor concerned expressly requests otherwise in a given case);

  - the results of every examination, as well as any relevant statements by the detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and his lawyer;

  - whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a detained person, the record should be systematically brought to the attention of the relevant prosecutor

  paragraph 24);

- steps to be taken to ensure that a form enumerating the rights of persons deprived of their liberty by the police (including the right of access to a doctor) is systematically given to all persons as from the very outset of their deprivation of liberty (and not only when they are formally declared suspects). Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case (paragraph 25);

- steps to be taken to ensure that custody registers are properly maintained, accurately record the times of deprivation of liberty (for whatever reason), release or transfer, and reflect all other aspects of custody (visits by a lawyer, relative, doctor or consular officer; taking out for questioning; when offered food, etc.) (paragraph 26).

comments

- the CPT trusts that the principles referred to in paragraph 27 of the report will be fully observed in the activity of the monitoring group of representatives of civil society (paragraph 27).

requests for information

- comments of the Armenian authorities on the possibility set out in the CPP for the police to delay notification of custody for up to 12 hours, which appears to contradict Article 16 of the Armenian Constitution (paragraph 21);

- more information on a draft proposal to amend the relevant legislation in order to give persons in administrative detention and witnesses the right of access to a lawyer (paragraph 22);

- copies of the reports drawn up by the monitoring group of representatives of civil society following visits to police establishments (paragraph 27).

Conditions of detention

recommendations

- measures to be taken to remedy the deficiencies observed at Yeghegnadzor, Vanadzor and Sisian Police Departments. In particular, the single cells at Yeghegnadzor Police Department should be enlarged to at least 6 m² (paragraph 29).

- steps to be taken to ensure that all persons held at the Holding Centre of Yerevan City Police Department have the possibility to take at least one hour of outdoor exercise every day (paragraph 30);

- the Armenian authorities to take effective steps to ensure that periods of detention in police establishments not equipped with cells for accommodating person overnight do not exceed 3 hours (paragraph 32).

requests for information

- confirmation that the refurbishment of Sevan Police Department started at the end of April 2006 (paragraph 31).

B. Prison establishments

Preliminary remarks

comments

- efforts should be made to further develop work opportunities and programmes of education and vocational training in all penitentiary establishments (paragraph 37);

- the CPT trusts that the Armenian authorities will persevere in their efforts to combat corruption in the prison system through prevention, education and the application of appropriate sanctions. Prison staff and officials working with the prison system should receive the clear message that obtaining or demanding advantages from prisoners is not acceptable; this message should be reiterated in an appropriate form at suitable intervals (paragraph 38).

requests for information

- information on the adoption of the "internal regulation of penitentiary establishments" (paragraph 34);

- further details about the ten-year programme aimed at refurbishing the Armenian prison estate (paragraph 36).

Ill-treatment

recommendations

- staff working at Nubarashen, Goris and Abovyan Prisons to be given a clear message, emanating from the highest official level, that physical ill-treatment of inmates is not acceptable and will be dealt with severely (paragraph 40);

- prison staff to receive the clear message that any kind of threats or intimidating action against a prisoner who has complained of ill-treatment, or attempts to prevent complaints or requests from reaching the relevant supervisory bodies, will not be tolerated and will be severely punished (paragraph 41);

- the Armenian authorities to take steps to bring practice relating to the use of physical force and "special means" into line with the considerations referred to in paragraph 42 of the report. In this context, it is also important to ensure that prosecutors are systematically notified of any use of physical force and "special means" by prison staff and that they are particularly vigilant when examining such cases (paragraph 42);

- appropriate measures to be taken to upgrade the skills of prison staff in handling problematic situations without using unnecessary force, in particular by providing training in ways of averting crises and defusing tension. The competent prison officers should also receive guidelines on the way to conduct interviews with prisoners suspected of disciplinary/criminal offences (paragraph 43).

