

PRISON HEALTH in EUROPE

the CPT experience

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

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CPT - background information

- ❑ The CPT was set up under the Council of Europe's "European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment", which came into force in 1989.
- ❑ It builds on Article 3 of the European Convention on Human Rights which provides that "No one shall be subjected to torture or to inhuman or degrading treatment or punishment".
- ❑ The CPT is not an investigative body, but provides a non-judicial preventive mechanism to protect persons deprived of their liberty against torture and other forms of ill-treatment.
It thus complements the judicial work of the European Court of Human Rights.

CPT : co-operation + confidentiality

- ❑ Co-operation with the national authorities is at the heart of the CPT's work, since the aim is to protect persons deprived of their liberty rather than to condemn States for abuses.
 - ❑ Confidentiality is another characteristic of the work of the CPT: the Committee's findings, its reports and the governments' responses are, in principle, confidential, until the government approve the publication of the report
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CPT – working methods

- Structure
 - System of visits
 - Until 30th April 2014 – 357 visit
(among it 143 so called ad hoc)
 - Standards
 - Reports and Publications
 - 308 reports published
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To whom is the CPT responsible?

The Committee according to Art.12 of the Convention every year submits to the Committee of Ministers a general report on its activities.

All those report are public.

What topics are covered by the CPT?

- I. Law enforcement agencies
- II. Prisons
- III. Psychiatric establishments
- IV. Immigration detention centers
- V. Social care homes and institution for children and adolescent

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Juveniles and women deprived of their liberty

Combating impunity

Electrical discharge weapons

What is the mandate of the CPT in the field of prison health?

- ❑ Health care services for persons deprived of their liberty is a subject of direct relevance to the CPT's mandate.
- ❑ An inadequate level of health care can lead rapidly to situations falling within the scope of the term "inhuman and degrading treatment".

Assessment of health care in prison

- Access to health services
- Health care staffing (numbers/working hours, qualifications)
- Standard of health care facilities
- Patient's consent and confidentiality
- Screening on admission, treatment, mortality, involvement in disciplinary
- Preventive health care
- Professional independence and competence

What does the CPT try to achieve in the
field of prison health (impact)?

Prisoners are entitled to the same level
of medical care as persons living in the
community at large

What consider to be - the most important
obstacles for better prison health?

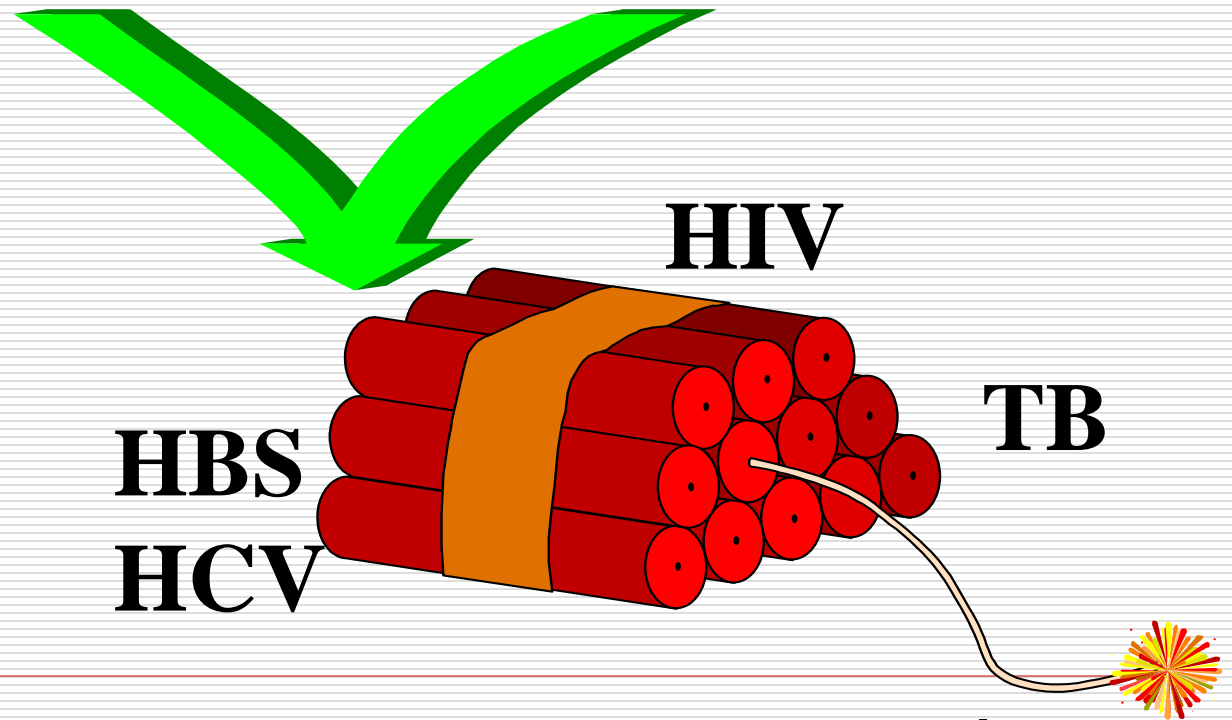
- ☐ Lack of independence
- ☐ Lack of resources
- ☐ Lack of properly trained health care staff
- ☐ Low standard of hygiene and low standard of prison facilities

Because of

Thank You for Your attention –

PRISONS

Overcrowding + Increasing no IDU



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