Prisoners sentenced to life imprisonment

recommendations

- the Armenian authorities to refurbish the shower facilities used by life-sentenced prisoners at Nubarashen Prison (paragraph 46);

- the Armenian authorities to ensure that all life-sentenced prisoners held at Nubarashen Prison benefit from regular access to the multifunctional and fitness rooms and the authorities to strive to broaden the range of activities offered to such prisoners (e.g. work, education, recreation/association) (paragraph 47);

- the Armenian authorities to ensure that inmates at Nubarashen Prison are offered at least one hour of outdoor exercise every day, including on week-ends (paragraph 47);

- the outdoor facilities at Nubarashen Prison to be upgraded (and, in particular, enlarged) in order to allow prisoners to physically exert themselves (paragraph 47);

- strenuous efforts to be made to improve the offer of organised activities for life-sentenced prisoners at Goris Prison (paragraph 48);

- measures to be taken to bring the visiting rights of life-sentenced prisoners (as well as other inmates sentenced to long term imprisonment) into line with those of other sentenced prisoners. If necessary, the relevant legislation should be amended (paragraph 50);

- the Armenian authorities to take due account of the remarks made in paragraph 52 of the report when devising their policy on the treatment of life-sentenced prisoners (paragraph 52).

comments

- the Armenian authorities are invited to pursue their efforts to refurbish cells of life-sentenced prisoners at Nubarashen and Goris Prisons. This should include steps to improve lighting and ventilation in those cells at Nubarashen Prison where at present they are inadequate (paragraph 45);

- the Armenian authorities are invited to consider the possibility of increasing the frequency of showers for inmates, in the light of Rule 19.4 of the recently adopted new European Prison Rules (EPR) (paragraphs 46, 55 and 73).

requests for information

- concrete action taken in order to allow inmates at Nubarashen Prison to have at least one hour of outdoor exercise every day (paragraph 47);

- clarification as to whether the “exceptional cases” in which handcuffs would be used referred to in the letter of the Armenian authorities of 21 June 2006, may apply to visits and phone calls (paragraph 49);

- further details on measures to ensure that the use of handcuffs is based on an individual risk assessment (paragraph 49);

- comments of the Armenian authorities on the allegations received at Nubarashen Prison according to which life-sentenced prisoners had been deprived of water, food and outdoor exercise as a disciplinary sanction (paragraph 51).

Conditions of detention

recommendations

- steps to be taken at Goris Prison to:

  - ensure that the official norm of 4 m² of living space per prisoner is respected;
  - maintain the cells in an acceptable state of repair;
  - provide in-cell toilets with full partitioning;
  - ensure that all the shower facilities are in an appropriate state of repair and cleanliness;
  - improve the level of hygiene in the food storage area

  (paragraph 57);

- decisive measures to be taken to offer all prisoners (including those on remand) held at Goris Prison an appropriate range of organised activities (e.g. work, education, sport, recreation/association, religious activities). Further, the exercise yards should be enlarged (paragraph 58);

- the Armenian authorities to step up their efforts to develop activities for prisoners at Vanadzor Prison, in the light of the remarks made in paragraph 68 of the report (paragraph 68);

- steps to be taken at Abovyan Prison to:

  - transform the large-capacity dormitories into accommodation structures based on smaller groups;
  - improve the material conditions in the cells holding remand prisoners, in particular juveniles;
  - ensure that the official norm of 4 m² of living space per prisoner is respected throughout the establishment;
  - refurbish in-cell toilet facilities in the remand section

  (paragraph 75);

- measures to be taken as a matter of urgency to ensure that juveniles and women on remand held at Abovyan Prison benefit from at least two hours of daily outdoor exercise, as provided by the Armenian legislation (paragraph 78);

- remand prisoners, in particular juveniles held at Abovyan Prison, to be provided with some structured activities (e.g. work, education, sport, association/recreation) (paragraph 78).

comments

- it is of fundamental importance that the opening of the new prison be used as an opportunity to remedy the shortcomings of the current regime for remand prisoners in Vanadzor Prison, which is marked by the principle of "isolation" (paragraph 69);

- the Armenian authorities are invited to verify the quality of the food provided to prisoners at Abovyan Prison and the observance of hygiene standards in the preparation of meals (paragraph 75);

- the CPT trusts that a suitable arrangement will be found without delay to ensure that general education is provided to sentenced juveniles held at Abovyan Prison (paragraph 77).

requests for information

- the entry into service of the new prison in Vanadzor and more detailed information about it (number and categories of inmates accommodated; programme of activities, staff, etc.) (paragraph 65).

Health-care services

recommendations

- measures to be taken to improve the equipment of the dental surgeries at Abovyan, Goris and Vanadzor Prisons and to ensure that inmates have access to more than just emergency dental treatment. Pending that, appropriate alternative arrangements should be put in place to ensure the safe and adequate provision of necessary dental care (paragraph 81);

- the shortcomings observed in the establishments visited as regards the medical equipment to be remedied as a matter of priority (paragraph 82);

- the Armenian authorities to make serious efforts to ensure the supply of appropriate medication to prison establishments (paragraph 82);

- measures to be taken to remedy the difficulties experienced in relation to the hospitalisation of female prisoners held at Abovyan prison (paragraph 83);

- steps to be taken to improve the medical screening of newly-arrived inmates at Abovyan, Goris and Vanadzor Prisons, in the light of the remarks made in paragraph 84 of the report (paragraph 84);

- the approach set out in paragraph 19 of the report to be followed whenever a prisoner is medically examined following a violent episode in prison (paragraph 84);

- the Armenian authorities to take appropriate steps as regards testing for the multi-drug resistant form of tuberculosis, in the light of the remarks made in paragraph 86 (paragraph 86);

- the Armenian authorities to introduce measures ensuring that the treatment followed by prisoners suffering from tuberculosis is in no circumstances interrupted (including in the event of a transfer to a police establishment). Steps should also be taken to ensure that detained persons with active forms of tuberculosis are never held together with healthy persons in the same cells (paragraph 87);

- the Armenian authorities to pursue their efforts to reinforce the provision of psychiatric/psychological care to prisoners, particular attention being paid to the needs of prisoners serving long – including life – sentences (paragraph 89);

- the manner in which personal medical files and other medical documentation are handled in Goris and Nubarashen Prisons to be reviewed, in the light of the remarks made in paragraph 90 of the report (paragraph 90);

- the Armenian authorities to take steps to bring practice as regards medical examinations and consultations of prisoners in line with the consideration referred to in paragraph 91 of the report (paragraph 91).

comments

- the medical documentation (registers and files) at Goris Prison was incomplete, with a lot of important information (e.g. about injuries) missing or succinct (paragraph 90).

requests for information

- copies of the Order on Medical Assistance to Prisoners and the Law on Health Care (paragraph 79);

- comments of the Armenian authorities on the fact that with the exception of Nubarashen Prison, none of the penitentiary establishments visited carried out a systematic X-ray examination of newly-arrived prisoners (paragraph 85);

- comments of the Armenian authorities on the current policy of transferring HIV-positive prisoners to the Hospital for Prisoners (paragraph 88).

Other issues of relevance to the CPT's mandate

recommendations

- the Armenian authorities to persevere in their efforts to improve staffing levels in penitentiary establishments (paragraph 93);

- steps to be taken to formally guarantee the right of prisoners facing disciplinary charges to be heard in person on the subject of the offence of which they are accused (paragraph 94);

- existing legal arrangements and practice concerning the role of prison doctors in relation to disciplinary matters to be reviewed. In so doing, regard should be had to the new version of the European Prison Rules and the comments made by the CPT in paragraph 53 of its 15th General Report (CPT/Inf (2005) 17) (paragraph 96);

- steps to be taken to remedy the shortcomings referred to in paragraph 97 of the report in respect of the disciplinary cells in the establishments visited. Any cells measuring less than 6 m² should be taken out of service as prisoner accommodation. Further, all disciplinary cells should be equipped, as a minimum, with adequate seating for the day time (e.g. a chair or a bench) (paragraph 97);

- steps to be taken to remedy the situation observed at Abovyan and Vanadzor Prisons where sentenced women and juveniles as well as sentenced working prisoners had no access to long-term visits, apparently because of the lack of suitable facilities (paragraph 98);

- steps to be taken to improve the visiting facilities in Abovyan, Goris and Nubarashen Prisons, in the light of the remarks made in paragraph 99 of the report (paragraph 99);

- the Armenian authorities to review the application of complaints procedures, with a view to ensuring that prisoners can make complaints to outside bodies, both within and outside the prison system, on a truly confidential basis. Where required, practical measures should be taken to ensure that complaints are transmitted confidentially (e.g. providing envelopes; installing locked complaint boxes accessible to prisoners, to be opened only by specially designated persons) (paragraph 101).

comments

- the Armenian authorities are encouraged to pursue their efforts in the area of prison staff training, both at the induction stage and for staff already in service (paragraph 92);

- the Armenian authorities are invited to develop a new policy on the treatment of persons committing acts of self-harm, having regard to the remarks in paragraph 95 of the report (paragraph 95);

- the visiting entitlement for juvenile prisoners should be more generous than that for adult inmates (paragraph 98);

- the Armenian authorities are invited to reflect upon ways to address the problem of access to a telephone observed at Nubarashen and Vanadzor Prisons (paragraph 100).

C. Sevan Psychiatric Hospital

Ill-treatment

recommendations

- the procedures for the selection of orderlies and both their initial and ongoing training to be reviewed, in the light of the remarks made in paragraph 105 of the report. Further, the management of Sevan Psychiatric Hospital should make it clear to such staff that all forms of ill-treatment of patients, including verbal abuse, are unacceptable and will be severely punished (paragraph 105).

Patients' living conditions

recommendations

- steps to be taken at Sevan Psychiatric Hospital in order to:

  - pursue the refurbishment programme as a matter of priority, in particular with a view to improving artificial lighting, ventilation and heating in the dormitories. In the context of this programme, the possibility of transforming the large-capacity dormitories into smaller structures should be considered;

  - reduce considerably the occupancy levels in the dormitories;

  - offer a more congenial and personalised surroundings for patients, in particular by providing them with lockable space;

  - refurbish the toilet, washing and bath facilities; the toilets should be fitted in a manner allowing patients some privacy, and problems with water supply should be addressed urgently;

  - provide patients with a range of personal hygiene items (toothbrush, toothpaste, sanitary materials for women's monthly needs, toilet paper, etc.) and with pyjamas and nightgowns for the night

  (paragraph 110).

comments

- the Armenian authorities are invited to pay closer attention to the quality of the food offered to patients at Sevan Psychiatric Hospital (paragraph 110).

Treatment and activities

recommendations

- efforts to be made to expand the range of therapeutic options and involve more patients in rehabilitative psycho-social activities, in order to prepare them for independent life or return to their families; occupational therapy should be an important part of the long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improving self-image (paragraph 111);

- an individual treatment plan to be drawn up for each patient (taking into account the special needs of acute, long-term and forensic patients), including the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be informed of their individual treatment plans and progress (as is provided by the law); further, they should be involved in the drafting and implementation of these plans (paragraph 111).

comments

- the CPT wishes to stress the importance of different categories of staff working on a ward meeting regularly and forming a team under the authority of a senior doctor (paragraph 111);

- the Armenian authorities are invited to make efforts in order to involve more patients at Sevan Psychiatric Hospital in recreational activities adapted to their needs, including sports (paragraph 113).

Staff

recommendations

- the Armenian authorities to take steps at Sevan Psychiatric Hospital to:

  - fill the vacant psychiatrists' posts;

  - increase the number of nurses and orderlies;

  - reinforce substantially the team of specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, etc.)

  (paragraph 116).

Means of restraint

recommendations

- the practice of using chlorpromazine as chemical restraint to be discontinued (paragraph 119);

- the practice of requesting on occasion patients to help staff in applying mechanical restraint to other patients, and in supervising the restrained patients, to be discontinued without delay; the restraint and supervision of agitated and/or violent patients should be the exclusive responsibility of qualified health-care staff assisted, when necessary, by orderlies (paragraph 119);

- the Armenian authorities to adopt a policy for the use of means of restraint, in the light of the remarks made in paragraph 120 of the report, at Sevan Psychiatric Hospital as well as all other psychiatric establishments in Armenia (paragraph 120);

- every instance of physical and/or chemical restraint to be recorded in a specific register established for that purpose (in addition to the patient's file). The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff (paragraph 120).

requests for information

- clarification as regards the plan to set up a seclusion room near the admission unit after the completion of refurbishment work at Sevan Psychiatric Hospital (paragraph 118).

Safeguards in the context of involuntary hospitalisation

recommendations

- measures to be taken to subject all compulsory placements of criminally irresponsible patients to regular court review. Further, steps should be taken to ensure that such patients are systematically informed about the recommendations of the hospital's psychiatric commission and about their right to contest them before a court (paragraph 121);

- steps to be taken to ensure that the provisions of the LPA on involuntary civil hospitalisation are fully implemented in practice; this will involve the provision of appropriate information and training to all structures and persons involved (in particular, health-care staff, hospital management and judges). Further, patients should be systematically informed of the recommendation of the psychiatric commission and the court decision (and be given a copy of these documents), as well as of the legal remedies available to challenge them (paragraph 122);

- the Armenian authorities to take steps to clearly spell out in the relevant legislation the criteria justifying involuntary hospitalisation (paragraph 123);

- steps to be taken to ensure that psychiatric patients are provided with full, clear and accurate information before signing a consent to hospitalisation (including on the possibility to withdraw their consent), and that they are not subjected to pressure in this context (paragraph 124);

- all patients and their legal representatives to be provided systematically with information about their condition and the treatment prescribed for them, as provided for in Section 15 of the LPA. Relevant information should also be provided to patients following treatment (paragraph 125);

- appropriate legislative and organisational steps to be taken to put in place a mechanism for the periodic court review of involuntary hospitalisation decisions; such a review should take place at least every 6 months (paragraph 126);

- steps to be taken to ensure that involuntary psychiatric patients have an effective access to legal assistance (independent of the admitting hospital), if necessary free of charge (paragraph 127);

- an information brochure setting out the establishment's routine and patients' rights to be drawn up and systematically provided to patients and their families on admission to all psychiatric establishments in Armenia (paragraph 128);

- measures to be taken to ensure that patients at Sevan Psychiatric Hospital – as well as in all other psychiatric establishments in Armenia – are effectively put in a position to send confidential complaints to outside authorities (paragraph 129);

- steps to be taken to ensure that Sevan Psychiatric Hospital (and all other psychiatric establishments in Armenia) are visited on a regular basis by an independent outside body (e.g. a judge or supervisory committee) responsible for the inspection of patients' care. This body should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations. Further, the management of all psychiatric establishments should be duly informed of the results of any inspections carried out on their premises (paragraph 130).

<u>comments</u>

- the Armenian authorities are invited to review the situation of all patients currently hospitalised in psychiatric establishments, in the light of the new LPA. In this context, it would be advisable to start compiling national and establishment-level statistics on the number of patients hospitalised against their will (paragraph 122);

- the Armenian authorities are invited to make efforts to improve the possibilities for patients at the Sevan Psychiatric Hospital to send letters and make telephone calls (paragraph 131).

<u>requests for information</u>

- whether there are any plans to develop a policy of de-institutionalization, to provide chronic patients with better alternatives to prolonged hospitalisation (paragraph 132).

APPENDIX II

LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL AND INTERNATIONAL ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS

A. National authorities

Ministry of Justice

Mr Gevorg MALKHASYAN	First Deputy Minister
Mr Nikolay ARUSTAMYAN	Head of Department for Judicial Reforms
Mr Samvel HOVHANNISYAN	Head of Criminal Executive Department
Mr Artur HOVHANNISYAN	Senior Specialist, Division of Legal Reforms, Department for Judicial Reforms

Ministry of Health

Mr Alexandr GHUKASYAN	Deputy Minister
Mr Tatul HAKOBYAN	Deputy Minister
Mr Vaghan POGHOSYAN	Head of Department for Organisation of Medical Assistance
Mr Samvel TOROSYAN	Head Psychiatrist

Police

Mr Hayk HARUTYUNYAN	Head of Police
Mr Ararat MAHTESYAN	First Deputy Head of Police
Mr Eduard GHAZARYAN	Chief of Staff
Mr Armen GHUKASYAN	Deputy Chief of Staff
Mr Gagik HAMBARDZUMYAN	Head of General Investigation Department
Mr Valeri KHUBLARYAN	Head of Public Order Department
Mr Nerses NAZARYAN	Head of Yerevan Police

Prosecutor General's Office

Mr Aratsahan SARGSYAN	Deputy Prosecutor General
Mr Aram TAMAZYAN	Deputy Prosecutor General
Mr Vladimir GRIGORYAN	Head of Department for Supervision of Legality of Investigations
Mr Vahgarshak VARDANYAN	Head of Department for Supervision of Implementation of Criminal Sanctions and Other Measures of Compulsion
Mr Shahum TIGRANYAN	Deputy Head of Department for Supervision of Implementation of Criminal Sanctions and Other Measures of Compulsion
Mrs Nelly HARUTYUNYAN	International and Legal Department

Office of the Human Rights Defender

Mr Armen HARUTYUNYAN	Human Rights Defender

B. Non-governmental organisations and other persons

Helsinki Citizens' Assembly – Vanadzor Branch

Helsinki Committee of Armenia

Civil Society Institute

Mental Health Foundation of Armenia

Public Monitoring Group on observance of prisoners' rights

Mrs Larissa ALAVERDYAN, former Human Rights Defender

C. International organisations

Delegation of the ICRC in Yerevan

OSCE Office in Yerevan